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Othering: Toward an Understanding of Difference

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I acknowledge the assistance of the Bowers research team, particularly Drs Barbara Bowers and Sally Norton, for their contributions toward the conceptual development of this article. I am especially grateful to all of the women who participated in the study. Thank you for sharing your lives with me.

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▼ Abstract

This article proposes a theoretical framework for analyzing how we engage with Others, those perceived as different from self. This engagement, termed Othering, is presented as two particular processes: Exclusionary and Inclusionary. A theoretical framework is developed from a review of the literature and interpretations of completed research exploring the teaching practices of doctorally prepared Latina nursing faculty. Conceptualizing Othering as both exclusive and inclusive processes expands the boundaries for understanding and interacting with those perceived as different. Exclusionary Othering often utilizes the power within relationships for domination and subordination, whereas Inclusionary Othering attempts to utilize power within relationships for transformation and coalition building. The implications of this framework for nursing practice are addressed.

The differences that separate us often shift with time, distance, and perspective. The poem on the next page reflects those shifts from a personal level, whereas this article provides an analysis that shifts how difference itself is defined. This article proposes a theoretical framework for analyzing how we engage with those perceived as different from self-as Other. This process of engagement is termed Othering. The significance of this process for inhibiting, or facilitating, the development of empowering relationships between nurses and their othered clients, colleagues, and students is explored.

This theoretical explication of Othering addresses vulnerability as a "web of contingencies," ¹ (p769) and identifies how exclusionary and inclusionary practices operate at multiple levels, within individuals, families, communities, and society as a whole. Nurses cannot focus solely on the individual client or student; they must be engaged with and committed toward effecting change at multiple levels



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and with multiple groups. As Chopoorian [2](#) states, "Nurses need to turn their attention to the conditions that control, influence, and produce health or illness in human beings." This theoretical exploration is an attempt to provide nurses with guidance for attending to the broader social conditions that create and maintain the "vulnerable" status of the Other. [BOX](#)

The proposed framework for analyzing Othering was developed during my dissertation research with doctorally prepared Latina * nursing faculty. [3](#) I conducted a grounded theory study to explore the teaching practices of this select group of nurse educators. ** As I began to dimensionalize interview transcripts and generate theory from the analysis, I discovered that Othering, as a process, was a central dimension of the participants' lives and influenced, to varying degrees, their teaching practice.

This article addresses Othering primarily from an intellectual perspective; however, it is important to include a discussion of my own subjective positioning. [5-7](#) Such a discussion provides the reader with a partial understanding of my perspective that, in some ways, guides this intellectual examination.

I locate myself as a Latina, specifically as a Chicana, a woman of mixed Mexican and European ancestry. From this position, I am very conscious of the interdependency between the "different" Mexicana world and the "same" European-American world, including their ideologies. My consciousness of this interdependency, however, does not change the ideology that often constructs me as "la guerra," [8](#) a fair-skinned woman, who has often "passed" through life as a European American. It is my physical appearance that often marks me as a member of the dominant majority.

This assumed "membership" has bestowed upon me many privileges that my darker-skinned Latina sisters have often been denied. Consequently, my skin color and subsequent economic status have separated me from many within the Latino community. My own sense of identity, both internal and external, has, and continues to be, strongly mediated by societal constructions of race, class, and gender.

As Same-European American-and as Other-Chicana-I have often asked: Who is designated Other? By whom? How? Under what conditions? And with what consequences? Depending on the circumstances and context, I am simultaneously perceived as Other and as Same. The poem reflects my personal experiences, whereas this article presents an intellectual discussion of the processes of Othering. The personal and professional are, however, intricately intertwined, reinforcing how our identities are multiple and constantly shifting depending on the context of our experience.

To understand the complexities of Othering, and its effect on perceptions of self, I will present Othering as two processes: Exclusionary and Inclusionary. This distinction will clarify the relationship between power and Othering and address how different Othering processes may affect the lives of persons often excluded from the health care system and society as a whole. This theoretical explication of Othering is informed by the analysis from the grounded theory study with Latina nursing faculty [3](#) and conceptualizations of the Other and Othering from the literature.

