Kindness as Transformation: A Metacognitive Moment With A Humanities Educator

By Carey L Holleran, MPT, DHS, NCS

As I reflect on my past 20 years as a mom, sister, daughter, clinician, researcher, and academician, one lesson stands out as the guiding light in every aspect of my professional and personal life: the profound and immeasurable impact of kindness on individuals, organizations, and communities.

- In educational environments, kindness strengthens learner-teacher relationships, boosts academic motivation, and cultivates a supportive atmosphere conducive to learning.[1]

- Similarly, in clinical settings, kindness has been shown to improve patient recovery rates, enhance the emotional well-being and resilience of both patients and providers, and foster deep trust.[2]

Given kindness's transformative power, we must consider how to not only model it but design learning activities in health professions education that cultivate providers who consistently demonstrate this trait, even in challenging circumstances. For me, this clinical skill is deeply rooted in my personal faith, which has provided the foundation for my own 'calm endurance' during difficult patient encounters. However, the pedagogical challenge lies in imparting this same resilience to learners by anchoring these virtues in the health humanities. By drawing upon narrative medicine, bioethics, and the academic study of world religions, we create a framework that translates spiritual service into a universal professional language. This allows students to cultivate the same 'holy moments' of kindness through a rich, humanistic exploration of what it means to care for another human being**.** In our curriculum, we aim to help students transform the doubt or pain inherent in clinical practice into moments of true service. By translating what I personally view as 'holy moments' into the universal language of radical empathy and unexpected kindness, we provide all students—regardless of their belief system—the tools to sustain themselves and their patients.

Applying Humanities in a DPT Program

Within our almost three-year Doctor of Physical Therapy (DPT) program, learners engage longitudinally with ethics and humanities content within our competency-based curriculum. In designing the assessment and pedagogy that would form our explicit humanities thread, we used the Prism Model for Integrating the Arts and Humanities in Medical Education as a framework.[3] This model emphasizes the development of key skills and attributes for health professionals including empathy, reflective practice, cultural humility, and ethical reasoning, by using the arts and humanities as educational tools.

The goal of our explicit humanities thread is to support learners with the character development and professional formation that allows them to contribute positively to their communities, including both within our learning community as well as their eventual clinical and personal communities.

KINDNESS AS ETHOS

While the demonstration of kindness is not explicitly listed as a competency within our curricular framework, it is the underlying ethos we strive to cultivate. Our aim is for kindness to permeate every aspect of their professional formation, recognizing that it underpins empathy, cultural humility, and ethical reasoning.

These curricular decisions are grounded in our belief that the educational environment should be intentionally designed to mirror the patient-provider relationship, demonstrating that the transformative power of kindness is a vital pedagogical element, distinct from the specific knowledge we impart. There are a few pedagogical tools that we can leverage to provide learners with a roadmap to support their development.

Modeling Kindness

One way in which we can foster these attributes in our learners is through actively modeling kindness. By demonstrating empathy, respect, humility, and compassionate engagement in all our interactions, we serve as direct examples of the very behavior we expect them to exhibit. This not only fosters a supportive learning environment but also teaches them, through lived experience, how to meaningfully connect with and care for their future patients.

As assessment serves as a powerful driver of learning, we use reflections developed by the learner, or narrative accounts of each learner's perspectives, experiences, and learning as a form of assessment.[4] Leveraging the full scope of the PRISM model, these reflections serve a dual purpose: they function as a catalyst for mastering knowledge and skills while simultaneously fostering essential personal and social growth.

Specifically, they deepen personal insight into behaviors and attitudes, broaden the capacity for perspective taking, and ultimately empower learners to address social inequities, and champion advocacy for profound change in healthcare and the broader community. These critical reflections function as an avenue to provide formative feedback, not only advancing individual understanding, but also guiding future instructional design for the entire cohort.

A DEEPER ENGAGEMENT

I engage in a thematic analysis of the learner's reflections to generate themes that allow me to "get into the mind and thinking" of the learners. This practice parallels the patient-provider relationship in several meaningful ways, particularly in how both the clinical and educational environments, as Rita Charon advocates, value narratives not merely as data, but as essential pathways to deep engagement, transforming clinical practice by illuminating individual patient needs and fostering more holistic, person-centered care.[5] Thematic analysis is not leveraged as a mechanism to "diagnose" individual learners, but rather as a way to understand overarching patterns in their learning and development. This approach allows me to adapt my teaching to address common challenges, and crucially, it enables me to share these collective insights with the learners themselves.

