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Intercultural Competencies to Overcome Trauma

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Abstract

This research aims to implement a set of questions linked to two theoretical approaches: French intercultural psychology, in terms of culture contact psychology, and intercultural clinical psychology of trauma. We examine the alleviation of trauma from the development of intercultural competencies involved in cultural contacts. We advance the hypothesis of a link between the development of intercultural skills and the reduction of trauma. We contend that these two concepts are connected through creative resolution strategies and that people confront a traumatic situation that doesn't make sense, whether from a perpetrator or from another culture encounter. In our first set of qualitative interviews (N = 15), we elaborate on a quantitative questionnaire. According to the results of our second sample (N = 165), the people who experienced a potentially traumatic life event seem to develop intercultural skills and creativity to overcome the trauma.

Introduction

Vulnerability is a major societal challenge, whether it stems from economic or social causes or by traumatic events as diverse as war, natural disorder, aggression, rape, and so on. Overcoming trauma became an important matter since the recognition of psychological traumatism in the early nineteenth century. The concept of coping, or more recently the term “resilience,” questions the mechanisms at play in overcoming trauma. What could explain the development of aptitudes, personality traits, or learning processes when facing the adversity?

In addition, culture contacts have increasingly become the focus of cross-cultural psychology (Logan, Steel, & Hunt, 2015; Van der Zee & Van Oudenhoven, 2013; Wilson, Ward, & Fischer, 2013). Intercultural encounters and the subsequent uncertainty provided by a multicultural world are for some individuals, in particular contexts, metabolized into aptitudes through specific processes. What is the impact of these intercultural skills in their lives? How do these skills transcend people's personality and support other processes such as communication, problem resolution, or even coping strategies? Our main goal is to understand whether intercultural competencies derived from culture contacts provide new mechanisms to the most vulnerable individuals (Kuo, 2010) who contend with misfortune. That is, we aim to determine the conditions under which personal vulnerability turns into intercultural skills?

Clinical experience shows a co-occurrence between ways of overcoming trauma and

some intercultural open-minded skills. This leads us to put forth the notion of a link between the development of intercultural skills and the resolution and/or overcoming of a traumatism. Indeed, these two concepts appear closely connected, essentially through creativity and the idea of giving sense to an experience that makes no sense at all. More specifically, these elaboration processes are sustained by role flexibility, tolerance for ambiguity and uncertainty, socially appropriate relationships (e.g., interactive posturing, sharing emotions, being supportive of others), and acceptance, or the idea of giving meaning to situations that cannot be understood or that do not make sense a priori.

The term “psychotraumatic syndrome” (Crocq, 2000) is often used in place of “post-traumatic stress disorder”, whose associated terminology mistakenly refers to stress. Indeed, “stress” is an acute, ephemeral, and immediate demonstration and thus is in discordance with the time of latency characteristics of traumatic symptoms. We use an integrative and phenomenological definition of traumatism, which defines “trauma” as anxiety without limitation and as something intolerable that “freezes” the individual by putting him or her in a state that prevents him or her from symbolizing the event or giving some sense to what happened to him or her. Chessari (2005, paragr.17) highlights the surprise of the reality of death as “killing in reality, in present but also killing after the fact and in the absence. Killing the idea of the Other”.

After traumatic events, individuals try to transform their own skills to overcome the stunned moment and avoid reminiscing. By giving sense to their experiences, sharing the traumatic affects, displaying flexibility, and tolerating insecurity, individuals can slowly put the traumatic experience behind them, through a long and non-linear process. This state of radical alterity, which profoundly weakens the individual, is somewhat reminiscent of intercultural experiences, in which the alterity of the unknown inhibits the individual from understanding. To overcome this lack of understanding, the individual metabolizes the intercultural contact to create new competencies. We refer to this as “interculturation”—“For individuals or groups belonging to two or more cultures, claiming to be concern of different cultures or in position to be referred to, we call interculturation the processes by which, inside and by the interactions they develop, they implicitly or explicitly commit the cultural difference they aim to surpass” (Denoux, 1994, p. 79). Indeed, individuals in contact with aspects of several cultures can learn to analyze the world beyond their previous personal cultural schemes of thinking. With time, they can use diverse approaches, rather than the same ones at different times and in different contexts. In this respect, we would witness the development of a third creative culture (Casmir, 1978). The generic concept of interculturation covering all psychocultural processes of cultural differences includes many implemented concepts, such as intercultural competencies (Van der Zee & Van Oudenhoven, 2013), identity strategies (Camilleri, *et al.* 1990), and intercultural sensitivity (Teyssier, 2010).

