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The Coercive Edge of Kindness: A Critical Analysis of 'Random Acts' in Nursing

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ABSTRACT

Kindness is frequently framed as an unassailable virtue, celebrated across social, professional and political domains as a simple and uncomplicated good. It is rarely problematised, and its assumed benefits are seldom interrogated, leaving kindness largely positioned as a self-evident moral imperative. In this paper, we adopt a Foucauldian lens, not to seek an essential definition of kindness, but to consider how it circulates and operates discursively, what effects it produces and what is surrendered in its performance. We position kindness as a discourse that does not merely encourage compassion or generosity but also regulate behaviour, shapes subjectivities and establishes boundaries around what may or may not be said. Through such mechanisms, the imperative to 'be kind' can act to silence resistance, temper critique and foster compliance, functioning as a subtle technology of governance. By problematising kindness in this way, we reveal how a practice so often presented as wholly benevolent can also operate as a powerful disciplinary force. We suggest that alternatives to the disciplinary framing of kindness may be found within First Nations knowledge systems, which offer different ways of understanding generosity and care beyond Western institutional logics. Our purpose is not to argue for the abandonment of kindness, but to highlight that it should not be accepted uncritically; its operations and consequences must be understood in order for it to be engaged ethically and politically.

1 | Introduction: Beyond the Untouchable Good

According to the Oxford English Dictionary, kindness is 'the quality of being friendly, generous, and considerate'. Kindness is also defined as encompassing traits such as gentleness, respect, amiability and concern (Johnstone 2010), and is widely imagined as a straightforward and unquestionable good; as one of the most incontestable human virtues. It is invoked as a moral compass: a reminder to soften our interactions, to act with generosity, to withhold harm. In considering kindness, it is important to recognise that acts of generosity and care do occur in everyday life, and that the effects of these acts can be profoundly meaningful. A neighbour offering help, a colleague stepping in during a crisis or a friend providing comfort in times of difficulty are expressions that sustain relationships and enrich social life. These moments and actions should not be dismissed, as they reflect the capacity for human connection and reciprocity. In contrast, the framing of kindness within workplace and institutional contexts can carry very different implications.

While kindness is frequently invoked alongside related concepts such as compassion, empathy and respect, these terms are not interchangeable. Compassion, as theorised within nursing ethics and professional codes, is typically oriented toward recognising and responding to suffering and is often framed as a moral and clinical obligation grounded in ethical principles and professional judgement. However, compassionate practice is shaped and limited by organisational conditions and professional pressures,

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complicating its enactment as a purely individual moral response (Bond et al. 2025). Empathy is commonly understood as the capacity to understand and relate to another person's feelings, thoughts and perspectives, involving cognitive perspective-taking, emotional recognition and responsive engagement (Hu et al. 2025). In contrast, kindness is a broader and more culturally saturated concept, encompassing a diffuse set of dispositions, behaviours and affective performances that extend beyond responses to suffering alone. Its apparent simplicity and moral appeal render kindness particularly amenable to institutional uptake, where it can be operationalised as a behavioural expectation or moral injunction rather than an ethically deliberated practice. This distinction matters because, unlike compassion, kindness is rarely theorised within formal ethical frameworks, yet it is increasingly mobilised in organisational rhetoric and workplace initiatives, where the imperative to 'be kind' can function as a normative standard against which conduct, collegiality and professional behaviour are judged.

As a human characteristic, kindness is uncritically accepted as a universally virtuous ideal. To 'be kind' is to be a good citizen, a good colleague, a good human being. Kindness appears self-evident, stripped of ambiguity, as if it were beyond question. Yet, as Foucault (1982) reminds us, moral and ethical injunctions are seldom neutral; they participate in the production of power relations that shape subjectivities and delimit permissible forms of behaviour. In this paper, we problematise the taken-for-granted status of kindness. Informed by Foucauldian perspectives, we ask not what kindness is in any essential sense, but how it circulates, what functions it serves and how it governs those who are subject to its demands (Foucault 1982). We examine how kindness operates discursively within nursing, shaping professional identities and structuring norms of care and collegiality. We draw attention to the important distinction between voluntary acts of kindness, expressed freely and without expectation, and institutionalised kindness, in which employees are admonished to 'be kind' as a normative workplace expectation, sometimes under threat of censure or discipline.

