

Othering: Difference Understood??

A 10-Year Analysis and Critique of the Nursing Literature

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It has been 10 years since *Advances in Nursing Science* (ANS) published the first article that articulated othering within a nursing framework. This issue's topic, Critique and Replication, provided an opportunity for analysis of the influence of the original ANS article on the visibility and application of othering within nursing literature. Comprehensive searches of major health databases identified 32 publications citing the original ANS article. The analysis focused on exclusionary and inclusionary othering, role taking, and constructions of the other. Results indicate that although othering has become more visible within nursing literature, exclusionary othering dominates. The article concludes with thoughts for moving beyond othering and toward engagement. **Key words:** *difference, engagement, feminism, other, othering Other to Other*

Draw a circle
Cast a net
Build a wall
Create a border
Divide us all.
You/Me
Insider/Outsider
White/black
White/brown
White/other
Are we always named against another?
Together we grow
Together we survive.
If we remain divided
Remain apart
We slowly die in spirit and heart.

—M. Canales (2009)

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Who I am in relation to others has been a question pondered throughout history. In nursing, more recent questions have been raised regarding relationships between self and other, those perceived as different from self, and processes for understanding these self/other relationships. In nursing, I initially conceptualized these processes in my dissertation work as othering¹ and detailed these processes in an article published 10 years ago in *Advances in Nursing Science* (ANS).²

At that time, the beginning of the 21st century, US nursing was part of a nationwide movement directed toward tackling the most pressing health issues facing the country. In 1997, the Institute of Medicine (IOM) first outlined the unequal burden of cancer experienced by racial and ethnic minority populations in the United States.³ A second IOM report, published in 2002, expanded its focus and examined health disparities for a wide range of diseases as well as the lack of quality care for many US minority populations.⁴ Published between the 2 IOM reports, *Healthy People 2010* reiterated the federal government's concern with widening health disparities, the increasing gaps between

the rich and the poor, and an ever-larger uninsured population.⁵ Finally, results of the 2000 census were beginning to confirm that these issues were only a few of the many social, economic, and health problems facing the nation at the start of the new century.⁶

An examination of the first 10 years of the 21st century indicates that many of these health problems persist, and for some issues, such as health disparities among racial and ethnic minority populations, minimal progress has been made.⁶⁻⁸ Continuing health disparities have often been linked to conditions that separate "us" from "them": rich and poor, white and black, native and immigrant.⁸ With these relationships in mind, it is worthwhile to revisit the concept of othering, including the processes of exclusionary and inclusionary othering, as well as role taking, a proposed strategy for engaging with the Other.

Since my intent with the original article was to move nursing "toward an understanding of difference,"^{2(p16)} this examination focuses primarily on the concept's influence on nursing discourse surrounding difference. I recognize, however, that nurses have approached the concept of "difference" in many ways besides othering and have been influenced by scholars in diverse disciplines, such as women's studies and education, myself included. I will examine these influences in the next section. For the purposes of this review however, I have focused on othering in an attempt to examine how a concept that was barely visible in the nursing literature in the mid-1990s has become rather ubiquitous 10 years later.

The key questions that guided the analysis were as follows. Over time, what influence has the original 2000 article² had on the visibility of the concept of othering within nursing literature as well as its application? Has the concept evolved over time? And finally, what influence, if any, has the concept had on nursing's understandings of self/other relationships?

OTHERING: VISIBILITY WITHIN THE NURSING LITERATURE

I conducted multiple literature searches in an effort to answer the questions guiding the analysis. Although I used what are considered the most current and largest health-related databases—CINAHL, PsycInfo, Google Scholar, and PubMed—I recognize that there are limitations to their effectiveness in retrieving *all* desired articles. From anecdotal conversations, I know of published works that have cited the original *ANS* article² yet were not identified through the search process. This is a limitation of the analysis that, although I have attempted to address through the use of multiple databases and multiple searches, still hinders the results.

To investigate the influence of the original 2000 article² on the visibility of othering in nursing literature and its specific use in nursing, I conducted 2 separate searches. In an effort to maintain consistency and identify as many relevant publications as possible, I employed the same search process for each database, including search terms, time frame, and limits. In this section, the results for each literature search are presented.

TIME FRAME: 1990-1999

First, to investigate the article's² influence on the visibility of othering in nursing literature, I examined the literature according to differing time frames (Table 1). At the time I wrote the original article, I was unable to locate nursing literature related to othering and, therefore, relied exclusively on essays, theoretical explorations, and research outside of nursing and healthcare. To examine the accuracy of the search process I conducted in the mid-1990s, I conducted a search in each of the 4 databases, using the key words "othering" and "nursing" for the time frame 1990-1999. When I searched the PsycInfo and PubMed databases for nursing and othering during this time period, no citations were retrieved. It is interesting to note that PubMed, in its effort

to be thorough, automatically changed the search term to “mothering” when the search for “othering” retrieved no results, suggesting that for this time period, the term was not yet part of the database vocabulary.

When I repeated this search process in CINAHL, one (1) nursing article⁹ and my dissertation¹ were identified. Although Drevdahl⁹ briefly addressed the concept of othering, she also relied on a source outside healthcare.¹⁰ In her critique of nursing theorists, Drevdahl drew on the work of feminist scholars to examine how othering “collaborates to create acts of oppression.”^{9(p4)}

To ensure a comprehensive review, I repeated the search process in Google Scholar even though this search engine was not yet available at the time I wrote the original *ANS* article.² The Google Scholar search for “nursing” and “othering” identified six (6) articles, one (1) of which was also retrieved via CINAHL.⁹ Similar to Drevdahl,⁹ these nurse authors^{11–15} also relied on feminist writings^{16–19} as well as critical education.²⁰ In our efforts to understand difference, nurse scholars were initially influenced by feminist and critical education discourse, including myself,² as I cited most of these same authors in the original *ANS* paper.^{16,17,20} Scholars outside nursing continue to influence my own thinking as well as other nurses, challenging us to further examine discourses surrounding othering and difference.

