

Conversations with Experts



Professional Communication in Intercultural Contexts: David Wei Dai in Conversation with Tony Young

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DWD: Thank you all for joining us in this conversation with Professor Tony Young. So, Tony, would you like to maybe start by sharing with us a bit about your academic journey? Like, what draws you to research in professional communication and intercultural communication (ICC) more

broadly?

TY:

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have a profound effect on forming people as individuals and as social beings, their sense of self, outlooks and interests. For example, these might be people who are from a background where two or more languages were important in their life but who are brought up in a sociocultural context where this might be unusual among the general population. Or where parents were perhaps from quite different backgrounds, socially or culturally. They themselves may have migrated under some sort of circumstance and had to adapt to a new sociocultural milieu. So, there's some kind of issues that are 'about' encounters with social difference, dealing with difference, maybe enjoying difference, experiencing difference as a positive, enriching, highly formative thing early in their lives that inspires people to be interested in intercultural communication later in their lives.

This applies to me, but maybe not in an obvious way. I am a working-class boy. Both my parents were factory workers and here I am a professor - I'm pretty middle class now, at least externally, so there's my journey, an aspect of my multidimensional, multifaceted identity, call it what you will. I am from a little city in the very far north of England called Carlisle, which is the most fought-over city in Britain. It has had more battles around it than anywhere else in the country and has been besieged more than anywhere else in the country. It is right on the border between England and Scotland, on the line of Hadrian's Wall, one of the most significant boundaries around the Roman Empire. Subsequently, for about 700 years, England and Scotland were basically at war with each other constantly, with poor little Carlisle very much in the middle. So, without essentialising Carlisle people too much, there is a kind of prevailing 'hard border' mentality among people there. There is a powerful sense of us and them, and there's also a sense of separation. If you look at Carlisle on a map, you will see that it's about as far from any of the big population centres in England as you can get. So, it is fair to say that I was brought up in an area with a very particular 'separatistic', 'particularist' social mindset, and as a boy I remember kind of really, really wanting to push against this, to connect with people who weren't from 'my' social place and my background, pushing against that isolation and separation. I think that my initial instinct was towards that kind of encounter with difference. I was kind of looking for that to be part of my life.

In my late teens and early twenties I did an undergraduate degree in English at Sussex University in the deep south of the country, and like many graduates in humanities subjects in the early 1980s, when I left university I found that there weren't any professional jobs for people from that academic and social background – the state was contracting as an employer and there was large-scale unemployment. So I trained and then went abroad to work as an English-language teacher. That was the point when I was simultaneously teaching intercultural communication, reflecting on my role a lot, but not really thinking about it in terms of framing it around intercultural communication. I was also living in a kind of intercultural environment as well. I worked in Spain, in Italy, in Malaysia, I was a very

mobile teacher, going around the world, working for different organisations, reflecting as I went but not at that point having a clear conceptualisation of intercultural communication as a way of framing my interactions with people.

I was, however, reflecting fairly constantly on questions which you could very broadly call intercultural. Like, for example, in Malaysia, I wanted the learners to call me 'Tony', and I invited them to call me 'Tony', but I could not get them ever to call me Tony. They would always call me 'Sir', 'Guru' (Bahasa Malaysia for 'teacher'), even 'Mister Guru' sometimes as well. And even 'Sir Tony' – an honorific I'm not entitled to. Negotiating this with the students was part of an interest in what I would later understand as intercultural communication, how it manifested and how you might treat it as a resource, as a focus, rather than an impediment or some kind of problem in the language classroom.

Later I did a master's in applied linguistics at Birkbeck, University of London. I remember writing the statement when applying for that programme saying why I wanted to study applied linguistics at Birkbeck, and it was basically all about intercultural communication without my actually naming this as an interest area because, I think, at that time I still wasn't aware that it was actually a specific field of inquiry. If I'd been able to do a master's in intercultural communication, I probably would have done one. Of course, such programmes didn't really exist much in global western universities before the 21st century got going (Zhu et al., 2017). So, I did a programme of applied linguistics and gradually became more and more aware of this thing called intercultural communication and that eventually led me to do a PhD in the same sort of area. The rest is history, as they say. And it is maybe all rooted in my experiences as a young boy in a very particular, some might say isolated, part of the world.

