Triadical Care:
A Practical Process-Philosophical Perspective on Heart, Brain and Spirit

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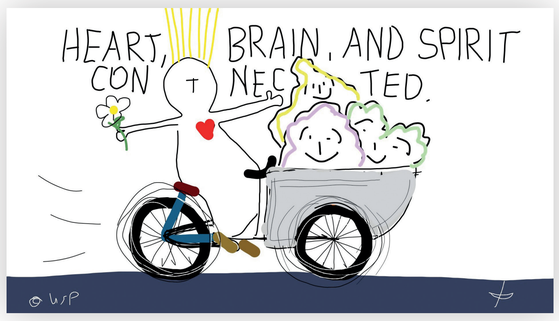
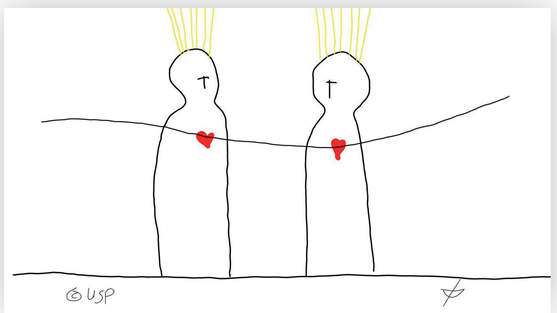
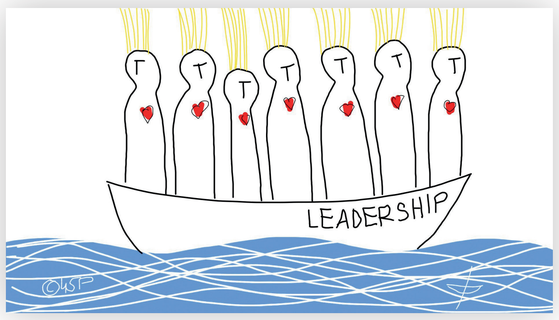


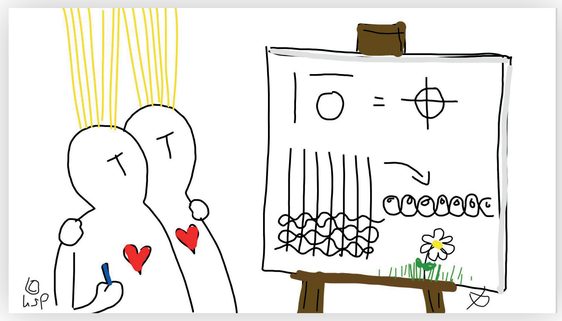
Human beings move through the world in the constant co-emergence of emotion, regulation and world-relation – that is, brain, heart & spirit. If we understand spirituality as the fundamental structure of all living things, a longing search suddenly becomes a clear sense of direction for our journey through existence.



Resonance arises in encounter. Emotional, existential, and world-related reality emerges from what was into what will be. Triadical Care means being aware of this – clearly situated within existence – and participating in becoming in a practical process-philosophical way as healingly as possible.



Defining spirituality as something special, secret or inaccessible fosters dependency or abuse and hinders its true potential. If we wish to make better use of spirituality in medicine, we need a shared understanding, as well as a language and practice, to recognise that transcendence is immanent to the living.



Reality unfolds horizontally, vertically and relationally at the same time. If one of these dimensions is ignored, distortions arise. If we understand existence as warp threads and life as weft threads, how peacefully events can be shaped into ∞ patterns of mutual interconnection.

Background

- Current developments in healthcare show increasing interest in perspectives that integrate emotional experience, cognitive regulation, and existential meaning.
- While many approaches adopt monological (intrapersonal) or dyadic (relational) frameworks, situations of vulnerability, illness, and transition often reveal processes that unfold simultaneously across experiential, relational, and world-context dimensions.
- In response to these gaps, an emerging framework grounded in practical process philosophy is being developed to explore such triadic patterns of experience.

Aim

- This contribution introduces Triadical Care (TC) as a practical process-philosophical, triadic perspective in which heart (felt experience), brain (regulation and cognition), and spirit (as the fundamental vertical dimension inherent to living existence itself) are conceived as mutually shaping axes of human reality.
- The aim is to offer a more fine-grained perspective and language for existential and relational processes and to explore how triadic configurations can support practice in modern healthcare.

Methods

- The approach draws on practice-based insights from artistic inquiry, counseling and teaching contexts, dialogical exploration, and embodied self-reflection.
- These experiential sources are integrated with practical process-philosophical reasoning, resonance theory, phenomenological psychiatry, consciousness studies, and process-oriented philosophy to develop a triadic model grounded in both practice and theory.

Results

- Preliminary insights suggest that a triadic lens reveals patterns of meaning-making, presence, and relational responsiveness that remain less visible within dyadic frameworks.
- Triadic configuration appears especially relevant in moments of crisis, uncertainty, and existential reorientation, where emotional resonance, cognitive regulation, and world-related meaning converge, but also throughout ordinary everyday life.

Conclusions

- The triadic perspective shifts healthcare from a purely functional understanding of human life toward a source-relational understanding of existence: It reverses the common assumption that spirituality is an additional or exceptional aspect of human life. Instead, spirituality is understood as the source-relational vertical ontologically constitutive of existence itself.
- TC provides a coherent resonance framework for understanding how experience, relation, and meaning co-emerge within selfhood and I-You relations and may contribute to developing more integrative forms of holistic healthcare.
- And: By simply treating the vertical dimension as a given – without isolating or problematizing it, and not as a religious or worldview-dependent add-on but as pre-constitutive – it can be integrated into healthcare much more easily, simply by perceiving oneself and the other as already existing within this relation.
- TC is grounded in the source-relational ontology of Praetuism.

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