

WHEN I SAY

When I say ... optimal distinctiveness

P. Vivekananda-Schmidt¹ | J. Sandars²¹School of Medicine and Population Health, University of Sheffield, Sheffield, UK²Edge Hill University, Ormskirk, UK**Correspondence**

P. Vivekananda-Schmidt, School of Medicine and Population Health, University of Sheffield, Beech Hill Road, Sheffield, S10 2RX, UK.

Email: p.vivekananda-schmidt@sheffield.ac.uk**Funding information**

No funding was obtained for this study.

1 | INTRODUCTION

In conversations amongst health care professions' educators about how to support learners effectively, belonging is a word that we hear often. Belonging is an individual feeling of a sense of connectedness with those around them, and its nurture is widely accepted as important in supporting learners to achieve their potential and to enable high-quality student experience.

2 | THE IMPORTANCE OF BOTH INCLUSION AND AUTHENTICITY

Although there has been increasing recognition that our efforts to nurture belonging by promoting opportunities for increasing inclusion in health profession's education are important for learners, we argue that there has been less emphasis on promoting opportunities for learners to also exercise authenticity.¹

Brewer proposed the optimal distinctiveness theory (ODT) in 1991² and put forward that individuals have two fundamental and opposing needs:

1. The need for inclusion: This is the desire to belong, and to feel connected to others, and to be a part of a social group. This is closely linked to our well-being, safety, identity and acceptance.
2. The need for authenticity through differentiation/distinctiveness: This is the desire to be unique, to stand out and to maintain a sense of individual identity within a group. It reflects our need for individuality, self-expression and to avoid being completely absorbed or indistinguishable from others.

Brewer argued that optimal distinctiveness occurs when an individual finds the balance between these two needs of inclusion and authenticity, that is, being the same and different at the same time.¹ Brewer argued that optimal distinctiveness is not fixed but can vary based on the context, environmental norms, individual experiences, changes to group membership and size of the group.

Further insights about the importance of group factors that contribute to optimal distinctiveness have been added by others since Brewer's original theory of ODT. For example, Jansen et al.³ have highlighted how belonging, inclusion and authenticity are inter-connected and put forward a compelling argument for the importance of considering the group that the learner wishes to belong to. They argue that without linking the learner's need to fit in the group they wish to belong to, and the likelihood of acceptance within that group (i.e. inclusion), belonging cannot be achieved. However, the need to fit and be included in a group does not mean maintaining authenticity becomes any less relevant. The need for authenticity can be met through social identity formation in which they contribute their distinctiveness or uniqueness to the shaping of the group identity over time. Bettencourt et al.³ and others⁴ also provide evidence that an increased sense of belonging to a group does not result in a reduced sense of authenticity. Learners may make efforts to emphasise what is unique about each of them or try to develop subgroups within larger groups. On the other hand, if the group no longer feels like a group because it displays differences that are too large, then the individual feels the need to find more things in common with other members of the group, conform to group norms or may even wish to leave the current group and seek out new groups where they feel a greater sense of belonging.

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3 | WHAT DOES THIS MEAN FOR HEALTH CARE LEARNING ENVIRONMENTS?

Learner diversity is increasing and learners come into health care learning environments eager to experience belonging and become part of the professional community of future and current health care professionals. Optimal distinctiveness, from both ODT and further work by Jansen⁵ and others,⁴ offers an important perspective for health care professions' educators in the nurture of learners' belonging in health care learning environments. Educators need to consider a dual effort of both nurturing inclusion and authenticity within the professional group through nurturing the unique strengths, life experiences and aspirations that the individual brings to the table. This process can be shaped by educators through focusing on the group and the learner's interactions with the groups and not just on the individual learner.

Optimal distinctiveness also reminds us that in our efforts to support students we should be wary of assuming stereotypes of subgroups as the identity of subgroups evolves over time according to socio-cultural factors.⁴ For example, a subgroup may have a shared identity through sport or interest in music and thereby have strong cohesiveness though the members come from widely varying backgrounds.

Furthermore, within our efforts to create a shared identity and strong sense of learning community, we must not forget the importance of personalised learning and valuing the individual voice and agency to ensure balance between inclusion and respecting individuality. In practice, this would mean in our efforts to strive towards a core competency model of health care profession training that we should not forget to offer opportunities for learners to follow pathways that align with their future aspirations. One example is to provide opportunities to develop insight into research for those who aspire to become clinical research leaders. It could also mean group learning opportunities where learners are able to explore how their cultural background or unique aspects, such as being first-generation learners on an undergraduate programme,⁶ can be of particular use in the unique contexts in which they will practice and learn during their future professional career.

In conclusion, optimal distinctiveness provides a useful perspective that highlights the importance of individual and group factors for

nurturing belonging and inclusion in health professions' education but also for promoting opportunities for learners to exercise authenticity. This has important implications for all health professions' educators since it reminds us to not only consider each learner as a unique individual but also to recognise the importance of supporting learners to promote their agency within wider health care learning environments.

AUTHOR CONTRIBUTIONS

Both authors equally contributed to the conception, design, drafting and revising of the work. PVS approved the final version to be published. Both authors agree to be accountable for all aspects of the manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analysed.

REFERENCES

- Leonardelli GJ, Pickett CL, Brewer MB. Optimal distinctiveness theory: a framework for social identity, social cognition, and intergroup relations. In: Olson MPZJM, ed. *Advances in Experimental Social Psychology*. Academic Press; 2010:63-113.
- Brewer MB. The social self: on being the same and different at the same time. *Pers Soc Psychol Bull*. 1991;17(5):475-482. doi:[10.1177/0146167291175001](https://doi.org/10.1177/0146167291175001)
- Bettencourt BA, Molix L, Talley AE, Sheldon KM. Psychological need satisfaction through social roles. In: Postmes TJJ, ed. *Individuality and the Group: Advances in Social Identity*; 2006.
- Jans L, Postmes T, Van der Zee KI. Sharing differences: the inductive route to social identity formation. *J Exp Soc Psychol*. 2012;48(5):1145-1149. doi:[10.1016/j.jesp.2012.04.013](https://doi.org/10.1016/j.jesp.2012.04.013)
- Jansen WS, Otten S, van der Zee KI, Jans L. Inclusion: conceptualization and measurement. *Eur J Soc Psychol*. 2014;44(4):370-385. doi:[10.1002/ejsp.2011](https://doi.org/10.1002/ejsp.2011)
- Ansari DA, Waltrich N, Thabath I, et al. The power of first-generation medical students: mapping the contours of belonging in medical school. *Acad Med*. 2025. doi:[10.1097/ACM.0000000000006163](https://doi.org/10.1097/ACM.0000000000006163)

How to cite this article: Vivekananda-Schmidt P, Sandars J. When I say ... optimal distinctiveness. *Med Educ*. 2025;1-2. doi:[10.1111/medu.70121](https://doi.org/10.1111/medu.70121)