

**REFUGEE MIGRATION TO
GERMANY:**

**A MAGNIFYING GLASS FOR
BROADER PUBLIC HEALTH
CHALLENGES**



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**The concept of Othering –
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from the perspective of
members of the PH-LENS
research unit**

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on behalf of the PH-LENS research unit**

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PH-LENS „Refugee migration to Germany: a magnifying glass for broader Public Health challenges“

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The concept of Othering – definitions and challenges from the perspective of members of the PH-LENS research unit¹

Anna Christina Nowak & Oliver Razum on behalf of the PH-LENS research unit

Abstract

This working paper presents the project-related understandings of, and approaches to, the concept of Othering in the DFG-funded research unit PH-LENS “Refugee migration to Germany: a magnifying glass for broader public health challenges”. To map the use and understanding of this concept in Public Health research we conducted qualitative interviews with all sub-projects of PH-LENS. Othering is understood as a historically evolved concept resulting from, and maintaining, power asymmetries and dependencies leading to exclusionary social practices on individual and structural levels. As the concept of Othering is not yet widely used in Public Health research, methodological challenges have arisen in research practice. This influenced the understanding of Othering, resulted in pragmatic methodological solutions, and has led to ongoing processes of (research) reflection.

1. Introduction

This working paper has emerged from the debates and discussions on Othering in the DFG-funded research unit PH-LENS “Refugee migration to Germany: a magnifying glass for broader public health challenges”. In our interdisciplinary research unit², we use Othering as a conceptual lens. The research unit started with a broad working definition of Othering to describe the interconnections between minority status and health inequalities. It was used to analyse different forms of disadvantages refugees experience in health care and the social-spatial environment of housing. Each sub-project in the research unit further developed the concept. Some sub-projects (OTHER I and EMPOW) developed a theoretical perspective of Othering; while others take a more practical approach or focus on research methods (OTHER II, TREAT, NEXUS, PROREF, LARGE, ENSURE, DEPRIV). We apply Othering in refugee research; however, our findings should also allow us to draw conclusions for health and social care in other disadvantaged groups. In this working paper we will outline the various understandings of Othering underlying our research, and we will discuss what (methodological) implications are needed to make Othering measurable. The following research questions will be addressed:

- How do different PH-LENS researchers conceptualize Othering in their subprojects on refugee accommodation and health care provision?
- What are the methodological challenges of measuring Othering in health care and accommodation contexts?

¹ A list of the PH-LENS subprojects, their acronyms and PIs can be found at the end of the text (table 2).

² The following research disciplines work together in our interdisciplinary research unit: public health, social epidemiology, health systems research, sociology, political sciences, clinical medicine, psychology, conflict research, statistics, participatory research methods, survey design and methodology.

Before the findings are presented, a brief theoretical outline of Othering will be given. More details can be found in the Working Paper by Akbulut and Razum (2021a) which describes the significance of Othering in Public Health and constitutes one of the products of the first funding phase of sub-project OTHER I.

The concept of Othering is widely discussed in postcolonial studies and social psychological research. Grounded in Hegel's philosophical discourses about domination and servitude, the process of constructing Others describes unequal relationships in which asymmetrical power relations create identities and differences between the 'Self' and the 'Other'. The concept was further developed in literary studies research, especially by Edward Said and Gayatri Chakravorty Spivak. Said expresses criticism of the Eurocentric view of the Middle East and the Arab World which is characterised by a sense of superiority of the West over the Orient. He sees the 'Orient' as a Western construction that reproduces persistent unequal power relations from colonial times (Said, 2003). Spivak created the term 'Othering'. In a literature analysis of colonial sources, she traces the imperial discourse on 'the powerless others' and shows the role that power consciousness, knowledge reservations and attributions of moral inferiority had in creating and maintaining a colonial society (Spivak, 1985). Colonially grown power relations are still present and influence the thinking and actions of contemporary societies. Othering generates "inequality relations between social collectives or categories, accompanied by the attribution of the characteristics real or imagined" that are based on power asymmetries (Akbulut & Razum, 2021a, p. 4). It is a process in which identities in unequal relationships are formed, which result in the construction of the 'Self' and 'Others'. Othering can take place on a structural and an individual level. Marginalization, exclusion and segregation of groups can lead to negative health effects, for example when refugees are housed in mass shelters (e. g. Bozorgmehr & Razum, 2015; Penning & Razum 2021; Nowak et al., 2022). In health care, Othering leads to exclusion from health benefits (Grove & Zwi, 2006; Razum & Bozorgmehr, 2016). Effects of Othering can also be found in direct doctor-patient-interactions through asymmetrical communication and stereotypical attributions about the health status of refugees (Dumke et al., 2022, submitted; Coors & Neitzke, 2018).