At the time the original *ANS* paper was written, I was unable to locate nursing articles that examined othering to support the theory I developed²; however, my recent search results for the 10-year time frame identified six (6) nursing articles that mentioned the concept.^{9–15} Similar to myself, all of the authors relied on sources outside nursing.^{16–20} Although visible, nurse authors were just beginning to address the concept of othering during this time period.

Time frame: 2000–2009

I proceeded to conduct a second search of the 4 databases, using the key words “other-

ing” and “nursing” for the time frame 2000–2009 (Table 1). It is evident from these results that a significant increase in the visibility of the concept of othering in nursing and health-related literature has occurred, with a broad range of specialty areas represented including mental health/psychiatry, philosophy/ethics, women’s health, indigenous health, and communication.

When examined together, the combined search results indicate that there was an increase in the visibility of othering within the nursing literature following the publication of the original *ANS* article.² These results do not, however, clarify if the article itself contributed to this increase in visibility. I explore this question further in the next section.

Referencing of the original *ANS* article

In addition to visibility, I also analyzed the influence of my conceptualizations of othering by identifying how often the original 2000 *ANS* article² itself was cited by nurse authors. This task has become much simpler with technology as 3 of the previously mentioned databases—CINAHL, PsycInfo, and Google Scholar—include a feature that provides a direct link to other articles in the database that cite the article of interest. Subsequently, when I located the original article of interest in the selected database, a link was automatically available to the articles that cited it. CINAHL identified 20 articles; PsycInfo identified 12 articles; and Google Scholar identified 41 articles, books, book chapters, theses, and dissertations (Table 2). Google Scholar was the most comprehensive, expanding the search beyond journal articles to include all types of publications that cited the original article.

Again it is important to note that although technology has enhanced our search capabilities in terms of this particular retrieval feature, limitations exist. I know that publications citing the original *ANS* article exist yet were not identified in any of the databases searched. For example, I recently learned of nursing textbooks that include chapters in

Table 1. Search process—othering

Database	Number of citations w/“othering” and nursing 1990-1999	Interest areas represented	Number of citations w/“othering” and nursing 2000-2009	Interest areas represented
CINHAL	2 (1, 1998; 1, 1999)	Nursing theory, education	29	Nursing, communication, social sciences, sports and health, healthcare services, social work
PsycInfo	0	...	6	Nursing education, mental health, elder care, indigenous health
Google Scholar	6 (1, 1996; 1, 1997; 4, 1999)	Nursing research, theory, women’s health	66	Nursing philosophy, mental health, research, women’s health, education, cancer
PubMed	0	...	23	Nursing, medicine, psychiatry, philosophy/ethics, women’s health

which the original *ANS* article was cited as well as course syllabi that include it as part of required reading lists (C. Varcoe, oral communication, October 16, 2009). I recognize, therefore, that even though I attempted to identify all relevant publications, the process I chose to accomplish this task is limited and consequently, so is my analysis.

I reviewed the list of references generated from each database, deleted duplicate and nonnursing sources, and checked the remaining publications individually to confirm that the 2000 *ANS* article² was actually cited (Table 2). These steps resulted in a final list of 32 nursing publications (Table 3). Table 3 is organized in chronological order to visually highlight over time the increasing number of publications citing the original *ANS* article.² For purposes of brevity within the table, (Ex) and (In) are used before othering to denote whether the process was described as exclusionary or inclusionary in the publication. As I address later in the analysis, these

denotations also indicate to the reader which type of othering was applied when authors did not use process descriptors.

Internet activity for the original *ANS* article

The results of the search process indicate that othering, as a concept, has become more visible in nursing and healthcare literature and that the original *ANS* article² may have contributed to this increased visibility. Although it is unclear how influential this role was, when figures from the *ANS* database are also considered, the influence of the original article may be more than expected. Articles that appear in *ANS*, which is a publication of Wolters Kluwer/Lippincott Williams & Wilkins, can be tracked over time. Specifically, the number of times an article published in *ANS* is downloaded or viewed can be counted. Company staff conducted a search of the *ANS* database for the original *ANS* 2000 article² for the years 2008 and 2009.

Table 2. Search process: *ANS* original 2000 article

Database	Number of publications citing original 2000 <i>ANS</i> article	Number of nursing-only publications	Numbers after duplicate publications deleted
CINHAL	20	19	19
PsycInfo	12	10	0
Google Scholar	41	30	13
<i>Total</i>	76	59	32

According to S. Kasko, Senior Publisher for Lippincott Williams & Wilkins (e-mail communication, June 22, 2009), the article has had “quite an impact,” with 799 downloads/viewing for 2008 and 568 for 2009 to date. Even though it has been 10 years since the article was originally published, these figures suggest that it is still being widely read and, to some extent, very visible within nursing.

Yet the question remains: have my original conceptualizations of othering influenced nursing in any way? Although the numbers provide the context for how often the concept was mentioned and the article referenced, they do not shed any light on how the concept itself was actually applied. In the next section of the article I explore this question with a more focused analysis of each of the 32 nursing publications that cited the original *ANS* piece.² Prior to this analysis, I provide a brief description of othering, as I originally conceptualized it in the 2000 *ANS* article.²

OTHERING: AS ORIGINALLY EXPLICATED

In the original *ANS* article, my interpretations of othering were informed by multicultural, feminist, critical theory, and symbolic interactionist literature and grounded in the perspectives of doctorally prepared Latina nurse faculty study participants.^{2,21} To “capture” the dynamic complexities inherent within othering processes, I conceptualized othering as 2 interrelated processes, exclu-

sionary and inclusionary, both of which exist within power relationships.² A key distinction between these processes was *how* power was used within the relationship and the consequences of these power relationships for individuals.