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LITERATURE REVIEW

In reviewing the literature, particularly from multicultural, feminist, and critical theory perspectives, and the sociological literature, primarily from a Symbolic Interactionist perspective, it is evident that different meanings of

Othering exist. Weis has defined Othering as "that process which serves to mark and name those thought to be different from oneself." 9(p18) Yet, according to Charon, "It is through others that we come to see and define self, and it is our ability to role take that allows us to see ourselves through others." 10(p107)

Although these definitions initially may appear to be in opposition, I interpret them relationally. The self is only known through Others, and how Others are "marked" and "named" depends on the role taking of the self. How the Other is perceived, and how this role taking is enacted, has consequences for how the Other is defined. It is the nature of these consequences that are central to this discussion.

Othering was discovered to be part of the conceptual and interactional processes influencing the Latina faculty participants' perceptions of their lives and subsequently their teaching practice. 3 Another concept that was very useful for conceptualizing Othering as dynamic processes was role taking. 10,11 According to Charon, "Role taking is *imagining the world from the perspective of another*. As we imagine, so we act; we use what we imagine to deal with the situation we confront." 10(p104) (emphasis original). When persons take the role of the other, and attempt to view the world from the other's perspective, they begin to understand the meaning of the other's world. Such understandings are central for interactions 11 and, I would argue, for empowerment to occur. When persons fail to take the role of others, or resist role-taking opportunities, they are often unable to see the world from the perspective of other individuals or groups. Subsequently, they are often unable to interact, or they interact based on misconceptions or stereotypes. How role taking affects each form of Othering will be explored in more depth later.

In the multicultural, feminist, and critical literature, the prevailing discourse presents Othering as a negative, exclusionary process with dire consequences. 9,12-15 It was this exclusionary perspective that strongly influenced my perceptions of the Other and the Othering process. A review of this literature revealed limited discussions of Othering as an inclusive or positive process. 16 It is important to note that the specific term "Othering" was not present in any of the nursing literature I reviewed. Nursing literature that addresses vulnerability, 1 stigma, 17 marginalization, 18-20 and racism, 21 however, are integrated throughout this article. I conceptualize these processes as components of Exclusionary Othering and they are addressed later.

Throughout my nursing education, particularly my doctoral program, I was exposed only to the negative, exclusionary forms of Othering that exist. During the course of my dissertation research, however, I came to realize that the current conceptualizations of Othering in the literature often ignore the dynamic complexities inherent within Othering processes. In an attempt to capture these complexities, I conceptualized Othering as two categories: Exclusionary and Inclusionary. These terms were chosen based on my interpretation of the conceptualizations of Othering presented in the literature and my analysis of the Latina faculty participants' perspectives. 3 I believe the terms more accurately reflected the experiences and subsequent teaching strategies of these particular educators.

Although both processes exist within the context of power and power relationships, what I articulate as Exclusionary Othering often uses the power within relationships for domination and subordination. 9 The consequences for persons who experience this form of Othering are often alienation, marginalization, decreased opportunities, internalized oppression, and exclusion. 9,12,22 When Exclusionary Othering occurs within the context of health care delivery, potential negative consequences exist for human development, maintenance of self-esteem, and health promotion and restoration. 20

In contrast, I conceptualize Inclusionary Othering as a process that attempts

to utilize power within relationships for transformation and coalition building. [3](#)
The potential consequences for persons experiencing this form of Othering are consciousness raising, sense of community, shared power, and inclusion. [3,23,24](#)

Although these Othering processes are presented as separate, they are not mutually exclusive nor are they dichotomous, as the terms may imply. Othering is a complex, interrelational process that shifts depending on how identities are constructed and interpreted. For example, persons from subordinate groups may experience primarily Exclusionary Othering without engaging in Inclusionary practices, whereas other members of subordinate groups may experience both of these processes concurrently. Members of one subordinate group may perpetuate Exclusionary Othering, participating in exclusionary acts toward persons from a different subordinate group. Persons from subordinate groups may also experience Self-Othering, internalizing the Exclusionary Othering perpetuated against them. Members of dominant groups may experience both Exclusionary and Inclusionary Othering. There are also persons, often members of subordinate groups, who do not perceive themselves as Other and, consequently, are not aware of the Othering processes that influence their lives.