The concept of Othering appears promising for studies on the production of health inequalities, but requires a stronger theoretical and methodological positioning in Public Health. On the one hand, using Othering as a theoretical lens can be useful to explain health disparities in marginalised groups because the concept combines different theoretical approaches (e.g. postcolonial theory, social psychology) and is thus connectable to different fields of research. The underlying power-critical position also makes it possible to discuss power inequalities on an empirical level and to critically question one's own research. On the other hand, the lack of an agreed and uniform definition of Othering leaves room for different and even inconsistent interpretations of the concept. To assess how researchers in the PH-LENS research unit interpret and use the concept of Othering, we conducted a mapping exercise. We used qualitative interviews to document the conceptual and methodological understanding of Othering of researchers in all sub-projects. In addition, we analysed discussion protocols and project documents.

2. Methods

In order to capture differences in the understanding of Othering in the sub-projects and to highlight the associated methodological challenges, the first author (ACN) developed an interview guide which was discussed with the COOREQ team and was adapted to the methods and topics of the sub-projects. The main focus of the interview guide was the general understanding of Othering in the sub-projects, as well as the methodological and content-related challenges associated with the application of the concept of Othering in research processes.

All researchers of the PH-LENS sub-projects were invited by the first author via E-Mail to participate. Depending on the availability of the participants, individual or group interviews were conducted. Interviews were audio-recorded and transcribed verbatim. In one interview, written notes were taken by two persons independently. A total of 10 interviews were conducted. Two interviews took place as face-to-face interviews, 8 interviews were conducted via Zoom. The interviews lasted between 30 and 60 minutes.

The first author analysed the interviews using concept maps (Burke et al., 2005) and a content analysis approach (Kuckartz, 2016). We presented and discussed the results in an internal workshop with members of the PH-LENS research unit. Three members of the COOREQ team recorded the discussion in writing. The points raised are taken up in the results and discussion section of this Working Paper.

3. Results

Four themes emerged from the content-analytical evaluation of the interviews:

- (1) the underlying concepts of Othering of the individual sub-projects; these ranged from pragmatic-methodological to postcolonial theoretical understandings;
- (2) demarcation practices as (empirical) manifestations of Othering in health care and daily life such as housing, with special focus on disadvantages through the COVID-19-pandemic;
- (3) methodological approaches to capture Othering and related challenges that are associated with the respective understanding of Othering; and
- (4) the challenges of categorisation, which is inherently criticized from within the concept of Othering, but which seems to be necessary from an empirical point of view in order to make disadvantages visible.

For an overview of the understanding of Othering of the subprojects see Table 1.

