

Editorial

Reflections on Life Beyond Crisis: The Theory of Relative Biocentric Health—from Surviving to Living



Marcus Stueck^{1*}

1. Department of Biocentric-Research, International Biocentric Research Academy (IBRA), Leipzig, Germany.



Citation Stueck S. Reflections on Life Beyond Crisis: The Theory of Relative Biocentric Health—from Surviving to Living. *Health in Emergencies and Disasters Quarterly*. 2026; 11(4):273-276. <http://dx.doi.org/10.32598/hdq.2026.520.2>

doi <http://dx.doi.org/10.32598/hdq.2026.520.2>

Dear Readers and Colleagues

We live in a time of deepening paradox: Never before have we had more knowledge and technology at our disposal, and never before have so many people been ill, exhausted, and disconnected from life. Mental and physical illnesses are increasing worldwide [1], stress is exhausting people and systems [2, 3], and loneliness is growing [4]. Despite decades of research, the situation has steadily worsened. Ongoing wars, ethical failures of spiritual institutions, and human-made ecological disasters all share a common deep structure: The unreflected ego at the center of all systems, disconnecting humans from the community of life. One in five people affected by a crisis develops clinically significant disorders [1], and the resources most urgently needed—resilience, connectedness, and empathy—are most severely eroded under catastrophic conditions. The Relative biocentric health theory (RBHT) by Marcus Stueck [5], presented in the coming issues, offers a clear thesis: Anthropocentric models that place the human ego at the center without a biocentric counterweight have failed [6, 7]. What we need is a return to empathic connection with ourselves, others, and life itself, and a reconnection with the implicit orders of life through its transcendent source [8]. The RBHT shows how this can be achieved.

Announcement: First publication in three months

In approximately three months, this journal will publish the first comprehensive article on RBHT: ‘The theory of relative biocentric health: From egocentric survival to life-centered development at all levels of the system’. Subsequent issues will explore specific aspects in depth and present empirical findings.

Summary

RBHT [9] is the result of five years of systematic theoretical work (2020–2025) and, for the first time, unites anthropocentric and biocentric health paradigms in a dual model applicable to individuals, families, organizations and states affected by or predisposed to emergencies and disasters. The model comprises 40 operationalized positions in six quadrants of the biocentric health cube (so called quadlation structure): Anthropocentric and biocentric spatial fields with the ego core and the biocentric core, switching points between the fields, outcome variables of anthropocentric and biocentric health, health pathways, biocentric boundaries, and the transversal spiritual level. Central constructs: Biospoiesis and thanapoiesis (Greek: *bios* = life; *thanatos* = death; *poiesis* = unfolding), holographic life characteristics, sense of possibilities as a counterpart to sense of coherence and sense of solutions. Validation: Sub-studies from the last 30 years (Stueck and colleagues), overall assessment

* Corresponding Author:

Marcus Stueck, Professor.

Address: Department of Biocentric-Research, International Biocentric Research Academy (IBRA), Leipzig, Germany.

E-mail: marcus.stueck@bionet-research.com



Copyright © 2026 The Author(s);
This is an open access article distributed under the terms of the Creative Commons Attribution License (CC-BY-NC 4.0: <https://creativecommons.org/licenses/by-nc/4.0/legalcode.en>), which permits use, distribution, and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

in the context of the pandemic: Mueller-Haugk (2025, n=405). Operationalization: Including via the biocentric health questionnaire (BHQ) 3.0 by Stueck & Mueller-Haugk [10]. Implications for Biodanza, psychotherapy, medicine, education, and politics.

What the reader can expect

The challenges outlined above – the global health crisis, the erosion of resilience and connectedness in disaster contexts, and the structural disconnection from the community of life – make one thing clear: Despite all knowledge and progress, humanity has not yet found answers to its deepest crises because it has not yet addressed their common root. Humans are the only species that, despite being well aware of it, destroy their own basis for life: Through wars, ecological destruction, climate change, social fragmentation, and collective exhaustion [11]. Other living beings avoid this through instinct and biocentric anchoring: Humans consciously and deliberately carry it out. This paradox is the starting point of the RBHT [5]. The RBHT is the result of five years of systematic theoretical and research work and, for the first time, offers an integrative scientific framework that unites human-centered and life-centered health paradigms in a dual model – applicable from the individual, through families and organizations, to state and global structures.

