This version of the article has been accepted for publication, after peer review and is subject to Springer Nature's AM terms of use, but is not the Version of Record and does not reflect post-acceptance improvements, or any corrections. The Version of Record is available online at: https://doi.org/10.1007/s10459-025-10450-7.

Three Doors to the House of Perspective-Taking and Self-Reflection:

Experiences of Guided Narrator Exploration for Healthcare Education

Jussi Valtonen (0000-0002-5241-370X) and Elina Renko (0000-0002-1647-5639)

Theatre Academy, University of the Arts Helsinki, Finland

Corresponding author: Jussi Valtonen, Theatre Academy, P.O. Box 19, 00097 Uniarts, Finland. Email: jussi.valtonen@uniarts.fi .

Acknowledgments: The authors thank Anna Ovaska, Danielle Spencer, the City of Helsinki Health and Social Services, all participants of our courses, two anonymous reviewers, and all members of the Uniarts Health, Narrative & the Arts team for their help and contributions to this work: Anna Heikkilä, Joonas Kallonen, Miira Luhtavaara, Ina Mutikainen, Jusa Peltoniemi, Anna Rajala, Antti Ritvanen, Sonja Sulkava, Inka Valkeapää, and Petra Vallila. JV would also like to express his gratitude for the support from the Center for Health Humanities' Visiting Scholar Program at the Massachusetts College of Pharmacy and Health Sciences. Some results from this research were presented at the Finnish Medical Convention, 24-26 January, 2024.

Statements and Declarations:

Competing Interests: The authors have no competing interests to declare.

Ethics Approval: This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the University of the Arts Helsinki Ethical Review Board and by the City of Helsinki Social Work and Healthcare Division.

Funding: This research was funded by the Jenny and Antti Wihuri Foundation, the Kone Foundation, and by the University of the Arts.

Consent to Participate: Informed consent was obtained from all individual participants included in the study.

Data, Materials and/or Code availability: To protect the participants' privacy, all raw data from this study will not be made publicly available. However, they can be accessed for research purposes through a request from the authors.

Authors' Contribution Statement: Both authors contributed to the study conception and design. Elina Renko collected and analyzed the data. Jussi Valtonen and Elina Renko wrote the first draft of the manuscript. Both authors discussed all versions of the manuscript and read and approved the final manuscript.

Abstract

Prior research shows that writing interventions can foster perspective-taking, the ability to imagine how other people would experience things. An aspect that is not well understood concerns the experienced effects of such writing for healthcare practitioners. How do clinicians experience the relevance and effects of personal reflective/creative writing from different points of view for their clinical practice? To investigate clinicians' experienced effects of personal writing on perspective-taking and ethical patient-centered practice, we administered weekly writing interventions to healthcare and social work professionals over a 7-week course that followed the narrative medicine model. We guided participants to explore three narrator choices in their personal writing: The autobiographical first person; the autobiographical third person; and the fictional first person (i.e., a patient's/client's POV). Interviews with course participants (n = 14), analyzed using inductive reflexive thematic analysis, generated three themes reflecting experienced effects of personal writing from different points of view: (1) *The familiar seen in a new light,* the experience that the writing helped participants to see their clinical work and their own role with new acuity; (2) *Transformations of emotions and relationships through the reframing and reinterpretation of experienced events,* experienced changes in perspective and reoriented interpretations of clinical encounters and relationships; and (3) *Questioning the objectivity of one's observations and assumptions,* questions related to epistemic humility inspired by the writing. The results illustrate the experienced relevance of personal reflective/creative writing for healthcare practitioners and show that narrator choice is relevant for the experienced effects.

Keywords: Reflective writing, personal writing, perspective-taking, narrative medicine, narrator, reflexive thematic analysis

Three Doors to the House of Perspective-Taking and Self-Reflection: Experiences of Guided Narrator Exploration for Healthcare Education

The ability to put oneself in another person's position is essential for ethical patient-centered healthcare. Social psychologists refer to this skill as perspective-taking—being able to imagine how another person would feel, think, and act in a given situation (Galinsky & Moskowitz, 2000; Gerace et al., 2017). Psychological studies both with children and adults link the ability for perspective-taking closely with empathic concern, altruism and prosocial behavior (Eisenberg, 1991; Lamm et al., 2007; Oswald, 1996; Underwood & Moore, 1982).

Skilled perspective-taking, however, is easier said than done. When asked to take another person's perspective, research finds that people are typically more egocentric than they believe; overestimate how similar their own views are to those of others; and skew consistently towards their own attitudes, beliefs, and actions in social judgments (Van Boven & Loewenstein, 2005), making patient-centered practice more challenging than clinicians may realize.

Not helping the situation, routine clinical practices may make perspective-taking even more difficult in healthcare than in everyday life. Haque and Waytz (2012) argue that a common and persistent problem in healthcare is a tendency that arguably constitutes the polar opposite of understanding human experiences for another person's point of view: dehumanization, a failure to see patients as entirely human. Haque and Waytz (2012) identify six factors inherent to healthcare settings that contribute to this problem: The deindividuation of patients and healthcare workers, the loss of patients' agency, the dissimilarity and power asymmetry between clinicians and patients, the medical view of patients as mechanical systems of interacting parts, and empathy regulation and moral disengagement towards patients when causing pain.

Further hampering perspective-taking in healthcare, people become less responsive to an event's emotional effects when the same event is experienced frequently. Experimental evidence shows that being repeatedly exposed to an experience desensitizes people to its emotional impact, such that they come to believe that others would also react to the same event less intensely (Campbell et al., 2014). Thus, a relevant risk is that as clinicians become more experienced, their sensitivity to how patients experience distress, pain, and uncertainty may decrease as these events become routine.

What can be done to counterbalance these problems? One approach to improve perspective-taking is through tailored writing interventions.

Writing Interventions to Encourage Perspective-Taking

Experimental studies have shown that even short, relatively simple writing assignments, in which participants are asked to write a fictitious account taking another person's position, can increase positive attitudes, promote empathy, and decrease stereotyping and ingroup favoritism (Bientzle et al., 2021; Bientzle et al., 2024; Galinsky & Moskowitz, 2000; Shaffer et al., 2019).

In healthcare, perspective-taking writing assignments have been found to affect both clinicians' attitudes and patients' experiences. Shapiro, Rucker, Boker, and Lie (2006) assigned medical students to write once a month for 8 months from the perspective of a patient, focusing on the patient's emotional and social perspective. Compared to a control group, in which students wrote an equal number of times but about key clinical elements and their interpretation, the patient-perspective writing group exhibited more empathy and insight and saw the clinical encounter in more multifaceted ways at the end of the year. Importantly, simple perspective-taking writing interventions have also been found to improve patient satisfaction across clinical disciplines (Blatt et al., 2010), suggesting that the effects of

writing not only affect clinicians' mental representations but also transfer to clinical encounters in a meaningful way.

As important as findings from randomized experiments are, they do not speak to the fine-grained experiences of healthcare professionals, however. An unanswered question therefore concerns the experiences of clinicians whose perspectives and attitudes change during the writing.

How do clinicians experience the relevance and effects of personal writing from different points of view? Moreover, putting oneself in a patient's position is a core aspect of any clinician's everyday work. Do practicing clinicians feel that the experienced effects of personal writing surpass their everyday ability to reflect on their work, and if so, how? If guided to explore different points of view in multiple writing interventions, how do healthcare workers evaluate their relative relevance for their clinical work and ethical practice?

To answer these questions, we invited clinicians to participate in a combination of multiple writing interventions, conducted weekly and aimed at facilitating perspective-taking and patient-centered practice. We investigated how our participants, professional healthcare and social work professionals (n = 14), experienced the effects of writing interventions and how they described the relevance of the different writing interventions for their clinical work.

The structure of our paper is as follows. We will first explain why, according to the evidence, a combination of practices is likely to yield better results for encouraging perspective-taking and ethical practice than singular, isolated writing assignments alone. We will then describe why the narratological concept of *narrator* is useful for categorizing different types of writing interventions, and how the concept opens up new pedagogical possibilities for perspective-taking. Next, we will describe the writing interventions we used with healthcare and social work practitioners, and the group context in which they were

conducted. We will then report qualitative analyses of interviews with our participants. In light of our findings, we will discuss writing interventions for encouraging perspective-taking, professional insight, and ethical practice in health professions education.