Table 1: Understanding of Othering of the subprojects

| <u>Subprojects</u> | <u>Theoretical and methodological understanding of Othering</u> |
|--------------------|--|
| <u>ENSURE</u> | <ul style="list-style-type: none"> Data collection methods may systematically “exclude” particularly vulnerable groups due to difficulties in understanding “Western” questions, terms and rating scales by refugees Refugees are difficult to recruit and therefore tend to be underrepresented in research. Efforts are needed to provide data collection infrastructures on refugee populations (panels) to a broader audience of health researchers (open science). |
| <u>NEXUS</u> | <ul style="list-style-type: none"> Othering as an exposition is difficult to operationalise in empirical studies (due to the multiple perspectives involved, its multi-level nature, intersectionality, graduality and complex power relations). This poses significant challenges for the empirical analysis of health-related consequences of othering. Working concept of othering: power asymmetry, act of othering, manifestations of othering, consequences of othering for health and its social determinants (positive and negative consequences possible, matter of empirical assessment). |
| <u>OTHER I</u> | <ul style="list-style-type: none"> Othering operates on all levels (macro, meso, and micro) as a discursive practice. By objectifying difference (knowledge production), Othering makes certain groups socially visible as Others in distinction to a We. Othering creates and perpetuates a dominance relation between Non-Others and Others and leads to inequality in several dimensions (Intersectionality). Othering is a contingent, not a necessary phenomenon. |
| <u>OTHER II</u> | <ul style="list-style-type: none"> From a social psychological view, Othering can be described on a micro-level which is related to the macro-level. We found that this micro-level of Othering can be investigated focusing on individual and interpersonal phenomena such as ideologies, attitudes, and prejudices. On a micro-level, the process of Othering starts with self-categorization (e.g., “WE Germans”) and the categorization of “Others” (e.g., “not German”) which is associated with world views that embrace exclusion and punishment of non-conformity (in particular right-wing authoritarianism (RWA)). |
| <u>EMPOW</u> | <ul style="list-style-type: none"> Collective practice of categorisation in which otherness is attributed in power-asymmetrical relationships Othering can occur unintentionally (also through research activities); counter measures include the diversification of research teams, critical self-reflexivity and participatory approaches |
| <u>PROREF</u> | <ul style="list-style-type: none"> Demarcation and categorisation practices based on systematically selected characteristics Othering leads to experienced discrimination in health care that are based on structural and legal barriers |

| | |
|---------------|---|
| <u>TREAT</u> | <ul style="list-style-type: none"> • Attitude, behaviour and action based on social psychological theories • Psychotherapists divergent attitudes toward refugee patients compared with non-refugee patients. |
| <u>DEPRIV</u> | <ul style="list-style-type: none"> • Pragmatic understanding of Othering • Structural processes (e.g. accommodation) that turn individuals into deprived others |
| <u>LARGE</u> | <ul style="list-style-type: none"> • Constructed notion of belonging related to power-asymmetric hierarchies that exist between “us” and “them” • Othering as a (social) determinant of health |

3.1. Definitions and Understandings of Othering in PH-LENS

Othering is generally understood as a historically evolved concept resulting from, and maintaining, power asymmetries and dependencies. Some sub-projects have a more pragmatic understanding, defining Othering as social-spatial conditions forced upon particular population groups that lead to disadvantages and exclusionary practices (DEPRIV), as demarcation and categorisation practices based on systematically selected characteristics (PROREF I, PROREF II, LARGE), or focus on social psychological prejudice research, examining attitudes, behaviour and emotions (OTHER II, TREAT). EMPOW understand othering as a collective practice of categorisation in which otherness is attributed in power-asymmetrical relationships (von Unger, 2022). From its understanding of Othering, EMPOW tries to influence social discourses and thus the colonially grown power structures through participatory research. OTHER I has a theoretical-analytical approach of Othering in Public Health literature and defines Othering as a discourse that leads to practices of attributing otherness to individuals. Closely linked to this understanding of OTHER I is the critique of the hegemonic discourses that produce social exclusion. NEXUS defines Othering as a social practice of attribution through which collective constructions are made based on power asymmetries. ENSURE makes a strong case for developing culturally valid measurement tools that allow to conduct fair and unbiased research.

Power asymmetries, and changes thereof in particular, are difficult to measure with questionnaires or in interviews. Nevertheless, the sub-projects attempted to evaluate demarcation practices at different levels in health care provision and housing. In their research, such practices were particularly evident in forms of structural and individual discrimination. Researchers in PH-LENS found it necessary to differentiate Othering from concepts and constructs such as prejudice, racism, or stigmatization. At the same time, they found it useful to connect Othering with additional theoretical perspectives. OTHER II, for example, described the importance of prejudice research for the conceptualisation of Othering. Othering on interpersonal level manifests especially in attributional practices, as PROREF II, TREAT, and OTHER II pointed out.

