INTERCULTURAL CARE IN THE SOCIAL AND HEALTHCARE SECTOR (I-CARE)

MODULE 2: INTERCULTURAL COMMUNICATION

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Project Information

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INTERCULTURAL COMMUNICATION

Introduction

This module raises awareness on the cultural differences we might meet when communicating with somebody with another cultural background. It introduces ways, methods and good practice examples to overcome communication barriers both linguistically and non-verbally and how to solve intercultural conflicts by using de-escalation methods. It contains many activities to practice and deepen skills in intercultural communication.

Module Aims and Objectives

The purpose of this module is for learners to:

- Get to know cultural differences in communication
- Learn how to overcome communication barriers
- Learn how to solve intercultural conflicts

Learning Outcomes

After studying this module you will be able to:

- Identify the pitfalls in intercultural communication
- Have strategies available to overcome intercultural communication pitfalls
- Have strategies available to overcome language barriers
- Have strategies available to solve intercultural conflicts

Understanding, Skills and Competences developed:

- Increased Intercultural awareness
- Increased intercultural communication competence
- Increased linguistic skills
- Increased skills to use intercultural communication strategies
- Increased conflict resolution competence

Training method applied/ What you have to do

This module is available as e-learning and can also be delivered face-to-face in a classroom, or with a class via a virtual platform.

It involves:

- Reading background information on the subject of the module.
- Completion of exercises and activities either by e-learning or attending a face-face course, or via a virtual platform.

Duration: 2 hours

Further Reading

You will also find a range of supporting resource materials for further information, available in the **I-CARE Toolbox** and on the **I-CARE App.**

KEY TO SYMBOLS

	ACTIVITY		TRAINER'S NOTES		SUMMARY
	TRAINER INPUT		ACTION PLAN		

Section 1: Intercultural Communication Pitfalls

Eva and Ben are working for a mobile care service. In the morning they have a talk in the car when driving to their first patient's house - Mrs Yildiz. It was agreed that they will advise Mrs Yildiz about the possibilities to improve her care, as during recent weeks it has become apparent that she will need intensified care. Mrs Yildiz hardly speaks English, her mother tongue is Turkish, but she speaks a special dialect as she comes from the region near the Black Sea).

Eva: "I am a bit concerned about what will happen today when we get to Mrs Yildiz house. It will be hard to explain to her the options she has. I expect that many family members will be present, and it will be a mix of languages spoken, so we will hardly be able to communicate."

Ben: "Yes, I share your concerns. I am glad that we will have an interpreter available. Though I fear that he might not be from the same region than Mrs Yildiz and speak another dialect. And most of the interpreters are not so familiar with the medical wordings. I always fear that the words are not really correctly translated."

Eva: "That can be a problem. I also find it difficult to really understand what was meant when communicating with an interpreter because we cannot put the nonverbal reaction together with the words."

Ben: "Sometimes I am also not sure if the patients can really talk openly if a third unfamiliar person is involved in the communication process."

Eva: "A Turkish friend of mine has told me that the Turkish language has very flowery expressions. If you want to congratulate someone you say something like: 'your eyes may be enlightened'. And she also told me that feelings are very intensely expressed."

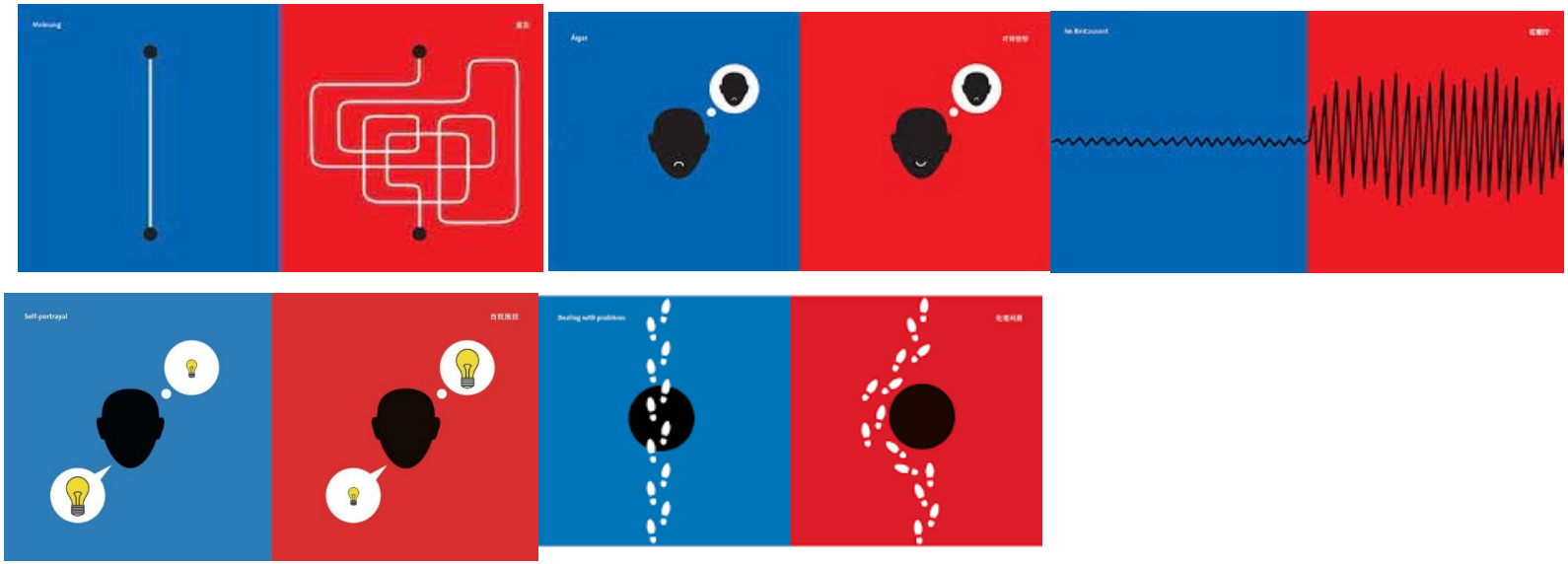
Ben: "I have to admit that sometimes I feel a bit uncomfortable with the warm and welcoming way of dealing with us. I find it difficult to explain that we cannot stay to eat with them without seeming offensive."