As mentioned, we formulate our research on the basis of two theoretical approach-

es: intercultural psychology, in the sense of culture contact psychology, and traumatism clinical psychology. An explorative qualitative study, the first step of our research, allowed us to gain a better understanding of the person's feelings and thoughts and to better identify the sense of traumatism and interculturalization. This first stage helped us draft a quantitative questionnaire to examine the potential link between these two aptitude-generating processes.

Through this questionnaire, the question of a double creation process came under scrutiny, through correlations or inter-correlations between the cultural creation process (by interculturalization) and the alleviation of trauma, in an effort to answer the question: Is interculturalization linked to the ability to overcome trauma?

Beyond the hypothesis of interculturalization, we measure the impact of several explanatory factors in the non-metabolizing processes: (1) the nature of the traumatic experience (intensity and intentional attribution), (2) personality (personal dispositions and psychic processes), and (3) environmental factors.

Methodology

Qualitative methodology

Fifteen people suffering from a psychological trauma and having intercultural contact experiences were interviewed through a non-directive device; interviews lasted from 30 minutes to 2 hours and 45 minutes. These people were reached through migrant associations in France and came mostly from Sub-Saharan Africa, North Africa, and South America.

For the corpus analysis, we used ALCESTE (Reinert, 1986), a textual statistic software based on a descending hierarchical classification and providing factor analyses, to assign classes and thematic areas. We found two main factorial dimensions: (1) a time-related dimension (X), from the "Migratory trajectory" (-X) to the "Everyday life abroad" (+X), and a dimension related to "Traumatic and intercultural experience" (Y). The most important axis in Figure 1 is the vertical one, which depicts the opposition between the pathogenic state linked to simple coherence identity strategies (-Y) and the trauma linked to complex coherence identity strategies (+Y).

