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The Source of Life: Meditation and Spirituality in Healthcare for a Comprehensive Approach to The COVID-19 Syndemic

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Abstract
The COVID-19 syndemic has raised many unanswered questions about the most important values in human life. It has revealed the limits of looking at mere survival and ignoring closeness, spirituality, and "connectedness". Spiritual accompaniment, in contrast, is a valid therapeutic tool for individuals suffering from life-threatening diseases, allowing a real recovery of the transcendent dimension of existence which retrieves one's relationship with the mystery, and reintegrates illness and death within one's horizon of thought. According to this vision, in the field of healthcare, people experienced in spiritual accompaniment may support patients through their disease journey by strengthening their resilience; this was extended in 2020 with telematic assistance, to patients with COVID-19, with very positive results. This gave impetus to the project to rebuild a rural village, suitable for pursuing the principles of green therapy (also known as echotherapy) in order to host patients in various stages of life-threatening illness who wish to deepen their spiritual search by receiving expert, non-confessional spiritual accompaniment, by living side by side with families and resident monks; there will also be a hospice oriented towards spiritual assistance, to accommodate patients in advanced stages of illness. The spiritual accompaniment proposed here is centered on meditation and is part of a historic tradition, although it is promoted with language adapted to the modern era. This has for decades helped many people following this path.

Keywords Spirituality · Resilience · Connectedness · Green Therapy · Meditation · Hospice · COVID-19

Palliative care and COVID-19

The COVID-19 pandemic has posed new social, health, psychological, and even spiritual challenges. It is better viewed as a *syndemic*, as suggested in the international scientific literature (Horton, 2020), but the term *pandemic* is so common that it is unlikely to be replaced. Regardless of the term, we want to emphasize that, despite some well-known

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statements by healthcare organisations (Snyder, 2012; American Association of Colleges of Nursing, 2008; Puchalski et al., 2014; World Health Organization, 2004), the spiritual dimension is not yet considered an essential part of healthcare. Considering only the biomedical aspects of a problem regarding the entire human being may invalidate the solution, as Horton (2020) writes in *The Lancet*: 'no matter how effective a treatment or protective a vaccine is, the search for a purely biomedical solution to Covid-19 will fail' (p. 874). In Italy, after an initial period of disorientation, healthcare choices were mostly made by epidemiologists, virologists, and infectious disease specialists without involving any other experts, most notably palliative care specialists.

Healthcare is still strenuously trying to cope with the ongoing crisis. Striving to give concrete answers to the problem of survival from an aggressive and unpredictable disease, healthcare efforts have followed the current medical vision that is focused on survival and numbers; huge efforts to provide care have, laudably, been directed toward saving lives but have remained blind to any other perspective. Despite clear indication in scientific papers of the benefits of considering patients' quality of life, this is not normally considered in health policy choices (World Health Organization, 2014).

The need to implement palliative care in humanitarian crises and emergencies was noted by the World Health Organization (WHO) in 2018 (WHO, 2018). Regarding COVID-19, several scientific societies have expressed the need to involve palliative care in multiple areas of patient management (Janssen et al., 2020; National Institute for Health and Care Excellence, 2020), including triage decisions; symptom control in severely ill patients; shared care planning; communication with patients and families; emotional support for patients, families, and caregivers; help for caregivers in making ethical choices; management of patients ineligible for intensive care; continuity of care at home with the support of local palliative care services; and even the provision of professional spiritual accompaniment.

As expected, palliative care, when offered, has promoted constructive and enriching collaboration among all parties involved and has improved patients' quality of life, optimizing their care (De Angelis et al., 2020). It has also improved the allocation of resources, an increasingly central ethical theme. In particular, whenever spiritual support was provided, patient resilience was often significantly enhanced.

Meditation in palliative care

Scientific research clearly shows the significant impact that attention to and care for the spiritual dimension has on terminally ill patients' quality of life related to, for example, well-being, reduction of suffering, and coping skills. Several studies show that in terminal stages, meditation can benefit the management of stress, anxiety, and pain. In particular, meditation increases pain tolerance; improves mood, sleep quality, and overall well-being; and reduces anxiety, stress, and mental confusion without interfering with intellect and mental clarity (Candy et al., 2012; Zeidan, 2016). Meditation in terminally ill patients reduces anxiety, pain, fatigue, and improves quality of life, and patients consider it, along with being in a familiar place and their alliance with healthcare staff, one of the main factors contributing to the quality of their last week of life (Zhang et al., 2012).