Eva: “I am also sometimes a bit irritated about the family relations and the way the family members behave among each other. They kiss each other even among family members of the same gender. On the other hand sometimes they seem to shout at each other very loud, so I am not sure if they are having a fight or just a loud discussion.”
Ben: “We have arrived. Let’s hope for the best. We want to carefully advise Mrs Yildiz, so her situation can be improved.”

Ask your learners to extract the communication pitfalls that are explained in the dialogue.
Ask your learners to report on their experiences and to discuss if they have ever been in a similar situation?
Ask them to think about any problems that occurred.

Pitfalls in Intercultural Communication: Language Differences.
Language differences = obvious barrier to intercultural communication Dialects, different accents and slang can cause problems even if you speak the same language. Words do not necessarily translate exactly from one language to another. If an interpreter is used, the characteristics of the conversation can change as a third person comes in.
Pitfalls in intercultural communication: Non-verbal communication.
Distance: which distance feels comfortable for you when talking to a stranger? Try it out! Have you ever been in a situation where your conversation partner did not keep the “appropriate distance”? How did it effect your conversation? **Gestures:** Do you know the meaning of the gestures on the pictures in at least two different cultures? **Mimics:** Discuss what it means in your cultural context to look someone straight into the eyes. Can you think of other interpretations than your own?
Pitfalls in intercultural communication – stereotyping.
Stereotypes and prejudices can influence the way we communicate with each other. There are negative as well as positive stereotypes. An increased awareness about the effects of stereotyping can minimize the negative impacts that can result from them. A self-reflective attitude comprises of acknowledging the existence of our preconceptions, understanding how they impact us, slowing down, checking it out and getting information.

(Yang Liu: pictures of intercultural communication differences). In pairs look at the illustrations on each slide and discuss with your partner the answer to each question, by describing the cultural communication difference that is expressed in the picture.



Think of some examples of intercultural communication pitfalls at your workplace?
Which are the most common ones?
Which tools and approaches do you currently use to overcome them?
Where do you see space for improvements?

Then go through the summary to sum up this session.

Section 2: Bridging communication barriers

- The way from their workplace to the next public transport station
- The different qualifications of the people who work at their workplace
- Possible side effects or complications after a surgery
- What you had for dinner last night

Source: Dagmar Domenig (2007)

Content and aim of the communication	Means of communication
Simple messages and acting recommendations for your patient/client	Body language and gestures, pictograms
Daily communication with the patient/client	Translation-Apps, bilingual colleagues
Emergency situations and other unexpected situations	Bilingual colleagues, any people around speaking the language of the patient/client, ideally a professional interpreter
Explaining medical terms	Translation-apps or dictionary
Planned conversations where a detailed understanding is necessary	Professional interpreters

Bridging Barriers to Intercultural Communication: Tips for Building Trust
Try to create a nice atmosphere in the room, e.g. making it less “sterile”; think about the arrangements for sitting (is there a barrier between you and your patient or can it be more open?).

Try to learn how to pronounce the name of your patient correctly even if it is difficult for you.

Simple language, slow and clear articulation - if necessary, repetition of what has already been said can prevent misunderstandings. Use uncomplicated sentence structure with rather short sentences, but no “I Tarzan – you Jane”. Compassion and sympathy can be better expressed in many situations in the form of gestures or looks and sometimes touch

Bridging barriers to intercultural barriers – using interpreters

- In which situation it is necessary to involve an interpreter? If it is a complex conversation with many details and/or sensitive issues? > Yes
- Who will be the interpreter? Can it be a bilingual colleague or is there a need for a professional interpreter? Be careful with using family members as interpreters > role conflicts.
- Where to find an interpreter? Are in-house interpreters available? Established system for finding interpreters? Bilingual resources within own team? Professional interpreters can be found on the internet or via local initiatives.

- Plan a preparatory as well as a follow-up conversation with the interpreter

Structuring the conversation when using interpreters:

1. Opening the conversation:
    a. Introduce the persons present
    b. Explain the need for interpretation and the role of the interpreter
2. During the conversation:
    a. Try to place the seats in a circle or triangle
    b. Establish eye contact with your patient/client
    c. Choose a simple and clear language
    d. Observe the non-verbal language of your patient/client
3. Make sure the interpreter is culturally appropriate in terms of gender, ethnic group etc.
4. Make sure that the selection of the interpreter maintains the client's privacy
5. Spend time with interpreters first and prepare the situation together
6. Review the interpreter's roles and procedures and provide in-service training if necessary
7. Speak in short, simple, jargon-free sentences, so interpretation is easier. Ask the same question in different ways.
8. Avoid colloquialism, idioms, slang, similes
9. Encourage the interpreter to translate literally rather than paraphrase
10. Look and speak directly to your patient/client, not the interpreter, even though the client does not understand
11. Listen even though you may not understand the language
12. Look for nonverbal cues
13. Have the interpreter ask the patient/client to repeat the information communicated, to see if there are any gaps in understanding
14. Be patient as using an interpreter is not easy for any of the parties involved

PONS Online Translator:

- translates complex sentences into the desired language with the help of the DeepL service.
- text field and a microphone symbol for voice input via Google Assistant
- includes advertisements.