Within such contexts, the charge of unkindness becomes a powerful mechanism of regulation. We also examine the ways in which the label of *un*kindness is deployed to discredit resistance and silence critique. Our aim is not to dismiss kindness or to deny its value, but to recognise its complex role as both an ethical ideal and a disciplinary force. By interrogating the operations of kindness, we argue that it should not be rejected outright, but neither should it be accepted uncritically.

2 | Kindness in Nursing: Virtue, Expectation and Docility

The moral injunction to be kind is not evenly distributed across populations; it bears more heavily on women, who may be socialised from an early age to prioritise care, gentleness and the needs and feelings of others (Chen and Sun 2019). Kindness, in this sense, is both a gendered expectation and a form of discipline, shaping how women are permitted to speak, act and resist (Cason et al. 2022). Within nursing, which is historically and contemporaneously a female-dominated profession, this demand has had particularly powerful effects. The professional identity of nurses has long been entwined with ideals of selflessness, compassion and emotional labour, leaving little space to question the costs of always being kind.

Popular slogans such as 'random acts of kindness', 'have a nice day', 'spread kindness like confetti' or 'in a world where you can be anything, be kind' capture the cultural saturation of kindness as an unquestioned virtue. These phrases present kindness as spontaneous, effortless and universally desirable, obscuring the labour, context and costs involved in always being kind. For women, who are already disproportionately socialised into care and self-sacrifice, such imperatives reinforce the expectation that their value lies in constant accommodation of others. Within nursing, this resonates with longstanding ideals of selflessness and compassion, but they also intensify the moral pressure on nurses to embody kindness at all times, even when advocating for themselves, challenging unsafe systems or resisting inequities. In healthcare settings, such slogans are frequently mobilised in staff well-being initiatives and patient-experience campaigns, where 'kindness' becomes both a performance expectation and a branding strategy.

The demand for kindness within nursing cannot be separated from wider cultural expectations that nurses display perpetual niceness, civility and emotional availability. Such injunctions can create 'toxic niceness', where the pressure to remain agreeable and accommodating can obscure unsafe conditions, silence critique and perpetuate harmful workplace cultures (Jackson 2022). Framed in this way, kindness is not simply a moral good but a regulatory ideal, disciplining nurses' behaviour and limiting their capacity to resist inequitable structures.

Hochschild's (1983) foundational work on emotional labour illuminates how workers, particularly in service professions, are required to manage and display sanctioned emotions as part of their occupational role. In nursing, this can mean that kindness is not simply a voluntary act of generosity but an organisational demand. In nursing practice specifically, Gage (2023) has explored how patients and staff understand kindness, often linking it to compassion, civility and organisational culture, further illustrating how the notion of kindness is valorised within healthcare settings even as it remains conceptually underdeveloped.

In a recent scoping review, Greco et al. (2025) highlight the growing international interest in kindness in healthcare, emphasising its role in improving patient outcomes, reducing burnout and fostering supportive organisational cultures. Like Gage (2023) and Macklin et al. (2024), their analysis demonstrates how kindness is consistently idealised within healthcare scholarship, framed as a central element of humanised care. Yet, while this work maps the benefits of kindness, it also exemplifies a tendency in the literature to treat kindness as an unquestioned good, paying little attention to the asymmetries and pressures it places on those expected to embody it.

As Cleary and Horsfall (2016) have argued, in practice, kindness is often enacted in subtle and fleeting ways, conflated with good manners or geniality and left unacknowledged within professional discourse. This apparent triviality is not neutral; it signals how kindness has been discursively domesticated, rendered too ordinary to theorise and too benign to critique. Such domestication functions to strip kindness of political force, masking the ways it operates to regulate behaviour and sustain institutional order.

While healthcare scholarship has generally positioned kindness as an unquestioned good (Gage 2023; Macklin et al. 2024; Greco

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et al. 2025), philosophical inquiry has been more cautious. Kristjánsson (2024), for example, argues that kindness is best understood not as a single, stable virtue but as a 'cluster concept', a set of overlapping practices and dispositions without a single defining core. While this insight destabilises the idea of kindness as simple and uncontested, our concern in this current paper is less with what kindness *is* than with what kindness *does*, how it circulates discursively within nursing, shaping subjectivities, regulating behaviour and operating as a subtle technology of power.