In the face of biomedical reductionism and of the still incomplete acceptance of spirituality in care, it is interesting to note that spiritual meditation proves superior to both nonspiritual meditation and simple relaxation, confirming the fundamental role of spirituality in advanced illness and the end of life (Wachholtz & Pargament, 2005, 2008; Zucchi & Honings, 2014).

Alongside the well-known benefits of concentration and visualization or relaxation practices, spiritual meditation appears to increase the individual's sense of 'connectedness' to a greater whole, which is fundamental throughout life but especially towards its end, as highlighted by the Dutch guidelines for spiritual care (Agora Spiritual Care Guideline Working Group, 2013).

In conclusion, meditation in palliative and end-of-life care is a valuable tool because, in addition to its benefits and the absence of significant untoward side effects, it reinforces the patient's internal resources and improves their quality of life at the very end of life.

Meditation and COVID-19

COVID-19 is frightening for many reasons, including the extreme variability of its presentation, ranging from completely asymptomatic to lethal. Even in nonlethal forms, patients may suffer a wide variety of symptoms and conditions, the most notorious being pulmonary disease. Symptoms such as cough, shortness of breath (dyspnea), fever, and profound fatigue are accompanied by psychological discomfort, especially anxiety and distress. Dyspnea, especially, which in its most severe form is called 'air hunger', produces high levels of anxiety and stress.

The positive effects of meditation, particularly its recognized anti-stress, anti-anxiety, and pain-relieving effects, can alleviate both the physical and psychological symptoms of COVID-19, especially in its more advanced stages, as is already acknowledged, for example, in the case of cancer. (Bushell et al., 2020; Poletti et al., 2019). Studies show that oncology patients, after only 8 weeks of meditation, report a reduction in treatment side effects and in the anxiety and stress related to both the disease and treatments (Sampaio et al., 2017).

A particularly interesting issue, in addition to symptom relief, is the potential benefit of meditation on COVID-19 progression and prognosis. It has been known for decades that meditation balances the immune system and regulates inflammation, acting both via the nervous system (increasing parasympathetic activity and reducing sympathetic activity) and the endocrine system (regulating cortisol and melatonin levels) (Rosenkanz et al., 2016)

It is increasingly clear that the advanced form of COVID-19 is not due to direct viral action but to an excessive and uncontrolled host inflammatory response. The known anti-inflammatory effect of meditation could help limit disease progression and improve prognosis and could also enhance antibody response to vaccines, as it has been shown in the case of influenza (Bower & Irwin, 2016).

The hypothesis of a positive effect of meditation on serious infectious diseases (malaria, AIDS, SARS) has been studied for several years and certainly deserves further investigation (Bushell & Theise, 2009). Faced with this pandemic, whose end is not yet in sight, we must implement all possible strategies, both to alleviate patients' physical and psychological symptoms and to reduce the pressure on healthcare systems. Useful strategies include mind–body therapies, among which meditation stands out due to its effectiveness.

The European and mediterranean roots of meditation as the basis of a strongly spiritual *ars moriendi*

There is wide debate on the meaning of spirituality in healthcare in general and in palliative care in particular. While historically justified in some European countries, particularly in Italy, by the influence of religious thought on social and political events, some

laypersons tend to downplay the importance of spirituality in healthcare or to reduce the spiritual dimension to a purely psychological and existential one. Some meditative practices proposed as a tool for spiritual accompaniment lack depth and thus are merely concentration or relaxation exercises. Sometimes a nonconfessional approach, appropriate in a public health system, is confused with disinterest in and rejection of true spirituality, which humans have experienced from the beginning of time. Confronting the widespread belief that meditative practices come exclusively from the East, we propose some ideas which support the need to develop a contemporary *ars moriendi* (art of dying) rooted in the Western tradition.