Multiple Routes to Perspective-Taking

In experimental studies on perspective-taking interventions, participants are often given a writing prompt simply asking to "imagine what the patient is experiencing as if you were that person, looking at the world through the patient's eyes and walking through the world in the patient's shoes" (e.g., Blatt et al., 2010, p. 1448; Galinsky & Moskowitz, 2000). Such isolated, singular writing prompts are well-suited for studies aiming to inform psychological theories by comparing them to a related control procedure.

By contrast, if the goal is to foster an improved understanding of multiple perspectives to inform patient-centered healthcare in practice, a combination of interventions is likely to be more efficient than a single writing prompt alone. Research indicates that perspective-taking consists of multiple components, including cognitive, affective, and other processes (Eisenberg, 1991; Lamm et al., 2007; Oswald, 1996; Underwood & Moore, 1982), which are not identically affected by the same procedures.

Moreover, evidence suggests that successful perspective-taking is inherently intertwined with the ability for self-reflection (Davis et al., 1996; Gerace et al., 2017). People use their own cognitions and emotions as a basis for predicting other people's reactions, even when their own experiences are not relevant (Van Boven & Loewenstein, 2005). Consistent with this finding, successful perspective-taking leads to the creation of cognitive representations that overlap with representations of the self (Davis et al., 1996). Procedures that foster accuracy in understanding one's own thoughts, emotions, and actions are likely also to facilitate perspective-taking and vice versa (Gerace et al., 2017). For this reason,

writing interventions that promote accuracy in self-reflection are likely also helpful for perspective-taking.

This suggests that a range of pedagogical writing practices can promote consideration of other people's perspectives, even if not always referred to as "perspective-taking" in the psychological and medical literature. In healthcare education, these include various pedagogical writing practices frequently used to encourage professional growth and ethical practice (Binyamin, 2018; Charon & Hermann, 2012; DasGupta & Charon, 2004; Horowitz et al., 2003; Shapiro, Kasman, et al., 2006; Spiegel & Spencer, 2017; Valestrand et al., 2024; Wear et al., 2012). The benefits of personal writing interventions seeking to foster self-reflection in clinicians include positive effects on empathy (Chen & Forbes, 2014), an aspect closely linked to perspective-taking (Eisenberg, 1991; Lamm, Batson & Decety, 2007; Oswald, 1996).

Similarly helpful for perspective-taking may be personal writing interventions in which participants are prompted to disclose emotionally difficult personal experiences. Referred to as *expressive writing*, these interventions have been found to bring about a range of psychological and physical health benefits (Frattaroli, 2006; Pennebaker & Chung, 2011). Interestingly, according to Campbell and Pennebaker's (2003) analysis, the participants who benefited the most from the writing during an expressive writing study were the ones who changed their perspectives the most, as measured through changes in their use of personal pronouns. This suggests not only that changes in perspective are psychologically important, but also that explicit prompts to imagine what another person is experiencing are not always needed for changes in perspective to occur.

While these forms of writing encompass a heterogeneous range of practices, their various benefits, together with the close connection between self-reflection and perspective-taking, suggest that standard perspective-taking interventions may be even more efficient if

complemented with personal writing that aims to improve self-reflection and/or emotional disclosure.

Writing Interventions and Narrator Choice

The entwinement of accurate self-reflection and skilled perspective-taking, however, raises a theoretical question. If these abilities are inherently interconnected and if a range of writing practices, including ostensibly self-reflective ones, can help facilitate perspective-taking, the attempt to classify different writing assignments according to their predicted psychological effects may be wrought with difficulty.

In this study, we used the narratological concept of *narrator* to distinguish among the writing interventions we used. The narrator—the agent that tells everything—is one of the most important elements of narrative (Phelan & Booth, 2005). Because the narrator affects everything that can be known in a text, narrator choice profoundly directs the writing (Wood, 2008).

In addition to everything else they may do, writing prompts provide guidance for narrator choice, although in healthcare education this guidance is often implicit. Narratologically, the difference between "self-reflective" versus "perspective-taking" interventions in psychology and healthcare is that the former are typically written using an autobiographical first-person narrator, whereas the latter prompt the use of a fictional first-person narrator. Categorizing personal writing interventions according to narrator choice, however, has the theoretical advantage of being conceptually independent of the psychological effects that an intervention may or may not have for different participants, avoiding potential problems of circularity.

The Autobiographical First-Person Narrator in Healthcare Education

Because the narrator is the agent through which everything is told, narrator choice specifies what can be perceived and known in any given text. Through different narrator

choices, a writer can explore qualitatively different ways of telling, perceiving and knowing, each of which provides a slightly different angle for perspective-taking and reflection.

In practice, however, when explicit instructions about narrator choice are not given, typical prompts for personal reflective/creative writing in healthcare typically lead participants to the same choice. Whether participants are asked to write about, for example, something they have personally experienced (Bolton, 1999), about one's personal development and/or goals as a healthcare professional (Binyamin, 2018; Soo et al., 2016) or in a personal response to a poem or a short story (Milota et al., 2019), untrained writers will almost without exception choose the autobiographical first-person narrator, in part because other options may not occur them.

This is, in many ways, a recommendable choice. The autobiographical first person provides a combination of distance and intimacy that enable the writer to "assume a reflective, observant posture" toward their experiences (Brody, 2002, p. 25). The act of writing creates a psychological distance between the writer and the character who experienced the events (even if they are the same person), providing a reflective space within which to "consider his or her own actions, thoughts, or life" (Charon, 2006, p. 70). Studies of reflective writing courses (Chen & Forbes, 2014; DasGupta & Charon, 2004); physician experiences (Bolton, 2009; Charon, 2001; Horowitz et al., 2003); observations from narrative medicine group facilitators (Hermann, 2017; Shapiro, Kasman, et al., 2006; Spiegel & Spencer, 2017); and findings from randomized controlled experiments (Pennebaker & Chung, 2011; Sloan & Marx, 2018) all support the notion that writing in the first person can foster insights and health benefits for participants with no prior experience or writerly training.[1]

[1] The evidence does not imply that the writing produced is shapely, proficient, or esthetically pleasing—it simply means that many untrained writers benefit from the process personally.

The easy, subjective intimacy of the autobiographical first-person narrator, however, is also a limitation. When a writer switches away from the autobiographical first person, new ways of telling and knowing become available, including—but not limited to—ones that are referred to as "perspective-taking" in the psychological literature.

The Fictional Space: A Gap Between Writer and Character

The experience of physician Antonio Munno (2006) illustrates how narrator choice can alter the writer's perspective in a way that aligns closely with the psychological literature on perspective-taking. Seeking to understand a difficult clinical encounter, Munno (2006) wrote about it not from his own first-person point of view (POV), but from that of the patient's family who had made a complaint about him, as suggested by Gillie Bolton (Bolton & Delderfield, 2018). Although both narrators are first-person, the latter required that the physician-writer imagined the events from the POV of the family. Switching away from the autobiographical first-person provided him with an important insight:

> "At that point my perspective on the complaint changed. I felt the parents' fear, and I understood their terror. … The complaint wasn't about diagnostic skills or statistical probabilities but about a family trying to make sense of the horror of nearly being ripped apart forever. By thinking about the complaint from the family's point of view, I understood that my role in the meeting wasn't to defend but to listen." (Munno, 2006, p. 1092)

For Munno, switching away from the first-person POV functioned similarly to a perspective-taking intervention in psychology.

However, one can switch away from the autobiographical first person in more than one way. A possibility for a different kind of perspective-taking becomes available with a *third-person* narrator. If perspective-taking using a fictional first-person narrator is to imagine what someone else's life would look like through their eyes, switching to an autobiographical third person is like its mirror image: Imagining what *my own life* would look like through the eyes of someone else.

In an account from her artistic process, novelist Nellie Hermann (2017) describes how new insights became available for her when she switched from the autobiographical first person to the fictional third person. Writing about her own experiences as if they had happened to someone else, she describes, made it possible to explore her personal experiences more freely than before, and "allowed me to loosen my hold on the story that was holding me prisoner" (Hermann, 2016, p. 219). The effect that Hermann (2016) describes seems both similar to and yet distinct from perspective-taking using a fictional first-person POV: She was able to attain a new important and emancipatory perspective—not on another person's life, but her own.