Minh-ha [25](#) reminds us that the included/excluded dichotomy is an artificial construction, without clear boundaries or dividing lines. According to Minh-ha, we are simultaneously insider and outsider, included and excluded:

The moment the insider steps out from the inside she's no longer a mere insider. She necessarily looks in from the outside while also looking out from the inside. Not quite the same, not quite the other, she stands in that undetermined threshold place where she constantly drifts in and out. [25](#)^(p374)

In this context, the boundaries between Exclusionary and Inclusionary Othering are very fluid, with members of different groups, and even those within the same group, experiencing Othering in various ways. The use of these terms, therefore, is a heuristic attempt to explore the complexity and multiple meanings of Othering. In the next two sections, each form of Othering is explained and its relationship to the other developed.

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OTHERING AS AN EXCLUSIONARY PROCESS

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Societal development and maintenance of Exclusionary Othering

Burgess' [26](#) classic "theory" of societal process is a useful beginning for exploring Othering as an exclusionary process. According to Burgess, societal process is the organization, disorganization, and reorganization of a society, community, or social group. It is often this societal process that creates and maintains the identities of those defined as Other.

The first phase of the societal process is the organization of previously unorganized persons into a social group that works together for a desired goal. [26](#) A state of organization is maintained by those persons within the social group who are committed to this goal. A myth develops that exalts the origins of the group and idealizes the beliefs of the people so that the "real" capacities of the group cannot be judged by its members' characteristics. Rather, they are judged against a mythical "norm."

The second phase of the societal process begins with evidence of disorganization, particularly among those who are least empowered and under the greatest burden from the demands of the existing organization. [26](#) This disorganization results in social unrest that, regardless of how individuals manifest

the unrest,

All are stigmatized as pathological by the upholders of the social order. They condemn particularly those who question the established order and are planning to change or challenge its existence. Powerful forces are marshaled by the supporters of the status quo. These measures include the compulsion to uniformity and conformity to the ritual of conventional behavior. 26^(p386)

These measures include the forms and meanings ascribed to Exclusionary Othering.

The third phase of the societal process is reorganization. "This eventuates in the success of one of the movements to reorganize the social structure, which now becomes the established social order." 26^(p386) The process of social disorganization and reorganization begins anew when the social situation changes, and the existing social order is once again threatened. 26

In a country like the United States, the social situation is constantly changing, with multiple social processes co-existing. What is at issue is how, and by whom, the situation is defined. Within every society, there are behaviors that are culturally sanctioned and those that are disapproved of by various social groups. 26 These behaviors usually fall into a range that "bears the social definition of being either good or bad." 26^(p389) How the situation is defined is often determined by its perceived location on this range. But who makes this determination?

Within every society there are also those who control the process of defining the situation. The cultural mores of a society are maintained through its institutions-economic, educational, religious, political-and are reflective of the society's dominant values. 19 "Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of these categories." 27^(p2) It is through social interaction that these categories are established and maintained.

Individuals "stigmatized as pathological" 26 are either perceived to be a threat to the existing social order or their behavior is considered contradictory to society's mores. Once stigmatized, their identity is defined on the basis of these perceptions. 27 "By definition, of course, we believe the person with a stigma is not quite human. On this assumption, we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances." 27^(p5) As a result, the stigmatized individual has an identity that is "spoiled" by the discrediting attribute; once stigmatized, full social acceptance will never be possible. 27

I propose that Exclusionary Othering and its consequences are consistent with Goffman's 27 interactional perspective of stigmatization. Persons are categorized or "labeled" according to perceived differences from the societal norm. Once labeled as different from this prevailing norm, they are stigmatized. It is this stigmatization that constructs their identity as "other." Their otherness is signified by their relational differences; when compared to the "ordinary" and "natural" attributes of persons perceived as socially acceptable, they appear "different." 28 At issue are those attributes that "are incongruous with our stereotype of what a given type of individual should be." 27^(p3)

In the United States, those perceived as Other consciously remind members of the dominant European-American majority that as Other, they are "different." It is this perceived differentness that constructs their social identity as Other-distinct from the normative or ideal perception dominant majority members have of

themselves as American. 28-30 This American ideal has traditionally been associated with the perspectives of European-American, middle-class, heterosexual males. 28-31

Consequently, perceived difference in the United States is often marked by categories of race, class, sexual orientation, ability, age, and gender. Such categorizations are often defined by similar, common, and paramount attributes that signal difference. It is these categorizations that distinguish self from Other, coconstructing self in relation to Other. 9 These subsequent constructions define one's identity and situate one in relation to the normative or prevailing ideal of the dominant majority. At issue is how these categories are defined, by whom, under what conditions, and with what consequences.