Meleté thanatou from classical Greece to the beginning of the modern age

In European culture, classical philosophy has a place of honor. Few, however, know that the core of philosophical experience was linked to contemplative and meditative practices and to very specific spiritual exercises. Hadot (1988) has done much research on this topic. The ancient spiritual exercises were meant not only to transform the philosophers and help them overcome the 'world of appearances' to better relate to the spirits that animate and guide reality but were also especially intended to prepare a person for death. Plutarch's motto was very popular in ancient schools: 'Philosophy serves as a preparation for death (Plutarch, Of the Terms of Divine Justice, 26). Wise philosophers spoke unequivocally of an 'exercise in death', or *meleté thanatou*, an expression that became a technical term (Plato, Phaedo, 67d, 81a; Plotinus, Enneads I.7.3, III.6.5; Seneca, Letter to Lucilius, XII.61). Meditation on death allowed the 'lovers of knowledge', as expressly stated in their texts, to overcome the fear of death and become very resilient in the face of life's difficulties. A supreme example of this concept is Socrates's experience (Hadot, 1988).

Philosophical meditation, *meleté*, was practiced daily and helped with discarding selfish attachments to free the mind from the body. It mainly consisted of concentration exercises, visualizations, and breathing techniques that promoted a sort of journey of the soul. According to authoritative scholars, this entirely Western tradition is derived from an ancient custom of dialogue and relationship with the Far East (D'Anna, 1993; Eliade, 1996; Rossi, 2000).

A masterful study from by Lanfranco Rossi (2000), professor at the Oriental Pontifical Institute, shows that the true roots of the original Christian form of meditation are to be found in ancient Greek philosophical practices rather than in the Semitic culture. Underlying ancient Greek spiritual practices is the classical Indo-European anthropological vision with the tripartite division of the human being.

Spiritual growth was considered by the master philosophers and by the church fathers as an itinerary, an ascending journey from the visible to the invisible world, divided into steps or degrees (de Lubac, 1985, p. 169). These three degrees of perfection 'are in relationship with the three components of the integral man: body, soul, and spirit (de Lubac, 1985, p. 170). This vision was shared by the first fathers of the Christian church, including Justin Martyr, Clement, Origen, Irenaeus, Basil, Didymus, Gregory of Nissa, Maximus the Confessor, and many others. These three degrees of reality are connected, each one relating to the next, so that the inferior reflect the superior ones and the superior contain the inferior ones while causing them as well.

This triadic division shapes both spiritual growth and the cosmic and anthropological structure without the rigidity of Gnosticism, which believed those realities subject to

independent and incompatible principles. The idea of growing 'step by step' was universally accepted in both Hellenistic and Christian spiritual literature. It is therefore evident, in this continuity, that these are not dualistic anthropologies but are a unitary vision, decisive in creating Western models of *ars moriendi.*

The visible and invisible worlds

The universe itself can be seen as a perceivable manifestation of invisible realities that send us back directly to their principle. Origen, relying on Apostle Paul's authority, states that.

> Paul... demonstrates that this visible world reveals the invisible one [Romans 1:20] and that our low Earth contains images of celestial realities: thus, from what is below we can rise to what is above, and from what we see on Earth we can know and understand what is in Heaven. (Origen, The Song of Songs III.2.9).

Practically, material realities can become the key to accessing and comprehending superior realities. In this regard, Maximus the Confessor writes:

> [T]he world is one... therefore the spiritual world is totally manifested in the totality of the perceivable world, and is mystically expressed through symbols, for whoever has eyes to see. And the whole perceivable world secretly reveals the whole spiritual world, simplified, and unified through the spiritual essences. (Mystagogy 2).

The myth of the original union between Heaven and Earth, and its subsequent breakdown, is truly universal. Traditionally, spiritual growth is always represented as an 'upward' growth. This contact with what is above can be sustained through a pathway, variously represented a pillar, column, tree, mountain, or stairway (Eliade, 2013 p. 29). This stair lies within the human, in the human body, the 'Temple of the Spirit'. According to Isaac the Syrian, '[T]he stair of this kingdom is hidden within you, in your soul. Hence, wash yourself from you sin and you will find the steps to climb' (Chevalier & Gheerbrant, 1997, p 329; see also Davy, 1992, in Chevalier & Gheerbrant, 1997, pp. 328–334).