Why might switching away from the autobiographical first person help to see things differently? The answer may be related to the difference between writer and character, even if they happen to be the same person. That is, switching away from a first-person POV can help a writer become aware that in writing, a critical difference exists between the writer and the person depicted.

If writing from an autobiographical first-person POV creates an 'autobiographical gap,' in Charon's (2006) terminology, between the writer and the experiencer, switching to a fictional first-person POV creates a fictional space—"a space that is the maker's loving difference from the thing made" (Le Guin, 2004, p. 208). According to novelist Ursula K. Le Guin (2004, p. 211), this crucial difference between the author's and the character's point of view allows the writer both to know their character intimately and to remain separate from them.

Why is attaining a psychological separation between writer and character so important? Le Guin (2004, p. 208) links it to clarity of judgment. In particular, she warns writers no to confuse themselves with their characters: "If I fuse or confuse a fictional person with myself, my judgment of the character becomes a self-judgment. Then justice is pretty

near impossible, since I've made myself witness, defendant, prosecutor, judge, and jury, using the fiction to justify or condemn what that character does and says. Self-knowledge takes a clear mind. … The ego is opaque. It fills the space of the story, blocking honesty, obscuring understanding, falsifying the language."

Creating and maintaining a psychological space between author and character, however, is extremely difficult for untrained writers in the first person[2]. Author and character almost inevitably become fused when untrained writers write about their own lived experiences in the first person. For this reason, novelists, agents, and editors often advise inexperienced writers not to use the first person when writing fiction (e.g., Franzen, 2018).

Thus, when switching away from the autobiographical first person, be it in the form of writing from a patient's POV or using a third-person autobiographical narrator, the opening of a fictional space can help a writer no longer to be "witness, defendant, prosecutor, judge, and jury" for their own actions and to stop justifying their original perspective. Although untrained writers may not be aware that a psychological space can exist between author and character, participants can be guided to choose a narrator other than the autobiographical first person in their personal writing, introducing them to this fictional space hands-on. When this fictional space is successfully created, the author's perspective becomes "larger than the character's and includes knowledge the character lacks" (Le Guin, 2004, p. 211), and can therefore "reveal insights and durable truths relevant to our own lives". By contrast, "To fuse author and character … is to lose that chance of revelation" (Le Guin, 2004, p. 208).

The Present Study

[2] Difficult for *untrained* writers—professional novelists of course employ fictional spaces using any and all narrators all the time. As Le Guin (2004, 208) puts it, however, "The idea of the unreliable narrator takes some getting used to."

In sum, writerly advice, clinician experience and empirical evidence all suggest that multiple writing interventions, including ones using the autobiographical first person and ones switching away from it, can be helpful for facilitating perspective-taking and patient-centered ethical practice in healthcare. To understand the relevance and experienced effects of different writing interventions for perspective-taking and self-reflection, we investigated how healthcare and social work professionals experienced the guided exploration of different narrators.

Methods

To this end, we conducted a 7-week course for healthcare and social work professionals in which participants were asked every week to write a personal text according to prompts from trained group facilitators.

Because prior research suggests that writing interventions seeking to promote perspective-taking are likely to be more effective when used in concert with other elements that also support the consideration of multiple viewpoints, we conducted the interventions in a group context aimed to promote self-reflection and consideration of other people's perspectives in several ways.

The rationale for weekly writing sessions (as opposed to a one-off intervention) was based on the expressive writing research paradigm, in which a consistent finding is that the benefits of writing emerge over repeated writing sessions across several days, whereas a single writing session is less likely to be helpful (Frattaroli, 2006; Seih et al., 2011).

In addition to writing, prior research indicates that an element that can aid perspective-taking is reading. *Reading* a fictional account about another person has been found to help perspective-taking to the same extent as *writing* one (Bientzle et al., 2024). More generally, reading fiction is thought to simulate social worlds, help us to understand

other minds, and is empirically associated with a more complex worldview (Buttrick et al., 2023; Oatley, 2016).

Self-reflection and consideration of multiple viewpoints can also be encouraged by asking participants to share their writing with other group members and to listen and discuss what others have written. Analogously to how reading fiction aids perspective-taking by simulating social worlds (Oatley, 2016), listening to what other group members have written is an exercise in paying attention to and imagining the experiences, thoughts, feelings, and actions of others, and cultivating sensitivity to multiple viewpoints (Shapiro, Kasman, et al., 2006).

We thus structured the course according to the narrative medicine workshop approach, which combines the above elements (Milota et al., 2019; Spiegel & Spencer, 2017). (A more detailed description and an analysis of our participants' general experiences from the course are reported in detail elsewhere; see Renko & Valtonen, under review).

In narrative medicine, participants are typically prompted to write personal texts in response to a shared close reading of a poem or a short story. When facilitated in this way, personal reflective/creative writing can be conceptualized as having three phases (Shapiro, Kasman, et al., 2006): After (1) a solitary writing phase, (2) participants then share their writing with group members, and (3) listen to and discuss what others have written.[3]

Each phase in this process has a distinct pedagogical goal. The first phase is characterized by introspection, personal reflection, and creation; the second, by self-disclosure and feelings of social vulnerability; and the third, by attentive listening to other group members' experiences and narrative choices. Both the solitary writing process itself on the one hand (Charon, 2006; Hermann, 2017; Pennebaker & Chung, 2011; Sloan & Marx,

[3] Although the writing is typically shared among other group members both in the narrative medicine context (Spiegel & Spencer, 2016; Hermann, 2016; Milota et al. 2019) and often in medical education more generally (Shapiro, Kasman & Shafer, 2006), a wide range of different reflective practices and pedagogies exist (e.g., Mann, Gordon & MacLeod, 2009).

2018; Valtonen, 2021) and the sharing and listening of the writings in the group on the other (Shapiro, Kasman, et al., 2006; Spiegel & Spencer, 2017) likely benefit participants in complementary ways.

In different writing interventions, the course guided participants to use (1) the autobiographical first person, (2) the autobiographical third person, and (3) the fictional first person (i.e., a patient's/client's POV). In addition, to provide participants an opportunity to address the thoughts and emotions that the fictional first-person exercise inspired, we finally prompted the participants to write a letter (in the first person) to the client/patient whose perspective they had written from earlier.

Different POV's are likely to encourage personal reflection leading to (at least partly) different kinds of insight[4]. The autobiographical first person is more likely than other narrator choices to guide (untrained) writers to reflect on their experiences from their conventional perspective, as in a diary. By contrast, adopting an autobiographical third-person POV is more likely to guide writers to imagine themselves as if observed by another person, thus creating a wider, or qualitatively different, autobiographical gap than the first person (i.e., the mirror image of what is conventionally referred to as "perspective-taking"). The fictional first person, as the third option, guides writers to trying to imagine the world from another person's perspective entirely (conventionally referred to as "perspective-taking"). The assumption was that the different forms of writing would both complement and reinforce each other.

The three-narrator through line was integrated into the course in both readings and writing prompts. The prompts advanced progressively from the first category to the third and were preceded by close readings and discussions of literary texts using a narrator of the

[4] One should not assume, however, that any writing prompt will mechanically lead to a specified outcome. As Sternberg (1982) points out, a many-to-many relationship holds between linguistic form and function.

corresponding type (e.g., "Teen-ager" by Wislawa Szymborska; "The Use of Force" by William Carlos Williams for autobiographical first person; "Poseidon" by Franz Kafka for autobiographical third person; see Table 1 for illustrative examples of course readings and writing prompts).