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Exclusionary Othering and stereotyping

In the literature, Exclusionary Othering often has been described according to particular signifying attributes. For example, when race is the defining attribute, Stanfield 32 uses the term "racialized ethnicity" to describe this categorization process. According to Stanfield:

Racialized ethnicity is a political and sociocultural process of categorizing culturally specific populations through linking real or imagined phenotypical attributes to human qualities such as intellectual abilities, moral fiber, and personality. 32(p169)

Such "linkages" are often manifested as stereotypes. Stereotypes are shared perspectives of the dominant majority that are produced and sustained through primarily dominant-controlled communication channels-verbal, visual, and technological. 29,33 Through these communication processes, stereotypes become part of established norms and are perpetuated through group members' adherence to them.

Consequently, it is the communication of stereotypical representations of those stigmatized as Other that often defines their identity for dominant group members. 16 Stereotypes dramatize separation: separating between, within, and across races, classes, genders, cultures, and histories. 23 Without interactional experiences, persons often rely on stereotypical representations of those perceived as different, further perpetuating the separation between self and Other.

Such separations function to further exclude those defined as Other by inhibiting role taking. Inability to role take or inaccurate role taking often occurs when persons have limited experiences with various individuals and various roles. 10 Without role-taking opportunities, or with resistance to such opportunities, individuals often fail to gain an understanding of the meaning others attribute to their world. Subsequently, persons rely on stereotypes and myths rather than on an understanding of the Other's perspective.

For example, the stereotype persists within educational circles that Latino students and Latino families do not value education, that parents of Latino children do not instill educational values within their children as they are growing up. 34,35 The Latina faculty participants I interviewed, however, consistently described the value and importance their parents placed on education and the support they received from their families as they pursued advanced degrees. 3 As these participants stated:

We were brought up real poor. We grew up in the XXXXXX, which is the west side of town here. In the housing projects. And my parents pushed school a lot so I think you know. ...And I went to XXXXXX Academy private school. Actually from

kindergarten through 12th grade. My sisters and I did. We all did. My, that's the one thing my parents gave us was an education. (02)

...but there was the message from my parents that whatever you want to do, you can do it. And the way to do it, is to be educated. So that was always there for us. Whether it be in very overt messages or very subtle messages. (05)

Although their families were supportive of their educational goals, there were many obstacles within the educational system, including their nursing programs, that the Latina participants had to overcome in order to achieve their goals. These obstacles were often manifestations of the prevailing stereotypes of Latinos as illiterate, lazy, and unworthy of educational investment.

I propose that the consequences of Exclusionary Othering within health care delivery often result from the failure of nurses to take the role of those they perceive as different from themselves. This includes colleagues, students, and clients. Failed role-taking efforts may be in the form of inaccurate role taking, such as misinterpreting the actions of another; eclipsed role taking, such as listening to only those perspectives that are familiar or consistent with one's own thinking; or resistance to role taking, such as not attempting to listen to voices other than one's own. Often the consequence of failed role taking, regardless of its form, is that nurses direct their actions according to stereotypes and myths rather than to an understanding of the perspective of the Other. [1,36](#)

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The (in)visible nature of Exclusionary Othering

Exclusionary Othering is often influenced by the visibility of one's Otherness: skin color, accent, language, physical abilities, gender, or age. These are Goffman's [27](#) "discredited" attributes, those stigmatizing features that are immediately apparent to others. For Latinos, these discredited attributes often include cultural characteristics such as surname, language, and speech accent. Those "stigmatized" by a discredited attribute often internalize their sense of exclusion. [17,27,31](#) They recognize that it is their "visibility" as *Other* that excludes them from society.