Exclusionary othering “often uses power within relationships for domination and subordination,”^{2(p19)} with the potential consequences being alienation, marginalization, decreased opportunities, internalized oppression, and exclusion. Exclusionary othering is “often influenced by the visibility of one’s otherness”^{2(p23)} and includes such personal attributes as skin color, accent, language, physical abilities, and gender. It is these “stigmatizing features”^{2(p23)} that are immediately apparent and construct one’s 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.”^{2(p21)} In the United States, fixed categories of race, ethnicity, gender, class, and sexual orientation often define perceived “differences.”

In contrast, inclusionary othering “attempts to utilize power within relationships for transformation and coalition building.”^{2(p19)} Potential consequences of this form of othering are consciousness raising, sense of community, shared power, and inclusion. Inclusionary othering strategies include role taking, reconceptualizing meanings and understandings, and connecting as allies. I theorized that through these strategies

Table 3. Overview of publications citing original *ANS* article

Publication title	Date	Author and source	Processes addressed	Explanation
Othering: Toward an understanding of difference ²	2000	Canales MK <i>ANS</i>	(Ex) Othering (In) Othering Role taking Inclusionary engagement	Key conceptualizations outlined in original <i>ANS</i> article
Expanding conceptualizations of culturally competent care ²¹	2001	Canales MK, Bowers BJ <i>Journal of Advanced Nursing</i>	(Ex) Othering (In) Othering	Othering processes described within context of study w/Latina nurse educators
Reinvesting in social justice: a capital idea for public health nursing? ²²	2002	Drevdahl DJ, Kneipp SM, Canales MK, Dorcy KS <i>ANS</i>	No specific process identified	Consequences of (Ex) othering outlined
Lived experiences of immigrant nurses in New South Wales, Australia: searching for meaning ²³	2002	Omeri A, Atkins K <i>International Journal of Nursing Studies</i>	(Ex) Othering (In) Othering	Othering posed as theoretical framework for analyzing how nurses engage w/the other
Home and border: the contradictions of community ²⁴	2002	Drevdahl DJ <i>ANS</i>	No specific process identified	Context suggests (In) othering; engaging w/the other
The politics of belonging and intercultural healthcare ²⁵	2003	Kirkham SR <i>Western Journal of Nursing Research</i>	No specific process identified	Context suggests (In) othering; connecting through difference, as allies
Teaching-learning processes: Understanding the stranger ²⁶	2003	Bunkers SS <i>Nursing Science Quarterly</i>	(Ex) Othering (In) Othering Role taking-“world traveling”	Overview of othering processes; “other” presented within context of “stranger”
“Race” and the difficulties of language ²⁷	2003	Phillips DA, Drevdahl DJ <i>ANS</i>	No specific process identified	Context suggests (Ex) othering
Potentialities of postcolonial theoretical approach in nursing cultural research related to non-Western populations [French] ²⁸	2003	Racine L <i>Recherche en Soins Infirmiers [Nursing Care Research]</i>	No specific process identified	“Other” as fluid; discussion presented within postcolonial framework

(continues)

Table 3. Overview of publications citing original *ANS* article (*Continued*)

Publication title	Date	Author and source	Processes addressed	Explanation
Growing through experiencing and overcoming strangeness and communication barriers: the essential structure of becoming a foreign nurse ²⁹	2003	Magnúsdóttir H Thesis; Master of Science-Nursing Royal College of Nursing Institute, London, England	No specific process identified	Context suggests consequences of (Ex) othering
The politics of suffering: implications for nursing science ³⁰	2004	Georges JM <i>ANS</i>	(Ex) Othering	Historical analysis of nurses' behavior within Third Reich
An exploration of othering in forensic psychiatric and correctional nursing ³¹	2004	Peternelj-Taylor C <i>Canadian Journal of Nursing Research</i>	(Ex) Othering (In) Othering Role taking	Consequences of (Ex) othering; Connecting w/the Other
Connecting to nativeness: the influence of women's American Indian identity on their healthcare decisions ³²	2004	Canales MK <i>Canadian Journal of Nursing Research</i>	No specific process identified	Identity as other within context of research process
Critical analysis of "culture" in nursing literature: implications for nursing education in the United States ³³	2005	Gray DP. Thomas D <i>Annual Review of Nursing Education</i>	Othering	Context suggests (Ex) othering; presented within constructionist framework
Nurse physician communication in the perioperative environment: discourse and actions to transform healthcare ³⁴	2005	Weeks M <i>Canadian Operating Room Nursing Journal</i>	(Ex) Othering (In) Othering	Applies othering to relationships between MDs and RNs
Examining the margins: A concept analysis of marginalization ³⁵	2005	Vasas EB <i>ANS</i>	Othering	(Ex) Othering assumed; identifies those different from oneself/mainstream (continues)

Table 3. Overview of publications citing original *ANS* article (*Continued*)

Publication title	Date	Author and source	Processes addressed	Explanation
Overcoming strangeness and communication barriers: A phenomenological study of becoming a foreign nurse ³⁶	2005	Magnusdottir H. <i>International Nursing Review</i>	No specific process identified	Consequences of (Ex) othering outlined
Engaging the other ³⁷	2005	Peternelj-Taylor C <i>Journal of Forensic Nursing</i>	Othering Role taking	Consequences of (Ex) othering outlined; engaging w/the other
Graduate studies approach to vulnerability ³⁸	2005	Phillips DA, Peterson JW Book chapter	Othering (In) Othering Role taking	Context suggests (Ex) othering; (In) othering and its consequences addressed; role taking as political activism
Graduate fieldwork with vulnerable populations ³⁹	2005	Phillips DA, Bennetts R, Free T, Keilholz N, Parr D Book chapter	Othering Role taking	Context suggests (Ex) othering; role taking as strategy for understanding the other
Mobile subjectivities: positioning the nonunitary self in critical feminist and postmodern research ⁴⁰	2006	Ogle KR, Glass N <i>ANS</i>	Othering Inclusionary engagement	Context suggests (Ex) othering; inclusionary engagement as a counter to exclusionary practices
Experiences of service user and carer participation in healthcare education ⁴¹	2006	Lathlean J, Burgess A, Coldham T, Gibson C, Herbert L, Levett-Jones T, Simons L, Tee S <i>Nurse Education in Practice</i>	No specific process identified	Context suggests service users are "others"
Knowledge development and evidence-based practice: Insights and opportunities from a postcolonial feminist perspective for transformative nursing practice ⁴²	2007	Kirkham SR, Baumbusch JL, Schultz ASH, Anderson JM <i>ANS</i>	No specific process identified	Canales cited as part of cadre of nurse scholars critically analyzing social constructions of race