The light of the East

As Eliade (1996) states,

> The analogies between the Indian and Mediterranean metaphysics and soteriologies proliferated in the centuries just before and after Christ... the East is exalted as the homeland of the first and most remarkable 'sages'; the place where the masters of wisdom have best preserved the initiation and salvation practices. The legend of Alexander's conversations with Indian Brahmans and ascetics, that will become singularly popular in the Christian era, reflects the almost religious admiration for Indian 'wisdom'. (p. 210).

Therefore, European and Mediterranean antiquity was not diffident towards the Far East; the West noted the opportunity for mutual enrichment. We should preserve this view, not by arbitrarily accepting everything Eastern, thus abandoning our thousand-year tradition, but by maintaining a mutually enriching dialogue, in continuity with the past.

The ancient Christian tradition even had a meditation practice that was surprisingly similar to the Greek philosophers' spiritual exercises and to yoga techniques. This is known as hesychasm. Cardinal Tomas Špidlík (2010) went so far as to state: 'For many contemporaries it was a discovery to learn that many of the yoga exercises were already practiced several centuries ago by Christian monks' (p. 66).

Thus, the anthropological foundations of meditation are clearly rooted in the Indo-European tradition and possess a strong spiritual quality but have a universal inspiration and can therefore be separated from the religious soil in which they originated, retaining their universal features.

Hesychasm as christian meditation

The fundamental practices of the 'psychophysical' method of hesychasm, also known as the 'prayer of the heart', are as follows: sitting in solitude, paying attention to body position; breath control; practicing internal exploration; letting the mind descend deeply 'inside' toward the 'place of the heart'; and synchronizing the continuous invocation of the divine name with the heartbeat or the breath.

Hesychasm was practiced by the early desert monks, who considered their spirituality an exercise in death. Thus, it was classical philosophy and not biblical tradition that decisively influenced Christian meditative practices. One of the main hesychast authors taught that the most effective way to make one's day spiritual was to consider it to be one's last day, adding that this art was like the ancient philosophers': 'It is a true wonder that even pagans expressed the same concept, defining philosophy as meditation on death' (John Climacus, The Ladder, VI.61). The method proposed by the masters of ancient Christian meditation for the 'meditation on death' can be summarized as follows: sit in a secluded place; visualize the day of one's death; perceive the body at the moment of death; imagine the effect of one's actions on the soul and consider what is really at stake; and immerse oneself in the presences animating reality, in the spiritual universe, and finally in the Eternal that represents the end of life.

This was a daily practice on dying in which one perceived the vanity of impermanent things in order to abandon all attachments and finally enter the dimension of life (Evagrius, Summary of Monastic Life). Subsequent centuries have distorted these effective practices into moralistic calls, and the classic memento mori, or reminder of mortality, has become more an annoying warning than a call to raise one's consciousness. A well-known Russian spiritual author of the early 1900s declared that death meditation allows the passage from ignorance to perfect gnosis, from 'semi-sleep' to 'super consciousness' (Berdiaeff, 1947, p. 196).

When facing the enigma of suffering and death, even that of a COVID-19 patient, the value of the central Christian message, configured as a promise of life that can't be extinguished by death, increases. Death is not represented as a barrier but as a door: 'Very truly I tell you, whoever hears my word and believes him who sent me has eternal life and will not be judged but has crossed over from death to life' (John 5:24 NRSVCE), and 'Very truly, I tell you, whoever keeps my word, will never see death' (John 8:51 NRSVCE).

The initiation to the Christian life—the baptism—is a radical experience of death and resurrection. John Chrysostom, in fact, affirmed that baptism 'represented death and burial, life and resurrection.... When we immerse our head in the water as in a grave, the old man is immersed, entirely buried; when we emerge from the water, the new man simultaneously

appears.' (John Chrysostom, Homilies on John, XXV, 2). To be admitted to this experience of death and resurrection, candidates underwent a lengthy and rigorous preparation. Therefore, a deep *meditatio mortis* of Christian origin leads to the perception of the door to death as a door to full life.