By revealing shared struggles or emergent understandings, this process supports learners in recognizing that they are not alone in their experiences—fostering a sense of community, and validation—and provides a safe space for learners to engage humbly with their own humanity. This act of inviting and honoring their narratives, and our humble reception of them, is itself a profound demonstration of kindness, building a foundation of trust essential for their growth.

Parallel Chart Assignment

For their final two clinical experiences, we assign learners the task of completing a parallel chart with a patient of their choosing. Dr. Rita Charon's parallel chart is a narrative medicine tool that allows clinicians to privately document their subjective experiences and emotional responses to patient encounters.[6] It is a separate, personal document where they can explore their reflections, feelings, and the deeply human aspects of caring for patients, distinct from the objective clinical record.

This practice encourages clinicians to process their emotions and engage in profound self-reflection, allowing them to understand the patient's story more holistically. We believe that this practice fosters empathy and significantly improves the patient-provider relationship—not just by enhancing the quality of care through narrative understanding, but by explicitly cultivating kindness. This is because engaging with the parallel chart demands vulnerability from the learner, pushing them to confront their own emotional landscapes.

EXPLORING ONE'S OWN HUMANITY

This intentional exploration of one's own humanity is a direct pathway to extending genuine kindness, recognizing that true compassion for others often stems from an understanding of our shared human experience. At times, our shared human experience can be profoundly painful, and while there's a natural inclination to shield ourselves from that discomfort, evidence suggests that deep engagement with these difficult experiences fosters greater resilience.[7]

While I normally do not provide my explicit perspectives within the classroom and typically prefer to ask probing questions to support learners in constructing their own reality, one recent time was different. After two-and-a-half years of challenging these learners to engage in deep self-reflection, I felt

this was a prime moment to model the transformative act of kindness inherent in vulnerability and self-expression.

I wrote a letter to the learners and read it aloud during class to model an act of *unexpected kindness*. Through sharing my personal reflections and engaging humbly before them, I aimed to create a space where learners could process their own challenges, biases, and discomforts within a supportive environment. My goal was to model vulnerability, and emphasize how kindness can be a powerful, transformative tool in healthcare.

By offering my perspective on the importance of working to *'see'* their patients, even in difficult circumstances, and guiding them on how to navigate emotional discomfort with empathy and compassion, I hoped to provide a fresh lens through which they could re-examine their own parallel charts. Ultimately, I aspired to help them grow not only as future clinicians but also as individuals, fostering values that extend beyond the clinic and into their everyday lives. Following is the letter that I wrote and read to the class.

Letter to the Class of PT 2024

"In your parallel chart reflections, each of you brought up incredibly important scenarios for us to consider, reflect on, talk about, make meaning of, and unpack together. While I am unable to advise each of you on how to navigate the answers to these questions in the unique patient and client contexts that you are about to encounter in the very near future, what I can offer is my perspective on the struggles you described. In reflecting, I am reminded of a quote:

"*Unexpected* ***kindness*** is the most powerful, least costly, and most underrated agent of human ***change***."— Bob Kerrey

But what does "kindness" look like when engaging with patients, families and caregivers sometimes from highly diverse backgrounds from our own, as they navigate illness, disability and pain? How do we show kindness when our patients demonstrate disrespect towards us as human beings? How do we show kindness when our character or belief system is questioned or challenged? How do we show kindness while concurrently self-regulating our own emotional response in the face of human despair and suffering?

To my patients who have not been kind, who have said things to me that I am unable to verbally utter or write, as they are far too crass, inhumane, or downright disgusting to repeat:

- I *see* you.
- I *see* someone who is hurting in their own unique circumstance.
- I *see* someone who is navigating a situation far more daunting than any they have experienced before.
- I *see* someone who has lost a person they love due to a choice they made, and not only is concurrently dealing with that loss, but also guilt that stands to ravage their life unrecognizable.
- I *see* someone who has been fighting for a long time for the basic necessities of life, those same necessities that I had in plenty.
- I *see* someone at the end of their life, still

bargaining for a future that is no longer possible.

- I *see* someone who feels that their current circumstance is "punishment", perhaps an outcome of leading a life they are not proud of.

- I *see* someone who is stuck between their own perspectives of their current state, and a family full of people who have not come to accept.

- I *see* someone who is tired, sick of being awakened five times at night in an unfamiliar setting.

- I *see* someone who waited for 2 hours for a ride to see me, only to arrive and have a bladder accident, and is frustrated.

- I *see* someone who is being neglected, abused, or ignored on a daily basis, and though their time with me may be their only refuge, has only so much patience in the tank.