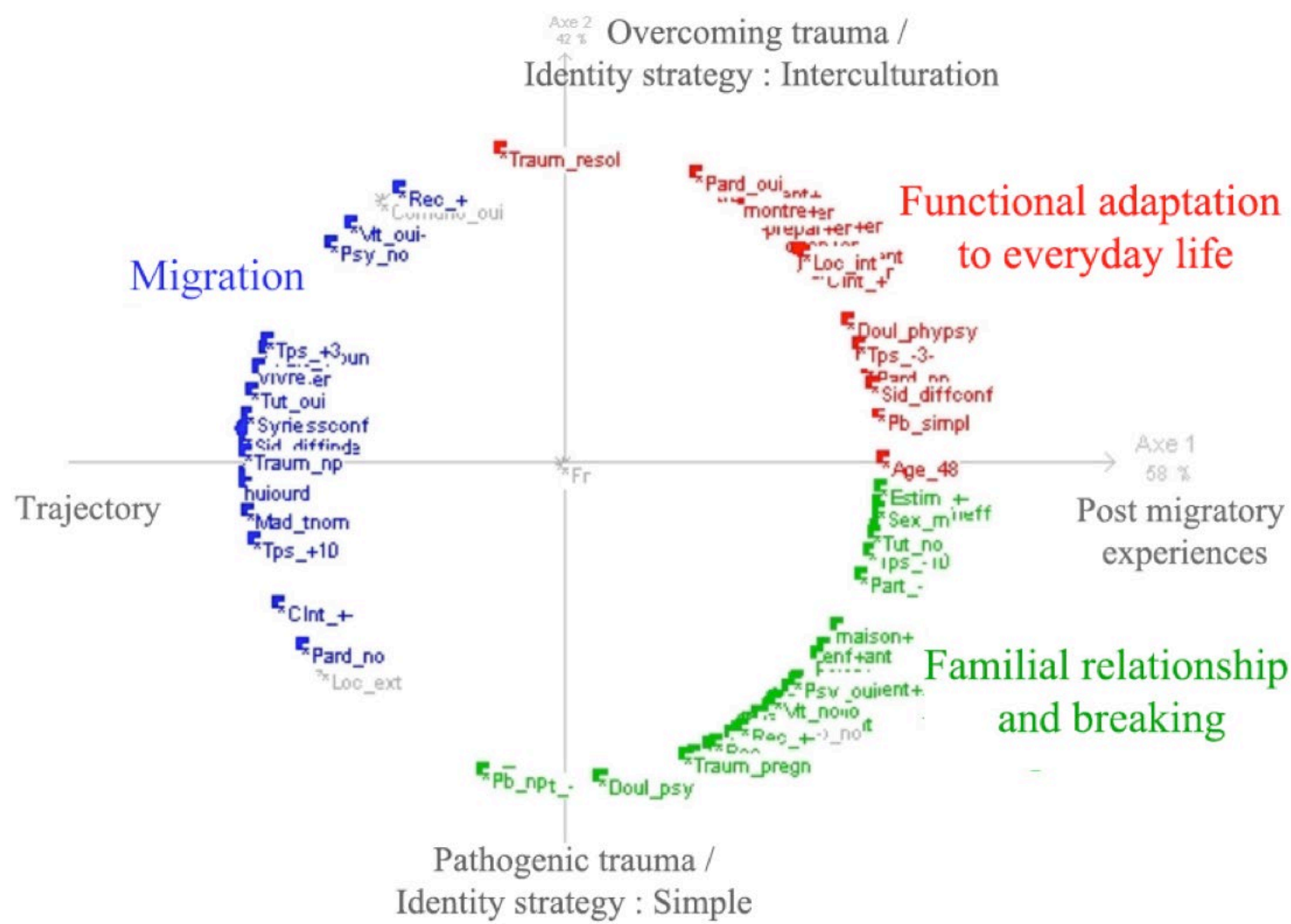


Figure 1
Thematic areas

From this content analysis, we built a questionnaire, referring to the different thematic areas that emerged from the corpus. Therefore, we operationalized our problem of interest and questioned not only culture contact history and the actual trauma but also diverse processes, such as coping skills, self-esteem, locus of control, and personality traits. This led us to propose four operational hypotheses regarding the overcoming of trauma. The ability to do so depends on the *traumatic experience* itself (intensity, intentional attribution), *personality* (personal dispositions, psychic processes), *interculturation* (psychocultural processes, intercultural competencies), and *environmental factors* (see Figure 2).