Universality and nonconfessionalism of meditation

How can we update this precious *ars moriendi*? It is necessary to reintroduce strongly spiritual meditation practices that are open to mystery, even if nonconfessional. These practices can positively increase resilience when facing a serious illness, including COVID-19, or a terminal illness with the need to prepare for death. The ancient *ars moriendi* and meditations on death can be updated and opened in a nondenominational approach, maintaining their strong spiritual aspect and openness to the transcendent, which is necessary to foster strong and deep resilience. Western culture, both ancient and recent, has preserved extraordinary death practices that favor inner descent, the ancient 'descent into the depths', preparing us for the unknown journey that is the supreme encounter with death. Antiquity, even in the Western tradition, testifies by experience that regular meditation favors an inner serenity; daily exploration of our mysterious interior world teaches us to coexist with the mysteries of life, showing there is light at the bottom of the heart: 'Dig inside yourself; inside is the spring of everything good, and it can surge indefinitely, if you continue to dig' (Marcus Aurelius, Thoughts, VII.59). Both in hesychasm and in the spiritual exercises of ancient Greece, the practice of diligent concentration promotes a state of serenity and imperturbability; the modern concept of resilience, i.e. the meditative ability to remain calm and serene, even during bodily suffering or illness and despite external conditions, was well known.

In European ancient texts and testimonies, meditation requires eliminating neuromuscular tension, quieting uncontrolled movements of the mind, and descending into the depths, or the art of 'letting the mind descend into the heart'. Physical immobility was necessary to achieve immobility of thought, both resembling a simple 'practice of death', which was even more effective in an agitated and frenetic society. Breathing was believed to be the key and the bridge between the outer and the inner worlds, and the art of thinning it out and gently slowing it down became useful when one was losing control over one's breathing, up to the final gift of the last breath.

The journey into one's inner self is compared in spiritual literature to the mythical journeys into the beyond made by heroes such as Ulysses, Aeneas, Dante, and many others. They went through the darkness of their own thoughts and unexpected encounters, training the soul and the mind for the last great journey. In conclusion, in European antiquity, meditation techniques were a practical method to collect, purify, and unify all psychophysical energies in order to experience a new life and become able to face illness and death with a superior resilience open to eternity.

Meditation has always been a privileged form of access to the transcendent, both in Indo-European and in biblical culture, and is expressed differently depending on the existential, spiritual, or religious path of the patient in search of meaning because of their severe disease. The Indo-European vision, to which we Westerners belong, gives us a particular gift: 'A great spiritual impulse leads Indian thought to seek an experience which would liberate the spirit from the shackles of time and space and would therefore acquire absolute value' (John Paul II, Fides et Ratio, 72). In this absolute, there is room

for a personal and unique relationship with the transcendent that can accept both a secular search, and the desire (not only Christian) of a personal encounter with the divine. We must always consider 'the universality of the human spirit, whose basic needs are the same in the most disparate cultures' (John Paul II, Fides et Ratio, 72).

The first steps of an innovative project

The experience of the Village

The Tuttoèvita Association has initiated a project based on a multi-year end-of-life spiritual care activity that is carried out in many Tuscan cities. The project involves the creation of two residential facilities (House of Wheat and Meditation Hospice) designed to accommodate patients in various stages of life-threatening diseases and their families. The families will be welcome to stay even after the death of their loved ones. These structures are part of the urban fabric of a small village in the hills of Tuscany which was abandoned in the 1950s and has already been partially rebuilt. The House of Wheat was open during the pandemic in a structure close to the Village (in the nearby city of Prato). It gives psychological, existential, and spiritual support to patients with life-threatening noncommunicable diseases at a time when people suffering from a serious disease are forced into loneliness. This welcoming, non-hospital-based facility hosts, for limited periods of time, patients who want to make a residential spiritual and existential journey regarding the end of life together with their families. The Meditation Hospice, which is not yet open, will accommodate patients who are without a home caregiver and are in need of healthcare 24/7 and want to receive at this time in their life a specific type of spiritual care.