DWD:

It's a brilliant answer. And also, it's so nice to hear about your academic trajectory, which leads very nicely to my second question. We know you've conducted quite a number of international large-scale projects on professional communication in diverse sociocultural and sociopolitical contexts, such as your multi-regional inquiry study in Southeast Asia and your professional reintegration project in Europe. Could you share with us a bit of what you've learned from your projects? Do you see any bigger-picture questions we need to address in professional communication and intercultural communication research?

TY: Okay, I'll tell you something about some of the projects I've done recently, and I'll give you some idea of the conclusions that we drew. One thing to say is it's always 'we' rather than 'I' – everything I have done has been very collaborative. This means I've always worked as part of teams of people, often international and multi-professional and co-operating, collab-

orative lay-professional. So, generally, what you could only describe as a multicultural group of people.

Just to give you an idea of the kinds of things and the variety of possibilities that you can get from that starting point, I began my research career proper by looking at intercultural communication in terms of language education, particularly teachers' beliefs, attitudes and knowledge in response to what were then emerging lingua-pedagogical models of intercultural competence. The work of people like Michael Byram and his 1997 model of intercultural community competence (Byram, 1997). These scholars recognised and tried to operationalise the inextricable connection between culture and language and how that is manifested in what people are and maybe should be learning when they're acquiring languages in formal educational contexts. This was my PhD focus, and I did quite a lot of that initially.

Latterly, I've been involved with a trans-European project related to the language educational needs of refugees (Young et al., 2022). These are people who were professionals back in their place of origin, who were displaced as a result of war or some such catastrophe, and then attempted to get back into what you could loosely call the professional sphere. Here we conceptualise the idea of professional intercultural communicative competence, which may be of particular interest to our audience.

Latterly, we've picked up ideas of intercultural communicative competence, and looked at global citizenship education (Mairi et al., 2023). Within the lingua-cultural side of intercultural communities of competence learning, there is a lot of interest in the idea of citizenship, how to make people better citizens, which links, logically in an intercultural way, to global citizenship, how that's thought about and conceptualised (Byram, 2008). We've just finished a project where we're looking at that as an area of study (Global Citizenship and Multilingual Competences (GCMC), 2024).

So that's a logical three-step journey from what I knew myself and what I did professionally as a teacher and how I've been able to draw on that and use that as a step to investigating what teachers do and what learners do, how language learners and teachers think and how they apply it to what they do.

Less obviously, I've also been involved with projects related to medical education, and particularly things related to optimising communication involving people living with dementia (Tullo et al., 2018; Young et al., 2016). Here I was invited onto a communications project as an intercultural scholar because people working in the field of caring for people with dementia recognised that an awful lot of the intercultural, intergroup communications elements that I was looking at could be readily applied to the lives of people living with dementia. Here there are perceived intergroup separations, and people living with the condition tend to become socially isolated, particularly in the global West. They can also be subject to stigmatisation. Communicatively, they tend to be approached in a number of not very satisfactory ways by the professionals who deal with them, people such as care workers and medical professionals. Communicative practice involving people with dementia, tended to be, politely put, less than optimal. In a lot of care contexts, for example social care homes, the instrumental, bodily-functional side of care – just getting

> people dressed and getting them fed – predominates. The actual conversational, interactional aspects of care, vital to social connection and to people's wellbeing, are neglected.

> So a lot of the work that we did was about how to break down that separation, and how to make it possible to create environments for people where communication could be more effectively conducted. We did that with support from the Alzheimer's Society and the various funders in the UK, working with medical educators in respect of medical student training (Tullo et al., 2018) and with a spectrum of stakeholders in respect of professional and lay communicative practice involving people living with the condition. We have also cooperated to build toolkits of communicative good practice, which are web-based and freely available (DemTalk, 2020). These are now being taken up and socioculturally adapted and translated for use in different places such as Malaysia and East Africa. The translation is very intercultural-communicative because it's about making the advice that was initially applicable in a British context useful in a non-British context. For example, in Malaysia, we've translated the toolkits into the four main and official local languages, basically - Chinese, Bahasa Malaysia, Tamil and English, but English as it is used and understood in a Malaysian context with Malaysian sociocultural assumptions suffusing it. We're doing the same thing in Tanzania with sociocultural adaptations and translations into Swahili. All the versions of DemTalk are designed for different audiences - for example, professionals involved in care, family carers and medical professionals. The thinking processes that you go through as you work with people to ethnographise their circumstances as you build toolkits for different audiences and contexts are very familiar to intercultural scholars.