(continues)

Table 3. Overview of publications citing original *ANS* article (*Continued*)

Publication title	Date	Author and source	Processes addressed	Explanation
Reclaiming the humanity in personality disorder ⁴³	2007	Wright K, Haigh K, McKeown M <i>International Journal of Mental Health Nursing</i>	No specific process identified	Canales cited as part of cadre of scholars analyzing “otherness” within social constructionist framework
Exclusive inclusion: the violation of human rights and US immigration policy ⁴⁴	2007	Drevdahl DJ, Dorcy KS <i>ANS</i>	No specific process identified	Context suggests (Ex) othering: “becoming the other” (p296)
The inside story of living with chronic intractable nonmalignant back pain: An autoethnography ⁴⁵	2007	White SP Thesis; Master of Science-Nursing Australian Catholic University, Fitzroy, Victoria, Australia	No specific process identified	Context suggests (Ex) othering; focus on stereotyping and its consequences
The use of the term <i>vulnerability</i> in acute care: why does it differ and what does it mean? ⁴⁶	2007	Scanlon A, Lee GA <i>Australian Journal of Advanced Nursing</i>	No specific process identified	Context suggests (In) othering; engagement as strategy w/acute care patients
Of goldfish tanks and moonlight tricks: can cultural competency ameliorate health disparities? ⁸	2008	Drevdahl DJ, Canales, MK, Dorcy KS <i>ANS</i>	No specific process identified	Otherness and the other described
The importance of educational and social backgrounds of diverse students to nursing program success ⁴⁷	2008	Evans BC <i>Journal of Nursing Education</i>	No specific process identified	Refers to experience of study participants, Latina nurse educators
Beyond transculturalism: critiques of cultural education in nursing ⁴⁸	2008	Campesino M <i>Journal of Nursing Education</i>	Othering	Context suggests (Ex) othering

(continues)

Table 3. Overview of publications citing original *ANS* article (*Continued*)

Publication title	Date	Author and source	Processes addressed	Explanation
Latino nursing opportunity career program: A project designed to increase the number of Latino nurses ⁴⁹	2008	Ramierz C Book chapter	No specific process identified	Refers to experience of study participants, Latina nurse educators
The face to face is not so innocent: Into interpersonal spaces of maternal-infant care ⁵⁰	2008	Brown HJ Dissertation; University of Victoria, British Columbia	(Ex) Othering	Consequences of (Ex) othering outlined; presented as a postcolonial concept
Aboriginal women's experiences seeking help in an urban emergency department ⁵¹	2009	Su M Thesis; Master of Science-Nursing University of British Columbia-Vancouver	Othering	Context suggests (Ex) othering; consequences of (Ex) othering outlined

inclusionary engagement, connecting through difference, could be achieved, and the sociopolitical, economic, structural, and environmental conditions that limit or prevent other persons from realizing societal benefits could be transformed.²

I proposed that in order for such transformative relationships to develop, nurses need to engage in the strategy of role taking. I described role taking as the ability "to take the role of the Other, however that Other is defined, and begin to see the world from the Other's perspective."^{2(p25)} In this context, nurses can engage with their other patients/clients according to perceived individual and group attributes rather than prejudices and stereotypes. I also understood role taking to be empathy, informed empathy, or insight.²

It is important to note that although originally conceptualized as 2 separate processes, I pointed out that "they are not mutually exclusive nor are they dichotomous. . . . Othering is a complex, interrelational process that shifts depending on how identities are constructed and interpreted."^{2(p20)} This is an important

point to bear in mind as an examination of how these conceptualizations of othering have been applied in the nursing literature.

OTHERING: APPLICATION WITHIN THE NURSING LITERATURE

The intent of this section is to analyze how the processes of exclusionary and inclusionary othering and the strategies for achieving inclusionary engagement have been applied. As I mentioned previously, the search for articles citing the original *ANS* piece² culminated in 32 (Table 3). I analyzed each of these for how the terms "other" and "othering" were used, to what extent the processes of exclusionary and inclusionary othering were addressed, and what strategies for inclusionary engagement were adopted and/or promoted.

Of the 32 publications citing the original *ANS* article,² 2 articles did not address the concepts under analysis.^{47,49} These 2 articles focused on the original study results that provided the framework for the othering discussion, specifically the experiences of the Latina nurse educator participants.

Therefore I did not include these 2 articles in the analysis.

General overview

A cursory review of the publications listed in Table 3 suggests that, similar to the general search of othering in the nursing literature, nurse authors from diverse areas of practice and research have cited the original *ANS* article.² Although the original article focused on the teaching practices of Latina nurse educators, nurse authors from a broad range of practice areas are represented including community/public health, immigration, forensics/corrections, perioperative, mental health, acute care, maternal-infant care, and indigenous health. In addition to nursing education, nurse authors writing from theoretical and research-oriented perspectives also referenced the original article.

I believe it is relevant to note that the original article has been cited in international publications and referenced by nurses from countries other than the United States, including Canada, Australia, England, the United Kingdom, France, and Iceland. The representation of international journals and nurse authors from throughout the world indicates that the reach of the ideas expressed in the original article has been broad, informing nursing discourse beyond the United States.