The central problem: The unreflective ego

The RBHT posits that an unreflective, boundless ego – a state of consciousness in which an individual, a group or a nation perceives itself as the center of reality without regard for the fabric of life – leads to separation, alienation and disintegration. The human ego is neurobiologically anchored, for example, in the default mode network of the prefrontal cortex [12]. It generates a constant stream of self-referential thoughts that draw people away from the present moment and lead to a fundamental confusion: Having is equated with being. The more the ego accumulates (possessions, status, control, and power), the further it distances itself from the living connection with the biocentric core, according to a fundamental biocentric assumption of the theory. At the collective level, this dynamic generates wars, ecological destruction, and social fragmentation. RBHT refers to this as thanatopoiesis (thana = death, poiesis = unfolding): The systemic extinction of the five holographic characteristics of life – source, connection, rhythm, organization and dynamics [13]. These universal fundamental forces operate in all living systems – from the visible to the non-measurable,

from the cell to society – and underpin the implicit structures of order by which life unfolds [8, 14].

The counterforce: Biospoiesis

Biospoiesis is the counterforce to thanatopoiesis, a newly developed concept that describes the self-unfolding of life (bios) from its biocentric core, rendered visible and measurable through holographic life characteristics. Access to this core lies at the level of the human heart: The seat of heart intelligence in its physical, energetic, spiritual, and action-oriented levels. From there, empathy and affective action succeed in the sense described by Toro [6]: A living connection with oneself, with others, and with life, or the community of all life forms (=nature; Naess [7]).

Blockages to the process of life's unfolding, i.e. caused, for example, by being stuck in past hurts and traumas on the one hand, and fixation on worries and control on the other, are termed 'biocentric boundaries' by RBHT. Added to this are chronic stress, affective pathologies, an unreflective ego, sociocultural conditions, toxins, energetic blockages, and structural imbalances such as patriarchal power relations. All of these are root causes of vulnerability in emergencies and disasters.

Theoretical foundation

RBHT is rooted in biocentric holism and combines four established schools of thought: Toro's biocentric principle [10] 'life at the center', Schweitzer's reverence for life [15], the philosophical and quantum physical thesis that consciousness forms the generative basis of reality [8, 16-18], and qualitatively grounded research into the spiritual levels of life [19]. On this basis, RBHT is developing applied quantum psychology as a new scientific framework that, for example, introduces spirituality not as a matter of faith but as an investigable and logically necessary dimension of health – in line with the fifth pillar of the [World Health Organization \(WHO\)](#) [20].

Scientific model and validation

The scientific model comprises 40 operationalized items across six quadrants of the so-called biocentric theory cube. These items can be assessed using the biocentric health questionnaire (BHQ) (Stueck, Mueller-Haugk) [10]. The theory was first empirically validated during the pandemic (Mueller-Haugk, 2025; n=405). Further studies are described in the first article. The theory is grounded in open, responsible, and biocentric research principles [21, 10].

From theory to practice

RBHT derives concrete methods from the fundamental problem described at the outset – the increasing destruction of humanity's basis of life through wars, ecological crises, and human-made disasters, rooted in the unreflective ego at the center of all systems. In doing so, a distinction is made between two complementary paths. Biocentric paths bring people into direct contact with the holographic fundamental forces of life and dissolve ego-driven fixations. At the individual level, these include biodanza, breathwork, empathy practices, energetic healing methods, contact with nature, and reflective dialogue. Anthropocentric approaches, such as psychotherapy, cognitive methods, and crisis intervention, strengthen stability, problem-solving, and adaptive coping. Both approaches are interdependent: Where anthropocentric methods create stability, biocentric methods open up space for development and connection – and vice versa. Together, they form an integrative framework that not only provides for people in crises but also understands them in their entirety, accompanies them, and reconnects them with the implicit source of life, the biocentric core. The implications of RBHT interventions extend across four systemic levels: The individual level, the micro-level (families, small groups, work teams), the meso-level (organizations and institutions), and the macro-level (state systems and global health policy; WHO [20]. Furthermore, a distinction is made between the biocosmic and spiritual levels. The cosmic level refers to the connection between human beings and the universal structures of life beyond the social sphere – with nature, the universe, and the wider field of life by Bohm [8]. The spiritual level refers to the connection with the biocentric core itself: With the source of life, the sense of being, and the transcendent – as the fifth pillar of health [19, 20].

Five further articles on specific aspects of the theory

Following the main article, five detailed publications introduce entirely new concepts of health in emergencies and disasters.

The first article, Biospoiesis, thanatopoiesis and the holographic aspects of life, explores holographic aspects as universal principles of the unfolding of life (biospoiesis vs thanatopoiesis) – from single-celled organisms to entire communities – and their measurement through biocentric process analysis.

The second, A sense of possibility and heart intelligence, introduces two new biocentric constructs that complement the sense of coherence: Access to the bio-

centric field of possibilities and heart intelligence as an empirically validated resource in disaster contexts.

The third, Introduction to applied quantum psychology, presents relative superpositions, quantum-psychological sense of self, and switching points as a framework for transformation processes in crises.