Table 1

Examples of Reading Materials and Writing Prompts

Narrator	Text	Sample quote	Writing prompt
Autobiographical first person	**Example 1:** Wislawa Szymborska: Teenager (Translated by Clare Cavanagh & Stanislaw Baranczak)	"Me — a teenager? / If she suddenly stood, here, now, before me, / would I need to treat her as near and dear, / although she's strange to me, and distant? Shed a tear, kiss her forehead / for the simple reason / that we share a birthdate? So many dissimilarities between us / that only the bones are likely still the same, / the cranial vault, the eye sockets."	"Continue the following: 'Me – a teenager? If s/he suddenly stood, here, now, before me…"
	Example 2: William Carlos Williams: "The Use of Force"	"They were new patients to me, all I had was the name, Olson. Please come down as soon as you can, my daughter is very sick."	"Write about a situation with a client/patient in which things did not go as planned."
Autobiographical third person	Franz Kafka: Poseidon (Translated by Tania and James Stern)	"Poseidon sat at his desk, going over the accounts. The administration of all the waters gave him endless work. He could have had as many assistants as he wanted, and indeed he had quite a number, but since he took his	"Write about yourself from the third person point of view. Set the story at your place of work, and use your last name. E.g., 'Virtanen sat at her desk…'"

	job very seriously he insisted on going through all the accounts again himself, and so his assistants were of little help to him. It cannot be said that he enjoyed the work; he carried it out simply because it was assigned to him; indeed he had frequently applied for what he called more cheerful work, but whenever various suggestions were put to him it turned out that nothing suited him so well as his present employment."	
Fictional third person		**Client's/patients' perspective:** "Write about a real situation with a client/patient. Write in the first person, from the point of view of the client/patient."
Autobiographical first-person revisited		**Response (to client/patient):** "Write a letter to your client/patient.

Course, Recruitment and Participants

The course was offered to healthcare and social work professionals within the City of Helsinki Social Services and Health Care system during the spring semester in 2022. No prior experience or training in writing was required. It was taught in two groups which met separately after a common introductory meeting. Of 19 participants in total (9 and 10 in each group, respectively), 18 completed the course.

Both groups were led by two facilitators, both acquainted with narrative medicine and with a combined background in healthcare and literary arts: One or both facilitators was a published author of fiction or poetry, and/or had completed an M(F)A in creative writing; in addition, one was a licensed healthcare professional (a psychologist).

Both groups followed the same course curriculum, were assigned the same readings and were given the same writing prompts in the same order. The course consisted of 14 contact hours, with assigned reading assignments to be completed weekly at home, consisting of short stories and theoretical readings. In the beginning, participants were given high-school level introductory materials briefly introducing basic narrative concepts, such as genre, narrator, character, and metaphor. Once during the course, the participants were given a homework writing assignment (the one written from the fictional first-person POV) to be completed between sessions. All other writing prompts were given in class. Both groups met online, except for the first and the last meeting, which were in person.

Data collection

The participants' writings showed that they were willing and able to explore different narrator choices as prompted by the facilitators. As an illustrative example, here is an excerpt from one participant written from the POV of a patient:

> "I am sitting in the corridor again, the tears will not come. But they press against my throat so that breathing feels difficult. The chest refuses to draw air in and stretches into a rigid armor between me and the world. The meeting whirls in my mind in unconnected images and bits of dialogue. My attention focuses on what I left unsaid, on what I said that was wrong. I remember the empathetic looks and soft voices, was there a pinch of pity in them? Disappointment makes the blood escape my fingers, they're cold and clenched into fists. 'I'll look into the situation.' 'Let's not change medications for now, how about a slight adjustment of dosage?' 'Let's meet again after the summer.' My life has been shelved again until an appointed time."

To investigate how the participants experienced the effects of exploring different narrators, we invited all participants who completed the course to an individual interview.

Our assumption was that the ways in which the participants verbalize their experiences reflect their ways of meaning making and their subjective reality (Braun & Clarke, 2006).

To ensure consistency across interviews, we developed a topic guide (https://osf.io/csbxg) prior to the interviews. It consisted of open-ended questions (e.g., "What do you think about the writing assignments?") and statements (e.g., "Learning narrative skills is ethical and in line with my personal values") inviting interviewees to describe their experiences. The second author (E.R.) piloted the guide in advance with a postdoctoral fellow on the research team, a healthcare professional by training, who had also completed the course but did not participate in the interviews.

All participants who expressed their interest (n = 14) were interviewed within three weeks after the course. The interviewees worked as social workers and social counselors (5/36%), nurses or practical/mental health nurses (3/21%), rehabilitative employment/workshop supervisors (3/21%), psychologists (1/7%), occupational therapists (1/7%), and administrative coordinators (1/7%) in the City of Helsinki's social and health services. All interviews were conducted on Zoom. The interviews lasted 31–73 minutes (average 48 minutes) and were carried out by the second author, who was not involved in course implementation.

In the beginning of each interview, participants gave their informed consent. All interviews were audio-taped and transcribed verbatim. The interviews were conducted in Finnish[5]. As compensation for their time, the participants received a bookstore gift card (25 euros) and a voucher for two for an arts performance at the University of the Arts Helsinki.

The study protocol was approved by the University of the Arts Helsinki Ethical Review Board and by the City of Helsinki Social Work and Healthcare Division.

Analyses

[5] The excerpts were translated into English by the second author (E.R.).

In analyzing the interviews, our focus was on what participants explicitly reported about their experiences of using POV's *other* than the autobiographical first person in their writing. That is, we defined the autobiographical first-person narrator as the default, and our analyses aimed to examine how participants described their experiences of switching away from it. To avoid leading questions, however, we did not ask about narrator choice (or perspective-taking) specifically (see topic guide) but sought instead to learn which aspects of the writing interventions the participants spontaneously reported as most important to them.

Interviews were analyzed using reflexive thematic analysis (RTA, Braun & Clarke, 2019). We adopted what Braun and Clarke (2013; 2021, pp. 159-160) refer to as an experiential orientation of doing RTA, underpinned by a critical realist approach (Bhaskar, 2014). This means that we conceptualize language as a tool for communicating meaning. We look through interview talk to situated realities to which it provides access and assume that participants' words reflect their thoughts, emotions and beliefs. Taking a critical realist position does not mean, however, believing that the participants' words directly reflect reality; rather, experiences and understandings are socially located and mediated by language and culture (Danermark et al., 2019; Pilgrim, 2014). The interview talk provides us with access to our participants' located perceptions of their reality, which we then interpret using RTA (Braun & Clarke, 2021, pp. 169-170).

In line with RTA, we embrace researcher subjectivity as a research resource (Braun & Clarke, 2019; 2021; 2022) and do not assume that there is a single correct interpretation of the data or a single correct answer that can be found to our research question (Braun & Clarke, 2021). Themes are not believed to exist within the data waiting to be identified or discovered in any simple sense; rather, the development of themes is an active interpretative process involving careful and iterative engagement with the data (Braun & Clarke, 2019; 2021).

In this study, the analytical process was carried out by E.R. She focused on all data extracts in which participants discussed their experiences of writing from POVs (other than the autobiographical first person) and analyzed them inductively (i.e., without a prespecified framework assumed to best represent meaning as communicated by the participants; see Braun & Clarke 2013). When beginning to analyze the data, E.R. asked questions such as, "How do the participants make sense of their experiences of using multiple POVs?" and, "What are the different ways in which they make sense of this topic?"

ER is a postdoctoral fellow with training in social psychology, specializing in health psychology. This background, together with her experience of research centering around institutional interaction and motivation, shaped the analytical approach to this study, the research questions, and the focus on perspective-taking. With years of practice conducting interviews and using qualitative methods to analyze how participants make sense of their experiences in psychological and health interventions, E.R. is experienced in interrogating her responses and thoughts during data collection and analysis. Throughout the process of engaging with the data, E.R. aimed to be reflexively aware, examining and reflecting on her responses by asking herself questions such as, "Why might I be interpreting the data in this way?" and, "What are alternative ways of making sense of the data?" Due to her background, E.R. was familiar with how perspective-taking is conceptualized and aware of its potential benefits, as typically investigated in the psychological and behavioral sciences. She is, however, not a narrative theorist, nor does she have other professional training in the humanities, which naturally also shapes her perspective to the data. Someone with a background primarily in narrative theory or health humanities—or in biomedicine—might have had a different view of what is relevant and analytically useful in the data.

We used Braun and Clarke's (2006, 2019, 2022) six-phase process to guide the interpretation of central, recurring themes in the dataset. E.R. first sought to understand the

participants' experiences from the course in general (Renko & Valtonen, under review) and, once it was evident that prompts requiring participants to switch away from the first-person autobiographical narrator had been central to the participants' experiences of the course, E.R. then examined sections in the dataset relevant to narrator switching in particular. In the second phase, the investigator generated codes by exploring all data extracts potentially relevant to narrator choice and identified important features associated with data segments with coding labels (e.g., "*epistemological question"* or "*professional ethics"*).