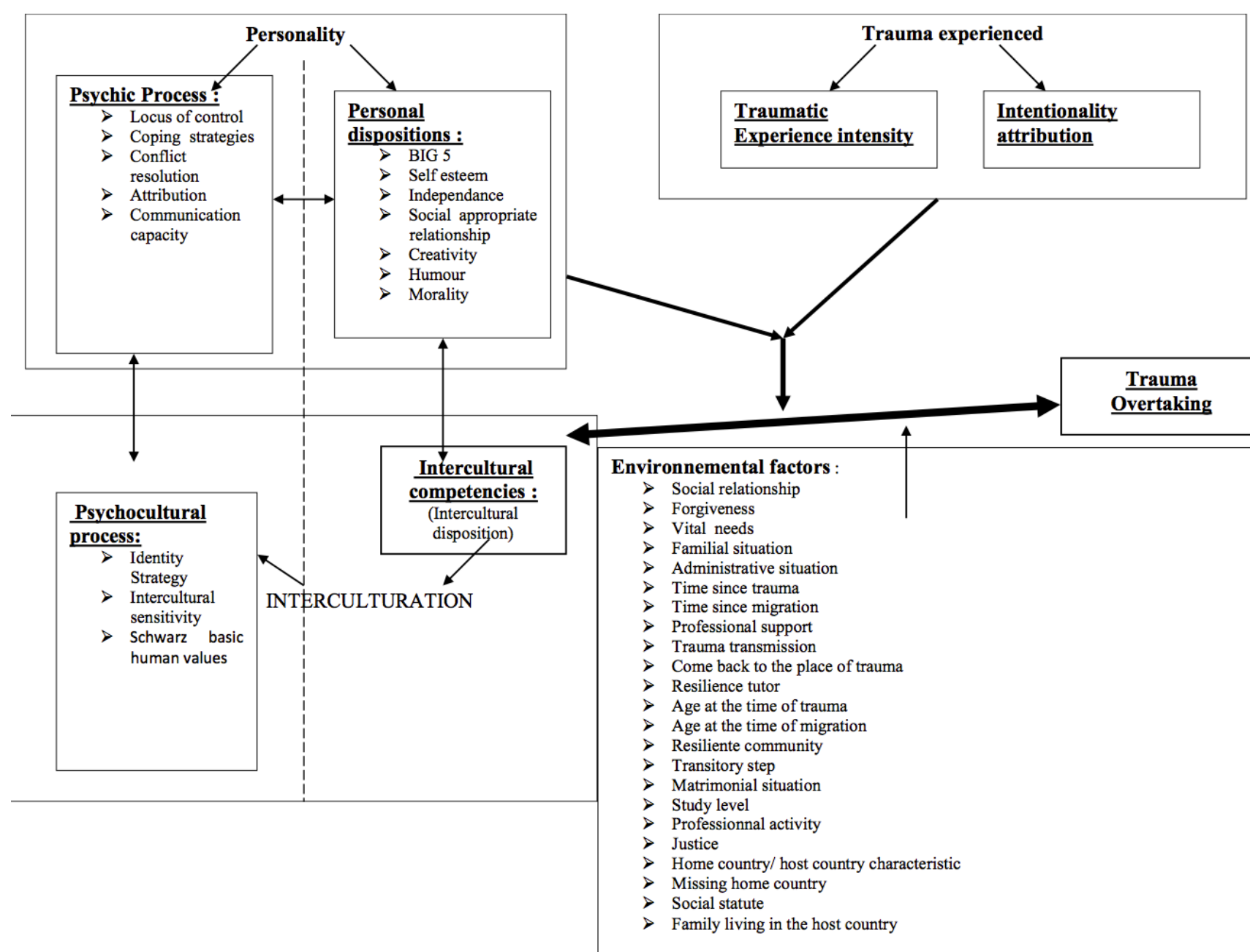


Figure 2
Operationalization

Participants

The sample comprises participants ($N = 164$), aged 18 to 75 years ($\mu = 31.71$), from 28 countries (*e.g.*, Sri Lanka, France, Cambodia, Rwanda, Congo, Angola, Canada, Brazil, Algeria, Morocco, Nigeria). They were recruited mainly by face-to-face contact in migrant associations or institutions, but also through Internet contact, mostly in France, but also in the United States, Switzerland, Finland, Ireland, Sweden, Belgium, Algeria, Venezuela, Russia, Spain, the Netherlands, and Canada.

Measures

We implemented reduced forms of seven validated scales: (1) intercultural sensitivity (Teyssier, 2010), (2) interculturalisation strategies (Temple, 2006), (3) brief cope (Carver, 1997), (4) locus of control (Rotter, 1966), (5) self-esteem inventory (Coopersmith, 1967), (6) ten-item personality inventory (Gosling, Rentfrow, & Swann, 2003), and (7) Schwartz values (Schwartz & Boehnke, 2004). The questionnaire also included open-ended questions about relevant topics on relationships, life experiences, symptoms, or intercultural trajectory.

We created two new scales on intercultural competencies and creativity and validated them on a sample of exchange students ($N = 574$). The whole questionnaire was accessible in both French and English.

Procedure

From the trauma thematic, numerous clinical and ethical questions that assess the feasibility of our work emerged. Furthermore, the procedure was affected at different levels, from participants' mistrust and ambivalent behavior (*i.e.*, avoidance) and the high

risk of triggering reviviscence. As such, we gave extreme care to planning, recruiting, conducting observations, and monitoring participants, before, during, and after the survey.

Outcomes

Descriptive data

The sample (see Table 1) mostly comprised women (77%); this might be explained both by the ability of women to express their emotions more easily and by the prevalence of violence against women, triggering trauma. This communicative trend was verified in our panel, as 41.2% of men never express their feelings, whereas 19.0% of women do. Among the traumatic events, rape is considered the most destructive (Jolly, 2003), not only because of its frequency but also because of the relationship the victim has with the abuser (Tang & Freyd, 2012), which is the case for the vast majority of rapes.

