

**ABSTRACT:** *Learning how to respond to suffering is a significant challenge for healthcare providers. This interdisciplinary paper relays a Pedagogy of Suffering Model, based on research following a suffering interview project with undergraduate nursing students. The model is compared to the Gospel account of an encounter between Jesus and a Syrophoenician woman (Mark 7:24-30), supporting biblical and theological soundness of the model's transformative tasks for learning how to respond to suffering. The model can guide development of learning experiences that deepen understanding of compassionate interventions for those who suffer.*

**KEY WORDS:** *compassion, connectedness, healing encounters, nursing, pedagogical model, suffering, Syrophoenician woman, transformation*



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# ENTERING INTO

## DEEPENED SUFFERING

Early on the morning of a surgery scheduled at a prominent hospital, I (Barbara) was hurried to a cold, sterile x-ray suite. One final diagnostic test was needed within an hour of a scheduled life-changing mastectomy. I was fearful, unsure of what lay in my future. All I wanted in that moment was a warm and caring connection, a gesture of support. But what happened only deepened my suffering. My technician did not offer so much as her name or even an explanation of what was involved in the test. Nor did she offer pain medication for this unanticipated procedure that proved to be quite painful.

This devastating experience with a caregiver was, sadly, only one of a number of encounters during cancer treatment that left me feeling depersonalized. More than this, I found that health professionals often did not acknowledge the suffering my family and I were experiencing. Too often, we felt isolated in our pain and anxiety. Fortunately, many caregivers and friends *did* understand suffering's toll and offered us compassionate presence during our darkest days. They gave us hope that we could cope and that I could experience healing.

As a nurse and nurse educator, I have witnessed suffering on many levels with patients and their families, as well as with students struggling in a demanding nursing program. Yet, not until I encountered my own suffering with breast cancer, suffering that was

magnified by additional painful issues in my family at the time, did I clearly understand the hidden nature of suffering and its demands on a person's life, as well as on the family. These personal revelations of the nature and power of suffering opened my eyes to the enormous need for greater understanding and acknowledgment of its presence in our lives. Walking my own suffering journey revealed to me the urgency of sharing this experience with

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## SUFFERING INTRUDES INTO OUR LIVES WITHOUT INVITATION.

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other professionals and professionals-in-training, who could benefit from these compelling lessons. God challenged me to take steps to apply these lessons in my role as a nurse educator.

The result of these personal lessons prompted me to develop a project intended to help others who care for those who suffer. This interview project was especially intended to help students understand suffering more fully. Using this project, in turn, led to a teaching/learning model that informs education on the nature of suffering. The teaching tool and the corresponding model are well supported, first, by research in the field of caregiving, and second, by a research study completed by our author team of three interprofessional educators. The study evaluated learning outcomes following the

implementation of the interview project with nursing students.

This article summarizes the interview tool and how its use led to the development of a new teaching/learning model describing transformative tasks for caregivers learning how to encounter and respond to suffering with compassion (Braband, Gaudino, & Rogers, 2015). Second, the article presents a Gospel story and reads it alongside the model, in order to explain the model in a way that is biblically based and theologically sound. We share this *Pedagogy of Suffering Model* in the hope that it can teach, inform, and inspire nurses and other health professionals as Christian healers.

## PROFESSIONAL CAREGIVERS AND SUFFERING

Suffering intrudes into our lives without invitation. Physical encounters with suffering may occur through acute bouts of illness, life-threatening diagnoses, chronic illness, and injuries or death from traumatic events. Life-impacting suffering can have effects that linger for years and emerge either through an overwhelming event (accidents, addiction, chronic illness, or cancer) or through a series of crises such as divorce, depression, the death of loved ones, loss of a job, and homelessness.

Suffering itself is a complex and obscure phenomenon, often unacknowledged by professional caregivers and the loved ones of those affected. Suffering has been well defined as the "distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person" (Cassell, 1991, p. 24). The collision of any health event with preexisting suffering can further complicate the suffering, ultimately taking the greatest toll on those who suffer.