Some of the innovative elements of this project are as follows:

- In both the House of Wheat and the Meditation Hospice, spiritual care is the core and the backbone of the patient care. The House of Wheat cooperates with the healthcare provided by the SSN (National Health Service) without interfering in any way. In the Meditation Hospice, on the other hand, healthcare will be provided according to the best regulatory standards but will be in addition to spiritual care, which will remain the core of caregiving.
- In this model, every aspect of integral care (body, mind, relationships) is infused with spiritual attention, and every therapeutic action is integrated with and oriented towards spirituality.
- The team is composed entirely of professionals experienced in spiritual practice and meditation. In addition to regular team meetings, professionals and volunteers participate regularly in group meditation sessions.
- Early care is provided integrally for all aspects not covered by the National Health Service, from the very moment of the adverse diagnosis, allowing patients more time to build resilience and mobilize their inner resources.

Operationally, the accompaniment is expressly nondenominational, respecting each individual's sensibility and religious beliefs and able to foster unexpected inner

resources if the person has not already undertaken a spiritual search prior to their receiving the 'bad news'.

The integrated hospice: community and nature as a cure

A further innovative aspect relates to the construction of integrated communities in which illness and suffering are not banned from the social environment but are perfectly harmonized with social life in every aspect. The Village will host several monks (some with interconfessional experience) and families; guests can therefore share time and space with them to experience spirituality and meditation in a familiar atmosphere of hospitality and communion. Western society has banned illness and death from the horizon of individual thoughts, turning them into experiences to be feared and avoided; consequently, we have lost the psychological, emotional, relational, and even verbal skills necessary to face them, live through them, and, if possible, treasure them.

One emerging need in this area is promoting a change in culture, language, and behavior regarding death and also life, which has a different intensity and fullness if contemplated from the point of view of the final goal. The WHO definition of palliative care emphasizes the commitment needed in this area of care to affirm life and to consider death a natural process (WHO, 1990).

For this purpose, the Village was created to bring together the healthy and the sick, the living and the dying, and it will eventually feature a cemetery for people to be able to spend some time with the dead. It will be a place where living and healthy people do not flee from disease and death but consider them not only an integral part of life but also a necessary and 'vital' experience on the path of personal growth. In this integration made possible by cohabitation, sick and dying people can concretely experience a different point of view. Theory remains theory if it is not developed and owned through experience. We are convinced that the daily sharing of these primordial values can, by itself, immediately and through a process of osmosis, help patients to integrate the experience of illness into their life journey, mending fractures created by the loss of their reference points (typically, the Western belief in control). Recovering value and dignity can impact positively on the quality of life of patients and families.

In the project known as the Village, there will be art therapy workshops and occupational therapy (e.g., a blacksmithing workshop, glassmaking, iconography), green areas, and gardens in which all residents may cooperate with construction, activity, and creation according to their desires and abilities. There will also be places for conferences, meetings, and workshops on topics related to personal growth, ecology, and spirituality; the events will be open to the whole population, and the many communities present in the area will enrich the daily exchange. Among the innovations configuring a social experiment is the creation of a social fabric in which illness and health, life and death become equal and part of the sacred 'existence'; daily life, no longer divided into separate mental categories but welcomed and lived fully and in the natural seasonal flow, will be the cradle in which the sick can grow into a new and more meaningful existence.

Nature that heals

One structure has the evocative name of the House of Wheat to recall the image of overcoming death (the wheat grain that only by dying can become the seed of new life and food) prevalent in ancient myths, starting with Osiris, throughout the pre-Christian Mediterranean basin, in the Jewish and Christian traditions.

The Hospice and the House of Wheat are designed according to the canons of rural architecture in a wooded area, following the innovative experiments of Norwegian hospitals such as Oslo University Hospital and Sørlandet Kristiansand in southern Norway. The Nordic project is called Friluftssykehuset, a Norwegian term that literally means 'open-air hospital'. The Village, totally immersed in nature, is easily reachable from the nearby towns, and, because of the Hospice, trained medical staff will always be available.

Professor Stefano Mancuso (Mancuso, 2017; Mancuso & Viola, 2015), a world expert in plant-human interrelationships who is collaborating on the realization of the Village", has summarized studies showing that being surrounded by nature expedites healing processes, decreases the need for analgesics, and improves mood. The first studies on this topic date back to 1984 and the work of Roger Ulrich (1984), a researcher at the Department of Geography at the University of Delaware, followed by countless other research projects.