Many of the Latina nursing faculty participants described the Exclusionary Othering they perceived during their nursing careers: exclusion by nursing professors, colleagues, and fellow students. [3](#) As these participants described:

I was the first tenure track Latina professor that this school has ever seen. For many of the students, I was, I have been the first Latina professor that they have ever had. And, comes with that, it's like, "who are YOU to tell me," the students speaking, you know, "anything about nursing, anything about research". You know, "who are you" kind of attitude. (05)

Just like when I went to graduate (nursing) school, my faculty advisor came out and just asked me, she just sighed when she looked at me, cause we have a large international group at that particular college. She just sighed and looked at me, and said, well do you even speak English? (07)

The ability to "hide" or remain "invisible" may lessen or eliminate the consequences of Exclusionary Othering. This, however, is often the paradox for those stigmatized as Other: depending on the context, their visible stigma either codes them as Other or renders them "invisible." [22](#) "These feelings of exaggerated visibility and invisibility are the product of not being part of the larger cultural picture." [37](#)^(p56)

For example, in their study with lesbians, Stevens and Hall 17 reported a range of beliefs regarding the participants' identifiability as lesbian. Some participants believed themselves to be "readily recognized as lesbians" and, therefore, discredited, whereas others thought "nobody could tell" that they were lesbian and, therefore, discreditable. Regardless of the participants' perceptions, the consequence of being identified as lesbian was often compromised health care. Once their identity was known, the majority of participants encountered negative responses from health care providers. 17 According to Stevens and Hall, "They (participants) described being responded to with ostracism, invasive personal questioning, shock, embarrassment, unfriendliness, pity, condescension, and fear." 17(p72)

In contrast, for persons with a "discredited" stigma, 27 where there is little question of their Otherness, encounters with members of the dominant majority are often exclusionary. For example, in their study with African-American childbearing-age women, Murrell and colleagues 21 reported that their participants perceived that certain stereotypes of pregnant African-American women pervaded their interactions with employers, salespersons, health care providers, and other pregnant women. The women perceived difficulty in accessing health care, despite insurance coverage, and differences in the provision of care once accessed. Finally, the participants reported experiences of perceived internal and external racism related to education, employment, law enforcement, housing, and health care. 21 These participants perceived Exclusionary Othering in many aspects of their lives. They often attributed the differences in their health care encounters and treatment to their being African American, to being Other. 21 It was their "visible stigma" as Other that was reinforced, whereas their attributes and accomplishments remained invisible.

From these examples, it is evident that the consequences of Exclusionary Othering will vary, depending on the particular context and the conditions that influence and construct self as Other. For the Latina faculty participants, the experiences of Exclusionary Othering influenced their own interactions with students and reinforced their commitment to Othered populations. 3 This participant described how her teaching practice is committed to countering perceived Exclusionary Othering practices:

But I feel that way with African Americans or Asians or those that speak differently; the disenfranchised student. The person who may be obese, who I know is maybe not as respected as the others. Perhaps go out of my way to say, excellent, or you know again, do something to help build up that self-esteem. (09)

Consequently, many Latina faculty participants tapped into these personal feelings and experiences when interacting with students.

And every time I teach, I think about those kinds of things and what I have experienced personally. I do my best and not just to the minority population. But to all of them. (03)

They often worked toward creating a learning environment in which perceived differences were not cause for exclusion but recognized, valued, and included.

Perhaps educators or academicians don't really recognize that there are the writings or publications of Latino or other ethnic minority educators, to bring that into the curriculum. The context again...examples of research and education being conducted as a stellar example. (05)

It was my interpretation of these educational practices as inclusionary that led to an intellectual exploration of Othering as a process, a process that is not

limited to exclusion but can also encompass inclusion.

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OTHERING AS AN INCLUSIONARY PROCESS

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Examples of Inclusionary Othering strategies from the literature

As stated earlier, Inclusionary Othering is conceptualized as a process that also occurs within the context of power relationships. The difference between Exclusionary Othering and Inclusionary Othering relates to how power is used, by whom, and with what consequences. Inclusionary Othering practices attempt to use power to create transformative relationships in which the consequences are consciousness raising, sense of community, shared power, and inclusion. ^{3,23} (This is in contrast to Exclusionary Othering, where power is used within relationships for domination and subordination. ⁹)

I believe that transformative relationships cannot develop without the Inclusionary Othering strategy of role taking. When nurses are able to take the role of the other, however that Other is defined, and begin to see the world from the other's perspective, their own actions can be directed according to perceived individual and group attributes, rather than prejudices and stereotypes. Such understandings can become the basis for interactions that are inclusive rather than exclusive in nature. Role taking may also be understood as empathy, informed empathy, or insight.