Apart from demarcation practices as observable manifestations of Othering, the sub-projects raised three discussion points regarding the understanding of Othering: 1) Are there forms of

Othering not perceived by the group that is being Othered? And if so, how can such forms be observed? 2) Can Othering occur in different markedness, i. e., does the concept of Othering allow for graduality? 3) Are there forms of “benevolent” Othering, thus implying that groups may be Othered with positive intentions, and/or may have positive consequences? For example, there are evident differential lines between different groups of refugees based on social standing, becoming manifest in a different legal status. As a result, some subgroups of refugees have better or regular access to resources while other subgroups are more marginalised, as NEXUS and other sub-projects pointed out (Razum et al. 2022; Aljadeeah et al. 2022). Researchers in the NEXUS subproject pointed out that offering access to (health) care without entitlement restrictions, for example to refugees from Ukraine, can be interpreted as benevolent Othering (Bozorgmehr et al., 2022). OTHER I, however, argues that Othering does not depend on a person’s intention, in the long run, even benevolent intentions of Othering processes create undesirable dependency relationships because power asymmetries persist (LARGE calls this the “saviour narrative”). EMPOW use the term “benevolent othering” following Grey (2016), to critically question a supposedly well-meaning intention of speakers because it also constructs others and consolidates power asymmetries. In this context, EMPOW shows that the attribution of vulnerability as a generalized label constitutes an injustice towards a group as heterogeneous as that of refugees because each individual is equipped with different resources, identities, and experiences.

In most sub-projects, interpersonal aspects of Othering were mentioned such as stereotypes, experiences of discrimination, attitudes, emotions and actions but also structural barriers that lead to unequal opportunities were evaluated. Categories of closeness and distance in particular played a role, both in the data collection process and in the construction of surveys and interview guidelines.

3.2. Demarcation practices

Demarcation practices results in Othering and link individual and structural aspects of Othering. In this way, forms of multilevel Othering are possible. This can lead to unequal opportunities and exclusion of groups and individuals that are othered. Structural factors seemed to be quite important: Segregation and exclusion through structural barriers can promote Othering and lead to negative health outcomes. DEPRIV and LARGE, for example, pointed out how different factors of the housing situation can influence the health of refugees and access to health care – from the location to the characteristics of the neighbourhood to policy decisions determining the right to choose one’s place of residence. NEXUS shows that creating large, centralised shelters in remote areas – an example of Othering of refugees – can lead to tensions in the respective local health care system, thereby aggravating exclusion because health needs cannot be met.

The vignette study conducted by TREAT demonstrates that refugees are attributed with therapy-impeding characteristics and are thus treated differently from the German native population. PROREF I makes clear that structural conditions influence decision-making processes and priorities in health care, and PROREF II shows every day experiences of discrimination,

especially for Muslim women. EMPOW points out that science itself is not free of Othering; researchers should therefore adopt a critical perspective on oppression, power asymmetries, exclusion, and disempowerment. One way of counteracting Othering can be a participatory research approach in which concepts are critically reflected by all (co-)researchers. Another way is to adapt measurement instruments, as discussed by ENSURE.

The COVID-19 pandemic has made individual and structural Othering visible and reinforced exclusionary structures. Refugees in collective accommodations faced special challenges through infection control measures, mass quarantine (Jahn et al., 2022), and associated lack of self-determination (NEXUS), feeling of loneliness (LARGE), or lack of access to interpreters during and after delivery (PROREF I, PROREF II).

In all these processes, structural and individual Othering mutually amplified each other. Governance and policy measures can reinforce or counteract Othering on individual and structural levels. An intersectional approach could be helpful to identify different axes of discrimination and their entanglements.

3.3. Methodological Challenges

Making Othering measurable has posed challenges for all projects. As ENSURE pointed out, measurement instruments are designed for western, educated, industrialized, rich and democratic (WEIRD) people. They may lack construct validity, and have not been validated, in refugee populations and other disadvantaged population groups. This can lead to exclusion, or to misinterpretation of statements, in the research process, and possibly to invalid results. Many measurement instruments thus fail to adequately reflect (statistical) differences between population groups. Often translations of measurements are not conceptually coherent because they have not been culturally adapted. This means that using instruments which have merely been translated from one language to another constitutes a form of Othering in research.

