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Patients, learners, and mentors as storytellers and bearers of meaning in care: a narrative reflection

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Patients, personnes en formation et mentors comme narrateurs et porteurs de sens dans les soins: une réflexion narrative

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I sat across from a patient, whom I will refer to here as Jane, in a fluorescent-lit clinic room. The clinic room was ordinary. White walls. A grey vinyl chair pulled too close to the exam table. A computer screen angled between us. Jane recited her history as if it had been rehearsed, or perhaps learned: onset, duration, failed treatments. The rhythm felt practiced, shaped in part by what previous clinical encounters had asked of her. As she moved through the familiar checkpoints, her body remained drawn inward. Her shoulders were slightly rounded forward, her hands intertwined and squeezed between her legs, and her gaze never met mine. Her chart was familiar, yet her story felt unfinished. I knew the clinical details of her chronic pain, but not its meaning in her life over the last four years. Meaning, it seemed, was absent from the patient history I had been trained to obtain.

As a chiropractor, I was trained to view illness as an inherently biomedical problem. Encounters such as this one began to unsettle that framing. Throughout my early career, I began to recognize that a patient's unspoken expression of illness often held meaning beyond the interpretive reach of biomedical frameworks. Jane's story, her embodied experience of living with chronic pain, emerged instead through the heavy silences that settled

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between her words. Those silences led me to confront the cultural meanings that shape how illness is narrated or silenced, and the unspoken space between embodied suffering and what the healthcare system is equipped to recognize. I came to understand that illness is never purely physical, nor the clinical encounter merely technical; both unfold within relational spaces shaped by uncertainty, vulnerability, and power. And yet, within those spaces, the capacity to attend to the meaning of illness is often shackled by the cadence of a predetermined system of care, shaped by both the realities of the healthcare system and, at times, the ways we are trained within chiropractic education.

My understanding of care was formed in those liminal moments where diagnosis faltered, and meaning was co-created between myself and the patient through storytelling. In these encounters, I came to understand patients as both *storytellers* and *bearers* of health and illness, carrying not only symptoms but the emotional, relational, and embodied dimensions of illness. I listened as individuals tried to make sense of suffering that disrupted their identity and that neither they nor I fully understood, despite an established diagnosis. Their stories were rarely linear; they were layered with grief, fear, and, at times, resilience. In tandem, I was confronting how my own interpretations were shaped by emotional weight, bias, and the grief of being part of a system that too often silences the very voices of those whom it aims to serve.

What I learned from patients did not resolve itself in the all-too-familiar fluorescent-lit clinic rooms. There remains an element of clinical practice that feels persistently unresolved, not as a failure of care, but perhaps as an expression of its inherent complexity. It was through mentorship during my postgraduate training that I first began to make sense of how to navigate that complexity. Across the health professions, mentorship is widely recognized as an important component of clinical training and professional development.[1,2] In many cases, postgraduate training serves as a primary vehicle through which that mentorship is delivered. Therefore, one might consider that it is through mentorship, particularly within postgraduate training, that clinicians come to understand and practice care. Within chiropractic, however, such mentorship has historically been less formalized and less consistently integrated into training.

Within my own postgraduate training, mentorship proved just as formative to my understanding of care as the heavy silences I encountered with patients. It fostered space to sit with uncertainty, to interpret what remains unsaid, and to walk alongside patients in a way that revealed care as a fundamentally relational endeavor. The relationships formed through mentorship reflected the relational ethos of care, grounded in humility, vulnerability, and shared meaning-making. In this way, mentorship and care came to feel like parallel practices.

Through this experience, I came to understand that navigating the complexities of care is rarely only clinical in nature; rather, it is deeply shaped by how healthcare professionals are trained to listen, interpret, and respond to patient narratives. A defining value of postgraduate training is that learning unfolds through proximity, by listening to how mentors narrate clinical encounters, observing how they sit with uncertainty, and bearing witness to care as it is practiced. In this environment, learners do not simply acquire knowledge; they are learning what it means to care by observing how it is modeled and listening to how it is narrated. In doing so, we might consider that clinicians and learners alike take on the role of *storytellers* and *bearers*.

Ultimately, this unveils a tension within clinical education: are we modeling to learners a prioritization of performance and achievement, or are we meaningfully walking alongside them as they learn how to care? As I now find myself in the role of mentor within clinical spaces, I often find myself revisiting Jane's story. During my postgraduate training, I learned many things, but most importantly, I learned how to attend to meaning. As postgraduate training in the chiropractic profession becomes increasingly common, the question becomes: what are we, as a profession, trying to foster in these fluorescent-lit clinic rooms, where storytellers and bearers take shape?

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