Microsoft Translator:

- language input and text input.
- photo recognition recognises words and texts on photographed objects
- conversation function
- free of charge and completely ad-free

Google Translator:

- text and voice input + photo recognition, handwriting input and conversational translation
- conversation translator immediately interprets what is said and reads the input aloud
  - possibility of downloading all dictionaries as an offline version
  - free of charge and completely ad-free.

There are also many ways and tool to support non-verbal communication with your patient/client. Some examples of non-verbal communication means are (according to Domenig 2007):

- **Showing and demonstrating**: Whatever can be shown directly to your patient/client should be shown, e.g. the way to the bathrooms, the way any devices should be used, etc.
- **Using pictograms:** these can be cards with drawings or photos of things or locations that are part of the daily routines for taking care of the patient like food, water, bathroom etc., the patient/client can point on the card/photo to communicate.
- **Dictionary without words:** you may use a dictionary which includes pictures instead of words, these can be bought or be self-made
- **"Dolometer":** this is a scale from "no pain" until "unbearable pain" which gives the patient the possibility to express the level of pain nonverbally
- **Music and art** can be used as ways of non-verbal communication

Using simplified language: Simple vocabulary. Simple numbers and characters. Simple sentences. Simple text. Simple layout and pictures.

Divide the group into smaller groups and ask them to choose one on the tasks on the slide. Ask them to make a first draft and then to take feedback about what they thought they needed to include / not include in this. (There will not be time to complete the task, the value of the exercise is in the planning stage).If time is short it will be better to designate the task to each group).

Communication guidelines for your workplace.

Put the communication tips into practice by choosing one of the following tasks to be elaborated in small workgroups:

1. Choose a typical communication situation in your daily work and elaborate a guideline for communication with patients/clients who do not speak your language.OR
2. Create a draft for a flyer about your service for a non-native target group using simple language


Summary (slide 27)

There are many ways and tools to bridge communication barriers with your patients or clients.
The most important aspect is to build a good and trustful relationship.
This can be even achieved with non-verbal means. In other cases you might need to use other means to support verbal communication.
Always consider the specific requirements of the situation to choose the appropriate means for communicating with your clients/patients.

Section 3: Solving intercultural conflicts:

Solving intercultural conflicts:
Dealing with Cultural Shock. It may happen that we are even shocked by an attitude based on a different cultural orientation that we may not share. This may lead to conflicts that can be difficult to handle. Margalit Cohen-Emerique has developed a diagnostic method for critical incidents that cause feelings of a cultural shock for the persons involved. Cohen-Emerique, defines a cultural shock as the emotional and intellectual experience happening when getting in touch with what is foreign to us. This creates emotions such as incomprehension, fear, and surprise. If this cultural shock is not recognized and processed, it can lead to defensive reactions. Margalit Cohen-Emerique (1999) describes three steps that can help to overcome a cultural shock:

1) Decentration: Clarify the shock on the emotional level first. What do you feel? What exactly causes these feelings?

2) Entering the other person's reference system: The next step is to give meaning to each other's attitudes by exploring their different cultural affiliations.

3) Negotiation: Negotiation means neither submission nor passive resistance from one or the other. It is a true encounter. Here it is a matter of finding a new norm, a common field or a "3rd space" in which everyone preserves his or her identity and at the same time enters the path of the other.

What else would I like to know?
What changes will I make in my current practise to ensure that all cultural considerations are in place for the people for whom I care?

Extra Information

EXTRA INFORMATION 1

*There are many pitfalls in intercultural communication. You will never be able to know exactly which specific cultural communication codes the person you talk to uses. However, it may help to be aware of the differences in communication that **can** occur.*

Language Differences:

Language differences are an obvious barrier to intercultural communication. If you speak only English and your patient/client speaks only Farsi, you will not be able to communicate verbally. Even if you have studied the language or an interpreter is available, dialects, different accents and slang can cause problems. In addition, words don't necessarily translate from one language to another in a clean one-to-one correspondence. The same English word may have different meanings to people from different cultures.

Non-verbal communication (Body Language, gestures and mimic):

People sometimes take offense because of differences in body language across cultures. For example in some cultures it is more common to stand closer to each other than in other cultures . This may make the "more distanced" person feel crowded and want to back away. Some cultures have more eye or body contact than others. In one cultural context the same gesture can have a totally different meaning. For example looking someone straight in the eyes can be considered an honest, open, and kindly act or as an offensive insult depending on the cultural context and also the role allocation.

Communication styles:

Different cultures might have different feelings about which communication style is appropriate in which situation and for which person. Some prefer a very direct communication style and do not have a problem addressing conflicts openly. Others talk about problems or conflicts only very indirectly. For example, in some cultures it is very common to say "yes" or "maybe" when they actually mean "no", people from this cultural context would consider an outright refusal blunt rather than honest.

