Editorial

Being, Belonging, Becoming: poetry in the words of Indian healthcare professionals who were ever denied belonging

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Received: 12-SEP-2026 Accepted: 15-SEP-2026 Published Online: 16-SEP-2026

Belonging means experiencing value as a member of a diverse group, feeling safe to express oneself, and thus, being able to live, study, and work without having to sacrifice one's true self.[1] A sense of belonging requires mutual respect, and the recognition that every human being has the same rights and deserves the same level of dignity. Othering is a diametrically opposite phenomenon. It is a denial of belonging, a marginalization perpetuated by a dominant social group that considers others to be inferior because they are different from them. Othering can arise from socio-cultural, religious, economic, caste, gender, sexual-orientation, political, linguistic, hierarchical, occupational, or geographical differences.[2–4] Focusing negatively on differences interferes with the rights and experiences of the 'other', thereby denying them justice and equity.[5,6]

Little attention has been drawn to othering in healthcare institutions in India, beyond the fact that it exists and needs attention.[3,7–9] Through RHiME, we wish to go a step beyond recognition of the problem. We wish to amplify the voices of healthcare learners (and even people from non-healthcare fields) who have felt 'othered'. We plan to do this in two ways. Firstly, this editorial is being used to introduce a new section in the journal titled ***Being, Belonging, Becoming***. When belonging is denied, we can neither *be* (exist as we are), nor can we *become* the best versions of ourselves without considerable struggle: hence the name of the section. We encourage readers to contribute by sharing personal experiences of being othered, but also experiences of belonging. Reflective narratives, poems, and artwork, among other forms of expression, may be submitted for

Cite this article as: Dhaliwal U, Strakova LJ, Singh S, Singh N. Being, Belonging, Becoming: poetry in the words of Indian healthcare professionals who were ever denied belonging. RHiME. 2026;13:56-60.

consideration of publication.

The second thing this editorial wishes to do is to kick off the new section with poems that we have created from the words of people who have been othered. For background, past and present learners from the health professions in India, who had ever experienced othering during their training, and who volunteered to talk about it, responded anonymously (after an informed consent and Institutional Ethics Committee exemption - IECHR/UCMS-2023-60-9) on an online Google form to one of the following triggers:

- a reflection of their experience being stereotyped by other people to the point where they felt like they didn't belong in that environment;
- a statement of the things they wished people understood about them or about people like them;
- a statement to the world of how they saw themselves; and,
- their real identity – who they were, or who they were NOT.

The statement was to be brief, not more than 200 characters. When read aloud, it was to be completed in a single breath. It could be written in English or in their mother tongue [with a translation to English made using Google Translate]. Finally, consent was taken to paraphrase their statements for grammar and for greater clarity, where required.

Three of the authors (UD, SS, NS) independently analyzed participant statements (n=101) and assigned deductive codes curated from the key differences that are likely to lead to othering, and the responses to being othered. These codes were collated from the literature referred to above. Thematic categorization of the statements was an important prerequisite as it allowed the two investigator-poets (LJS and UD) to take phrases that typified a particular theme and creatively arrange the words into free-verse poems. Only one person wrote their statement in their mother tongue and provided an English translation, which we used.

We chose poetry as the medium for story-telling because of its greater ability, when compared to prose, to transform intricately nuanced tensions into visible struggle, and to display - as well as provoke - emotions. [10] Further, the authors have personal experience of using poetry to stimulate critical thinking on socially relevant aspects of healthcare, to challenge assumptions, and to help people recognize perspectives that may never have occurred to them.[11,12]

The idea for this endeavor came from the experiences of the authors, having themselves been othered due to disability, gender, and 'outsider' or small-town status. It was further consolidated when we (UD, SS, NS) conducted the medical student mentoring program in our institution and heard first-hand from students that othering in various forms existed despite individual, institutional, and government initiatives to curtail it. In this sense, the authors wish to be seen not as academics or intellectuals attempting to examine a phenomenon alien to them, but as people with lived experience of the phenomenon.

Thirty-four poems were thus created. Each poem combines several participants' words and, thus, captures a collective lived experience. We are sharing four of them in this editorial, and will be publishing the remaining over the next month or two. Although we categorized participant statements according to themes, and created poems accordingly, many of the poems embody more than one theme, suggesting intersectionality of the experiences. The title of the poem is followed by the initials of the poet in parentheses.

1 Words of worldmaking [LJS]

People's words and actions–
arrogant, courageous, or kind–
become the world.

I wish they would learn.
I wish they were mindful
of how they hurt or help a life.

Respect is simple.
Not more expression of bold words–
just how you see someone
and don't flinch.

2 Domination abomination [UD]

I am "othered"
and disappointed
and frustrated
with your hypocrisy
at the most pervasive
and oppressive form of "othering" in India:

caste…

Acknowledge
the historical
and contemporary realities
of caste discrimination and violence
that affect millions
in this country.

You are so blind
to your own privilege
and your ignorance.

You,
who benefit from the system
of caste hierarchy
and domination…

you pretend to be progressive and inclusive.

3 To those who try [LJS]

Where they are now–
there, you were once.

So don't humiliate the learner,
don't start seeing flaws in
the bold one–there, in the corner
mustering up courage
to ask for acceptance,
inclusivity,
strength from peers.

You try to break our courage–
deem us disabled
or a religious, political, cultural alien
a pileup of petty flaws
in need of change.

But if you think this,
then buddy,
you first need a change in you.

There is courage–there, in the corner
in every person walking in.

4 Change-makers [UD]

I find my home
within the community
that supports all;
under the umbrella of mentors
who focus on the outliers as much as
on the ones under the bell curve;
alongside the ones who stride ahead
with the vision that
marginalization can be overcome.

To them I can bravely say:
Hold my hand,
I am drowning.

Even *one* small change is a change.
Even *one* act of oppression averted, is a gain.

Many notions about others are based on stereotypes and preconceptions, and they persist because of lack of awareness. Dialogue - a discussion - around the social factors that contribute to the problem, has been found to build awareness and enhance empathy in healthcare learners. [2,13,14] Training in the principles of inclusion, fairness, and justice helps them learn how to negotiate differences in such

a way as to ensure justice and equity with empathy.[6,15–17] We propose that these poems can serve as starting points for building awareness, and for training in this area.

An important way to counter othering and to build empathy is through listening to each others' stories.[18] But first, people must tell their stories in order to counter the exclusionary narrative of othering which rationalizes injustice.[5,19] Our hope is that these poems will contribute to the storytelling. We could have used the statements as such, and generated a traditional academic paper, but we believe that rendering them into poetic form can give them a raw power that connects directly with the senses and emotions, as poetry is known to do.[20,21]

Othering goes against the ethical responsibilities of future healthcare providers. Perhaps this new section can be a mirror to people in healthcare fields - people who are expected to do better in upholding the dignity and autonomy of not only the people in their care, but also those that they live, study, and work with.

We hope this new section in the journal will help health professions teachers and institutions adopt a proactive approach to disrupting othering and/or mitigating its adverse effects. The resources can be shared in clinics and classrooms and in other fora where healthcare professionals gather, to generate dialogue. We encourage readers to use the poems as well, and in particular to amplify the message that the alternatives to othering are mentoring and furthering.

Acknowledgment: without the authentic contributions made by our respondents, it would not have been possible for us to create poems on othering that illustrate such a wide spectrum of issues.

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