Caring for persons who are undergoing this threat challenges experienced, novice, and student nurses. Caregivers may feel hopeless, powerless, and isolated when they find themselves unable to relieve another person's suffering. These feelings can contribute

# SUFFERING

## Becoming a Transformed and Transforming Healer



to avoidance behaviors and a focus on more tangible caregiving tasks (Pask, 2001; Rudolffson & Berggren, 2012). Encounters with suffering and distress also may “lead caregivers to question their identity, wholeness, or integrity as healing persons,” and these questions may in turn contribute additional pain and moral distress (Rowe, 2012, p. 21). Students may fear exposure of their own “woundedness” and feelings of inadequacy to teachers or peers (Eifried, 2003). Caregivers who distance themselves from the suffering patient in order to turn away from their own discomfort and anxiety may heighten the suffering of the patient.

Rudolffson and Berggren (2012) linked caregivers’ failure either to feel or demonstrate compassion with the failure to recognize that they and their patients share in suffering. The authors go on to state that caregivers need to comprehend the nature and impact of suffering so that they are freed to embrace it and, with their patients, to more fully share in the vulnerability of being human. This shared vulnerability, in turn, permits caregivers to grasp the deeper issues of suffering (Rudolffson &


Berggren). However, there are barriers to this deeper understanding, as well as to compassionate caregiving. Some of these barriers include limited previous encounters with life-impacting suffering; a lack of the coping skills required for processing the personal and professional impact of suffering; limited clinical role models who can guide caregivers on their journey to becoming compassionate healers; and an overall lack of confidence (Deal, 2011; Eifried, 2003; Rudolffson & Berggren). Clearly, nurse leaders need to address these barriers, as they work to create a culture that can guide and support nurses and nursing students in offering compassionate care (Burnell, 2010). Caregivers will then be able to respond to the call to enter others’ suffering, in contrast to distancing themselves from those who suffer and thereby deepening their and their patients’ distress.

### TEACHING STRATEGY: THE INTERVIEW PROJECT

The goal of this project was to help undergraduate nursing students in a private, Christian university process the meaning of, and response to, suffering

for themselves and the patients with whom they work. Although this university is a Christian school, not all students profess Christianity. Our interprofessional educator team from the disciplines of theology, social work, and nursing implemented the interview project in a required upper-division theology course. We asked students to interview someone other than a patient about an experience of suffering, using semistructured, open-ended questions (Braband et al., 2015). In a series of three interviews, students explored interviewees’ stories of suffering: how suffering relates to the mind, body, and spirit, and if and how interviewees made sense of suffering to find meaning and hope. Students also reflected on their own reactions to the interview experience and debriefed their learning summaries in small groups.

Following approval from the university’s Institutional Review Board, implementing the interview assignment for two semesters, and surveying students ( $N = 247$ ) about their reflections on their interview experiences, we analyzed students’ self-reflections to determine the impact the assignment had on their