In phase three, the codes were used to build initial candidate themes, such as "*Reimagining the past,"* and, "*How do I know?"* During this phase, the data and preliminary themes were also discussed among the research team, consisting of a psychologist/novelist, a literary scholar, a physician, and a social scientist/physiotherapist. The final phases involved reviewing, defining, and naming the themes, leading to final refinement of the themes. For example, a previously independent theme candidate ("*Seeing ourselves as professionals better by seeing ourselves through others")* was subsumed under two other themes ("*The familiar in a new light,"* and, "*Questioning the objectivity of one's observations and assumptions"*).

Results

Although not asked specifically, all interviewees talked spontaneously about narrator choice in their interviews. We generated three themes that reflected the experienced effects of narrator exploration: (1) The familiar in a new light; (2) Transformations of emotions and relationships through the reframing and reinterpretation of experienced events; and (3) Questioning the objectivity of one's observations and assumptions.

The Familiar in a New Light: Improved Professional Acuity

The first theme centered around the experience that the writing interventions had helped participants to see their clinical work and themselves in a new light as professionals.

According to the interviewees, switching away from the autobiographical first-person narrator had been key in bringing this experience about. Almost all interviewees named writing from the patient's/client's POV as a particularly important exercise: *"Really impressive. I've never done anything like that before"* (P2).

The interviewees emphasized that the assignment called for something meant to be at the core of their everyday work—taking the patient's/client's POV. At the same time, they also described the assignment as novel and as having guided them to unfamiliar psychological territory.

This seeming paradox between the routineness and novelty of imagining other minds seemed to stem from a conflict between how commonly its importance is acknowledged in theory, and how rarely it is taken as seriously at the level of detail as the writing prompt required. The same interviewee could simultaneously describe perspective-taking as integral to their daily work and as something that was easily forgotten.

P10: We had an assignment in which we had to write a story from the client's point of view in the first person, so maybe it encouraged me to think about that client's perspective even more. Of course, I do that anyway, but maybe even more so now. Perhaps this assignment was more versatile, or maybe it reminded me about this because, of course, when you just do your own work for years, it becomes routinized, so to speak, so it (the assignment) was quite a good thing—like a wake-up call.

The interviewees reported that writing from the patient's/client's POV had prompted them to notice a conflict between patient/client-centered ideals and reality: while many procedures in their work aimed to be client-centered in theory, they often were professional-centered and impersonal in practice. The interviewees said that the fictional first-person writing assignment reminded them of the importance of actually trying to understand the

patient's/client's subjective experiences, and that the writing had encouraged them to try harder to see things through the other person's eyes.

Moreover, the participants described that writing from the client/patient's POV had challenged them to put themselves in the other person's position in a qualitatively different way than what they were accustomed to: *"Using a bit of fiction, you ask yourself what could have been going on in that situation, so the situation was approached in more profound way"* (P14).

P12: ...we do it all the time anyway in our work, but maybe somehow even more so now, and with a little more empathy, with understanding or from the perspective of being humane.

The interviewees described how the patient's/client's POV became closer and more real when they gave it a written form. Moreover, it was possible to set a topic aside after writing about it and to reflect on it later. Instead of being a one-off experience, the writing functioned as support for a continual process of reflection.

P2: It somehow becomes more real as an experience when it's in black and white—when it's written down. If you take a little time to really digest the text and then read it later, you somehow get a new perspective on the situation, which becomes like an internal dialogue with the help of that text.

The interviewees also reported that switching away from the autobiographical first person had prompted them to ask what their own actions looked like through their patients'/clients' eyes. They contended that the space for inner reflection that the writing provided had led them to examine their own work and its ethics more critically than before. They pondered that such introspection may in fact be crucial for avoiding subtle breaches of professional ethics: *"That you will recognize if you act incorrectly in a situation or notice*

that you have been terribly strict somehow, that maybe you should be a little softer. Or, if you've condemned this person, that maybe you'd better stop for a moment and breathe. Or, it's too hard for you to be with this client right now, that it would be more ethical to transfer the client to someone else." (P12)

P5: What would it be like to be on the other side, as a client? That [asking that question] made you start to re-examine your everyday work, your job description, and being ethical and stuff, human dignity and such.

Sometimes the theme of seeing the familiar in a new light meant a change in the mood or tone in which the writers perceived their experiences. The participants described this especially with the guided use of the third-person narrator, modeled by Kafka's satirical story, "Poseidon".

Although they had not been instructed to emulate Kafka's tone, the interviewees described that writing about themselves in the autobiographical third person (after a close reading of Kafka in the group) reframed not so much the events themselves but their experienced tone: "*It felt like fiction... like writing fiction then... I wrote something lighthearted and funny, which caused so much amusement in the other group members... Amusement and lightheartedness... lightens moods [laughs]"* (P13).

Some participants found that writing in the third person made them see the familiar in a new light in the sense that it made it easier for them appreciate their own work:

P7: It also gave me such insight into this job at that moment—that we were somehow writing from an outsider's point of view about ourselves as professionals. We even used our last names [laughs], making it a little comical. But then we described the beginning of our work day and managed to grasp all the things we do and what it looks like from the outside. In a way, it made us appreciate our own work more, like, "Damn it, I do a lot."

Transformations of Emotions and Relationships Through the Reframing and Reinterpretation of Experienced Events

The second theme is centered around reframing or reimagining experienced events, changing interpretations of prior encounters and transforming experiences of existing relationships.

Switching away from the first-person autobiographical narrator in their personal writing prompted participants to consider alternative explanations, for example, for why a patient/client had behaved in a particular way in a given situation, alerting them to the possibility that their initial interpretation(s) may not have been correct. These reconsiderations shifted prior interpretations of situations such as, for example, a client rejecting the care that a clinician had offered.

The recognition that there could be several plausible interpretations for a patient's/client's challenging behavior made some participants realize that what had happened may not necessarily have been the clinician's fault and, moreover, that a full, exhaustive understanding of all possible factors and motivations affecting another person's behavior is ultimately impossible. The participants reported that these reappraisals had increased their compassion both for themselves and for their colleagues.

The participants found it striking that these new understandings had come about through reflective/creative writing using the fictional first-person narrator, which, by definition, forced the participants to venture beyond known veridical facts.

P14: I made up those reasons. I don't know what that person was going through at that exact moment when I was on the other side of the door, but this experience reminded me that people could have their own reasons and contexts. It's not necessarily personal if they don't want to accept help or have a meeting; they may just feel overwhelmed at that moment.

The interviewees pointed out that even if it may be impossible to know the real reasons affecting a patient's/client's behavior, they nevertheless experienced writing from their perspective as a path to a more profound understanding, making it easier to see the situation from the patient's/client's perspective.

P1: Let's say that you have a certain understanding of that situation. However, when you start writing about that difficult situation, you somehow [begin to] understand the other person as well. Thus, somehow, you understand the other person better when you write from his/her point of view, even if you made all or some of it up.

In several of the interviewees' accounts, the process of creating a fictitious perspective written from the patient's/client's POV was intrinsically intertwined with attempts to recall the factual details of the encounter, which contributed to the emergent improved understanding of the person and the situation. Sometimes reinterpreting the patient's/client's motives changed the experienced meaning of past events remarkably. Some interviewees described how, for example, a prior experience of having been unfairly blamed for their actions was transformed into a new empathetic understanding of their patient's/client's subjective experience.

P1: The family was the kind of an upper class / well-off family you'll find in places like [affluent neighborhood], his children were all psychiatrists and doctors and lawyers and whatnot, and so then, in the nursing home that they, where the father of the family ended up in, the care they provide is good but of course it's not the same as life at home in [affluent neighborhood] – so it felt to us as if they were accusing us of every tiny thing... But now, now that I went and wrote it [what had happened] down from the perspective of the family, or of this lady, it struck me that she only wanted what's best for her husband and that she was confused; her husband is suffering from memory loss and so on. So it wasn't really an easy

situation for them either. So in that way, in hindsight, it added to my empathetic understanding of their behavior.

Questioning the Objectivity of One's Observations and Assumptions: What Can I Truly Know?