Table 1
Demographic characteristics of the sample

	Full sample (N = 164)
Age - M (SD)	31.71(12.35)
Sex - n(%)	
Male	37(23)
Female	124(77)
Marital status - n(%)	
Single - n(%)	82(50.9)
Married - n(%)	30(18.6)
Common law - n(%)	23(14.3)
Widowed - n(%)	2(1.2)
Divorced - n(%)	12(7.5)
Separated - n(%)	4(2.5)
Legal Union - n(%)	8(5)
Immigration	
Yes - n(%)	51(31.5)
No - n(%)	111(68.5)
Study level	
Without degree - n(%)	32(20)
Degree giving access to the university - n(%)	57(35.6)
University qualifications - n(%)	71(44.4)

Participants experienced one or more traumatic experiences of a diverse nature (natural disaster, fire and explosion, transportation accident, life-threatening illness or injury, exposure to toxic substances, physical assault, assault with a weapon, sexual assault, combat or exposure to a war zone, captivity, sudden or violent death, serious injury, harm, or death caused to someone else). Figure 3 illustrates the types of traumatic events.

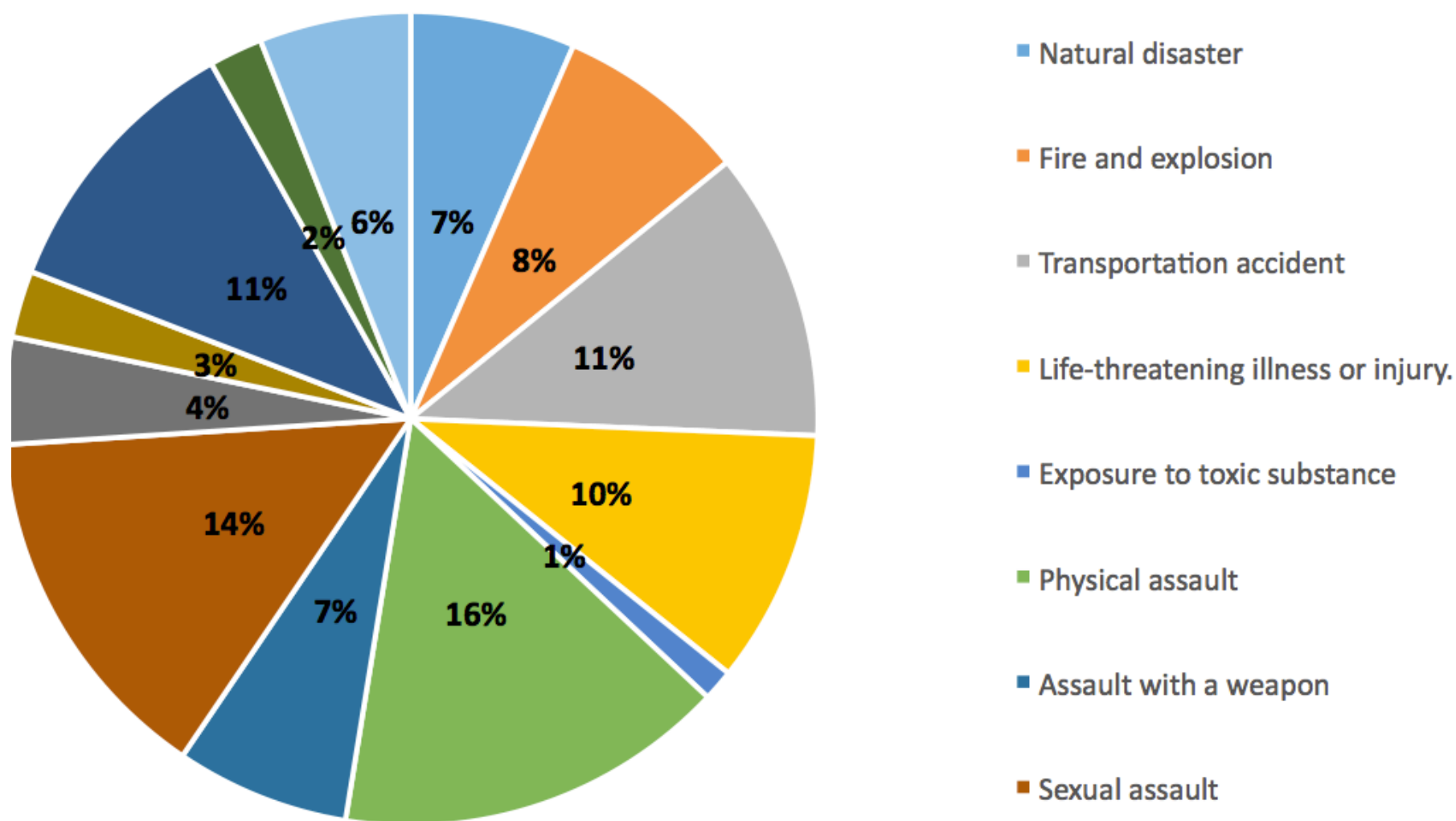


Figure 3
Type of traumatic event

All these events are strongly affected at both psychological and physical levels, and multiple symptoms are present. Participants mentioned experiencing anguish, anxiety, stress, hallucinations (auditory/visual), depression, memory flashes, irritability, obsessions, emotion and motivation decrease, fatigue, nightmares, and physical pain. In addition, 21.4% viewed themselves as having poor physical health, while only 12.2% reported totally overcoming their traumatic experience (see Table 2).

Table 2
Overcoming a trauma

Today I have the feeling that I have overpass these traumatic events

		Frequency	Valid Percent
Valid	Not at all	36	23,1
	Rather no	47	30,1
	Rather yes	54	34,6
	Quite	19	12,2
	Total	156	100,0
Missing		8	
Total		164	

Regarding intercultural competencies (Table 3), the mean value is high ($\mu = 27.91$ on a 44- point scale). Thus, we surmised that the people of our sample are sensitive to otherness and that they developed some abilities with regard to cultural contact.

Table 3
Intercultural competencies results

	N	min	max	μ	σ	var
Note_CI	163	,00	41,00	27,9080	6,30482	39,751
Valid N (listwise)	163					

The other measures of interculturalization, including the intercultural sensitivity scale (Teyssier, 2010) and the interculturalization strategies questionnaire (Temple, 2006) encountered more resistance, probably because of unusual forms of scenarios. The mean for intercultural sensitivity was 6.01 on 10-points scale ($\sigma = 2.6$), and the mean for interculturalization strategies was 13.03 on 24-points scale ($\sigma = 5.85$).

