

香港中文大學崇基學院神學院
 教牧事工部主辦
 第六屆牧養研討會2012

主題：「教牧心靈健康的危機與建立」
 主題演講 1：教牧心靈健康

回應：關瑞文



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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〕

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反覆出現的課題—牧者困擾的成因



- 角色矛盾/含混
 - 角色期望之轉變
 - Core vs. admin 工作的期望落差/不當安排
- 牧職的社會地位：“非專業化”及被社會邊緣化的趨勢
- 與信徒的矛盾
 - 教會的在世使命？
 - 牧職有多專業？
 - 屬靈消費文化之橫行
 - 信仰理解之差異
 - 權力角力/信徒權力大於牧者權力/屬靈權柄被忽視
- 對女牧者之隱性/顯性“不信任”
- 牧者-堂會之錯配
- 牧者待遇遠遠落後於社會其他行業



- 事奉滿足感下降
- 呼召感下降
- 轉換工場
- 離職
- 身心社靈的不良反應
- 燃盡



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牧者危機—一個2012年發表的(澳洲)研究

Fallon, B., Rice, S., & Howie, J. (coming in 2012). Factors that precipitate and mitigate crises in ministry. *Pastoral Psychology*.



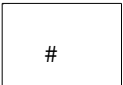
- 是甚麼使牧者在牧職中出現危機
(危機 = as a state that may be related to less than effective functioning as a minister, etc.)
- 18個因素，首6個是 (app 2)

Boundaries (社)	Lack of attention to and lack of awareness of professional and personal boundaries in ministry. This includes issues of confidentiality, gossiping, and acting beyond the role of a minister, e.g., trying to be all things to all people.
Conflict (社)	Experiences of conflict, e.g., conflict between clergy and congregation members, conflict within the congregation, conflict amongst clergy.
Power, abuse, Bullying (社)	Misconduct, accusations of sexual impropriety, abuse and bullying by church members or clergy. Experiencing interpersonal difficulties with gatekeepers, congregation members, presbytery, or colleagues who wield power.
Personal Wellbeing (心)	Lack of self-care including lack of self-awareness, lack of confidence, mental health issues amongst the clergy and laity. Managing stress, overwork, burnout, and exposure to trauma and others' burdens. Experiencing a personal crisis.
Faith (靈)	Faith issues, e.g., spiritual burnout such as a breakdown in spiritual discipline, spiritual neglect, or poor development of spiritual practices, a personal crisis of faith, a loss or lack of faith.
Change (社)	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.

幾點值得多留意



- 18個因素的粗略分配
 - 身(1)、心(1)、社(7)、靈(3)、組織/文化(6)
 - 身、心、社、靈互為影響
- 影響牧職危機的較重要因素 = “社”
- “召命感”的重要性排行15/18
(召命感 = Lack of clarity in vocation, clash between vocation and the way the church operates, a crisis of vocation)
- “健康”的重要性排行11/18
(健康 = 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。



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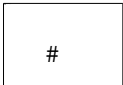
Correlations between the six factors with the highest importance ratings

	1.	2.	3.	4.	5.	6.
1. Boundaries	-	0.35**	0.14	0.43**	0.28**	0.24*
2. Conflict		-	0.54**	0.30**	0.29**	0.17
3. Power, Abuse, Bullying			-	0.18	0.27**	-0.09
4. Personal Wellbeing				-	0.47**	0.04
5. Faith					-	0.29**
6. Change						-

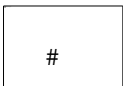
*p<0.05 (two tailed)
** p<0.01 (two tailed)

boundaries/ conflict 與 personal wellbeing 相關
Faith 與 心社向度相關

* Cohen (1988) : r = 0.10 to 0.29 means small correlation, r = 0.30 to 0.49 means medium, r = 0.50 to 1.0 means large.



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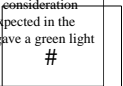


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Appendix 1—Spirituality and Health in the WHO context



- 1946: "Health is a state of complete physical, mental and social well-being and not merely the absence of the 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 recalled 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*. Annex 1 to EB73/15. Geneva, World Health Organization, 1983. (prepared by the Director-General at that time, Dr Halldan Mahler.)
- 1984: the 37th Health Assembly adopted resolution WHA37.13, which made the "spiritual dimension" part and parcel of WHO Member States' strategies for health
 - In the WHA37.13, this spiritual dimension implies "a phenomenon that is not material in nature but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings, particularly enabling ideas".
- 1997: the special group of the WHO Executive Board for the review of the Constitution proposed that the preamble be modified to read
 - "Health is a dynamic state of complete physical, mental, spiritual 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 EB 10 1.R2 recommending the World Health Assembly to modify the preamble of the Constitution accordingly
- 1999: During the 52nd World Health Assembly, the third meeting of Committee B, while debating the amendments to the Constitution, agreed not to consider any of the proposed amendments including the proposed amended text of the Preamble, and decided to keep the matter under constant review.
- 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." (but he gave a green light to the project)



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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

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