> Another focus has been on internationalisation in higher education. Here our work was initially in the UK and later in Europe (Schartner and Young, 2020). We've also done some work in Thailand as well as part of a Newton Advanced Fellowship project (Snodin et al., 2021). All our work has a central interest in the experience of being an international student in different contexts, what it's actually like, with a view to understanding and we hope ultimately enhancing the experience for people. In contrast, a lot of research currently done on internationalisation is centred around recruitment of students, in marketing basically, but we're only very tangentially interested in that. We see study abroad – a massive and growing phenomenon – as one of the richest arenas for intercultural investigation and as an enormously important life event for those undertaking it. Recent investigations have expanded to include foreign staff working in universities in different countries (Schartner et al., 2023).

> Essentially, adopting an intercultural mindset stands you in good stead now and in the future for encounters with people whose life circumstances might be very different from yours. That's something that all of my work has shown me.

DWD: Thank you. I really like the point you made about taking this intercultural mindset to different contexts so the next question is more about this

practical side of things. There has been a growing demand for communication experts who can provide consultation on professional communication in intercultural contexts, in professional communication domains such as healthcare or legal communication. I can use myself as an example. I was hired as an assistant professor in professional communication in a medicine faculty in Australia before taking up my current post at UCL [University College London] in the UK. The reason I was hired initially was not because I had any medical background. I don't. It was because the medicine faculty identified intercultural communication issues in their students that they wanted someone to resolve. There are many international healthcare students from different cultural backgrounds and these students need to go to hospitals to get trained to become doctors, nurses, physios and other health professionals. However, these trainees often get flagged and pulled out of placement because somehow they are being perceived as unprofessional. I used to get angry phone calls from the hospital saying: 'David, how come your students can't speak English?!' I was like, what do you mean they can't speak any English? They have all passed entry language tests so they can definitely speak English. It turned out that the perceived inability to speak English actually boiled down to issues in professional communication in intercultural contexts. My next question to you therefore is, do you think ICC graduates can contribute to consultancy in professional communication? What unique advantages do you think ICC graduates possess compared to, for example, graduates from media studies, public relations or any other communication degrees?

TY:

Yes, that's a really good question. The first thing I'd say is that postgraduate students are doing a degree and not doing a training programme. A master's degree is not about giving you 'how-tos', it's not about 'top tips'. It's about setting your mind in such a way that you are open to big, broad and often very complex ideas which can later be a guide and touchstone for you in 'real life' situations, related to work or your life in general. If you've chosen to do a degree in intercultural communication, what you're perhaps most interested in are questions of culture, what culture is, and questions related to identity, such as where people feel they belong and whom they feel they belong with. You're also likely to be interested in communication, of course, interested in helping to inculcate a sense of belonging in a communicative, interactive sort of way. You've got – or you seek – a mindset that is putting you in a position to think about and notice how people get along. That is an extremely valuable transferable skill, an excellent graduate attribute.

One of the things you're going to get is an ethnographic frame of mind. Making the familiar strange and the strange familiar. You're going to learn how to look at things and think about things very deeply, things such as communication, and thinking, how can I understand what's happening here communicatively? Often we're called upon to solve problems. Like David's example, there is a problem, and somebody's identified it as a

communication problem, and often they'll identify it as a cultural problem. So we intercultural scholars may initially be brought into things as problem solvers. But I think solving the problem is usually two or three steps down the line. The first step is to understand what might actually be going on in any given context.

What exactly culture is, is a very, very complex and difficult question. I think about culture as being any time where there are groups of people who are in some way . . . that they perceive themselves as being similar to each other in some way important to them and different from another group of people for similar reasons. The perception is there, basically. It's how they deal with that, how they deal with the fact that there's a sort of *us* and there's a sort of *them*, and how you actually make some connection with the 'them' as well as with the 'us'.