As Othering is not yet well defined in Public Health research, operationalisation proved to be difficult. LARGE pointed out that everyday living situations and experiences of Othering are sometimes difficult to measure though quantitative data. Nevertheless, Othering proved suitable as a concept, even if only certain aspects can be measured. That is the reason why most sub-projects have a pragmatic understanding of Othering and take only selected aspects of Othering into account. There is agreement among researchers, however, that these selected aspects allow conclusions to be drawn about Othering, as OTHER II und TREAT illustrate. In other sub-projects, researchers have created auxiliary constructs to map different aspects of Othering. This may result in under-reporting of Othering and may thereby in itself constitute a demarcation process. Therefore, it is important that researchers continuously reflect on the process of data collection.

In order to avoid Othering in research, explorative qualitative methods, participatory approaches and experimental vignette studies seem particularly suitable, in addition to researchers continuously reflecting on the research process and adapting their research

instruments. Including individuals from the population subgroups under research as co-researchers also seems helpful.

Researchers also discussed methodological questions arising from their respective understanding of Othering. Example are how unperceived Othering can be identified using survey instruments, and whether low degrees of Othering can be made visible. LARGE raised the question whether Othering can be assessed objectively at all.

Projects working with interviewers mentioned potential interviewer effects and reflected about Othering through the research itself. EMPOW, the participatory research project, strengthens the dialogue and exchange with its community partners and reflects on the methodological approach in order to reduce Othering in the research process.

3.4. Categorisation

Othering describes forms of demarcation through categorisation, yet our research unit agrees that categorisation is a necessary step in research to measure Othering and forms of exclusion. On the other hand, categories can reproduce stereotypes and prejudice and thereby set mechanisms of Othering to work. OTHER II describes how the mere fact of the division between 'us' and 'them' can change the perception of research participants by the researcher, e. g. with regard to the perception of closeness and distance. This can shape the contact between researchers and researched individuals. PROREF II illustrates this with an example from their research practice: The perceived attribution of a refugee status based on a surname which the researcher assumed to be Arabic led to emotional reactions on the part of the women interviewed, especially when they had no refugee background. Researchers critically discussed categorisation, pointing out that heterogeneities in the study population were not sufficiently mapped, and that refugees were rarely represented in research teams. When producing and presenting knowledge, researchers should reflect on how to reduce and avoid Othering.

4. Discussion

The qualitative interviews with researchers of the PH-LENS research unit and the subsequent discussion have shown that Othering arises in particular through power asymmetries on a structural and individual level. Structural and individual Othering mutually amplify each other. Researchers found that they need to methodologically adapt the concept of Othering to make it applicable for public health research. This involves using, adapting, and developing adequate measurement instruments to map Othering. At the same time, researchers need to continuously reflect on the data collection process to avoid Othering in research. It might be useful to include intersectional and empowerment perspectives to achieve a broader understanding of heterogeneities within population subgroups.

In the plenary discussion that followed the interviews, research unit members raised three discussion points which will be reflected on in more detail below:

- Are there positive effects of Othering? And if so, what do they look like?
- Can we apply our understanding of Othering to other population groups and contexts?

- What is the added value of the concept of Othering? What is the difference to racism, discrimination, and stigmatization?

In the following, we try to answer these questions briefly. We specifically point out issues which remain controversial among the members of the research unit. We see different opinions as an opportunity to identify areas where further research will provide new theoretical and/or empirical insights.

Are there positive effects of Othering? And if so, what do they look like?

Societies deal differently with different groups of refugees, both on an individual and on a structural level. This can lead to positive effects for some population subgroups, e.g. in the case of Ukrainian refugees who are allowed to stay in the European Union without a visa for 90 days and can then acquire a humanitarian residence title and thus gain access to social and health benefits without entitlement restrictions. This is in stark contrast to the situation of refugees from Syria, Iraq, and Afghanistan, who have to go through regular and lengthy asylum procedures and are (partially or temporarily) excluded from social and health benefits. In this context, Canales (2002) introduces the concept of inclusionary and exclusionary Othering. Inclusionary Othering uses power within relationships to promote participation, understanding and transformation. Exclusionary Othering describes power-asymmetric relations based on domination and subordination. In particular, the concept of inclusionary Othering was discussed critically within the PH-LENS research unit (Akbulut & Razum, 2021b; von Unger 2022). NEXUS and PROREF I and II pointed out how in the COVID-19-pandemic exclusionary Othering led to the exclusion of refugees through mass quarantine in collective accommodations, thereby producing inequitable health chances. This was also discussed by Tallarek & Spallek (2021).