Stereotypes and prejudices:

Stereotypes and prejudices about people from other cultures can cause communication problems and offense. Ethnocentrism, or a belief that your own culture is better than that of others, can lead to acting superior toward others. There may even be positive stereotypes that influence our behaviour. Sometimes we are not even aware of the stereotypes that we hold ourselves. This may have an impact on the way we treat people who we feel are different from ourselves.

Sometimes clients or patients from a different cultural context may bring in their stereotypes about us, too. An increased awareness about these effects can minimise the negative impacts that can result from stereotyping. A self-reflective attitude comprises: acknowledging the existence of our preconceptions, understanding how they impact us, slowing down, checking it out and getting information.

Expression of emotions:

In some cultural contexts it is very common to keep a tight control of emotions, while others are more comfortable showing their feelings. Loud talking or laughing might embarrass people from a certain cultural context. Differences in expressing emotions can cause irritations in the relationship or even a communication shut-off. A person who talks emotionally may be judged as being aggressive in another cultural context while someone who speaks slowly may be seen as unmotivated. Be aware that in these cases the judgement of the person is the problem, not the difference itself.

Taboos:

In different cultural contexts there might be different things that are considered taboo. Taboos can relate to things, persons, or institutions, but also to actions, topics, pictures or feelings.

Examples:

- *in most cultures it is a taboo to have an intimate relationship within the family*
- *in some cultures it is a taboo to touch a specific animal or a specific person as those have a religious meaning*
- *in many cultures it is a taboo to eat with the fingers, but in many others it is a totally normal thing*
- *in some cultures it is a taboo to show strong emotions*

EXTRA MATERIAL 2

Building trust is the most important pre-requisite for a good relationship with your patient/client. In order to support this you can generally try to think about what would make a patient/client make feel comfortable regardless of if he or she speaks your language or not. Try to create a good atmosphere in the room, e.g. making it less "sterile", think about the arrangements for sitting (is there a barrier between you and your patient or can it be more open?).

You can also build trust on a linguistic level. First of all try to learn how to pronounce the name of your patient correctly even if it is difficult for you. Use language, that is clear and articulate well and - if necessary -use repetition of what has already been said to prevent misunderstandings. It is advisable to use uncomplicated sentence structurse with rather short sentences, without slipping into an "I Tarzan - You Jane" type of speech. If a list of questions has to be worked through - for example when admitting a patient to a facility - these questions should not be reeled off -they are questions, not an interrogation. Last but not least, the often unconscious, non-verbal communication - such as body language - can be integrated into everyday care as compassion and sympathy can be better expressed in many situations in the form of gestures or looks - and sometimes touch. Although attention is required, because not all

gestures are interpreted in the same way across cultures, a reassuring nod, a warm-hearted look or a hearty laugh is usually internationally understandable. Try to come into the situation with a self-reflective attitude. Reflecting on your own attitudes can help to reduce fears on both sides.

Bridging the language barrier:

Speaking different languages is the most obvious barrier to effective intercultural communication. Explore with your learners the difficulties but also the solutions on how to deal with language barriers

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EXTRA MATERIAL Using interpreters 3

Working with interpreters when providing care is a procedure that needs good preparation as many factors need to be considered. This preparation begins with the decision on which situations require an interpreter. If it is a complex conversation with many details, an interpreter will certainly be needed, but if it is a situation where simple recommendations need to be communicated, then other communication means can be used as well, like translation apps, pictograms or body language.

If you decide to use an interpreter, you then need to consider who the interpreter could be. Can it be a bilingual colleague or is there a need for a professional interpreter? Be careful with using family members as interpreters as this can create role conflicts, e.g. when the son wants to protect his mother's feelings by not telling her the "whole truth". If you decide to go for a professional interpreter you will need to find out where to find an appropriate one. The next step of the preparation is to plan a preparatory as well as a follow-up conversation with the interpreter.

But how can we find an appropriate person or a professional interpreter? Some clinics have in-house interpreters, some have an established system for finding interpreters. This is of course the best solution. But there are also ways to make use of the bilingual resources within your own team. There is for example the possibility of having bilingual staff give translations – perhaps volunteering time away from other duties. Ideally these staff members will have *completed training about interpretation quality standards. If such a system is not established in an organisation, then it needs to be thoroughly considered which colleagues can responsibly take over this task. Professional interpreters can also be found on the internet or via local initiatives.*

Please find here a summary of ***tips for using interpreters*** *(Rundle/Cavalho/Robinson 1999):*

- *Make sure the interpreter is culturally appropriate in terms of gender, ethnic group etc.*
- *Make sure that the selection of the interpreter maintains the client's privacy*
- *If possible: do not use family members as interpreters, there may be role conflicts*
- *Spend time with interpreters first and prepare the situation together*
- *Review the interpreter's roles and procedures and provide in-service training if necessary*
- *Speak in short, simple, jargon-free sentences, so interpretation is easier. Ask the same question in different ways.*
- *Avoid colloquialism, idioms, slang, similes*
- *Encourage the interpreter to translate literally rather than paraphrase*
- *Look and speak directly to your patient/client, not the interpreter, even though the client does not understand*

- *Listen even though you may not understand the language*
- *Look for nonverbal cues*
- *Have the interpreter ask the patient/client to repeat the information communicated, to see if there are any gaps in understanding*
- *Try to be patient as using an interpreter is not easy for any of the parties involved*

EXTRA MATERIAL 4 Working with translation apps

Nowadays there are many apps available that can help you with translation if you do not have an interpreter available. If you don't understand a term in a text or one that your conversation partner has said, the app interprets for you. Translator apps are more than simple dictionaries. Instead of searching for individual words, you can enter and translate entire sentences and even complex texts. There are many apps on the market, we will introduce three of them in the following:

PONS Online Translator:

In addition to the simple search for terms, there is also a text translation. This translates complex sentences into the desired language with the help of the DeepL service. The structure of the PONS translator app is simple and clear. There is a field in which you enter the text to be translated and a microphone symbol for voice input via Google Assistant. If you need the translation of certain phrases more often, you can mark them as favourites so that you can call them up in the main menu at any time. Unfortunately the PONS app includes advertisements.

