Department of Languages and World Literatures

Building Intercultural Capacity Through World Literature

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Hypothesis

pluricultural/plurilingual (EU) framework (moving from "language mastery" to "communication skill-set building") **+** **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.