幾點補充 以引起討論

- 西方世界自1950年代的相關研究
- 牧者危機 —一個2012年發表的研究
- 在全人健康的範式中，“靈性”之概念位置？[討論時間]

相關學術期刊文獻等資料庫 一些例子

反覆出現的課題—牧者困擾的成因

• 角色矛盾/合流
  - 角色期望不一致
  - career vs. pastoral work

• 身心社靈的不良反應
  - 身（1）、心（1）、社（7）、靈（3）、組織/文化（6）

• 影響牧職危機的較重要因素 = “社”

• 18個因素的粗略分配

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boundaries</td>
<td>Lack of attention to and lack of awareness of personal boundaries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>Experiences of conflict.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power, abuse, Bullying</td>
<td>Misconduct, accusations of sexual impropriety, abuse and bullying by church members or clergy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Wellbeing</td>
<td>Lack of self-care including lack of self-awareness, lack of confidence, mental health issues amongst the clergy and laity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>Faith issues, e.g., spiritual burnout such as a breakdown in spiritual discipline, spiritual neglect, or poor development of spiritual practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>Changes in aspects of ministers’ experience due to contemporary society, e.g., declining congregations and growing irrelevance of the church and parish ministry to contemporary society, changes in belief, faith, and spirituality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

幾點值得多留意

• 18個因素的細略分配
  - 身(1), 心(1), 社(7), 灵(3), 組織/文化(6)

• 影響牧職危機的較重要因素 = “社”

• “召命感”的重要性排行15/18
  - (10): Lack of clarity in vocation, lack of boundaries, lack of confidence, lack of faith.

• “健康”的重要性排行11/18
  - (11): “Personal health matters that impact ability to function effectively as a minister.”

• 牧者建議: 強制性專業發展、專業督導、同工彼此支持等。

Appendix 1—Spirituality and Health in the WHO context

- 1946. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- 1983. at the 36th World Health Assembly, the question of the “spiritual dimension” was raised and discussed at some length.
  - “The draft resolution excluded the definition of health in the preamble of the Constitution. It then affirmed that the spiritual dimension is implicit in such a concept of health.”
  - Global strategy for health for all by the year 2000: the spiritual dimension
  - “The draft resolution excluded the definition of health in the preamble of the Constitution. It then affirmed that the spiritual dimension is implicit in such a concept of health.”

- 1984. at the 37th Health Assembly, the question of the “spiritual dimension” was raised and discussed at some length.
  - “The draft resolution excluded the definition of health in the preamble of the Constitution. It then affirmed that the spiritual dimension is implicit in such a concept of health.”

- 1997: the special group of the WHO Executive Board for the review of the Constitution presented the preamble be modified to read
  - “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

- 1998. In January 1998, the Executive Board endorsed this proposal of the Special Group and adopted resolution EB101/1 recommending the World Health Assembly to modify the preamble of the Constitution accordingly
  - “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

- 1999. During the 52nd World Health Assembly, the third meeting of Committee B, while debating the resolutions before it, the delegate for the Marshall Islands, Mr. Malakai Vata, asked that the Committee also consider the proposal of the Special Group for the review of the preamble of the Constitution. The proposals for amendment of the preamble of the Constitution were then discussed in Committee B, and adopted by the Assembly on July 13, 1999.

- 2005: During the 58th World Health Assembly, in response to the letter of Rajinder Pal (Member of the Expert Advisory Panel of WHO), the Director-General WHO (Dr Jong-Wook Lee) replied, “Taking into consideration the urgent need for guidance on a variety of other pressing challenges to human health, it is not expected in the immediate future to establish a committee to consider the spiritual dimension in health.”


Appendix 2—the 18 factors

1. Boundaries
2. Conflict
3. Power, Abuse, Bullying
4. Personal Wellbeing
5. Faith
6. Change
7. Expectations
8. Family Support,
9. Mentoring, Supervision
10. Placement
11. Health
12. Isolation
13. Lack of Training
14. Discrimination
15. Vocation
16. Policy/Protocol
17. Theological Differences
18. Financial