Since a key purpose of this analysis is to examine how the term *othering* is used, I began by counting the number of publications in which the term *othering* appeared. This approach, although enlightening, reveals very little detail since the majority of articles (15) did not use the term *othering* nor describe a specific process.^{8,22,24,25,27-29,32,36,41-46} Continuing in this vein, although eight (8) articles used the term *othering*, it appeared without a descriptor; neither exclusionary nor inclusionary were mentioned.^{33,35,37-40,48,51} Based on the context in which othering is addressed however, all of these publications focused on exclusionary othering. Only five (5) articles used exclusionary and inclusionary othering together^{21,23,26,31,34}; two (2) articles used exclusionary othering alone,^{30,50} while one (1) article used inclusionary oth-

ering alone.³⁸ The most common strategy for obtaining inclusionary engagement was role taking, which was discussed in five (5) articles.^{26,31,37-39} Only one (1) article addressed inclusionary engagement itself.⁴⁰

In summary, although these numbers indicate that othering, as a process, has become part of nursing's vernacular, othering, as I originally conceptualized it—a complex, interrelational process that shifts depending on how identities of self and other are constructed—has not been integrated to the same extent. The next step was to conduct a more in-depth analysis of the 30 articles to examine how othering has been applied.

Analysis of exclusionary/inclusionary othering

The publications that described othering as 2 processes, exclusionary and inclusionary, included reviews of the original theoretical framework and its usefulness for analyzing how nurses engage with the Other.^{21,23,26,31} In an article published shortly after the *ANS* article,² my colleague and I described these processes within the context of the study with Latina nurse educators.²¹ In this article, we reported the results of the study that provided the framework for the original *ANS* article,² including a more in-depth discussion of the study results.²¹ Omeri and Atkins²³ applied the othering framework to their study of immigrant nurses in Australia. They suggested that when their study results were viewed within an "othering" framework, the perceptions and utilization of immigrant nurses in Australia could be changed so that these nurses would be recognized "as valuable resources for improving the care for Australian populations."^{23(p503)} Bunkers²⁶ application focused on teaching and learning processes for engaging with the "stranger," which was used interchangeably with the "other." Peternelj-Taylor³¹ applied these processes to nurses working in forensic and correctional settings.

Bunkers²⁶ promoted "world traveling," originally conceived by Lugones,⁵² a Chicana feminist scholar, as a strategy "to

connect through difference." Bunkers' discussion was a reiteration of the original *ANS* article,² where I presented "world-traveling" as a strategy akin to role taking. Peternelj-Taylor³¹ also promoted role taking as an individual strategy for nurses to adopt with their "other" patients while also supporting its use in the political arena, suggesting that "to understand the Other, nurses must be politically astute, capable of influencing social policies and effecting social change."^{31(p141)} Although Peternelj-Taylor reinforced role taking as a strategy for engaging the Other—the forensic psychiatric patient—in a later 2005 article, she did not specifically connect this strategy to inclusionary othering.³⁷ These articles highlight the interrelationship between exclusionary and inclusionary othering; the importance of valuing those perceived as other, as different; and how the strategy of role taking can enhance individual understandings as well as promote social change.

Although Weeks³⁴ also addressed exclusionary and inclusionary othering, she applied the processes to the relationships between physicians and nurses with a particular emphasis on communication. She suggested that exclusionary othering could be a framework for exposing the power differences that exist between physicians and nurses within hierarchal systems. Weeks³⁴ concluded that by evaluating the impact exclusionary practices have on communication patterns, "inclusionary practices that combine the potential collaborative power of nurses and physicians"^(p54) could improve teamwork and patient outcomes.

The one other publication that specifically addressed inclusionary othering also focused on the potential positive outcomes that could be achieved. Hibbs describes his efforts to connect from his dominant position as a white, male, American with his nonnative English-speaking immigrant students.³⁸ The process of inclusionary othering and the strategy of role taking provided a framework for Hibbs to change how his immigrant students viewed his role, from American graduate student to "a potential friend and imperfect lin-

guist, who still has a lot to learn."^{38(p391)} To engage in this process fully, Hibbs exposed his own vulnerabilities and, in doing so, demonstrated the personal and professional challenges inherent within inclusionary othering.

Three publications did not specifically mention inclusionary othering; however, from the context of the discussions, I inferred that this process was being applied. For example, Kirkham²⁵ and Scanlon and Lee⁴⁶ suggested that nurses could engage individually with their other patients by becoming allies while Drevdahl proposed that "honest and mutually respectful conversations"^{24(p18)} were needed to create new and different ways of engaging with communities. Although these authors also perceived potential positive outcomes from inclusionary othering practices, they expanded beyond Hibbs,³⁸ contending that individual action was insufficient for real change to occur. Individual efforts needed to be combined with broader social movements in order to "revision current health care provision,"^{25(p775)} provide direction "to discern where and how to take further action,"^{24(p18)} and become actively involved in "influential groups such as representative bodies to government organizations."^{46(p58)} Although specific examples for achieving these goals were not provided, it is evident that these broader inclusionary othering practices would also be inherently challenging.

Inclusionary othering was not specifically addressed in any of the other publications I analyzed; however, several authors mentioned role taking and inclusionary engagement as strategies to counter exclusionary othering, which, although not labeled specifically, could be inferred from the context. For example, an excerpt from a student's article describes how the process of "othering," where "members of a nondominant group are judged against a mythical norm"^{38(p398)} was employed with children who had attention-deficit/hyperactivity disorder (ADHD). Through his fieldwork experience, the student was able to "practice" role-taking,^{38(p399)} learning to better understand the difficulties that children

with ADHD encounter. He did not, however, describe “how” the fieldwork experience supported role-taking nor what specific actions were involved to gain understanding. In a similar manner, Ogle and Glass proposed that to counter the “othering and exclusionary practices” evident within nursing, nurses must “commence thinking and participating in inclusionary engagement”^{40(p175)} as collaborators with the Other. Similar to the above student’s example, they did not provide specifics for how to achieve this type of engagement.