Researchers in OTHER I and EMPOW question this interpretation. From their perspective, understanding othering as a pure categorisation phenomenon that contains only exclusionary and inclusionary functions falls short. Central for their understanding of Othering is Postcolonial Theory, which critically illuminates historically grown power asymmetries and thus manifest structural discrimination (Akbulut & Razum, 2021, von Unger, 2022).

Furthermore, on an individual level, inclusionary Othering can lead to an attribution of vulnerability and can thereby create relationships that are built on dependencies (Akbulut & Razum, 2021b). Furthermore, attributing vulnerability to subgroups can lead to them being misunderstood as deviating from the norm, thus violating the principle of autonomy and self-determination (Schrems, 2014). The attribution of vulnerability can influence the performance of students, for example: Steele & Aronson (1995) tested a verbal exam in white and black students under different conditions. Black students who were made aware of the vulnerable stereotype placed on them showed significantly worse results than white students, whereas this effect was not observed when the test task was formulated neutrally.

The concept of inclusionary Othering remains controversial in the PH-LENS research unit, which thus provides a strong motivation to further explore different manifestations of Othering.

Can we apply our understanding of Othering to other population groups and contexts?

A claim of the PH-LENS research unit is the lens function of its research work. Findings relating to accommodation and health care for refugees should also be informative for other societal groups. If we understand Othering as power asymmetries on a structural and individual level, this concept can be applied to various groups. For example, structural barriers to health care are seen for patients with chronic conditions (Schwarz et al., 2022). The concept of Othering is used to describe the situation of South Asian immigrant women in the US (Johnson et al., 2004); of HIV/AIDS patients (Petros et al., 2006; Chan, 2008); as well as anti-Asian attitudes in the COVID-19 pandemic (Reny & Barreto, 2020) and in other outbreaks of infectious diseases (Banerjee et al., 2020). For example, De Schrijver et al. (2022) evaluated the mediating role of Othering-based stress on the relationship between minority identification and sexual violence. Using a questionnaire, the authors measure Othering as identity concealment, microaggressions, rejection anticipation, victimization events, internalized stigma, and community connectedness in individuals with different sexual orientations, gender identities, religions, life philosophies, skin colours, and / or ethnicities. However, this tool is primarily for self-disclosure; it cannot be used to evaluate structural barriers and social discourses. This difficulty of covering a comprehensive understanding of Othering was also identified by the researchers of the PH-LENS research unit.

What is the added value of the concept of Othering? What is the difference to racism, discrimination, and stigmatization?

Othering needs to be differentiated from discrimination, racism, and stigmatization. We will define the three concepts before comparing them to our understanding of Othering, and showing how Othering locates relative to these three concepts.

Discrimination is an umbrella term for the social practice of producing different forms of disadvantage, with distinctions being made according to ascribed categories. These distinctions are used to justify social discrimination in terms of benefits and costs, as well as fewer opportunities and higher risks for one group (Hasse & Schmidt, 2021). In Germany, the General Equal Treatment Act (Allgemeines Gleichbehandlungsgesetz, AGG) speaks of disadvantage rather than discrimination. Treatment (in a broader than the medical sense) is not equal when a person is treated less favourably than a person in a comparable situation, based e. g. on their gender, sexual orientation, or ethnic origin (see § 3 AGG).

Racism is a historically evolved discourse and practice that legitimises and perpetuates power relations (Rommelspacher, 2009, p. 29). Central to racist actions are naturalistic, homogenising, hierarchising, and polarising statements and/or practices. Auma (2018, p. 1) argues that racism splits societies in two poles. At one pole, there are groups that see themselves as 'superior' and consequently as the dominant 'norm'; at the other pole, there are groups that are described as 'inferior' by the allegedly superior group and consequently as deviation. Racism is thus a social phenomenon that can become manifest in individual actions.