Lugones ³⁸ describes a process akin to Inclusionary Othering, with role taking as a central component. She names this process "world-traveling." As a Latin-American woman of privilege currently residing in the United States, Lugones has an understanding of what it means to be Same and Other. She initially describes her perception of Exclusionary Othering:

When I came to the US I learned that part of racism is the internalization of the propriety of abuse without identification: I learned that I could be seen as a being to be used by White/Anglo men and women without the possibility of identification, ie, without their act of attempting to graft my substance onto theirs, rubbing off on them at all. They could remain untouched, without any sense of loss. ³⁸(p392)

To address the exclusion she perceives, Lugones promotes "world-traveling":

I think that traveling to someone's "world" is a way of identifying with them... by traveling to their "world" we can understand what it is to be them and *what it is to be ourselves in their eyes*. Only when we have traveled to each other's "worlds" are we fully subjects to each other. ³⁸(p401) (emphasis original)

For Lugones, knowing the Other's world is essential for an intimate knowledge of, and appreciation for the Other. Without such understandings, "one is really alone in the other's presence." ³⁸(p402) Through role taking or "world-traveling," persons can come to know and understand the Other and interact based on these understandings.

Inclusionary Othering also depends on the strategy of reconceptualizing meanings and understandings. Through the reconceptualization of fixed categories that define self against Other, Inclusionary Othering practices expand the boundaries for defining self in relation to Other. For example, Minh-ha proposes that "difference replace conflict." ²⁵(p372) Rather than constructing difference "as

a tool of segregation, to exert power on the basis of racial and sexual essences," she reconceptualizes difference "as a tool of creativity to question multiple forms of repression and dominance." 25^(p372) When difference is reconceptualized as a "tool of creativity" for exploration, critique, and empowerment, Inclusionary Othering can occur.

Collins 24 reconceptualizes power and social relations of domination by structuring oppression as "interlocking systems," thus rejecting the additive approach toward oppression more commonly espoused. According to Collins:

Instead of starting with gender and then adding in other variables such as age, sexual orientation, race, social class, and religion, Black feminist thought sees these distinctive systems of oppression as being part of one overarching structure of domination. 24^(p222)

This type of reconceptualization provides direction for analyzing how stereotypical representations have structured and defined the identity of Others, while simultaneously ignoring the social context of their lives.

Collins provides an excellent example of Inclusionary Othering with her analysis of how Black women's experiences as "bloodmothers, othermothers, and community othermothers" challenge the mythic heterosexual, married couple, nuclear family norm that continues to pervade US society. 24^(p222) The connected communities that Black women have created, fostered, and sustained demonstrate their ability to resist the interlocking systems of oppression that construct their lives. Collins conceptualizes such resistance as power; power used creatively for the "good of the community," rather than for further domination and exploitation. 24^(p223) The consequence of such reconceptualizations is that the knowledge, experiences, and perspectives of those often ignored are included in the dialogue, while prevailing stereotypes are questioned and challenged.

Inclusionary Othering also involves the strategy of connecting as allies. When difference is perceived in terms of separation, as a "tool" to divide and conquer, Exclusionary Othering often results. Rather than a tool of exclusion, difference can be a tool for connecting. When we strive to become allies with those perceived as Other, we are able to connect through difference. 39-41 As allies, we recognize the differences that exist between self and Other and examine how our different lives and experiences are connected. 42 Allies are situated within the experiences of each individual. We recognize, respect, and value what each brings to the relationship while working together to achieve some common ground.

Winkler 23 describes how "teaching as ally" became a metaphor for her approach to dealing with difference in the classroom. She was positioned as a straight teacher in a course with strong lesbian, gay, and bisexual components. As an ally, she approached issues of authority in the classroom and worked toward creating a classroom community that transformed consciousness. Winkler's 23 Inclusionary Othering strategies included acknowledgment of her own social privilege and its impact on her understanding of different life experiences; group projects that connected class members across identity and political differences; and establishment of students' roles in determining the agenda and direction for class sessions.