Microsoft Translator:

The translator app offers numerous features for interpreting sentences and texts. There is a language input and a text input. The photo recognition recognises words and texts on photographed objects - for example signs - and translates them directly into another language. With the conversation function, you chat with other users, while what you enter is automatically translated into the language of each participant. Language entries are also possible here, which is particularly helpful in foreign-language conversations with numerous participants. Microsoft's translator app is very clear. It is also free of charge and completely ad-free.

Google Translator:

Google Translator is the most frequently used translator app. In addition to simple text and voice input, there is photo recognition, handwriting input and conversational translation. The conversation translator immediately interprets what is said and even reads the input aloud. This works surprisingly well, even if the pronunciation is not too clear. Dealing with the Google Translator is quickly learned. The functions are very useful and can be a real help. Thanks to the possibility of downloading all dictionaries as an offline version, you don't even have to rely on your data volume or foreign WLAN networks when you are on the road. Google Translator is free of charge and completely ad-free.

EXTRA MATERIAL 5 If your target group are patients/clients with a different first language it makes communication easier if you use simple language without reducing it to a minimum or falling into a grammatically incorrect language (not: I Tarzan – you Jane). Simple language can be used in the following areas:

- ***Vocabulary***
- ***Numbers and characters***
- ***Sentences***
- ***Texts***
- ***Layout and pictures***

*Tips for using simple **vocabulary:***

- *Use simple words e.g. allow instead of authorize*
- *Use words that describe something e.g. bus and tram instead of "public transport"*
- *Use common words e.g. working group instead of workshop*
- *Explain difficult words e.g. Mr. Meier had a bad accident. Now he is learning another trade. The difficult word for this is vocational rehabilitation. Always use the same word for the same thing e.g. You are writing about medication - Do not switch between 'tablet' and 'pill' – stick with one word.*
- *Use short words e.g. rehabilitation not rehab*
- *If that is not possible, divide long words with a hyphen (e.g. in German) or a preposition / paraphrase in English*
- *Avoid using abbreviations e.g. use 'for example' not e.g!*
- *Use verbs or active words. Avoid nouns e.g. instead of 'Tomorrow we elect the asylum advisory council', it is better the use – "the election of the asylum advisory council is held tomorrow."*
- *Avoid using the genitive e.g. The house of the teacher, instead of, the teacher's house*
- *Avoid using conditional forms. You will recognize the conditional by these words: would have, could, might, would have to, ought to, should, were, would be, would e.g. Maybe it will rain tomorrow, instead of, It might rain tomorrow.*
- *Use positive language. Avoid negative language. E.g. "Peter is well", is better received than "Peter isn't / is not ill."*
- *Avoid using phrases and metaphorical language. Many people get that wrong and take the language literally! E.g. It is raining cats and dogs, in a metaphorical sense (= heavy rain) might still be interpreted by some, that there are literally cats and dogs falling from the sky.*

*Tips for using **simple numbers and characters:***

- *Write numbers in a way that most people know e.g. 9 (Arabic numeral) instead of IX (Roman numeral)*
- *Avoid using old year dates e.g. A long time ago OR more than 100 years ago. instead of 1867*

- *Avoid using high numbers and percentage terms. E.g. "many people" instead of "14,795 people" or "some /(a) few" instead of 14%*
- *How should you write numbers? E.g. 5 women is better than 'five' women. Write telephone numbers with spaces. e.g. Telephone (0 55 44) 33 22 11 is better than Tel. (05544) 332211*
- *Avoid using special characters. e.g. quotation marks (""); percent (%) ; dot dot dot (…) & (and) or brackets ()*
- *If you use a special character, explain it.*

*Tips for using **simple sentences:***

- *Write short sentences. Make one statement only in each sentence.*
- *Divide long sentences. Write many short sentences. E.g. Instead of: If you tell me what you would like, I can help you. Simplify the statement with, I can help you. Please tell me: What would you like?*
- *Use a simple sentence construction. E.g. We go on holiday together, instead of, together we go on holiday*
- *The following words might also be used at the beginning of a sentence : or, if; when, because, and, but. For example – " Please ring me up. **Or** send me a letter / an e-mail".*

*Tips for writing **simple texts:***

- *Address your readers personally. E.g. You are allowed to vote tomorrow, is better than, Tomorrow is the election.*
- *When addressing a male and female audience always write the masculine form first e.g. Mitarbeiter und Mitarbeiterinnen" reads better than, Mitarbeiterinnen und Mitarbeiter"(*not applicable for English, but for some other languages).*
- *Avoid asking questions in the text. Some people might feel lectured by questions. Some might think they have to answer them. But sometimes it is a good idea to shape a headline in the form of a question.*
- *Everything that you have to say about a certain topic / idea should be joined together in a text. Avoid using references. Do not refer to other passages in the text. Do not refer to other texts. If you do need to make a reference, you have to signal it sufficiently e.g. Instead of (cf. Issue 3, use 'you will find more information in issue 3'.*
- *You may change a text when writing in simple language. But you must not change the content and the meaning. You may explain things. then people will understand them more easily. You may give some hints. You may give examples. You may change the order in which the parts of the text are arranged. You may change the appearance. You may omit some parts of the text if these are not important.*

