

# 南華大學九十六學年度 碩士在職專班 招生考試試題卷

系所別： 生死學系碩士班

科目編號：2301

科 目： 生死學概論

試題紙第    頁共    頁

一、請闡述下文內容，並討論其觀點（本題必答，30%）

As the culture of Western society changed from a religious orientation toward life and death to a perspective dominated by the values of science, trade, and business, the act of death underwent changes such that control over its management shifted progressively from the dying person to the family and eventually to the physician and the hospital team. The rise of science has been accompanied by a progressive decline in religious belief, and the fear of death has emerged as society's most pervasive attitude. Direct experience with death and dying has disappeared for many members of society as new professions have been created to take care of the many death-related tasks associated with an expanding population. Responsibility for the management of dying has shifted from the family to the larger society, and the necessary actions related to death have become bureaucratized, as is true of many other activities essential to the ongoing flow of human affairs.

以下四題，請任選二題作答（回答時請務必註明題號，多答題不給分）

二、根據 Viktor E. Frankl, 「意義治療法」(logotherapy)所處理的乃是「心靈性精神官能症」(noögenic neuroses),而非「心理精神官能症」(psychogenic neuroses)。換言之，此類型官能症與「靈性」的問題有關，非由本能驅力 (instinctual drives)的衝突造成。請解釋說明「意義治療法」所謂「靈性」問題的本質為何？為什麼它與本能驅力的衝突無關？此一創見與 Frankl 的集中營體驗有何關連？(35%)

三、如果死亡指出了人類存在的「有限性」，而宗教是闡明超越此一「有限性」的精神活動，請試以基督教的「原罪」概念及佛教的「業」的概念，說明人類的「有限性」以及可能的「超越之道」。(35%)

四、我們若把庫布勒·羅斯醫師的五階段論，視為描述臨終病人從「否認」到「接受」死亡的心理經驗過程，則「憤怒」、「討價還價」及「抑鬱」等階段都只是「否認」的形變。此外她也提及，臨終病人自始至終都抱持著「希望」。「希望」提供病人活下去的支撐力量，但是「希望」是不是也是另一種「否認」？還是「希望」仍有其正向的意義存在？若二者都有，在臨床上又該如何區辨「正向的希望」以及「由否認偽裝的希望」呢？(35%)

五、海倫·聶爾玲在其丈夫斯各特·聶爾玲百歲時，從旁協助他以其自由意志自行斷食後死亡。你認為這是否是一種自殺(斯各特)及協助自殺(海倫)的行為？你可以接受嗎？它的條件與一般的自殺行為有任何不同嗎？我們究竟應該怎樣看待這樣的死亡方式？(35%)