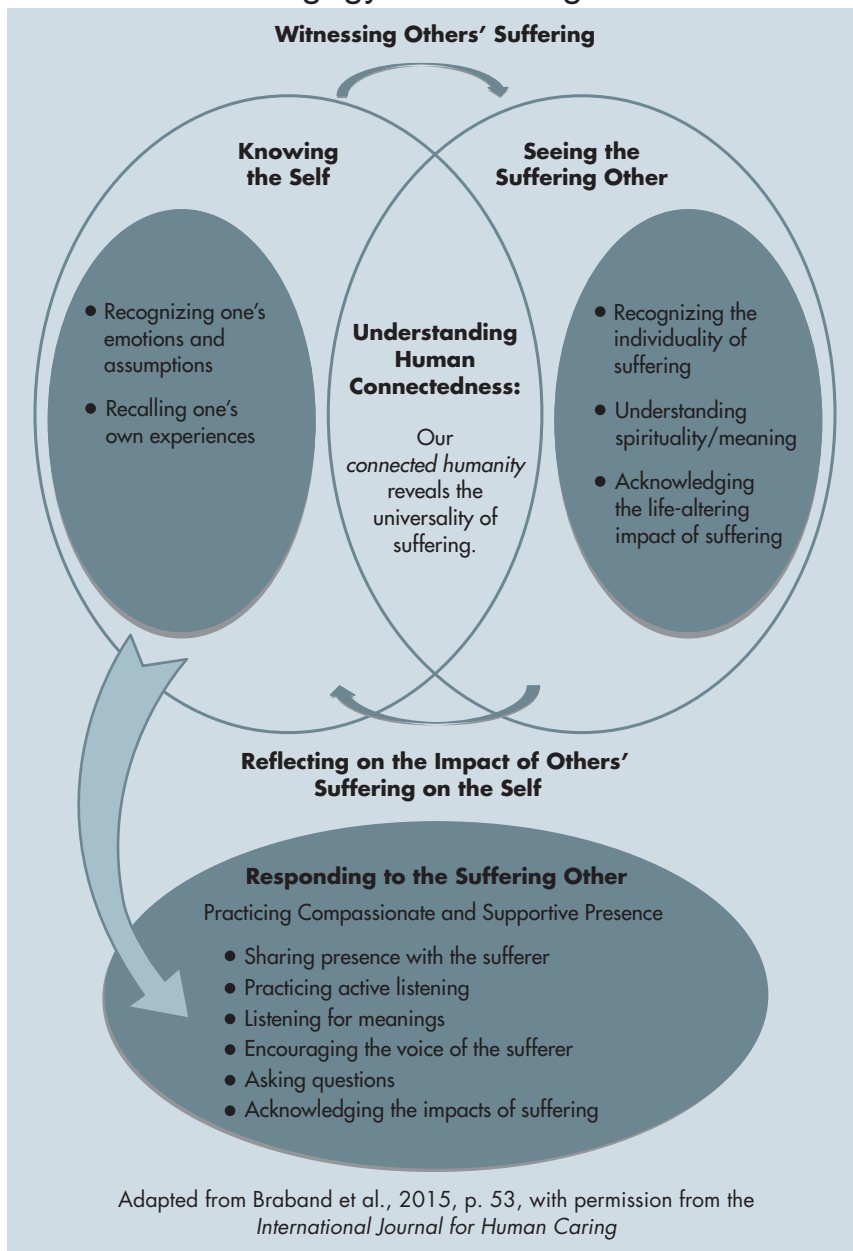
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understanding of, and response to, suffering. Quantitative analyses of eight questions inquiring about students' learning experiences indicated that students felt the assignment helped them to become better equipped to be present with, and respond to, suffering. Specifically, students rated "highly" the assignment's ability to: help them understand the impact and scope of suffering on others; understand their role in working with suffering and how they can respond as professionals; improve communication skills with people who are in the midst of suffering; and grow personally from the interview experience (Braband et al., 2015).

Five open-ended survey questions asked students to expand on their interview experiences. Qualitative analyses identified four themes associated with student learning. These themes suggested that students gained: 1) self-awareness around suffering, 2) a fuller and expanded sense of what suffering entailed, 3) an understanding of the role and meaning of spirituality in suffering, and 4) an appreciation for the value of compassionate relationship and presence with someone who is suffering (Braband et al., 2015). The results of this study informed the development of a model to conceptualize how we teach and can learn about suffering.

The *Pedagogy of Suffering Model*, displayed in Figure 1, identifies the components necessary to understand human connectedness in the state of suffering. The first two components include Knowing the Self and Seeing the Suffering Other. Through witnessing suffering, one is able to reflect on the impact the suffering of others has on oneself and to move to Understanding Human Connectedness in suffering. This process cultivates a more compassionate and supportive presence for, and response to, those who are suffering, which we name Responding to the Suffering Other (see sidebar: Components of the *Pedagogy of Suffering Model*). For additional detail on the interview project, project evaluation, and how the proposed model was developed, see Braband et al. (2015).

FIGURE 1: Pedagogy of Suffering Model



Although this teaching/learning model arose from our observations of student learning and is supported by research in the field of caregiving, it is important for Christians that the model be sound from a biblical and theological perspective. Finding ways to integrate caregiving principles with these perspectives has been one goal of our work of teaching students about suffering. Might our new model reflect Christian principles of learning how to care for one another and, thus, provide a powerful resource for Christian

nurses? To discern the answer to these questions, we looked to the stories of Jesus for evidence of his ministry as healer.