- I *see* someone that I am fairly confident has not had even one individual in their entire lives show them any ounce of love, grace, or respect.

- I *see* you, in your unique position, and I know that this likely isn't about me.

I *see* all these people, because I desperately want to *see* them. And when I can *see* them despite the many limitations I have, as I do not possess their space, I can help them. If I am unwilling to work as hard as I can to truly *see* them, I will never be able to help them. And sometimes, the best or only way I can help is simply by showing *unexpected kindness*.

To my patients who are suffering, I'd like to join you on that journey. Perhaps you want to talk about it, perhaps you don't today, perhaps you will next week, and perhaps never. What I promise is that I will continue to create a safe space for us to hurt together, should you choose. In acknowledging suffering, naming it, and perhaps even inviting the emotions that accompany this suffering, we can co-create a new meaning of life together.

In inviting suffering and creating space for hurt, we acknowledge that we are never as far away from our patients as we think. This incredibly gracious act allows us to gaze into the mirror of our own humanity and confront some uncomfortable truths. All our lives are finite. We are all temporarily able bodied. We will all encounter suffering, perhaps ourselves or those we love. It is inescapable. But it is in these moments that I have experienced the most growth through my clinical practice. In allowing myself to meet people and join them in their hurt, their grief, and their suffering, I have experienced life. Allowing yourself to navigate this journey with your patients is a beautiful act of *unexpected kindness* that empowers you to do incredible things on behalf of your patients, and it stands to change you forever.

Lean in with *unexpected kindness* at every chance you get. There may be times where you think the person that stands to receive that kindness doesn't deserve it, or perhaps you are still dealing with your own hurt from a situation. When we deliver *unexpected* or even what we might think is *undeserved kindness*, we are agents of our *own change* for the better."

The Metacognitive Moment: Kindness as a Sacred and Holy Act

It has been 17 months since first reading my letter to the class, and having encountered deep personal suffering in this time, I frequently revisit that letter. I'm particularly struck by the rapid affective transition I described—the swift move from a reactive emotion of hurt or discomfort to one of deliberate, generous empathy. Reflecting on how I developed this ability to reframe potentially hurtful feelings into a virtuous response led to a deeper reflection on the profound influence my faith has had on my clinical practice. Practicing my own assignment helped me to more clearly see the journey from feeling hurt to choosing to *see*—from my own suffering to theirs—is where the real work, and the real transformation, occurs.

In this context, I lean heavily on the concept described within the book *Holy Moments*[8]—the idea that every day is filled with countless small opportunities to set aside self-interest and choose to do good. These moments are not grand, sweeping actions; they are the fraction of a second when a choice is made to let grace enter the situation. These moments are the opportunity to enact *unexpected kindness* and to meet our patients in their journey.

The Catholic Christian understanding of redemptive suffering provides a profound theological lens for this choice, elevating the clinical encounter to a holy moment. My faith posits that human suffering, when united to Christ's Passion, assumes salvific power.

Consequently, when encountering a patient who is unkind or struggling, the initial offense may set the stage for an unholy moment—a lapse into personal hurt, frustration, or emotional withdrawal. However, a clinician's deliberate choice to reframe that pain and respond with grace is the ultimate holy moment in action. This transformative act within the patient-provider relationship did not emerge despite these unholy moments, but precisely because I learned to use my faith to refract and reframe them.

In reframing these unholy moments of personal hurt into a *holy moment* of service, I am employing a metacognitive strategy that enables the very self-regulation and intentional choice of kindness that I aspire to model for my patients and students alike. This action elevates this strategy from a mere skill (empathy) to that of purposeful calling.

MEETING IN HURT, FINDING GRACE

My choice to accompany an individual in their suffering—to co-create a new meaning of life together—is not a skill I developed alone; it is a profound calling that compels me to look into the mirror of my own humanity. This act of the clinician choosing to meet the patient in their hurt becomes a participation in God's ongoing work of redemption. My faith provides me with the mandate to believe that I can still extend dignity, even when dignity is not afforded to me. This transformative power allows me to practice a radical form of kindness—one that is unexpected and often perceived as undeserved.

By providing care and support for our patients in co-creating a new meaning of life from their pain or suffering, the provider transcends the traditional scope of physical healing to engage in spiritual and existential care. This willingness to join a patient's struggle and offer dignity is the ultimate delivery of *unexpected*

kindness, which subsequently emerges as the most powerful and transformative agent for both the patient's healing and the provider's professional and personal formation.

When I have allowed my faith to guide me, I have gained the capacity to transform my most difficult, challenging, and unholy moments into the most profound and sacred opportunities for service and grace.

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