Results

Of the results, we highlight the three that are most relevant to our hypotheses. First, there was an absence of a correlation between trauma intensity and symptoms. The correlation results in Table 4 show that the intensity of the traumatic event is not related to its psychological consequences, in terms of symptoms, ways to cope, or overcoming trauma. This confirms that the event itself is less important than the psychic processes individuals use to deal with it. The challenge of this study in this respect is to define what types of mental processes are involved in the metabolism of trauma and thus highlight potential common mechanisms.

Second, we also observe that intercultural competencies could be a mediation process between coping with and overcoming traumatism. The process of coping with and overcoming trauma are related, with a low margin of error ($p < .000$), and both influence the direct impact of trauma and the symptoms that still persist afterward. These two processes are negatively correlated with psychological and physical symptoms. Furthermore, these processes are directly related to intercultural competencies ($p = .006$) and seem to confirm the hypothesis of a mediation process.

Table 4
Correlations table

		μ _Intensity	μ _CI	μ _SI	μ _Co- ping	Ovc_Trau	Impact	Today
	Pearson	1	,007	,084	,090	,137	-,130	-,134
μ _Intensity	Sig. (bil)		,929	,324	,260	,088	,103	,094
	N	159	156	141	158	156	159	158
μ _CI	<i>r</i>	,007	1	,050	,219**	,221**	-,058	-,138
	Sig. (bil)	,929		,557	,006	,006	,466	,083
	N	156	160	142	157	153	160	159
μ _SI	<i>r</i>	,084	,050	1	,107	-,056	,097	,072
	Sig. (bil)	,324	,557		,207	,509	,249	,393
	N	141	142	143	141	139	143	142
μ _Coping	<i>r</i>	,090	,219**	,107	1	,320**	-,275**	-,215**
	Sig. (bil)	,260	,006	,207		,000	,000	,007
	N	158	157	141	160	155	160	159
Ovc_Trau- ma	<i>r</i>	,137	,221**	-,056	,320**	1	-,272**	-,418**
	Sig. (bil)	,088	,006	,509	,000		,001	,000
	N	156	153	139	155	156	156	155
Impact	<i>r</i>	-,130	-,058	,097	-,275**	-,272**	1	,466**
	Sig. (bil)	,103	,466	,249	,000	,001		,000
	N	159	160	143	160	156	164	163
Today	<i>r</i>	-,134	-,138	,072	-,215**	-,418**	,466**	1
	Sig. (bil)	,094	,083	,393	,007	,000	,000	
	N	158	159	142	159	155	163	163