### JESUS' ENCOUNTER WITH A SUFFERING WOMAN

The Gospel books of Matthew, Mark, Luke, and John present many accounts of Jesus that give inspiring examples of Jesus the Healer, who willingly entered into the suffering of others in order to provide compassionate care. One story, however, stands out



## Transformative Processes in the Pedagogy of Suffering Model

**K**nowing the Self is becoming more self-aware, that is, recalling and recognizing one's emotions and experience with suffering. This self-learning, in turn, influences how we respond to suffering. Such learning entails recalling our personal history of suffering; engaging with our feelings in the presence of another's suffering (our discomfort, pain, and fear at their suffering); and identifying preconceptions and assumptions about another's suffering. Knowing the self helps the nurse put his or her feelings and thoughts aside so he or she can embrace the patient's suffering.

Seeing the Suffering Other involves offering presence that allows seeing the particularity, depth, individuality, and impact of another's suffering. Truly seeing the suffering other recognizes how culture, life stages, types of suffering, and grief processes contribute to the individual experience and toll of suffering. Seeing the suffering other comes as one witnesses suffering and builds self-awareness. This *seeing* in turn helps one know him- or herself and better respond to suffering. Seeing also encompasses recognizing spiritual suffering and how one searches for and finds meaning in suffering.

Understanding Human Connectedness emerges from the interrelationship between knowing the self and seeing the suffering other. Human connectedness is the sense of shared vulnerability with the suffering other and the realization of the universality of suffering. This connectedness is essential to the ability to feel and express compassion, as it leads to willingness to step into the other's suffering.

Responding to the Suffering Other, informed by the understanding of human connectedness, involves compassionate and supportive presence with the sufferer. Responding incorporates actively listening to the other's story, including listening for meanings. Responding to the suffering other, the nurse realizes that the experience of suffering may be hidden and unspoken, so learning to ask good questions—including follow-up questions, helping the person feel safe, and creating space to give voice to suffering are important. Responding doesn't mean *fixing* suffering but being fully present.

from the others. In this story, told in Mark 7:24–30, Jesus traveled from Galilee to the area around Tyre, where a Syrophoenician (Canaanite) woman from the region asked him to heal her daughter, who was possessed by an evil spirit. Jesus responded: “Let the children be fed first, for it is not fair to take the children's food and throw it to the dogs” (Mark 7:27, NRSV). Although Jesus went on to heal the woman's daughter, Christian readers have long pondered Jesus' surprising response. One New Testament scholar calls this account a “puzzling story” (Alonso, 2011, p. 122), whereas another refers to Jesus' words as “a scandal” (Hart, 2010, p. 20). But if we look carefully, this story about Jesus' encounter with a suffering woman can teach us as healers how to encounter suffering in deeply transforming ways.

Mark first notes that Jesus left Galilee for the region of Tyre, a detail that meant a great deal to Galilean Jews like Jesus, as well as to the Jewish members of Mark's early audience. Israel, and in particular Galilee, and Tyre had had a long and bitter relationship (see, e.g., Ezekiel 27–28; Joel 3:4–8). Around the date of Mark's composition (the time of the first Jewish revolt against Rome), the Roman colony of Tyre imprisoned and killed many Jews in its region (Sun, 2010). Theissen (1991) has explained yet more about the relationship of these two regions. The city-state of Tyre encompassed all the rural area around the island city of Tyre, a region of many farms and villages with people of different ethnicities—Syrians, Phoenicians, and Jews. Because this wealthy city had little farmland itself, it depended on the agriculture of its surrounding area, including Galilee on its border. This large rural area became the “breadbasket for Tyre” (Sun, p. 388), which in crises used its financial power to buy up all the grain and produce of the region, leaving Galilean farmers and peasants without enough food. Such treatment of Galileans led to a “bitter relationship between affluent Tyre and exploited Galilee” (Kinukawa, 2004, p. 139). Essentially, Jesus' journey into Tyre was a journey into enemy territory.