Analysis of exclusionary othering

Of the 30 publications, two (2) focused specifically on exclusionary othering.^{30,50} In her historical analysis of nurses’ behavior within the Third Reich, Georges suggested that the power nurses had over concentration camp victims was a form of exclusionary othering, where their power was used for “domination and subordination.”^{30(p253)} It is interesting to note that although Georges’ article was published only four (4) years after the original *ANS* article,² she described the original work on othering as “classic.”^{30(p253)} I believe this denotation raises several questions for the reader to ponder: what is a “classic” reference? Who determines what is “classic” and when? Is there an appropriate time frame before a publication could be deemed a “classic?” and what impact does this designation have on how the publication is used in the future?

The second publication that focused specifically on exclusionary othering was a doctoral dissertation published in 2008.⁵⁰ In her study with immigrant women, Brown refers to exclusionary othering as a “post-colonial concept”^(p204) which provided a framework to think “through how particular representations of women were produced and reproduced through unequal social relations.”^{50(p214)} The evolution of the concept’s theoretical positioning, from symbolic interaction² to social construction^{33,42,43} to postcolonial,^{28,50} supports the dynamic nature of the process as I originally articu-

lated. Of concern, however, is the tendency by nurse authors to focus primarily on the exclusionary nature of the process within these theoretical frameworks. Of all the authors listed above, none specifically address inclusionary othering or inclusionary strategies for change.

Although beyond the scope of this article, the framing of othering within a postcolonial discourse also raises many questions regarding relationships between self and other. I recognize the contributions of postcolonial nursing scholarship toward understanding difference and the inherent critiques of colonialism within these analyses,^{42,53} yet the term *post* continues to be problematic. Within common lexicon, “post” often translates as “finished” or beyond. While critiques of postcolonialism may operate with an awareness of historical and ongoing colonialism, the term itself may be interpreted otherwise. For example, the language and subsequent meanings of “postcolonial” in the 21st century can mask the reality that nations as colonizers have simply been replaced by global corporations, whose behavior, especially with regards to poor, indigenous people, often mimics the colonial practices of nations in the past. Mohanty⁵⁴ argues that “it is the colonialist and corporate power that defines Western science, and the reliance on capitalist values of private property and profit, as the only normative system that results in the exercise of immense power.”^(p233) Framed within this context, the idea of a “postcolonial” world in a real sense seems like a distant goal.

Analysis of othering

My concern with nurse authors’ tendency to focus on exclusionary othering is reinforced when the remaining articles are examined. Although not stated as exclusionary, the context clearly supports the conclusion that “othering” exists solely as a negative, exclusionary process^{27,33,35,44,45,48} with dire consequences including marginalization, domination, and subordination.^{22,29,36,51} Although I originally

conceptualized othering within a broad, theoretical framework designed to examine the complexities inherent within self-other relationships, its every day use within nursing discourse has narrowed, with primarily the negative aspects and consequences visible.

Ironically, my own work has become part of this exclusionary othering discourse. Of the articles I either authored or coauthored since the publication of the original *ANS* piece,² the only one that included inclusionary processes was the 2001 article that detailed the theory generated from the study with Latina nursing faculty, the genesis for my conceptualizations of othering.²¹ I have failed to expand the theory beyond the original *ANS* piece² and, similar to other authors within nursing, have focused primarily on exclusionary othering practices.

Definitions of the other

Finally, there were 3 publications that did not focus specifically on othering; instead these authors referenced the original *ANS* article² in defining the Other, one marked as different from self.^{8,32,41} Who the Other was varied among these nurse authors. I identified myself as Mexican American, as "other" in relation to the Native American women study participants I was trying to recruit.^{32(p25)} Lathlean and colleagues' focus was on "service users," who they defined as "inclusive of consumers, clients, patients and carers."^{41(p425)} Although the term *other* was not used specifically, the context suggested that it was being applied to the service users, who were not being listened to by professionals. In their critique of cultural competence, Drevdahl and colleagues quoted from the original *ANS* article to describe "otherness" and who is constructed as "the Other."^{8(p21)} In their analysis, the Other was US "cultural groups," constructed within nursing discourse as racial and ethnic minorities. In analyzing these few constructions of the Other, I started to question, who is most often the Other within nursing discourse?

In reviewing the 30 publications that cited the original *ANS* article,² the term *other* tends to be used in a very broad manner, often in relation to marginalized, vulnerable, and disempowered groups. For example, in their critique of social capital, Drevdahl and colleagues²² refer to the Other as "those marked by their difference from some established norm."^(p27) Various types of patients were denoted as other. Within the realm of mental health nursing, Peternelji-Taylor described the Other as forensic-psychiatric patients^{31,37} while Wright and colleagues considered individuals with personality disorders as other.⁴³ For White, the Other were people with chronic illnesses.⁴⁵ In Georges' analysis of the role of nurses in the Third Reich, the Other were the Jewish concentration camp victims,³⁰ while Ogle and Glass positioned nurses as others to each other.⁴⁰ There were 6 nurse authors who used the term *other* to describe groups that are "marked" as different based on visual characteristics, such as skin color. For example, nurse authors used the term to describe immigrant groups,^{44,50} immigrant or foreign nurses,^{23,25,29,36} and aboriginal women.⁵¹

Overall, this analysis suggests that nurse scholars have embraced the idea that the Other can be conceptualized broadly and refer to any person or group oppressed, marginalized, or discredited within society. Although beyond the scope of this article, it is important to note that these varied, complex, and fluid constructions of the Other are in contrast to essentializing views of cultural groups often presented within cross-cultural nursing research and practice (for critiques of essentializing practices within nursing, the reader is referred to Drevdahl et al,⁸ Gray & Thomas,³³ and Campesino⁴⁸).

Analysis summary

In summary, this analysis indicates that nurse authors, representing diverse areas of practice, education, theory, and research, have expanded conceptualizations of the Other and integrated othering processes into nursing discourse. In fact, one could

argue that when a term is used without a definition or citation, my own or any author's, as has occurred with othering in recent nursing literature,^{53,55,56} that its meaning is readily apparent and needs no further explanation. This seemingly ubiquitous usage of othering raises the question: *what* meaning is readily apparent?