The fourth, 'The cosmic and spiritual big bang' (how science deals with invisible levels of life), examines the spiritual levels of health in extreme situations, grounded in the duality model of rbHT.

The fifth, How does one formulate a biocentric theory?, offers a methodological reflection on the epistemological methodological challenges of a life-centered theory.

An invitation

Health in emergencies and disasters is ultimately a question of life – its vulnerability, its resilience, and its capacity for renewal through connection with the implicit and explicit orders of life. The RBHT offers a theoretical language that takes this question seriously at its deepest level: Not as the absence of illness, not as mere functioning, but as a living connection with that which sustains life. We invite you to engage critically with this theory and to develop it further. The biocentric paradigm needs precisely that: Not consensus, but dialogue and growth.

With warm regards and scholarly curiosity,

The editorial team

[Health in Emergencies and Disasters Quarterly](#)

[University of Social and Rehabilitation Sciences](#), Tehran.

References

- [1] World Health Organization. Mental health in emergencies [Internet]. 2023 [Updated 2025 May 6]. Available from: [\[Link\]](#)
- [2] Stück, M. New ways: Yoga and Biodanza in stress reduction for teachers. Leipzig: Schibri-Verlag; 2008. [\[Link\]](#)
- [3] Porges SW. The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. New York: Norton & Company; 2011. [\[Link\]](#)
- [4] Cacioppo JT, Patrick W. Loneliness: Human nature and the need for social connection. New York: Norton & Company; 2008. [\[Link\]](#)

- [5] Stueck M. Relative biocentric health theory [Unpublished manuscript]. International Biocentric Research Academy (IBRA). 2026.
- [6] Toro Araneda R. The Biodanza system. Denver: Tinto Verlag; 2010. [\[Link\]](#)
- [7] Næss A. Ecology, community and lifestyle: Outline of an ecosophy. Cambridge: Cambridge University Press; 1989. [\[Link\]](#)
- [8] Bohm D. Wholeness and the implicate order. London: Routledge & Kegan Paul; 1980. [\[Link\]](#)
- [9] Stueck M. The fundamentals of applied quantum psychology (AQP) [Unpublished manuscript]. International Biocentric Research Academy (IBRA). 2026.
- [10] Stueck M, Mueller-Haugk S. Biocentric health questionnaire BHQ 3.0 [Unpublished manuscript]. IBRA Leipzig. 2026.
- [11] Stueck M. The Pandemic Management Theory. COVID-19 and biocentric development. Health Psychology Report. 2021; 9(2):101-28. [\[DOI:10.5114/hpr.2021.103123\]](#) [\[PMID\]](#) [\[PMCID\]](#)
- [12] Carhart-Harris RL, Friston KJ. The default-mode, ego-functions and free-energy: A neurobiological account of Freudian ideas. Brain. 2010; 133(Pt 4):1265-83. [\[DOI:10.1093/brain/awq010\]](#) [\[PMID\]](#) [\[PMCID\]](#)
- [13] Balzer HU, Stück M, Annatagia L. [Introduction to chronobio-psychology (German)]. Berlin: Peter Lang; 2025. [\[Link\]](#)
- [14] Rockström J, Steffen W, Noone K, Persson A, Chapin FS 3rd, Lambin EF, et al. A safe operating space for humanity. Nature. 2009; 461(7263):472-5. [\[DOI:10.1038/461472a\]](#) [\[PMID\]](#)
- [15] Schweitzer A. The philosophy of civilisation. New York: Prometheus Books; 1987. [\[Link\]](#)
- [16] Planck, M. Interviews with great scientists - VI: Max Planck [Interview by J. W. N. Sullivan]. The Observer. 1931. [\[Link\]](#)
- [17] Chalmers DJ. The conscious mind: In search of a fundamental theory. Oxford: Oxford University Press; 1996. [\[Link\]](#)
- [18] Lanza R, Berman B. Biocentrism: How life and consciousness are the keys to understanding the true nature of the universe. Dallas: BenBella Books; 2010. [\[Link\]](#)
- [19] Bazzotti D, Manna M, Stueck M. Spirituality and life [manuscript in preparation]. Leipzig: International Biocentric Research Academy; 2026. [\[Link\]](#)
- [20] World Health Organization. WHOQOL and spirituality, religiousness and personal beliefs (SRPB). Geneva: World Health Organization; 1998. [\[Link\]](#)
- [21] Khankeh H, Guyatt G, Shirozhan S, Roudini J, Rackoll T, Dirnagl U. Stroke patient and stakeholder engagement (SPSE): Concepts, definitions, models, implementation strategies, indicators, and frameworks-a systematic scoping review. Systematic Reviews. 2024; 13(1):271. [\[DOI:10.1186/s13643-024-02686-y\]](#) [\[PMID\]](#) [\[PMCID\]](#)