A second detail Mark notes is that before Jesus' retreat to Tyre, religious and political authorities had been arguing with him; people he knew had rejected him. Twice already Jesus had sought retreat time, only to be called into action by others in need (Mark 6:30–34, 47–48). Jesus finally escaped to the region of Tyre and “did not want anyone to know he was there” (Mark 7:24, NRSV). But a woman heard that he had arrived and came to him.

The woman, ethnically Syrian and Phoenician but culturally Gentile (*hellenis*), belonged to the Hellenized culture of the Roman Empire. She came to Jesus alone, perhaps because her daughter was possessed by an evil spirit or because she was a prostitute and outcast (Baffes, 2011; Perkinson, 1996). Another speculation is that she was wealthy, because she probably spoke Greek (Theissen, 1991), her daughter was lying in a bed (Mark 7:30; most peasants used mats), and her household might have had a table (Mark 7:28). Mark's description of her first actions



suggests this woman understands she is asking for help from the enemy: “she came and bowed down at his feet” and “begged [Jesus] to cast the demon out of her daughter” (Mark 7:25–26, NRSV). She seems unsure whether this Jewish healer from Galilee will be willing to help her, fearful of how she may be received or treated.

## AN UNUSUAL RESPONSE

Then comes Jesus’ response: “Let the children be fed first, for it is not fair to take the children’s food [*artos*, “bread”] and throw it to the dogs” (Mark 7:27, NRSV). Although these words appear to be a refusal of help, they are the way that Jesus calls this woman at his feet

accepts Jews as children. She has seen through the contrary saying to claim the truth of this healer: hunger for the life-giving bread or power of God is universal, and the power of God is for everyone. Enmity has no role to play in this healer’s life and ministry. Furthermore, even crumbs will suffice, as Jesus is a mighty healer. That she addresses Jesus as *Kurie* (“Sir” or “Lord”)—she is the only person in Mark to address Jesus this way—allows Jesus, a Galilean peasant, to know that she, a non-Jew, rests her case on his reputation. Her response reflects faith and humility.

Jesus praises the woman’s answer: “For such a reply, you may go; the demon has left your daughter” (Mark

time, Jesus meets this woman’s vulnerability honestly, naming the hostility between their peoples and giving the woman a chance to acknowledge this enmity so that both may move beyond it. He listens with an open heart to this woman’s pain and holds out for a healing of not only one precious girl, but also the relationship between two peoples. Both stay in the relationship long enough to speak honestly, understand one another, and negotiate a new way forward that has implications far beyond this story.

## THE TRANSFORMATION AND HEALING PROCESS

Let’s now reflect on the model, in light of this story of Jesus’ healing, focusing on the process of transformation. In our model (Figure 1) the first two steps, Knowing the Self and Seeing the Suffering Other, build on one another so that in the encounter between a healer and sufferer, the healer comes to know himself or herself more deeply, even as he or she also comes to see the suffering of the other more fully. We seem to see these two steps in Mark’s story. When the Syrophoenician woman encounters Jesus, he immediately recognizes the issues this encounter raises because of his identity and history as a Jewish, Galilean man. He knows the power of enmity between two peoples that has most likely been a part of his daily life. At the same time, Jesus sees and hears this woman’s pain in a deep way. She is bowed down before him, begging for his help. Jesus seems to grasp the impact of this woman’s ethnic and cultural identity that makes her an outcast in his Galilean Jewish world—and yet she has made herself vulnerable.