Based on my analysis of the 30 publications, the meaning that is readily apparent is that of exclusionary othering, what I consider to be a rather narrow and limited conceptualization of the othering process. What does this tendency say about nurses and their commitment toward inclusionary engagement? Could it be that the idea of inclusionary othering itself is too difficult to grasp, let alone apply? When it was first suggested to me that inclusionary othering, as a parallel process to exclusion, could exist, I grappled with what this could mean for the ongoing study analysis (I was in the midst of dissertation work at the time), as well as for nursing more broadly. Over the course of several years the conceptualizations of these parallel processes took shape and culminated in the published *ANS* article.² Yet as this analysis indicates, the idea of parallel processes has rarely been explored and my conceptualizations of inclusionary othering have been minimally applied.

The few nurse authors who wrote about their efforts toward inclusionary othering demonstrate the inherent difficulties the idea poses and the challenges of applying it in the real world of healthcare.^{31,38} Does it simply go against the grain of common practice to think about as well as include the Other? Is inclusion perceived as too risky an endeavor? The engagement needed to include the Other exposes our own vulnerabilities in very public ways that may simply be too threatening to consider. Faced with such daunting challenges, we choose the path of least resistance, continuing to focus our analysis on exclusion while protecting ourselves from the difficult work of inclusion.

Or, is it possible that the language of othering itself has shifted—moving away from othering, particularly inclusionary othering, and

toward something else that was not captured in the search process? Is it the term itself—inclusionary othering—that stifles our thinking and limits our analysis to exclusion? Perhaps it was these language changes that limited the search process and contributed to a dearth of publications that addressed inclusionary othering. It may be that conceptualizations of inclusionary othering are integrated into articles and textbooks I have heard about anecdotally yet were not identified through the search process. For example, I recently learned of a textbook where the concept of inclusionary othering was used in conjunction with a feminist scholar's ideas to explicate strategies for connecting across difference (C. Varcoe, personal communication, October 16, 2009). There may be similar publications that integrate as well as expand upon my conceptualizations of inclusionary othering.

From my perspective, this is the intent of theory: to provide a framework from which scholars can apply the theoretical tenets and develop more in-depth ideas and applications of the original conceptualizations. Hopefully, there are many more publications on inclusionary othering that were simply missed through the search process, such as the above textbook example, since it is the inclusionary process of othering that has real potential for changing the way we understand difference.

The focus on exclusion could also suggest that nurses may be unable or ill-prepared to tackle the very difficult work necessary to connect across differences. By maintaining one's focus on difference, the gaze remains steadfast on the Other, particularly the cultural Other: what practices the Other needs to change, what the Other needs to learn, what the Other meant. It is much easier to point out what is different between us and them than to step outside one's comfort zone and reveal one's own vulnerabilities; to shift the gaze inward and examine one's own role in creating and maintaining boundaries that divide and exclude.

Or, is it that the nursing profession itself continues to be fraught with racism and other

forms of discriminatory practices^{27,32,48,50} that nurses, engaged in the important work of critically analyzing nursing and nursing practice, have become so enmeshed in the “critique” that they have been unable to move past the “exclusion?” A critical lens is essential for identifying exclusionary processes within nursing, and healthcare systems in general, while at the same time, it is also essential that avenues for including the Other are explored. Without attending to inclusionary othering and various forms of engagement with the Other, progress toward understanding differences will be slow and inclusion will remain elusive, only a theory and never a reality.

Inclusionary othering is also difficult in that it requires nurses to acknowledge that they have power over others: power over patients, power over research participants, and power over one another. Nurse authors have not ignored the role of power within othering relationships. To the contrary, many of the articles reviewed addressed power and offered strategies for confronting and/or reducing power imbalances (eg, see Drevdahl et al,²² Drevdahl,²⁴ and Kirkham et al⁴²). What was not consistently addressed, however, was the power *nurses* have in relation to the Other. For inclusion to occur, nurses must be willing to share their power to build alliances, use their power to confront inequities within health, economic, and social systems, and potentially, give up [some] power so others may succeed. This may also be part of the reason exclusionary othering dominates within nursing discourse and is the meaning that prevails.

So where does this apparent meaning of othering lead nurses committed to inclusionary engagement and efforts toward connecting through difference? Are there new insights that might be gleaned from this analysis? I explore these questions further in the final section of the article.

OTHERING: MOVING BEYOND

In knowing differences and particularities, we can better see the connections and commonalities be-

cause no border or boundary is ever complete or rigidly determining. The challenge is to see how differences allow us to explain the connections and border crossings better and more accurately, how specifying difference allows us to theorize universal concerns more fully.^{54(p226)}

Although the analysis suggests that the original *ANS* article² has had some influence on nursing's adoption of othering, it is evident that current conceptualizations of othering are more static than I originally articulated. With an overwhelming emphasis on exclusionary othering, the richness and complexities inherent within othering processes as I conceptualized them have not been translated. What seems to have been lost in translation is the idea of self as other. Without conceptualizations of self as other, the space for reflecting on one's own place as other becomes obscured. As Peternelj-Taylor expressed so eloquently:

Nonetheless, when I am being completely honest with myself I know that I too am guilty of othering in aspects of my personal and professional life. It is through such personal revelations that I humbly engage in personal character building. Moreover, it is in such moments that my personal vulnerability and frailties prevail—for I too am the other.^{31(p143)}

At this juncture, when it appears that the Other and othering have gained common understandings within nursing discourse, I propose that it is time to move beyond othering and begin engaging as others to each other.