Other strands of empirical work attempt to stabilise kindness by pinning it down to discrete, observable micro-acts. Hake and Post (2023), for example, sought to develop a 'kindness scale' in healthcare by testing behaviours such as smiling, eye contact and listening as indicators of kindness. While such efforts highlight the ongoing interest in making kindness measurable, they also risk reductionism: by reducing kindness to functional, observable behaviours, the complexity of the concept is oversimplified. This reductive approach not only makes the broader social, structural and discursive dimensions of kindness invisible but also sidesteps the power relations that shape who is expected to be kind, when and at what cost.

3 | Kindness as Discourse and Governance

Ahmed's (2004) work on emotions provides a useful lens through which to extend this analysis. She argues that emotions are not simply private, interior states but are deeply entangled with histories, power and the social formation of boundaries between self and others. In Ahmed's (2010) later writings, she examines how the moral injunction to *be happy* functions as a normative pressure, disciplining subjects and shaping who is rendered acceptable or legible as a 'good' person.

Although Ahmed is not writing specifically about kindness, her arguments reveal how emotional virtues can operate as regulatory affects. Just as happiness is enforced, policed and tied to particular regimes of power, including a happiness index by country (https://www.worldhappiness.report/ed/2025/caring-and-sharing-global-analysis-of-happiness-and-kindness/), so too can kindness be understood as a moral injunction that can govern behaviour and carry a burden in social and professional life. Ahmed's analysis of emotions as socially regulated and invested with moral force provides an important foundation for considering kindness not merely as an individual disposition but as a discourse that operates through systems of knowledge and power that determine what can be said, felt and enacted. Within contemporary culture, kindness circulates as such a discourse that presents kindness as an obvious, desirable and unassailable good. In this sense, kindness is not only a value but also a regime of truth, as it establishes what counts as a 'good' or 'bad' response to others and who qualifies as a virtuous subject. For example, Odom-Forren (2019) encourages kindness challenges that involve nurses participating in a 21-day program, where each day, the nurse is to focus on a specific act of kindness toward others, whether they be neighbours, coworkers, patients, strangers or people seen regularly. The goal is to emphasise the importance of giving more than receiving. This reinforces the positioning of the nurse as virtuous, which is a strong theme in the discourses around nursing.

The demand to be kind is less an invitation than a disciplinary imperative. It does not simply suggest ways of interacting but actively polices the boundaries of acceptable speech and conduct. In this way, people can be both monitored and managed through subtle means rather than overt coercion, and considering this helps illuminate how kindness operates politically. Appeals to kindness often work as a mode of governance, in that people are invited to regulate themselves in line with a moral order. Rather than state force or legal command, the call to kindness invokes moral pressure. People internalise the expectation to be kind, disciplining their own impulses and shaping their actions according to the context and what is sanctioned as kind.

Kindness also functions as a technology of the self: a practice through which individuals constitute themselves as moral beings (Foucault 1988). People engage in acts of kindness not only for others but also to secure their own identity as 'good' people. Kindness becomes a way of narrating the self, of constructing a personal ethical identity. But this self-fashioning comes with costs. The kind subject is thus one who learns to absorb certain violences quietly, to refrain from naming harm, to present a harmonious facade. The subjectivity produced is disciplined, controlled and sometimes complicit.

4 | The Costs of Kindness and the Shadow of Unkindness

What is relinquished when kindness is performed? At times, it requires the silencing of disquiet, the swallowing of disagreement, the re-arrangement of one's own discomforts so as to preserve the comfort of another. In this sense, kindness may enact a redistribution of power: the speaker who complies is 'good', while the one who resists risks being cast as cruel. The discourse of kindness can, then, function as a technology of power/knowledge, governing relations not through overt coercion but through appeals to morality. Yet such moralisation is not benign. Some of the most harmful acts are carried out under the guise of kindness, revealing how moralised discourse can conceal the operations of power and cruelty.

To interrogate kindness also requires attention to its opposing state, that of unkindness. Within dominant discourses, to be labelled unkind is to be morally suspect, marked as deficient in empathy or compassion. Yet this designation is not always tied to cruelty or malice. Acts of critique, resistance or truth-telling can be cast as unkind, regardless of intent or substance. In this way, unkindness becomes a negative label that functions to delegitimise dissent and discipline those who disrupt harmony. To be positioned as unkind carries consequences: it can silence voices, discredit arguments and marginalise individuals whose refusal to comply with the imperative of kindness is framed as a personal failing. Thus, the category of unkindness is not merely descriptive but profoundly regulatory, reinforcing the disciplinary effects of kindness itself. It should be noted that kindness can also be reinterpreted as weakness, where there is a failure to speak up, to truth-tell or to be assertive because the label of 'unkind' can be weaponised against those who speak out or behave in certain ways. Few people wish to be seen as unkind; it is an accusation often treated as a moral failing.