The third step in our model, Understanding Human Connectedness, emerges from the healer’s encounter with self and another. Deep understanding of our own suffering and the suffering of others can lead to a real sense of our connectedness as human beings, for we all experience suffering. Already Jesus knows what it means to be rejected by his own people (Mark 2:6–11, 16–17; 3:6, 21; 4:35–41; 6:1–6),

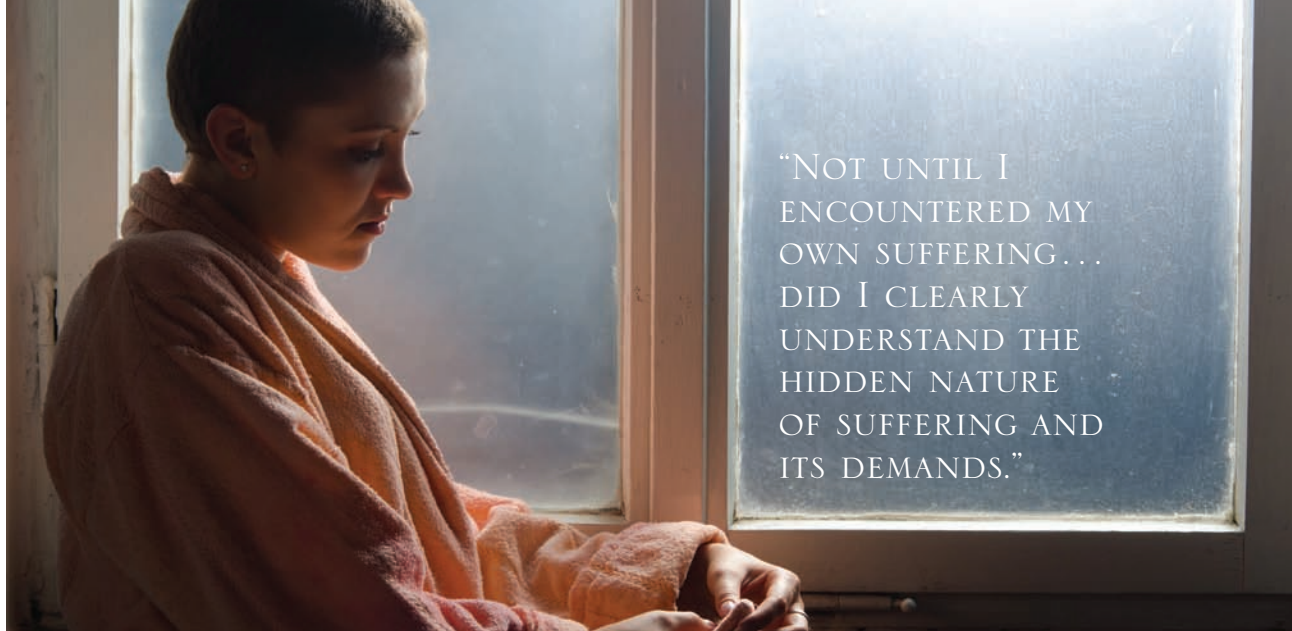
IF WE LOOK CAREFULLY, THIS STORY ABOUT JESUS’ ENCOUNTER WITH A SUFFERING WOMAN CAN TEACH US HOW TO ENCOUNTER SUFFERING IN DEEPLY TRANSFORMING WAYS.

from her fear. In his first response, Jesus boldly names the large barrier that stands between him and the woman. He is well acquainted with the enmity between his people (the children of God) and the people of Tyre (non-Jews, dogs). Love (2002) suggests that Jesus may have even been quoting a popular saying of that day. Scholars have described Jesus’ response as a riddle (Smith, 2012) or a puzzle that “vividly portrays the wall of hostility between Jew and Gentile” (Hart, 2010, pp. 23). His words invite a response from the hearer. Hart contends that Jesus is following the teaching style of an ancient sage, purposely presenting a contrary saying in hopes that the Syrophoenician woman will see and correct the saying’s error. This account, then, is not only about healing but also about teaching.

The woman responds: “Sir, even the dogs under the table eat the children’s crumbs” (Mark 7:28, NRSV). She accepts the role of the student with this Jewish sage. More than this, in her bold and clever answer, she states that she understands God’s power is available to all peoples and then signals that she

7:29, NIV). But more happens after this healing. Although Mark has reported Jesus’ trip to Gentile territory once before (Jesus came ashore to heal Legion and returned to Galilee, [Mark 5:1–20]), Jesus now travels extensively in the Gentile regions surrounding Galilee (Mark 7:31). These travels close with the story of the feeding of four thousand, most likely in Gentile territory. Jesus clearly demonstrates that all, Jews and Gentiles, children and dogs, will have plenty of bread—no crumbs here.

