

# Building Intercultural Capacity Through World Literature

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## Hypothesis

**pluricultural/plurilingual (EU) framework**  
(moving from “language mastery” to “communication skill-set building”)

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**Bennett’s Developmental Model of Intercultural Sensitivity (DMIS)**  
(increasing flexibility in the perception of difference, measured with the Intercultural Development Inventory)

**= a more applied, practical, literature program (with DEI benefits built-in)**

Any amount of guided inter/cultural exposure (“other” than mainstream or majority English) adds to an overall communication “meta” skill-set, that, if *practiced*, will transfer across disciplines, languages, countries, and cultures or identity groups and result in measurable increased capacity for intercultural acceptance or adaptability.

### New Courses (green taught regularly)

Basic entry course:  
WRLD 150 Introduction to Intercultural Communication

Intro to Language and Culture Series:  
WRLD 151: Mandarin Chinese  
WRLD 152: Modern Korean  
WRLD 155: Modern Maya  
WRLD 158: Modern Japanese  
WRLD 159: Modern German

Triple-Team Courses:  
WRLD 330: War in Literature  
WRLD 331: “Best” Int’l Feature Film  
WRLD 332: Nobel Prize Literature

Experiential Learning Courses:  
WRLD 382: Cross-cultural Travel Narratives  
WRLD 497: Community Service Learning  
WRLD 498: Work-Integrated Learning  
WRLD 499: Project-Based Learning

### Intended Project Outputs

1. Team-teaching – to increase # of cultures students encounter;
2. experiential learning courses that bridge academic content with place-based community engagement & practical intercultural skills development;
3. “Piggy-backed” experiential learning courses with Southern Medical Program Flex Learning – providing interdisciplinary intercultural student interaction;
4. non-linear course progression & multiple entry/exit points and transfer flexibility for students via badges and a certificate;
5. digital modules to increase Indigenous perspectives & add geographical diversity;
6. networking intercultural assignments across all courses;
7. IDI (standardized test) set up as both program material & as QA.

### Results

1. We were not able to overcome significant resistance to the implementation of the curriculum changes -- from students, faculty, and admin;
2. Major/Minor was not approved by Ministry of Education;
3. Small experiential classes were cancelled, despite running the intro class large and online;
4. Medical school had no time, and med students little interest;
5. Instructors were faced with a lot of anger from students who did not want to take the IDI or do interactive/experiential work. Burn-out and lower TEQs are a hard sell to faculty – and can directly affect career progress;
6. Some students already have higher scores on the IDI than the instructors, and average faculty IDI levels are very average – making QA pointless;
7. Uneven faculty IDI scores also made team-teaching impossible;
8. Faculty is not interested in doing the work to improve their IDI scores on their own.

### Conclusions

1. If faculty are still in ethnocentric orientations on the DMIS themselves, they are not likely to be able to lead students out of ethnocentricity;
2. So, the university should invest in measuring, and then improving, intercultural sensitivity of faculty before it attempts to develop intercultural programming for students.