Recent work in higher education highlights how kindness is not a neutral or evenly distributed exchange, but one shaped by identity and institutional hierarchies. In a study of academics,

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Hosoda and Estrada (2024) distinguished between 'kindness given' and 'kindness received', finding that receiving kindness correlated more strongly with well-being and reduced stress than giving it. This asymmetry suggests that kindness operates within unequal relations of power and authority, raising important questions about who is positioned to give, who is entitled to receive, what our professional responsibilities are and how such exchanges are enacted and experienced within professional and organisational cultures.

The moralism of kindness in nursing continues to resonate within contemporary professional discourses that celebrate the *ideal nurse* as being endlessly kind, flexible and resilient. This intersects closely with what Acker (1990) described as the *ideal worker norm*, for example, the standard that constructs the good worker as perpetually available, self-sacrificing and disembodied from personal or familial constraints. Within the profession of nursing, this ideal is both gendered and moralised: to be a good nurse is to be kind without limit, to absorb distress or discomfort of others without protest and to subordinate personal needs in the interest of maximising the comfort of others. In this way, kindness becomes a disciplinary technology which aligns with neoliberal ideals of productivity and emotional self-management (Rose1999), thereby reinforcing an expectation that nurses continually perform affective labour in environments of structural inequity.

The discourse of kindness thus sustains a valorised ideal norm of a nurse with profound endurance and docility while marginalising legitimate expressions of constructive or dissenting critique. Ethical boundaries, such as the right to rest, disengage or refuse unreasonable demands, can be recast as failings of accountability, work ethic or social responsibility. The logic of this discourse implies that self-preservation is incompatible with professional virtue. Such conflation effectively obscures the ethical principle of *dignity*, which international nurse codes of ethics position as central to moral practice (Butts and Rich 2023). To maintain dignity is not to withdraw kindness, but instead to ensure that care for others does not actively or passively cause negligence or harm to the self (International Council of Nurses [ICN] 2021). Reclaiming kindness as an ethical, rather than disciplinary practice requires resituating it within a framework of professional integrity and mutual respect. To be kind, in this Foucauldian-informed sense, is to resist forms of exploitation and to act in ways that promote human flourishing within realistic, professional boundaries, thus challenging the subtle power dynamics that govern nursing subjectivities (Foucault 1977; Holmes and Gastaldo 2002).

5 | What Is Missing in the Kindness Debate?

The nursing work environment is often described as ambiguous, under-resourced, hierarchical and bureaucratic, characterised by rapid changes, pressure and stressful conditions (Zuzelo 2016). Most nurses are hardworking, intelligent, kind, caring, conscientious and strive to provide the best care possible, despite the challenging workplace conditions and the emotional exhaustion they often experience (Leary 2014). These factors can contribute to compassion fatigue, adverse incidents, nursing burnout and high attrition rates, which can make it difficult to enact the 'extra' kindness. While it is commendable to encourage nurses to promote kindness in all interactions deliberately and purposefully (Zuzelo 2016), does this expectation create an additional burden for busy nurses who are already under high-performance demands? Furthermore, are we placing unrealistic expectations on nurses to address every need with acts of kindness? Given established codes of ethics and the current priorities and resource challenges in healthcare, is kindness the most appropriate focus at this time?

Leary (2014) also emphasises the importance of nursing articulating the true cost of kindness; otherwise, there is a risk of devaluing the profession, its complexity and the care nurses provide. Bond et al.'s (2022) critical analyses of compassion in nursing echo these concerns, illustrating how compassion is discursively constructed within institutional constraints that often impede its enactment. Their findings reveal the tension nurses experience between embodying compassion as a professional ideal and managing practical barriers such as workload, ethical dilemmas and organisational pressures; and supports concerns that kindness, when framed as an individual responsibility, can obscure structural issues and add to nurses' emotional burdens.