*Tips for cretating a **simple layout and pictures:***

- *Use a simple typeface. The typeface has to be upright e.g. Arial italic and Segoe Print are worse choices than Arial, Tahoma or Verdana.*
- *It is better to use only one typeface. To many typefaces distract the reader.*

- *Use big typeface. If you use the typeface Arial, for example, use type size 14 or a bigger typesize. Some typefaces are very small. In that case, you will have to choose a bigger typeface.*
- *Leave enough space between the lines (1.5 at least)*
- *Always write left-justified.*
- *Do not write in hyphenless justification.*
- *Do not write right-justified.*
- *Do not write centered. Exception: The headline may be placed in the middle.*
- *Start a new line for every new sentence.*
- *Do not divide any words at the end of the line.*
- *If possible write all the words that form a meaningful segment together in one line.*
- *Sometimes the page is full. But you have not finished the sentence yet. Write the whole sentence on the next page. Even better: Do not divide the paragraph.*
- *Use many paragraphs and headlines.*
- *Write an address like you write it on an envelope. In this way, people can better understand the address. And copy it.*
- *Highlight important things. E.g. use bullet points, write a word in bold letters, use a different dark front colour, highlight the text with a light colour, frame a sentence, underline as little as possible.*
- *Use pictures. Pictures help texts to be understood. The Pictures have to match the text.*

EXTRA MATERIAL 6 and Exercise

Divide your group of learners into sub-groups of 3-4 and ask them to go through the following case study and extract the elements that support good communication with the patients.

The Göttingen concept for patients with migration background in psycotherapeutic care implemented at the Asklepios clinic Göttingen/Germany

The Göttingen treatment concept for the therapeutic care of people with a migration background (Özkan & Belz, 2019) has been updated over the years and further elements have been added. It is central that the Göttingen concept does not envisage a facility which is exclusively addressing patients with a migration background, but rather a general intercultural mainstreaming of the entire clinic. In the following the individual elements that are included in the Göttingen concept for the treatment of people with a migrant background will be introduced:

1. ***Bilingual therapy or therapy in a common third language.***

Good linguistic communication during treatment is a necessary prerequisite for a successful treatment. Good communication is even more important for satisfaction than the treatment result itself . The consideration of linguistic factors in the psychiatric and psychotheratic treatment of patients with a migrant background is especially essential. The department of Cultures, Migration and Mental Illnesses at the Asklepios Fachklinikum Göttingen offers treatment in

the patient's mother tongue, provided that the therapists are native speakers of these languages. For all other languages, we work with interpreters who are qualified for the psychotherapeutic-psychiatric field. There is also possibility of being treated in a common third language. This means that the language of treatment is not the native language of the patient nor that of the therapist (e.g. English).

2. ***Language-reduced trauma stabilisation group for patients with a migration background***

In this group, which is specifically aimed at traumatised migrants, patients are given the opportunity to acquire knowledge and skills to deal with their illness. The group takes place in German with reduced language, so that even patients with little knowledge of German can participate and benefit from the group. Stabilisation techniques from existing therapy concepts for stress disorders are adapted to the needs and conditions of this special target group and imparted to the participants (in a language-reduced manner).

3. ***Language-reduced resource group for patients with a migration background****.*

In this group, topics from the field of psychiatric-psychiatric medicine are discussed as well as the individual culturally considerate handling of illness. A special focus is on strengthening personal resources that are culturally influenced and may not have been taken into account in the individual treatment. The aim of the language-reduced group is to increase resilience in relation to stress and mental illness.

4. ***Dance therapy group.***

The project 'Dancing through Continents and Cultures' which is mainly age and diagnosis-independent, is aimed at patients who benefit from a body and art therapy programme and who may be overstrained by the mostly verbal therapy. This concerns both the comprehension of linguistic expression as well as the imagination, transfer and introspection skills due to linguistic or illness-related impairments (e.g. trauma).

5. ***Regular in-service training***

Sensitising the entire staff of a clinic for a transculturally attentive attitude is supported by various models of transcultural care (Domenig 2001; Leininger 1988). Regular in-service training should be used as an aid to maintaining sensitivity of the entire staff of the clinic. In the training sessions, which take place twice a year, exercises and role plays are used to help develop approaches to transcultural awareness in the respective areas of work and aim at educating the staff towards valuing diversity. The topic has also been formally integrated into the curricula of the health and nursing school.

6. ***Interpreter qualification for the therapeutic area***

Sworn, official interpreters who work at court hearings, for example, can often be overburdened with the task of translating in a therapeutic setting, because they are often not prepared or trained to do so. Therefore interpreters are systematically qualified in order to be able to work in the therapeutic field. As part of their work, interpreters receive supervision as part of their assignment and receive training in self-care and on self-care and psycho-hygiene.

7. ***Supervision and intervision***

These take place regularly, by and with transculturally sensitised or interested therapists. The offer is also for external therapists as well.

8. *Transcultural consultation*

In the case of migration- or culture-specific questions, the colleagues are supported in their areas of work on a consultative basis in their areas of work. In addition to culturally sensitive differential diagnostics, the focus is on contacting network partners, specialised clinics or gathering information about certain culturally related symptoms.