In the end, what we have in this account is a remarkable story of an encounter between two supposed enemies that ends in amazing healing. The transforming element in the story is what Bae (2004) described as the “creative relationship” (p. 401) between Jesus and the Syrophoenician woman. This solitary woman leaves her comfort zone to seek aid from a man whom she knows may refuse her. Despite her vulnerability, she advocates for her daughter, refusing to give in to fear or despair, boldly countering Jesus’ saying in order to claim her worth and Jesus’ open-hearted mission. At the same



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and he recognizes this mutual rejection between Jews and Gentiles (children vs. dogs). But he calls this woman to a recognition that, rather than being antagonists, they are part of the new human family that he is gathering (Mark 3:31–35). The two are connected in the experience of suffering and hope.

Out of this sense of deep understanding of what it means to suffer, Jesus takes action. Here we see the fourth step of the suffering model: Responding to the Suffering Other. Jesus chooses to become engaged in this family's suffering, staying present to this woman's pain, hearing her grief, and acknowledging the suffering before him, from which he cannot turn away. This interaction then shapes his response. He addresses the woman's needs: "the demon has left your daughter." So she went home, found the child lying on the bed, and the demon gone" (Mark 7:29–30, NRSV). Jesus went on to travel to other Gentile regions to engage, teach, and heal, sharing the bread of life and healing with all whom he encountered.

## IMPLICATIONS FOR PRACTICE AND EDUCATION

As we see in the life of Jesus, and as we know from our own experience and from caregiving research, the call to witness the suffering of others is demanding, challenging, and sometimes overwhelming. However, we must not forget the patient who experiences the depths of suffering

and then encounters rejection by caregivers who *should understand*. This life-impacting suffering is indescribably agonizing and lonely.

The model that has emerged from our research presents a practical framework to guide caregivers' growth as transformational healers. The model indicates that becoming an effective caregiver for those who suffer is grounded in self-reflection, which helps the caregiver to see suffering more authentically. Then the model moves to a view of both self and other that recognizes a shared vulnerability to suffering. This recognition culminates in the caregiver's decision to take intentional and compassionate action on behalf of the sufferer. This action includes listening, assessing, giving voice to those who suffer, and offering caring presence. The model provides a solid basis for developing self-reflection, debriefing, and continuing education that can help nurses learn how to encounter suffering in more meaningful and helpful ways.

In our interview project, for example, we discovered that when students worked on different aspects of our model, they came to a deeper understanding of themselves and of those who were suffering. Many students recognized their own pain and discomfort as they listened to others speak of suffering, seeing places of potential self-reflection and growth. They also began to see the tremendous impact that suffering has on the lives of individuals and their families: their eyes


were opened to the power of suffering to alter lives in immense ways and rob people of their serenity. Still other students recognized the spiritual dimensions of suffering, as well as challenges to their own views and beliefs. Almost all saw the possibility of offering hope and healing to people who were suffering, and many felt more confident about their communication skills. One of the greatest results of this project involved students' reaffirmation of nursing as a lifelong call to compassion and service.

These results are promising for all caregivers, whether experienced or in training. They point to the power of this model to help design thoughtful, caring exercises, like our interview project, that encourage nurses and other health professionals to grow in their understanding of themselves, of suffering, and of their call to respond compassionately. Reflection on a Gospel passage and its meaning for life and work encourages nurses to use their experiences with Scripture to continuously strive to deepen Knowing the Self and also to develop the courage to engage suffering patients at their deepest level of need. We hope that this model can encourage and inspire nurses to continue learning how to answer this profound and moving call to enter into another's suffering.