Engaging as other to each other

To challenge myself to think beyond othering, I have once again turned to feminist scholarship, one of the earliest influences on my own, as well as nursing's, theorizing about difference. Mohanty raises the question of what it means to “think through, theorize, and engage questions of difference and power?”^{54(p191)} For her it means that we understand the many constructions of self not only in terms of “static, embodied categories but in terms of histories and experiences that tie us together—that are fundamentally

interwoven into our lives.^{54(p191)} This has relevance for nurses interacting with patients, with other nurses and healthcare providers, and with the systems that structure our lives as well as the lives of those we care for. Do we as practicing nurses, teachers of nursing, or nurse researchers reflect on our own histories and experiences as well as those of our patients, students, or participants in ways that connect us or are we so focused on the “categories” that alliances are beyond our imagination?

For us to engage as others to each other, Mohanty proposes that we “need to think relationally about questions of power, equality, and justice, the need to be inclusive in our thinking, and the necessity of our thinking and organizing being contextual, deeply rooted in questions of history and experience.”^{54(p192)} To move beyond othering and toward engagement with the Other requires a firm grounding in social justice.⁸ Consistent with the tenets of nursing is Vernon’s contention that “the desire to care for others and the desire to treat them justly both spring from a compelling sense of human solidarity; that one can contribute to human solidarity both by caring acts and just acts.”^{57(p12)} How do we come to understand these connections between caring and justice? What needs to happen within classrooms, practice settings, and research sites for nurses to come to care for the Other in ways that are just?

Chinn and Kramer⁵⁸ have proposed that through emancipatory knowing nurses can gain the ability to recognize barriers that create unfair and unjust conditions, can learn to analyze complex elements of social and political contexts, and, ultimately, become agents to change situations in ways that improve people’s lives. I suggest that the first step toward emancipatory knowing within the context of difference is learning to think about self as other, in relation to other. To begin this process requires engagement in self-reflection.

Taylor reminds us “that we can be profoundly committed to social justice, transformation, and research; yet, without the work of self-discovery, easily slip into ways of

thinking (and being) that may prove counter to meaningful understanding of self and others.”^{59(p343)} Through auto-ethnography, Taylor has created a space for students to use their personal experiences to explore sensitive social and cultural issues. Combined with reflective journal writing, these approaches can assist students, practicing nurses, and researchers to “connect with and process experiences that contribute to their perspectives and to further translate how similar/different social contexts shape the perceptions and experiences of others.”^{59(p345)} Through approaches such as autoethnography and reflective journaling, nurses can move toward emancipatory knowing, gaining insights necessary for crossing the often-rigid borders that exist between us and them. Once these rigid borders are crossed, meaningful engagement becomes possible.

Pivoting the center

Engaging with the Other does not require extensive international experience, or “cultural immersion” programs, or even travel beyond one’s home community. When we attend to the micropolitics of everyday life, we begin to understand the macropolitics that structure the identities, cultures, and lives of people across the world.⁵⁴ One strategy to begin this process of learning the particulars is to “pivot the center,” situating ourselves in the center of another’s experience.^{60(p12)} Pivoting the center provides an opportunity “to make connections among ourselves, while recognizing and respecting our differences.”^{60(p20)} This way of thinking “clears a space in which difference provides meaning, a way of knowing how we are connected.”^{60(p28)} Once we inhabit this space of “knowing how we are connected” intellectually, we can begin to personally engage with the Other as Other.

As with inclusionary othering, engaging with the Other as Other is difficult work and requires a long-term commitment especially on the part of nursing faculty. The

responsibility for providing a safe space for intellectual discussion and personal exploration that is necessary for nurses to "pivot the center" would likely fall to nursing faculty. Along with all of their other duties, it is the charge of nursing faculty to prepare future nurses and scholars who are committed to providing caring and just acts. This charge is daunting yet as Taylor and her student colleagues demonstrate, it can be accomplished.⁵⁹ Through self-reflection, critical readings and dialogues, and local engagement across established borders, nurses can begin to connect from the position of understanding themselves as Other to another.

Pivoting the center does not imply that one can simply step into the Other's world and expect that after 1 day, 1 week, 1 month, or even 1 year that the Other's life will be understood. Nor does it suggest that it is the Other's responsibility to teach *us* about *them*. Pivoting the center requires meaningful, long-term engagement that is mutually beneficial for all involved. And even then, we can only begin to gain some insight into the lives of the Other and vice versa. Tension clearly exists between wanting/needing to learn *from* the Other while also being open to a process that is less tangible, more abstract, and beyond the comfort zone of many nurses. Yet by pivoting the center and engaging with the Other as Other, we can begin a life-long process of learning together.

CONCLUSION

When we engage with Others as Other, the boundaries between us and them become more fluid, opening space for dialogue, action, and [real] change to occur. When nurses and their different patients, or nurses and their different colleagues, are able to cross established boundaries and come to know one another as Other, "these boundary crossings

gradually form a politics of openness rather than opposition."^{61(p357)} Bost⁶¹ posits that alliances based on differences rather than assumed consensus can produce new alliances that move out into the future. It is through these new alliances that political struggle and eventual change can occur. One might think of the recent election of President Barack Obama in the United States, and the many new alliances that formed, to imagine the possibilities that are within reach. Although this one election does not erase the long history of slavery within the United States nor move us to a "postracial" period, it does suggest that new alliances can lead to substantive change.

Similar alliances of difference can be formed within healthcare, alliances committed to ensuring that caring and just acts are intricately linked. "The differences and borders of each of our identities connect us to each other, more than they sever. So the enterprise here is to forge informed, self-reflexive solidarities among ourselves."^{54(p251)} Engaging as Other with the Other requires self-reflection that is grounded in an understanding of the histories, experiences, dreams, and goals of each other. To address the most pressing health issues facing people throughout the world requires alliances never before imagined and the will not only to reach out across borders but to actually pivot the center and stay long enough to learn about the Other from the space the Other occupies.

Before we end, let us together return to the introductory poem. Audre Lorde thought poetry was "the way we help give name to the nameless so it can be thought. The farthest horizons of our hopes and fears are cobbled by our poems carved from the rock experiences of our daily lives."^{60(p32)} It is these "rock experiences," the particulars of our location as Other to each Other, that connect us as allies in solidarity, committed to caring and just acts for all.

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