EXTRA MATERIAL 7 AND EXERCISE Sometimes we feel that cultural orientations of our clients/patients are very different from our own one's. And it may happen that we are even shocked by an attitude that we may not share. This may lead to conflicts that can hardly be handled. Margalit Cohen-Emerique has developed a diagnostic method for critical incidents that cause feelings of a cultural shock by the persons involved. Cohen-Emerique, defines a cultural shock as the emotional and intellectual experience happening when getting in touch with what is foreign to us. This creates emotions such as incomprehension, fear and surprise. She states that if this cultural shock is not recognized and processed, it can lead to defensive reactions.

For an organisation in the social or heath care sector with a diverse range of clients/patients, there are numerous examples of critical incidents/cultural shocks every day. How can a condemnation or a retreat of the people involved be avoided here? How can the space for dialogue be preserved? How can methods be developed that respect the expectations and values of all parties? Margalit Cohen-Emerique recommends that social and health care professionals systematically deal with cultural shocks in order to maintain an open attitude. Denying a culture shock, on the other hand, prevents it from being processed and does not protect against its effects. It is therefore necessary to recognize and identify it in order to avoid a defensive and negative attitude.

Margalit Cohen-Emerique (1999) describes three steps that can help to overcome the cultural shock:

I. *<u>Decentration:</u>*
   First, the shock on the emotional level should be clarified: What do I feel? Fear? Disgust? Outrage? Rejection? Also the background of the shock should be known: space, time, the spoken word, one's own posture as well as the posture of the other, so what exactly shocked, irritated, disturbed...? Then it is necessary to explore one's own frame of reference to determine which values and principles were shaken. The different components of the reference system must be taken into account: ethnic, sexual, social, professional, religious, national and political affiliation. For example, a professional may feel that a male patient/client, who refuses to clean up (because this is a women`s job in his eyes), endangers gender equality. This equality may be very important to the female professional and she attaches great importance to it. This self-reflection contributes to broadening the ability to experience. It helps to practice self-distance, especially with regard to the first emotions triggered by the shock.

II. *<u>Entering the other person's reference system</u>*
   The next step is to give meaning to each other's attitudes by exploring their different cultural affiliations. It is about observing which elements of one's social and ethnic culture can explain one's attitude. This will be achieved by a better knowledge of his values and his system of reference.
   In a conversation with the other side, the respective position can be presented. Attitude and point of view should become comprehensible.

If no dialogue is possible, several hypotheses can be put forward to explain his attitude and thereby avoid generalising or stereotypical interpretations: the behaviour can be influenced by the country of origin, or an "idol" can be imitated. It is not about criticising the person.
Through the analysis of the reference system, the attitude of the other is given meaning. This analysis requires openness, as well as personal effort and curiosity, in order to experience the meaning of the other's action from his perspective. What values the other person possesses through his culture, his migration history and his individually experienced adaptation and acclimatisation to the host country.
Through the analysis of the other's reference system, common points of identity are often found which can form a basis for the continuation of the relationship. In this way, they can come into contact again and discover that their disagreement is only about the way they perceive something.

III. *Negotiation*

Negotiation means neither submission nor passive resistance from one or the other. It is a true encounter in which everyone "let's go" of something in order to approach the other without questioning the essential principles of their own identity. Here it is a matter of finding a new norm, a common field or a "3rd space" in which everyone preserves his or her identity and at the same time understands the perspective of the other.

"Cultural Irritation" - An example from a German social project

The social workers of a social organisation who offer assisted living for young people in Germany are really angry: A young man who is just about to finish school keeps on telling his mates that he is not willing to get a job or training after school. His parents are without work. They get 1400 € Hartz IV (social services from the state). When he finishes school they will receive more money from the state if he is without work. The family soon wants to go to Lebanon for three months - to build a house in Beirut!

The team reflects on this incident:

Step 1: Explore your own frame of reference: What feelings does the case trigger in me? What bothers me? Which of my values are attacked or questioned?

The social workers take the opportunity to express their indignation and anger. A long list of points is created, which disturbs them. Then the values: The participants name values such as "honesty", "justice", "gratitude", "decency", "loyalty to the state", "adherence to the law", "no hard work, no price" - and begin to discuss.

Step 2: Explore each other's frame of reference and form hypotheses: What do I know about the family`s situation and values? What do I suspect? How do I suspect the young man experienced the situation? What do I need to know in order to understand better?

The participants gather what they know about the family and find that neither the migration history of the family nor their plans for the future are clear to them and they do not know what significance a house in Beirut has. Since they are very well aware of parent's aspirations for their son's future (he should learn German, have contact with Germans so that things will be easier for him when he is in school...), they now notice that these are not discussed with the

family. The assumed possibility that the family supports relatives in Lebanon puts the anger about the family's "irresponsibility" into perspective. Perhaps for the student, the family is the community of solidarity for which he feels also responsible for? The young man is a "show-off" in financial matters, does he possibly want to 'save face' and his pride?

Step 3: Have a negotiation - develop a solution: What do I want to achieve with the conversation? What questions do I want to ask? What do I want to say about myself?

The social workers develop possibilities to address the irritation in role plays. They recognise that they have a problem focussing on the main issue or that they tend to moralize. Because it is not so clear to them what they want: Do they want to communicate their personal position on undeclared work? Do they want to show, as responsible professionals, that they perceive illegality and threaten consequences? What is the organisation's mission here and what is its role of the social workers? In the end, the participants find out what the focus should be for them as professionals: They try to focus on the well-being of the youngsters that they are responsible for. They develop an approach to talk to the young man and his parents without condemnation. They will try to hear their position but at the same time explain to them that they need to take care of the rest of the youngsters who need to be supported and encouraged in finding a job or training after school.