As a third theme, narrator exploration challenged participants to reconsider their own interpretations and to question their own objectivity. The shared reading and writing had prompted them to reflect on the limits of their observations; on the power of the language they used and on the choices they made in describing their patients' or clients' situations; and on the authority they assumed in speaking for people to whose subjective experiences they cannot directly access.

P2: [When you write from the patient's/client's point of view] You have to stop and really think about it. First, what is the language I use when I speak from that client's point of view? What are the emotions I can or could see in that situation? Which ones will stay hidden, and what could they have been? After all, I have to make a choice, and it is probably (and partly) hit-and-miss. This somehow challenges me to think about the situation in a completely new way than if I had just gone through that meeting with my colleague, where I would probably just have shared my observations. However, it somehow went much deeper now that I have written about it. I got to think about much more than just what I saw or observed.

The interviewees reflected on the subjectivity inherent to writing anything at all, even when aiming to be objective. They recognized that even when aiming to write from another person's perspective, it was impossible to not be biased by their own perspective: *"Even if you write about someone else—you always write something about yourself too; it's always subjective, even if you strive to be objective"* (P4).

Narrator switching had prompted the participants to consider their responsibilities, obligations, and loyalties as healthcare and social work professionals. The efforts to imagine a patient's/client's POV in detail sparked questions, for example, about the ways in which they were accustomed to writing about their patients/clients as part of their work from a presumably objective professional perspective: "*If I've constructed a story about a client, where does it come from, and what is it based on? This is a bit like a wake-up call to think about whether the story I've created is even true."* (P12)

Some interviewees described noticing a distinct difference between the "human vibe" (P2) that emerged in their writing about their patients/clients during the course and how they typically wrote about them at work. They contended that official documents in healthcare, aiming for objectivity, efficiency and conciseness, often end up omitting the parts that would feel descriptive and human.

Furthermore, writing from the patient's/client's POV inspired some interviewees to ask who the official documents they routinely wrote at work were *for,* prompting fundamental questions about whose voices are heard in healthcare and why:

P2: The course challenged me to think about the way in which I write in my work and about whether it benefits the client or if it's just for my own refinement.

Discussion

In this study, we investigated the experienced effects of personal reflective/creative writing interventions seeking to facilitate perspective-taking and self-reflection for healthcare practitioners. Using a narrative medicine course that guided participants to write about their experiences from different perspectives, we investigated clinicians' experiences of switching away from the customary autobiographical first-person point of view (POV) typically used in healthcare education to encourage self-reflection. After writing about their experiences from

third-person and fictional first-person POV's, our participants described seeing their professional routines and themselves in new ways both in tone and in content, interpreting their experiences differently than before, and recognizing their own epistemic limits in newly relevant ways.

Experimental psychological research indicates that writing interventions can be successfully used to foster perspective-taking and to improve patient satisfaction in healthcare (Bientzle et al., 2021; Bientzle et al., 2024; Blatt et al., 2010; Galinsky & Moskowitz, 2000; Shaffer et al., 2019; Shapiro, Rucker, et al., 2006). Our findings complement these results by illustrating professional clinicians' experiences of such interventions.

Our findings show that the experienced effects of writing interventions on clinicians' perspectives are more multifaceted than can be seen in experimental study designs. A writing intervention ostensibly aimed at perspective-taking inspired in our participants a host of nuanced introspective considerations concerning not only the other person's viewpoint, but also questions about epistemic humility and the ethics of one's own actions.

What is referred to as "perspective-taking" in the psychological literature prompted an increased motivation also for improved self-reflection: The results help to illustrate how the ability to skillfully imagine things from another person's perspective requires effort and practice and is intertwined with self-reflection (Davis et al., 1996; Gerace et al., 2017). As one of our participants worded it, "Even if you write about someone else—you always write something about yourself too; it's always subjective, even if you strive to be objective." Switching away from the autobiographical first person prompted our participants also to ask what their *own* actions looked like through their patients'/clients' eyes.

Personal Writing as a Tool for Countering Dehumanization and Improving Emotional Affiliation

Importantly, our results illustrate how targeted writing interventions can function as a tool for countering dehumanization. Prior research suggests that efficient means for preventing dehumanization in healthcare include individuating patients, highlighting their personal characteristics, and underlining their capacity to plan and make decisions (Haque & Waytz, 2012). Our participants' experiences illustrate how personal reflective/creative writing can function in these ways.

As one illustrative example, our interviewees described the felt difference between the "human vibe" that emerged through the writing and the mechanized, objectivizing ways in which they described typically writing about their patients at work. While our participants did not explicitly use the term dehumanization, the differences they recognized align with how researchers describe the phenomenon in healthcare and the proposed ways to counter it (Haque & Waytz, 2012).

Our participants reported feeling emotionally closer, or warmer, toward their client/patients and understanding their motives better after writing about them. This experienced change in emotional stance occurred particularly after writing about a patient/client in the fictional first person. This is consistent with the psychological literature linking perspective-taking to empathy (Eisenberg, 1991; Lamm et al., 2007). The finding aligns also well with prior clinician reports (Charon, 2001; Deen et al., 2010; Munno, 2006) and the experimental results from Shapiro, Rucker and colleagues (2006), who found that students who wrote about patients in the fictional first person showed more awareness of emotional and spiritual aspects of a hypothetical patient case, were better at conveying empathy, and distanced themselves less than students who focused on clinical reasoning in their writing.

Importantly, our participants described that writing had increased their compassion not only for their patients but also for their colleagues and themselves, underlining the

breadth of the writing's experienced effects. The research literature has generally been more interested in empathy for patients than in self-compassion or collegial affinity among healthcare professionals. Empathy, self-compassion, and collegial solidarity are likely interconnected, however; future research can hopefully shed more light on how best to foster all three.

Re-Interpretations of Particular Situations, The Complexity of Psychological Motives, and Epistemic Humility

In addition to experienced changes in emotional affiliation, our participants also reported seeing their role as professionals more clearly after writing from the patient's POV, the writing having helped them to "begin to reassess [their] value judgment as to appropriate action" through an honest attempt at putting themselves in the other person's position (Bolton, 2009, p. 20).

For some, writing from a patient's/client's POV also revealed a fundamental challenge. As psychological research has shown (van Bowen & Loewenstein, 2005), it is easier to value another person's perspective in theory than in practice. Our participants were struck by the humility, attention, and effort that it requires to imagine another person's inner world in enough detail to write from their first-person POV—by what skilled, successful perspective-taking requires. The level of difficulty surprised our participants, all of whom were more than accustomed to routinely writing about their patients'/clients' lives in formal ways as part of official clinical documentation.

In our participants, writing in the fictional first person fostered contemplations also about the complexity of clinical encounters and human psychology more generally. Our participants reported having recognized, through the writing, that people have complex and sometimes idiosyncratic reasons for their actions. Some participants even characterized the writing as "a wake-up call": The attempt to write from a patient's/client's POV led them to a

recognition not of their professional competence but of their ignorance—that is, of the limits of our access to other minds universally—and to ask whether final truths about another person's motives are ultimately attainable at all (Irvine, 2005). These recognitions can arguably be seen as attempts to attain new stances of epistemic and narrative humility, together with improved tolerance for ambiguity, uncertainty, and interpretive multiplicity (DasGupta, 2008; Spiegel & Spencer, 2017).

Narrative Point of View and Information Retrieval from Memory

Why was switching away from the convenient autobiographical first person so fruitful for perspective-taking and self-reflection? Our participants' reports suggest that the cognitive and emotional distance provided by a fictional space is key.

One demonstrated effect of POV switching is improved memory of details. That is, more details become mentally available when a past event is recalled from different POV's than if it is recalled from the original perspective alone. In a classic psychological experiment by Anderson and Pichert (1978), participants who recalled a memorized story in writing from two different POV's remembered more details from the story than a control group who wrote it from the same POV twice. That is, mentally switching the perspective from which prior events are narrated brings new information available to the writer—information that has been encoded but is not recalled when the events are imagined from the original perspective alone. Thus, in addition to other psychological processes that personal writing may engage (Charon, 2006; Pennebaker & Chung, 2011; Sloan & Marx, 2018), some of the benefits our participants described may stem from more information becoming accessible from memory, inspiring new perspectives, emotions, and interpretations.