According to extensive studies, there is a direct, clear, and indisputable relationship between the quantity and quality of trees in a given area and residents' health. Virtually any exposure to green spaces improves mental and physical health, reduces mortality not due to accidents, lowers blood pressure and the incidence of cardiovascular disease, reduces stress, decreases depression, and limits hospitalizations (Jimenez et al., 2021; Park & Mattson, 2009; Summers & Vivian, 2018; Wichrowski et al., 2005).

Positive COVID-19 integration experiences: human and spiritual telematic assistance

Since the first months of the COVID-19 epidemic, a telephone reception service has been active 7 days a week within the House of Wheat project to offer free telematic human and spiritual support. The service is directed at patients affected by the coronavirus or by other serious diseases whose management is complicated by the current emergency, along with their families and people grieving for any other reason.

In critical moments of illness or even impending death, it is very difficult to not be able to spend time with one's loved ones. Moreover, the necessary restrictions of social contacts worsen the loneliness of bereaved people. During grief, the need to share or even to be near people close to us for their experiences, affinity, and religious or spiritual values is particularly strong. This situation, however painful, can be viewed as an opportunity for inner growth and the revision of individual and collective lifestyles.

The objectives of this service are to offer (1) an interreligious testimony of closeness to anyone who is suffering directly or indirectly because of the pandemic (including the general climate of tension, fear, and distrust) and (2) an active listening service to give both human and spiritual nonconfessional support.

The initiative, carried out in collaboration with the main local religious institutions, has created a free service of listening and spiritual assistance that support the work that the palliative care network is already carrying out in the territory. Its purpose is to offer increasingly integrated and supportive care with the belief that, even in the direst situation,

a person who is adequately welcomed and supported can find unexpected resources for dealing with the crisis, and sometimes, can even give it a whole new meaning.

Hence, the desire is not to leave those who are suffering alone but to support them with the competent work of professionals trained in spiritual accompaniment and with a strong inner presence. This allows people to choose religious (hence the cooperation with the main religious institutions in the area) or nonconfessional assistance based on their own interiority.

An option to be explored is whether to continue this initiative over time, readjusting it to needs after the emergency of COVID-19 but always maintaining its orientation towards the spiritual support of anybody who wishes to be so supported.

Conclusions

Humanity is faced with an unprecedented challenge in the form of COVID-19. The current experience has enormous global implications. Because of the absence of an *ars moriendi* in the societies most affected by the pandemic, efforts have been exclusively directed at reducing the death burden without a comprehensive approach to the pandemic/syndemic. Biomedical treatment and preventive measures are fundamental, but by themselves they not only will be inadequate, as stated in an editorial in *The Lancet* (Horton, 2020) but may even increase the psychological suffering because the psychological, relational, and existential aspects of this syndemic have been neglected. Humanity has always found in spirituality its main source of resilience in the face of existential difficulties. The spiritual dimension could be the 'cement' that holds together the integral care that is increasingly necessary in these difficult times.

Countless studies have shown the positive effects of meditation in the face of life difficulties, and these difficulties have been worsened by the syndemic. This worldwide crisis has undermined widespread beliefs and unchallenged certainties. Purely mental meditation is not sufficient to build resilient individuals and communities; we must go deeper and remain open to the transcendent, even by rediscovering and revising every cultural heritage. The experience of 'connectedness', or deep communion, generated by a serious spiritual experience indicates what many have already showed: a way out of the profound crisis we are living through is possible only if we go through it together. We need to build radical experiences of integration and communion that act as leaven, generating virtuous cycles arising from good practices that are widely replicable.

If we know how to read with a spiritual eye the dramatic events we are living through, we could receive an unexpected gift. Our civilization, already in a crisis before the syndemic, might discover, thanks to the catastrophe we are living through, that the answers are not on the paths already traveled but elsewhere. We can then enter the world of integral mutual care, connect to others in a different way, and discover that we can move from having our breath choked by COVID-19 to a shared deep breath. We all breathe the same unique breath/spirit, and these sad times, however deeply they may hurt us, can also make us better.

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