The example was translated and slightly modified on the basis of a text from a German text provided by Kinderwelten Projektmaterial (2007).

EXTRA INFORMATION

*There are many pitfalls in intercultural communication. You will never be able to know exactly which specific cultural communication codes the person you talk to uses. It may help simply to be aware of the differences in communication that **can** occur.*

Language Differences:

Language differences are an obvious barrier to intercultural communication. If you speak only English and your patient/client speaks only Farsi, you will not be able to communicate verbally. Even if you have studied the language or an interpreter is available, dialects, different accents and slang can cause problems. In addition, words don't necessarily translate from one language to another in a clean one-to-one correspondence. The same English word may have different meanings to people from different cultures.

Non-verbal communication (Body Language, gestures and mimic):

People sometimes take offense because of differences in body language across cultures. For example in some cultures it is more common to stand closer to each other than in other cultures. This may make the "more distanced" person feel crowded and want to back away. Some cultures have more eye or body contact than others. In one cultural context the same gesture can have a totally different meaning. For example looking someone straight in the eyes can be considered an honest, open, and kindly act or as an offensive insult depending on the cultural context and also the role allocation.

Communication styles:

Different cultures might have different feelings about which communication style is appropriate in which situation and for which interaction partner. Some prefer a very direct communication style and do not have a problem addressing conflicts or problems openly. Others talk about problems or conflicts only very indirectly. For example, in some cultures it is very common to say "yes" or "maybe" when they mean "no". People from this cultural context would consider an outright refusal blunt rather than honest.

Stereotypes and prejudices:

Stereotypes and prejudices about people from other cultures can cause communication problems and offense. Ethnocentrism, or a belief that your own culture is better than that of others, can lead to acting superior towards others. There may also be positive stereotypes that influence our behaviour. Sometimes we are not even aware of these stereotypes that we have ourselves. This may have an impact about the way we treat people who we feel are different from ourselves. Sometimes clients or patients from a different cultural context may bring in their stereotypes about us, too. An increased awareness about these effects can minimise the negative impacts that can result from stereotyping. A self-reflective attitude comprises of acknowledging the existence of our preconceptions, understanding how they impact us, slowing down, checking it out and getting information.

Expression of emotions:

In some cultural contexts it is very common to keep a tight control of emotions, while others are more comfortable showing their feelings. Loud talking or laughing might embarrass people from a certain cultural context. Differences in expressing emotions can cause irritations in the relationship or even a communication shut-off. A person who talks emotionally may be judged as being aggressive in another cultural context while someone who speaks slowly may be seen as unmotivated. Be aware that in these cases the judgement of the person is the problem, not the difference itself.

Taboos:

In different cultural contexts there might be some things that are seen as taboo. Taboos can relate to things, people or institutions, but also to actions, certain topics and feelings.

Examples:

- *in most cultures it is a taboo to have an intimate relationship within the family*
- *in some cultures it is a taboo to touch a specific animal or a specific person as those have a religious meaning*
- *in many cultures it is a taboo to eat with the fingers, but in many others it is a totally normal thing*
- *in some cultures it is a taboo to show strong emotions*

CASE STUDY

Divide your group of learners into sub-groups of 3-4 and ask them to go through the following case study and extract the elements that support good communication with patients.

The Göttingen concept for patients with migration background in psycotherapeutic care implemented at the Asklepios clinic Göttingen/Germany

The Göttingen treatment concept for the therapeutic care of people with a people with a migration background (Özkan & Belz, 2019) has been updated over the years and further elements have been added. It is central that the Göttingen concept does not envisage a facility which is exclusively addressing patients with a migration background, but rather a general intercultural mainstreaming of the entire clinic. In the following the individual elements that are included in the Göttingen concept for the treatment of people with a migrant background will be introduced:

1. ***Bilingual therapy or therapy in a common third language.***

Good linguistic communication during treatment is a necessary prerequisite for a successful treatment. Good communication is even more important for satisfaction than the treatment result itself. The consideration of linguistic factors in the psychiatric and psychotheratic treatment of patients with a migrant background is especially essential. The department of Cultures, Migration and Mental Illnesses at the Asklepios Fachklinikum Göttingen offers treatment in the patient's mother tongue, provided that the therapists are native speakers of these languages. For all other languages, we work with interpreters who are qualified for the psychotherapeutic-psychiatric field. There is also possibility of being treated in a common third language. This means that the language of treatment is not the native language of the patient nor of the therapist (e.g. English).

2. ***Language-reduced trauma stabilisation group for patients with a migration background***

In this group, which is specifically aimed at traumatised migrants, patients are given the opportunity to acquire knowledge and skills to deal with their illness. The group takes place in German with reduced language, so that even patients with little knowledge of German can participate and benefit from the group. Stabilisation techniques from existing therapy concepts for stress disorders are adapted to the needs and conditions of this special target group and imparted to the participants (in a language-reduced manner).

3. ***Language-reduced resource group for patients with a migration background****.*

In this group, topics from the field of psychiatric medicine are discussed as well as the individual culturally considered handling of illness. A special focus is on strengthening personal resources that are culturally influenced and may not have been taken into account in the individual treatment. The aim of the language-reduced group is to increase resilience in relation to stress and mental illness.

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