Limitations

Not every insight, of course, that our participants had during the course resulted from narrator exploration. The space for dialogue, collaborative textual interpretation, and

connection in any shared reading and writing group provides multiple avenues for personal and professional insight (Leveen, 2017; Meretoja et al., 2022; Rylance, 2016). Our specific purpose was to engage participants in a process of self-reflection and perspective taking through reading, writing, and group discussion, all of which surely contributed to participants' experiences.

That said, all our interviewees spontaneously brought up the writing assignment that had required them to switch away from the autobiographical first person, and described a range of experiences that they felt were valuable and connected to that particular assignment. This suggests that narrator switching was an essential part of what they found beneficial in the course. The fictional first-person POV writing assignment was described as particularly powerful, and it seems especially to have shaped how the participants experienced the course overall.

Another limitation in the current study is that the group was self-selected. While the participants' reactions to the shared reading and writing in the group were overwhelmingly positive in light of the interview data, it is not clear that similar results would be expected if participation were mandatory, or if participants were randomly selected.

One should also note that the success of a shared reading and writing group also depends on numerous factors, not all of which are under facilitators' control.

Implications and Recommendations

Our findings support prior recommendations to consider including personal reflective/creative writing as part of health professions education. If one goal of health humanities education is to foster an understanding that "permits caregivers to fathom what their patients go through, to attain that illuminated grasp of another's experience that provides them with diagnostic accuracy and therapeutic direction" (Charon, 2006, p. 11), our participants' accounts illustrate how the combination of personal writing both using the

autobiographical first-person narrator *and* switching away from it helped further these goals, broadening opportunities for self-reflection, epistemic humility, and new understandings of other people's perspectives.

Personal reflective/creative writing is thus one recommendable option for educators and clinicians seeking methods to encourage self-reflection and curiosity about the perspectives of others. In choosing prompts for such writing, it can be useful to explore other narrator choices than the customary first-person autobiographical alone.

In light of our results, the narrative medicine workshop is one well-suited model for implementing this work in practice. A narrative medicine approach provides a fitting context not only for the writing itself, but also for examining, supporting, and building on what individual group members find, and for incorporating literary arts into healthcare education more generally.

By contrast, we would not recommend a fictional first-person POV writing prompt as a stand-alone solution for improving perspective-taking. While our participants did describe this assignment as particularly powerful, the experienced effects did not stem from a singular writing assignment conducted alone. Unlike isolated writing interventions conducted outside a group context, a workshop combining personal writing with close reading and group discussion provides multiple possibilities both to contemplate one's own perspectives and those of others. Reading, writing, and group discussion can all inspire our curiosity in the perspectives of others and help us fail better in trying to attain it. In combination each element likely reinforces the effects of the others.

Finally, we would note that workshop facilitators have an important role in guiding the group to ask central questions about the writing experience and its meaning. For example, group facilitators can help participants recognize and discuss our inherent limitations in accessing other minds and explore what the read texts and offered interpretations reveal about

these limitations. Group discussion will often expose aspects about the texts and the writing process that have not been immediately apparent to all group members before hearing from others.

Conclusion

Our results illustrate how guided narrator exploration in personal reflective/creative writing can expand clinicians' perspectives. Our participants' accounts show how they felt that the exploration of a "fictional space" between author and character, in addition to the "autobiographical gap" (Charon, 2006), helped them to examine their practice critically from different perspectives and to further their understanding of experiences and emotions other than their own (Bolton, 1999). The results also highlight ways in which skilled perspective-taking is intertwined with self-reflection.

The type of narrator was linked to the experienced effects the participants described. Switching to the autobiographical third-person POV had the described effects of changing the *tone* in which they reflected on their work; helping them to see themselves through the eyes of an outsider; and helping them to recognize the value of their own work. By contrast, switching to the fictional first-person POV invited deep relational, ethical and epistemic reflections in our participants about their work; helped to remind them of their patients'/clients' humanity; and prompted the recognition that a clinician cannot know a patient in their totality. The fictional first-person POV also had the experienced effect of fostering qualitative changes in relationships and prompting participants to ask what person-centered work should look like in practice.

References

Anderson, R. C., & Pichert, J. W. (1978). Recall of previously unrecallable information following a shift in perspective. *Journal of Verbal Learning and Verbal Behavior*, *17*(1), 1-12.

Bhaskar, R. (2014). *The possibility of naturalism: A philosophical critique of the contemporary human sciences*. Routledge.

Bientzle, M., Eggeling, M., Kanzleiter, M., Thieme, K., & Kimmerle, J. (2021). The impact of narrative writing on empathy, perspective-taking, and attitude: Two randomized controlled experiments on violations of Covid-19 protection regulations. *PloS One*, *16*(7), e0254501. https://doi.org/10.1371/journal.pone.0254501

Bientzle, M., Eggeling, M., & Kimmerle, J. (2024). Good reasons for bad behavior: A randomized controlled experiment on the impact of narrative reading and writing on empathic concern, perspective-taking, and attitude. *Frontiers in Public Health*, *12:*1343225. https://doi.org/10.3389/fpubh.2024.1343225

Binyamin, G. (2018). Growing from dilemmas: Aeveloping a professional identity through collaborative reflections on relational dilemmas. *Advances in Health Sciences Education*, *23*(1), 43-60. https://doi.org/10.1007/s10459-017-9773-2

Blatt, B., LeLacheur, S. F., Galinsky, A. D., Simmens, S. J., & Greenberg, L. (2010). Does perspective-taking increase patient satisfaction in medical encounters? *Academic Medicine*, *85*(9), 1445-1452. https://doi.org/10.1097/ACM.0b013e3181eae5ec

Bolton, G. (1999). Stories at work: Reflective writing for practitioners. *The Lancet*, *354*(9174), 243-245. https://doi.org/10.1016/S0140-6736(98)06443-5

Bolton, G. (2009). Writing values. *The Lancet*, *374*(9683), 20-21. https://doi.org/10.1016/S0140-6736(09)61223-X

Bolton, G., & Delderfield, R. (2018). *Reflective practice: Writing and professional development* (5th ed.). Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589-597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). Thematic analysis: A practical guide.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3-26. https://doi.org/https://doi.org/10.1037/qup0000196

Brody, H. (2002). *Stories of sickness*. Oxford University Press.

Buttrick, N., Westgate, E. C., & Oishi, S. (2023). Reading literary fiction is associated with a more complex worldview. *Personality and Social Psychology Bulletin*, *49*(9), 1408-1420. https://doi.org/10.1177/01461672221106059

Campbell, R. S., & Pennebaker, J. W. (2003). The secret life of pronouns: Flexibility in writing style and physical health. *Psychological Science*, *14*(1), 60-65. https://doi.org/10.1111/1467-9280.01419

Campbell, T., O'Brien, E., Van Boven, L., Schwarz, N., & Ubel, P. (2014). Too much experience: A desensitization bias in emotional perspective taking. *Journal of Personality and Social Psychology*, *106*(2), 272-285. https://doi.org/10.1037/a0035148

Charon, R. (2001). Narrative medicine: form, function, and ethics. *Annals of Internal Medicine*, *134*(1), 83-87.

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.

Charon, R., & Hermann, N. (2012). Commentary: A sense of story, or why teach reflective writing? *Academic Medicine*, *87*(1), 5-7. https://doi.org/10.1097/ACM.0b013e31823a59c7

Chen, I., & Forbes, C. (2014). Reflective writing and its impact on empathy in medical education: systematic review. *Journal of Educational Evaluation for Health Professions*, *11*, 20. https://doi.org/10.3352/jeehp.2014.11.20

Danermark, B., Ekström, M., & Karlsson, J. C. (2019). *Explaining society: Critical realism in the social sciences*. Routledge.

DasGupta, S. (2008). Narrative humility. *The Lancet*, *371*(9617), 980-981. https://doi.org/10.1016/S0140-6736(08)60440-7

DasGupta, S., & Charon, R. (2004). Personal illness narratives: Using reflective writing to teach empathy. *Academic Medicine*, *79*(4), 351-356. https://doi.org/10.1097/00001888-200404000-00013

Davis, M. H., Conklin, L., Smith, A., & Luce, C. (1996). Effect of perspective taking on the cognitive representation of persons: A merging of self and other. *Journal of Personality and Social Psychology*, *70*(4), 713.