Such reports suggest a disconnect between the ideal of 'kindness' in nursing and the actual values, qualities and leadership behaviours observed in the workplace. While kindness is extolled as a professional virtue, empirical studies consistently reveal organisational cultures marked by stress, incivility and moral distress. Fryburg (2023) positions incivility as both a symptom and a cause of occupational strain, noting that unkind and disrespectful interactions undermine cognitive function, teamwork and patient safety. These behaviours flourish in environments that purport professional kindness yet fail to resource or model it meaningfully. The result is often what might be termed a *moral-performance gap*, where the expectation to be kind coexists with structural conditions that make sustained kindness untenable.

Similarly, Layne et al. (2024) found widespread experiences of negative behaviours among registered nurses and unlicensed personnel, including gossip, exclusion and abusive supervision. Participants described demoralisation and disengagement as the most common consequences of incivility, compounded by inadequate staffing and leadership inaction. Blackstock et al. (2023) likewise demonstrated that new graduates' experiences of workplace incivility were strongly predicted by lack of empowerment and unrealistic workload expectations; conditions directly tied to leadership control and organisational hierarchies. Such findings imply that the kindness rhetoric obscures deeper systemic failures and reinforces the ideal worker norm (Acker 1990), in which nurses are expected to be perpetually agreeable, compliant and emotionally available, notwithstanding inequity, abuse or exploitation. This dynamic aligns with Foucault's conceptualisation of power as embedded in discursive practices that shape organisational norms and subjectivities, wherein the very expectation of kindness can serve as an exercise of disciplinary power that sustains certain social and professional hierarchies (Foucault 1977).

As Hungerford et al. (2025) argue, nursing's pervasive call for civility and kindness must be critically examined through a lens of *constructive resistance*. When kindness becomes a mechanism of compliance, used to maintain harmony at the expense of

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truth-telling or justice, it ceases to be ethical and instead becomes disciplinary. Constructive resistance reframes professionalism as the capacity to engage critically and courageously with power, to question inequitable leadership practices and to advocate for psychological safety and dignity within the workforce. It insists that the ethical obligation of the nurse is not blind kindness but principled integrity. From this perspective, what nursing requires is not more exhortations to 'be kind', but instead leadership cultures that make ethical practices grounded in respect, transparency and justice, possible. Foregrounding constructive resistance may facilitate kindness re-imagined not as docile compliance but as a relational ethic that holds both care and critique.

Given the limited research on the concept of kindness in nursing, important questions need to be asked: How are leaders incorporating kindness into their practices? Are they promoting kindness to enhance their own popularity, or are they using it, either overtly or covertly, to control staff? Additionally, how do leaders and others identify and recognise their colleagues' kindness? Is it transactional, a quid pro quo arrangement, or is it genuine, given without any expectation of something in return? Are leaders grooming some staff and/or not being inclusive? Can kindness be learned, or is it an inherent quality that some have and others do not? Moreover, how does kindness relate to other professional expectations, such as empathy, respect, integrity and non-judgementalism? How does (or can) kindness exist within ongoing adversity and the political devaluing of healthcare practice that directly impacts practice environments? Future research must move beyond cataloguing kindness as an individual trait or behavioural ideal and instead interrogate its operation within systems of power, policy and leadership.

Unlike ethical conduct that is based on principles or a sense of moral obligation, kindness is not something that is mandated. It is, however, a core value statement implied or espoused in codes and interpreted as a professional duty or responsibility. Johnstone (2010) suggests that if kindness were to be 'ordered', it could become something to fear and, paradoxically, might even lead people to cruel behaviour. Kindness should not be seen only as a moral obligation, because it emerges from a genuine desire within us. We practise kindness not because we are required to do so ('prescribed kindness'), but because we inherently want to be kind (Johnstone 2010).

These considerations have broad implications that necessitate careful thought and reflection. We must challenge the assumption that kindness should be universally accepted, applied or assessed without proper scrutiny. For example, Contandriopoulos et al. (2024) explain how fake kindness can become normalised and used as a tool to enforce compliance. This form of kindness can be viewed as symbolic violence, which is more likely to nurture and foster a toxic environment rather than contribute to a healthy and safe workplace. This is where kind-looking behaviours are over-emphasised, while genuinely attending to the needs of others is often overlooked or minimised.