Stigmatization focuses on an attributional practice and was introduced into the sociological discourse by Goffman. Goffman (1986, S. 11) understand stigma as “an attribute that is deeply discrediting” leading to a discriminatory practice by differentiations between the “normal” and individuals with and “undesired differentness from what we had anticipated” (Goffman, 1986, S. 13). Link and Phelan (2001) conceptualize stigma as comprising interrelated components, starting with labelling practices that are linked to negative stereotypes which lead to separation between groups and a categorization of ‘us’ and ‘them’. Persons labelled as ‘them’ experience status loss and discrimination not just in interpersonal contacts, but also in access to resources, as well as to social, economic, and political power.

The understanding of Othering developed in the PH-LENS research unit takes up aspects of each concept. The concept of discrimination is too broad to describe Othering, but obviously Othering manifests in different forms of discriminatory practice. Othering rather goes beyond the concept of discrimination and describes the social practices that lead to exclusion of individuals or groups. In this context, the asymmetry of power on an individual and structural level is decisive for how researchers in the PH-LENS research unit understand Othering.

The concept of Othering has been developed from the colonial discourse which is also relevant for racism theory. Unlike in racism theory, however, Othering in the overarching understanding of our research unit is less rigid in its naturalistic and polarising view and thus (more) suitable for describing disadvantages in health outcomes and health care access for different minority groups. This shows in the discussion started by NEXUS about a possible gradualism of Othering and different (positive or negative) social and legal treatment of different subgroups of refugees. OTHER I and EMPOW criticise the lack of theoretical justification for positive manifestations of Othering. Looking at the measurement tools to map Othering, the sub-projects evaluated different forms of discriminatory practice. Categories of closeness and distance played a role, which may allow to empirically interpret the graduality of Othering (if it exists) in interpersonal relationships. Othering is thus connectable to the concept of stigma. Similar to the definition of stigma by Link & Phelan (2001), the separation constructed between ‘us’ and ‘them’ is central to our understanding of Othering and how it leads to disadvantages on an interpersonal and structural level.

Racism, discrimination and stigmatization fail to depict the aspects of empowerment. These aspects will be further discussed in the second phase of the PH-LENS research unit.

5. Conclusion

In the PH-LENS research unit we define Othering as a differentiation practice between ‘us’ and ‘them’ based on individual and structural power asymmetries. Individual and structural power asymmetries are mutually dependent. There is broad agreement in our research unit that a pragmatic methodological solution must often be found to capture Othering in empirical research. The approaches we developed capture different facets of Othering. These facets are linked to concepts such as prejudice or racism. We argue that is important to counteract Othering in research itself. Researchers must constantly reflect on their methodological approach, maintain a critical attitude, and consider heterogeneities within populations.

Table 2: Overview of the PH-LENS subprojects

| SP, acronym | Sub-project title | PI(s) | Discipline(s) |
|-------------------|---|--------------------------------|---|
| 1 NEXUS | Natural experiment on contextual effects on health and health care among refugees | Kayvan Bozorgmehr | Health Systems Research; Social Epidemiology |
| 2 LARGE | Longitudinal aspects of the interaction between health and integration of refugees in Germany | Jürgen Schupp Hannes Kröger | Sociology Sociology |
| 3 DEPRIV I and II | Identifying, conceptualising, and modelling micro-area factors with effects on the health of vulnerable populations | Odile Sauzet Oliver Razum | Statistics Public Health; Social Epidemiology |
| 4 PROREF I and II | Contextual and health service factors in pregnancy and obstetric care for refugees | Theda Borde Matthias David | Political Sciences; Public Health Clinical Medicine |
| 5 TREAT | Mental health treatment for refugees in Germany: need and barriers | Frank Neuner | Psychology |
| 6 EMPOW | Vulnerability and empowerment: Participatory approaches to health promotion with refugees | Hella von Unger | Sociology; Participatory Research Methods |
| 7 OTHER I and II | Conceptualisation and empirical studies of 'othering' in health care for vulnerable groups | Oliver Razum Andreas Zick | Public Health; Social Epidemiology Conflict Research |
| 8 ENSURE | Ensuring valid comparisons of self-reports in heterogeneous populations and marginalized groups | Natalja Menold | Survey Design and Methodology |
| 9 COOREQ | Coordination and equality measures | Oliver Razum | Public Health |

Notes:

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