The consequences of connecting as allies were a transformation of consciousness among teacher and students and the development of expertise from the knowledge they produced together. 23 This is an example of how Inclusionary Othering practices acknowledge and use the authority inherent in positions of power to transform classrooms, institutions, and communities.

Examples of Inclusionary Othering strategies from Latina participants

Inclusionary Othering strategies were also important components of the Latina faculty's teaching practice. ³ Many of the Inclusionary Othering strategies employed by faculty participants were related to the creation of learning experiences that provided students with the opportunity for interacting directly with communities of Others.

Through the Inclusionary strategy of role taking, Latina faculty perceived that students would gain an understanding of the Other from the Other's perspective. ³ Role taking often involved connecting to communities of Others. As Others connecting to Others, Latina faculty participants often did not need to be present within the community. They understood the community through shared experiences of Othering. However, for those who did not perceive themselves as Other, for example, White, European-American students in general, it was not possible to take the role of the Other unless they were familiar with and a part of the Other's life.

Role taking did not focus on teaching a particular skill or learning a nursing procedure. ³ The intent of this strategy was not to teach students how to do something for clients; rather, it was connecting students with the Other, becoming a part of their lives. This strategy changed the direction of teaching, from "doing for" to "being with."

The way you incorporate it is to be, to hang out and be a part of it. So I think that's, like I said, I know people who teach in areas, and send their students out to the areas but they never go. And if they go, they go to the clinic or they go to the hospital but they never get outside of this little safe health care setting. And part of how I like to teach is not even to be there. I'd rather be directly in the community, the day care center. (01)

Although this strategy is employed within the context of a clinical nursing experience, it is applicable to other nursing environments where nurses are engaging with clients different from themselves.

Latina faculty participants employed the strategy of integrating their research with communities of Others into their teaching practice. ³ Many of the Latina faculty conducted research with Latino populations, working with their research participants to facilitate individual and societal changes.

Actually, it (research) is really changing the women's lives so that they can change the system. The whole purpose of this is to change the system. But they're the ones who need to do it. Not me or any of us; they need to do it. Because they will generate what they need. So yea, it's really to work with them to hopefully change their lives. (01)

Because I think my job, I feel like my job is to make sure that they (community members) have resources to be able to do what it is that they're doing in the community. Or to figure out how the university or the school can strengthen what they're trying to do to build those links. (09)

Through their research endeavors, Latina faculty demonstrated to their students how nursing efforts could facilitate meaningful change within individuals, communities, and society as a whole. Empowerment within Other individuals and groups occurs when nurses recognize, respect, and value the abilities and strengths of Others and include them when planning and implementing desired changes.

Through Inclusionary Othering, Latina faculty constructed the Other as valuable and contributing members of society. The Latina participants did not define Others only according to their need for or use of services or their level of vulnerability. The Other was someone health care providers could learn with and from, someone willing to participate in his or her care. Through their connecting efforts, Latina participants perceived that they were the link between the community and the resources that would enable community members to create their own changes, to empower themselves. Similar connecting efforts are necessary for nurses to become allies with the Other and facilitate their empowering efforts.

Inclusionary Othering is a process that strives to connect through difference. Through the integration of Inclusionary strategies, nurses have the potential to transform classrooms, health care settings, and society as a whole into connected communities. Within such communities, the relationships between self and Other are understood as connected, with each person learning to know and value what the other has to offer. Connecting is an essential component for developing mutually empowering relationships between nurses and Other clients, students, colleagues, and communities.

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IMPLICATIONS FOR NURSING PRACTICE

Inclusionary and Exclusionary Othering co-exist in the relations between self and Other. Which process dominates and which succumbs to the pressures between interacting individuals is the issue. The Latina faculty participants experienced both forms of Othering. Despite personal and professional Exclusionary Othering experiences, or in response to these experiences, participants demonstrated a commitment to Inclusionary Othering. Such a commitment is necessary for Inclusionary Othering to dominate; yet what is the process for developing and maintaining inclusionary engagement?