Research is required to explore how fake kindness and unkindness manifest. How is it used overtly, covertly or nuanced? Efforts to promote a culture of kindness in nursing must be supported by adequate staffing, resourcing and organisational commitment. Without this foundation, the momentum around kindness risks placing further pressure on nurses to self-sacrifice their own well-being to sustain systems that are already under-resourced, thereby perpetuating toxic workplaces and the misuse of power. Contandriopoulos et al. (2024) highlight that recipients of fake kindness may struggle to articulate their experiences, even when confronted with gaslighting or manipulation. Such dynamics point to the dangers of equating popularity or performative likeability with effective leadership; an approach that can mask systemic problems and ultimately displace blame back onto nurses or interpersonal conflict or perceived failures of kindness. Without additional efforts, we risk establishing conditions where 'the underlying conditions for fake kindness to be effective and prevalent will also foster a context propitious to bullying' (Contandriopoulos et al. 2024, 1047).

6 | Re-Imagining Generosity: Cultural Counterpoints

While we have highlighted the disciplinary and regulatory dimensions of kindness in nursing, it is important to recognise that kindness is not a universal category, nor does it carry the same meanings or ethical logics across cultures. The moral imperative to 'be kind', as framed within Western institutions, is often individualised, decontextualised and mobilised as a behavioural expectation, in contrast to Indigenous traditions of generosity and care, that grounded in trust, respect, relational accountability and collective responsibilities. We recognise that Indigenous ontologies are not universally transferable frameworks, and that extractive 'borrowing' risks reproducing colonial dynamics. This discussion is therefore offered not as a template to be adopted uncritically, but as a cultural counterpoint that disrupts the assumed universality of Western institutional kindness and points readers toward Indigenous scholarship on relational accountability, reciprocity, respect and collective well-being. Bringing these perspectives into conversation with nursing opens space for more ethical, relational and dignified practices of care. Where Western 'random acts of kindness' are often framed as spontaneous, individualised micro-behaviours detached from ongoing relationships or accountability, Indigenous relational logics emphasise continuity, reciprocity and ethical obligation over time, situating generosity within enduring relationships rather than discrete performances.

In te ao Māori, *koha* refers to the act of giving or contributing freely, without expectation, often as a way of honouring relationships, reciprocity and collective well-being. *Koha* is underpinned by Māori cultural values like *whanaungatanga* (connectedness and relationships), *aroha* (compassion, respect and empathy) *and manaakitanga* (generosity, nurturing relationships and caring for others) that establish an imperative to treat others appropriately and with care (Chinn et al. 2024; Wilson et al. 2021). Unlike institutional imperatives to 'be kind', which can function to discipline and silence critique, *koha* is relational and contextually grounded. It resists commodification and does not demand docility; rather, it affirms the agency of the giver and the mana or dignity of both giver and receiver (Clark et al. 2023). Engaging such concepts highlights the possibility of re-imagining generosity beyond individualised or performative 'random acts' of kindness, demonstrating that care and giving can be understood as relational, accountable and

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ethically grounded practices rather than moralised behavioural imperatives. As a group of authors working across First Nations and non-Indigenous knowledge traditions, we are attentive to the cultural situatedness of Indigenous ontologies and to the risks of extractive or decontextualised interpretation. Accordingly, we encourage engagement with Indigenous concepts of generosity through direct and respectful engagement with Indigenous communities, scholarship and sources.

7 | Conclusion: Toward a Critical Ethics of Kindness

Kindness, though valorised as a moral and interpersonal virtue, can, when operationalised in workplace settings, functions as a discursive mechanism through which power is enacted and maintained. While kindness is rarely formally mandated in policy, it is often institutionally expected and normatively enforced, with implicit disciplinary consequences for those who challenge, resist or fail to perform it. To take kindness for granted as an unalloyed good is to disregard its discursive and disciplinary functions. Kindness governs behaviour, shapes subjectivity, silences critique and redistributes power. Recognising this does not mean rejecting kindness but rather recognises the need to situate it critically, and to consider both its generative possibilities and its capacity to constrain. A critical ethics of kindness would attend to context, power and consequences. It would resist the universalising imperative to 'be kind' and instead ask: how is kindness being mobilised here? Whose interests does it serve? And what forms of resistance or truth-telling might be foreclosed when kindness is made compulsory? By situating kindness discursively, we demonstrate how a practice often celebrated as benign can function as a disciplinary force, one that must be critically engaged with rather than uncritically embraced.

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