## CONCLUSION

Today, I (Barbara) think back to that devastating experience in the sterile x-ray room and how it led me to a

renewed commitment as a nurse and nurse educator. I also recall another, very different, experience that encouraged me on this path. It was an encounter with grace that reminded me who nurses can be: *transforming healers*. In a small, outpatient operating room in my hometown, where I was scheduled for reconstructive surgery, I discovered that my circulator nurse in the operating room was a nurse manager whom I had known and worked with for a long time. I quickly found myself in the care of a healer who did not back away from my suffering. In the few minutes we had together, she reached for my hand, gave me her full attention, and comforted me. I was so thankful God arranged for me to have her as my nurse! Without further distress, I was freed to surrender to the anesthesia. She also was present when I awakened in the recovery room. In this healer, I experienced a sacred encounter that gave me the profound peace of God. She demonstrated what it means to be a transforming healer, a Christ-like healer. We


need to encourage and prepare nurses to live out this example of healing presence more fully. We share our model as a faithful and well-informed framework for equipping Christian nurses and educators to follow Jesus' example of healing. 

- Alonso, P. (2011). The woman who changed Jesus: Text and context. In R. Lassalle-Klein (Ed.), *Jesus of Galilee: Contextual Christology for the 21st century* (pp. 121–134). Maryknoll, NY: Orbis.
- Bae, H. (2004). Dancing around life: An Asian woman's perspective. *Ecumenical Review*, 56(4), 390–403.
- Baffes, M. S. (2011). Jesus and the Canaanite woman: A story of reversal. *Journal of Theta Alpha Kappa*, 35(2), 12–23.
- Braband, B. J., Gaudino, R., & Rogers, A. (2015). Exploring students' perceptions and understanding of life-impacting suffering: An interview project. *International Journal for Human Caring*, 19(1), 49–56.
- Burnell, L. (2010). Exploring the compassionate care connection. *Journal of Christian Nursing*, 27(4), 306–311.
- Cassell, E. J. (1991). Recognizing suffering. *The Hastings Center Report*, 21(3), 24–31.
- Deal, B. (2011). Finding meaning in suffering. *Holistic Nursing Practice*, 25(4), 205–210.
- Eifried, S. (2003). Bearing witness to suffering: The lived experience of nursing students. *The Journal of Nursing Education*, 42(2), 59–67.
- Hart, L. D. (2010). The Canaanite woman: Meeting Jesus as sage and lord: Matthew 15:21–28 &

- Mark 7:24–30. *The Expository Times*, 122(1), 20–25. doi:10.1177/0014524610377043
- Kinukawa, H. (2004). De-colonizing ourselves as readers: The story of the Syro-Phoenician woman as a text. In H. E. Hearon (Ed.), *Distant voices drawing near* (pp. 131–144). Collegeville, MN: Liturgical.
- Love, S. L. (2002). Jesus, healer of the Canaanite woman's daughter in Matthew's Gospel: A social-scientific inquiry. *Biblical Theology Bulletin: A Journal of Bible and Theology*, 32(1), 11–20.
- Pask, E. J. (2001). Nursing responsibility and conditions of practice: Are we justified in holding nurses responsible for their behavior in situations of patient care? *Nursing Philosophy*, 2(1), 42–52.
- Perkinson, J. W. (1996). A Canaanitic word in the Logos of Christ; or the difference the Syro-Phoenician woman makes to Jesus. In L. E. Donaldson (Ed.), *Semeia 75: Postcolonialism and Scripture reading* (pp. 61–86). Atlanta, GA: Society of Biblical Literature.
- Rowe, J. (2012). Nurses' perceptions of the suffering of the healer. *International Journal for Human Caring*, 16(3), 21–27.
- Rudolfsson, G., & Berggren, I. (2012). Nursing students' perspectives on the patient and the impact of the nursing culture: A meta-synthesis. *Journal of Nursing Management*, 20(6), 771–781.
- Smith, J. C. H. (2012). The construction of identity in Mark 7:24–30: The Syro-Phoenician woman and the problem of ethnicity. *Biblical Interpretation*, 20(4–5), 458–481. doi:10.1163/156851512X643832
- Sun, P. (2010). Naming the dog: Another Asian reading of Mark 7:24–30. *Review & Expositor*, 107(3), 381–394.
- Theissen, G. (1991). *The Gospels in context: Social and political history in the synoptic tradition* (L. M. Maloney, Trans.). Minneapolis, MN: Fortress.



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