The initial step toward inclusionary engagement involves taking the role of the Other. This strategy begins the process of understanding the life of the Other, from the Other's perspective. To accomplish this requires learning about Othering and what it means to be Othered. This may be difficult for nurses who are uncomfortable with, resistant to, or not invested in creating the personal and societal changes necessary to engage with and include those perceived as Other. Yet it is through acknowledgment of negative reactions and development of empathetic responses to those perceived as different from self that engagement with the Other can become mutually empowering. ¹⁸

Connecting as Other to a community often provided Latina faculty participants the opportunity to feel a part of the lives of Others. ³ As Other, Latina participants often perceived that they had a privileged insider's view of the world of Others. This privileged view provided them with insights often not available to nurses who do not have an understanding of Others or who construct Others according to preconceived myths or stereotypes. Although connecting as Other to a community may be possible only for nurses who perceive themselves as Other, it is possible for mainstream nurses, those who are members of the dominant European-American majority, to take the next step in the inclusionary process and connect directly with communities of Others. Nurses can begin to gain an insider's perspective of Othering processes through community immersion, reciprocating with and advocating for the Other, and forming alliances with Other groups.

The Inclusionary strategies identified in this article could be integrated into a variety of nursing practice, academic, and research arenas because so many within society are Other. Nurses who care for multiple Others require multiple strategies for engaging with those perceived as different. It is imperative that nurses provide care that is based on their understandings of individuals' perspectives rather than perceived stereotypes. To gain such understanding requires that nurses learn how

to think about difference in relation to self and Other. The proposed theoretical framework provides initial direction for self-exploration of attitudes, beliefs, and assumptions about the Other and the effect these personal views have on interactions, caregiving, and health care delivery.

The individual work, both personal and professional, that nurses engage in is important and necessary for partially addressing the health care needs of Other groups. This individual work, however, must be combined with efforts that expand nurses' scope of practice to include activities that lead to broader social change. Through the Inclusionary strategies of role taking, reconceptualizing meanings and understandings, connecting to community, and forming alliances for social activism and change, nurses can begin to address the sociopolitical, economic, structural, and environmental conditions that "expose persons to damage." ¹ For it is these Others who are the most vulnerable members of our society.

It is our responsibility as nurses to work to transform Exclusionary Othering structures that limit or prevent Other persons from realizing the benefits of available health care, economic growth, educational opportunities, and environmental safety. Social transformation is the ultimate goal of those committed to Inclusionary Othering. Although this goal will be difficult to obtain, nurses are obligated to engage in Othering efforts that seek to include all persons. It is through inclusion that mutual empowerment can be obtained.

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* The term "Latino/a" was purposefully chosen to represent the nursing faculty participants. Choosing and incorporating the language that reflects the preference of those often designated as Other can be one step toward recognizing their qualities, abilities, and strengths. Language, as a powerful symbol influencing the Othering process, can be employed in ways that harm or in ways that acknowledge and respect those perceived as Other. By choosing the terms Latino/a, my intent is to acknowledge and respect members of this particular ethnic group. [\[Context Link\]](#)

** The grounded theory method [4](#) was employed to explore the teaching practices of 10 doctorally prepared Latina nursing faculty. The number that appears at the end of each quote refers to the original transcript number and is included for tracking and referral purposes. To maintain the participants' anonymity, identifying material is replaced with the letter X in all direct quotations. For a complete report of the research analysis, readers are referred to the original study by Canales. [3](#) [\[Context Link\]](#)

Key words: allies; connecting; exclusion; inclusion; othering; role taking; stigma

IMAGE GALLERY

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Against the Current

As I gaze across
the once grande Rio
She gazes back
beckoning me to return
to the land from whence
I came
to the language that once
slid across my tongue
to the people that have
my name, my skin, my hair.
With deep brown eyes
never uttering a sound
She calls to me
speaking directly
to my heart
to my soul.
I am on el otro lado
the other side.
The side that conquered
that re-members
only that which White memory allows.
I struggle to reach across
to become one again
with those who bore me.
But distance separates
and time fades those bonds
that hold me.
In my dreams we are connected
Our spirits overcoming the distance
Shifting past to present to future.
But the dream ends
and I return once again to
El otro lado
Re-membering less
desiring more.

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