** $p < .01$ (bilateral).

Third, beyond these findings, we examine the relatively low means of coping and intercultural competencies (and also intercultural sensitivity and intercultural strategies). We originally hypothesized that a low income and difficulties in everyday life make the metabolization of competencies more difficult. Even if no results emerge from the correlation between the satisfaction with income and housing and coping and intercultural competencies, both are related to the ability to overcome trauma ($p = .013$ and $p = .008$, respectively). However, with regard to the global level of satisfaction in their lives, we correlate this with both the ability to overcome trauma and coping ($p = .000$ and $p = .031$, respectively).

Discussion and Limitations

We investigated the link between two specific psychic processes—interculturalization and overcoming trauma—on a sample of people who experienced diverse degrees and natures of traumatic events. Although the mechanisms of this link are still rather unknown, we question the effects of low income and everyday life difficulties. In addition, although our results are only partially significant, especially with regard to the direct impact of overcoming trauma, this could be explained by the notion of “satisfaction” inherent in our questions. Beyond evaluating concrete incomes, we chose to base our

reflection on individuals' feelings and emotions. This choice questions the relationship between traumatized people and their quality of life and primary needs (Al-Baldawi, 2004).

Intercultural competencies are correlated with the ability to overcome trauma and coping processes. This correlation does not allow us to assume a causality relationship, but we posit that these two processes push and nourish each other in a virtuous dialogue. However, it seems likely that these processes are neither chronological nor linear, and this idea raises the question of the emergence of a similar temporality.

Previous studies on psychotraumatic symptomatology enlighten the question of a suspended time. According to Chessari (2005), the individual is frozen in an inaugural time due to profound surprise where there is no continuity between the before and after. The individual remains petrified due to the horror of traumatic shock and stays fixed in the face of the event's lack of sense. Crocq *et al.* (2007, p. 30) explain that "not knowing the words to express the inexpressible, they renounced it, wholly captured by fascination, contemplation of their insane experience." This clinical description could be echoing the uncertainty of temporality that continues to be found in migratory paths (Giraud & Marie, 1988).

Indeed, the uncertainty of many trajectories leaves the migrant (as well as business-people in some intercultural negotiation situations or older residents of gentrified areas) in a stunted state that blocks all thoughts. The individual is then not able to consider any strategy to face the unknown and will adopt defense mechanisms. For example, the different types of resistance (*i.e.*, commenting, asking for additional explanations, argumentation, refusal to respond, suggestion of new propositions, aggressiveness, legitimacy questions) to the scenario questions indicate how difficult the culture contact posture is when facing complex alterity situations.

Conclusion

Because of its broad spectrum of variables, this research presents some important statistical limits. First is the possibility of order effect, mostly because of our decision not to randomize questions because of concerns with the ease of filling out the survey. Second, again due to the length of the questionnaire (more than 200 questions), our sample is too small to claim high statistic quality, which actually might explain the relatively low correlations.

A current, longer work is still in progress to test other hypotheses in terms of the traumatic event, personality, and environmental factors, which we hope will have a larger impact or moderate the highlighted relationship between overcoming trauma and interculturalization. However, this research, which used both qualitative and quantitative approaches, confirms our primary intuition about a parallel link between overcoming trauma and intercultural competencies.

The effort to understand the mechanisms of both trauma and interculturalization, as well as their mental health impact and identity construction, is still ongoing. However, these first results shed light on the multiple possibilities for designing prevention and intervention strategies, for use in a professional context. The results highlight the need to develop intercultural creativity in our clinical framework, through our own relationships with intercultural bodies and diseases but also with an understanding of the differences, especially through creative play and sharing.

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