Deen, S. R., Mangurian, C., & Cabaniss, D. L. (2010). Points of contact: Using first-person narratives to help foster empathy in psychiatric residents. *Academic Psychiatry*, *34*(6), 438-441. https://doi.org/10.1176/appi.ap.34.6.438

Eisenberg, N. (1991). Meta-analytic contributions to the literature on prosocial behavior. *Personality and Social Psychology Bulletin*, *17*(3), 273-282. https://doi.org/10.1177/0146167291173007

Franzen, J. (2018). Jonathan Franzen's 10 rules for novelists. *LitHub*. Retrieved April 21, 2024, from https://lithub.com/jonathan-franzens-10-rules-for-novelists/

Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, *132*(6), 823-865. https://doi.org/10.1037/0033-2909.132.6.823

Galinsky, A. D., & Moskowitz, G. B. (2000). Perspective-taking: Decreasing stereotype expression, stereotype accessibility, and in-group favoritism. *Journal of Personality and Social Psychology*, *78*(4), 708.

Gerace, A., Day, A., Casey, S., & Mohr, P. (2017). 'I think, you think': Understanding the importance of self-reflection to the taking of another person's perspective. *Journal of Relationships Research*, *8*, e9, Article e9. https://doi.org/10.1017/jrr.2017.8

Haque, O. S., & Waytz, A. (2012). Dehumanization in medicine: Causes, solutions, and functions. *Perspectives on Psychological Science*, *7*(2), 176-186. https://doi.org/10.1177/1745691611429706

Hermann, N. (2017). Creativity: what, why, and where? In R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. R. Marcus, E. Rivera Colón, D. Spencer, & M. Spiegel (Eds.), *The Principles and Practice of Narrative Medicine* (pp. 211-232). Oxford University Press.

Horowitz, C. R., Suchman, A. L., Branch, W. T., Jr., & Frankel, R. M. (2003). What do doctors find meaningful about their work? *Annals of Internal Medicine*, *138*(9), 772-775. https://doi.org/10.7326/0003-4819-138-9-200305060-00028

Irvine, C. (2005). The other side of silence: Levinas, medicine, and literature. *Literature and Medicine*, *24*(1), 8-18.

Lamm, C., Batson, C. D., & Decety, J. (2007). The neural substrate of human empathy: Effects of perspective-taking and cognitive appraisal. *Journal of Cognitive Neuroscience*, *19*(1), 42-58. https://doi.org/10.1162/jocn.2007.19.1.42

Le Guin, U. K. (2004). The writer and the character. In *The wave in the mind: Talks and essays on the writer, the reader, and the imagination* (pp. 207-211). Shambhala.

Leveen, L. (2017). Finding purpose: Honing the practice of making meaning in medicine. *The Permanente Journal*, *21*, 17-048. https://doi.org/https://doi.org/10.7812/TPP/17-048

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education*, *14*(4), 595-621. https://doi.org/10.1007/s10459-007-9090-2

Meretoja, H., Kinnunen, E., & Kosonen, P. (2022). Narrative agency and the critical potential of metanarrative reading groups. *Poetics Today*, *43*(2), 387-414. https://doi.org/10.1215/03335372-9642679

Milota, M. M., van Thiel, G. J. M. W., & van Delden, J. J. M. (2019). Narrative medicine as a medical education tool: A systematic review. *Medical Teacher*, *41*(7), 802-810. https://doi.org/10.1080/0142159X.2019.1584274

Munno, A. (2006). A complaint that changed my practice. *BMJ*, *332*(7549), 1092. https://doi.org/10.1136/bmj.332.7549.1092

Oatley, K. (2016). Fiction: Simulation of social worlds. *Trends in Cognitive Sciences*, *20*(8), 618-628. https://doi.org/10.1016/j.tics.2016.06.002

Oswald, P. A. (1996). The effects of cognitive and affective perspective taking on empathic concern and altruistic helping. *The Journal of Social Psychology*, *136*(5), 613-623. https://doi.org/10.1080/00224545.1996.9714045

Pennebaker, J. W., & Chung, C. K. (2011). Expressive writing: Connections to physical and mental health. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology.* (pp. 417-437). Oxford University Press.

Phelan, J., & Booth, W. C. (2005). Narrator. In D. Herman, M. Jahn, & M.-L. Ryan (Eds.), *Routledge encyclopedia of narrative theory* (pp. 388-392). Routledge.

Pilgrim, D. (2014). Some implications of critical realism for mental health research. *Social Theory & Health*, *12*, 1-21.

Renko, E., & Valtonen, J. (under review). Wonder, mercy, connection, and paradoxical revelation: A qualitative evaluation of social work and healthcare professionals' experiences of a Finnish narrative medicine group.

Rylance, R. (2016). *Literature and the public good: The literary agenda*. Oxford University Press.

Seih, Y.-T., K., C. C., & and Pennebaker, J. W. (2011). Experimental manipulations of perspective taking and perspective switching in expressive writing. *Cognition and Emotion*, *25*(5), 926-938. https://doi.org/10.1080/02699931.2010.512123

Shaffer, V. A., Bohanek, J., Focella, E. S., Horstman, H., & Saffran, L. (2019). Encouraging perspective taking: Using narrative writing to induce empathy for others engaging in negative health behaviors. *PloS One*, *14*(10), e0224046. https://doi.org/10.1371/journal.pone.0224046

Shapiro, J., Kasman, D., & Shafer, A. (2006). Words and wards: A model of reflective writing and its uses in medical education. *Journal of Medical Humanities*, *27*(4), 231-244. https://doi.org/10.1007/s10912-006-9020-y

Shapiro, J., Rucker, L., Boker, J., & Lie, D. (2006). Point-of-view writing: A method for increasing medical students' empathy, identification and expression of emotion, and insight. *Education for Health*, *19*(1), 96-105. https://doi.org/10.1080/13576280500534776

Sloan, D. M., & Marx, B. P. (2018). Maximizing outcomes associated with expressive writing. *Clinical Psychology: Science and Practice*, *25*(1), e12231.

Soo, J., Brett-MacLean, P., Cave, M.-T., & Oswald, A. (2016). At the precipice: A prospective exploration of medical students' expectations of the pre-clerkship to

clerkship transition. *Advances in Health Sciences Education*, *21*(1), 141-162. https://doi.org/10.1007/s10459-015-9620-2

Spiegel, M., & Spencer, D. (2017). This is what we do, and these things happen: Literature, experience, emotion, and relationality in the classroom. In R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. R. Marcus, E. Rivera Colón, D. Spencer, & M. Spiegel (Eds.), *The principles and practice of narrative medicine* (pp. 37-59). Oxford University Press. https://doi.org/10.1093/med/9780199360192.001.0001

Sternberg, M. (1982). Proteus in quotation-land: Mimesis and the forms of reported discourse. *Poetics Today*, *3*(2), 107-156. https://doi.org/10.2307/1772069

Underwood, B., & Moore, B. (1982). Perspective-taking and altruism. *Psychological Bulletin*, *91*(1), 143.

Valestrand, E. A., Kvernenes, M., Kinsella, E. A., Hunskaar, S., & Schei, E. (2024). Transforming self-experienced vulnerability into professional strength: A dialogical narrative analysis of medical students' reflective writing. *Advances in Health Sciences Education*. https://doi.org/10.1007/s10459-024-10317-3

Valtonen, J. (2021). The health benefits of autobiographical writing: An interdisciplinary perspective. *Journal of Medical Humanities*, *42*(4), 1-19. https://doi.org/10.1007/s10912-020-09631-9

Van Boven, L., & Loewenstein, G. (2005). Empathy gaps in emotional perspective taking. In B.F. Malle & S.D. Hodges (Eds.), *Other minds: How humans bridge the divide between self and others* (pp. 284-297). Guilford Press.

Wear, D., Zarconi, J., Garden, R., & Jones, T. (2012). Reflection in/and writing: Pedagogy and practice in medical education. *Academic Medicine*, *87*(5), 603-609. https://doi.org/10.1097/ACM.0b013e31824d22e9

Wood, J. (2008). *How fiction works*. Farrar, Straus and Giroux.