Culture as a concept is amorphous: a powerful big, broad and very, very compromised abstraction. Early cultural studies, particularly in the global West, were much led by ideas of power and control in imperialists' mindsets. This was particularly the case during the 18th and 19th centuries CE. It was driven by an imperative to understand other people – or peoples – in order to control them, to make them work with and for you, to acquiesce to a fundamental loss of agency. So a foundation of the colonial/imperial project was understanding 'the other' in order to control people and occasionally turn different groups of people against each other. Edward Said famously characterised the colonising West's perceptions of and positioning of the colonised 'East', as 'Orientalism'.

Our job as intercultural communication scholars is, fundamentally, to push against this. We should aim to help people, to support their agency. If people perceive difference, then fine, you know, that's what they perceive. That difference may be identified by people as being some kind of 'cultural' difference. We're in the business of allowing people to see that and understand that, but also to get themselves in that third space (see Kramsch (1993) for a conceptualisation of this very influential idea). Here people are able also to see both 'us' as being interesting and unfamiliar, and the 'them' as being interesting and unfamiliar, and getting a space between the two where they can kind of think about both sides. Does that answer your question in some way?

DWD:

Yes, I think your answer is very thought-provoking. And it goes back to the point you made earlier about this intercultural mindset. So my next question, again, is very practice-oriented. I wondered, with this intercultural mindset, with this critical understanding of intercultural communication, how can we apply it to some very real, on-the-ground contexts? For example, we have a law firm or maybe a clinical site like a hospital. They really want some intervention from a researcher or consultant who is experienced in analysing intercultural communication and professional communication. But there tends to be this, I would say, constant tension between knowing about communication versus knowing about content knowledge. ICC scholars can go to a law firm or a hospital to analyse

communication, but they were not really trained as doctors or lawyers. So how can ICC researchers and consultants best unpack intercultural communication and professional communication in these kinds of contexts without having the professional domain expertise?

TY:

Yes, just as you have, I've done quite a lot of work with medical professionals and the most difficult audience I've come across in this work, the most difficult people, often, to convince that there's worth in what we as intercultural communication scholars do, are senior medics. For example, consultants in hospitals and clinical directors: they often have quite a problem seeing things as being, at least to some extent, a communications issue. I've heard some very senior clinical directors refer to an interest in communications as being 'midwife stuff', essentially not their concern. In response, I think as a scholar, you've got to go into this situation with humility. We're not surgeons, of course. We can't do what these people can do professionally, and we don't have the knowledge that these people have got. But what we can do is ask them questions about what they do and how they get along with other people in the context. We can be a kind of astute, enquiring investigators and we can ask questions. Our role allows this, and our skillsets make us – we hope – good at it. We have ethnographising toolkits, we can listen to the answers and we can maybe see ways in problematic situations that the people in those situations can't themselves see. I mean, did you find in hospitals that very negative patient outcomes are often the result of a breakdown in communication between different professional groups - doctors and nurses, cardiologists and oncologists, for example? I do a lot of work with dementia. Most people with dementia are older And unfortunately, if you're old, you tend to live with multiple morbidities. Because of the way western allopathic medicine works and the structures it operates within, this tends to mean that you get many different doctors dealing with different bits of you. So there'll be one doctor interested in your heart, there'll be another doctor interested in your knee problems, there'll be another doctor interested in your headaches or something of that kind. And you, as a patient, are the object under multiple observation. When it comes to caring for you effectively, what you really need is somebody that's looking at you holistically, you need those different medics from different disciplinary backgrounds to be able to talk to each other. Researchers like Bernadette Watson have been very, very interested in how medics with different skill sets actually communicate with each other in, for example, medical notes, what they actually write down and tell each other about what they're doing with, to and for a patient (Watson, 2020). That can be a form of intercultural communication as far as I'm concerned. The way a psychiatrist thinks about the person tends to be different from the way that a cardiologist thinks about the person. And helping them to think in a way that is optimally beneficial for that individual is a classic case of intercultural communication.

So, in answer to your question very briefly, I'd say we go into professional contexts with humility. We don't pretend to know more than we know, but we do know how to ask questions. We know how to notice things. We've got toolkits for thinking about things, and we can go into that situation and quietly seek to understand things, and then offer ways forward to people. We generally have to behave quite gently in the presence of what is occasionally tremendous lifesaving expertise. But we've also got to remember that from the patient perspective there is absolutely nothing more important beyond the clinical than communication. Yes, you do want your heart to get fixed, but you also want to be communicated with in a way that makes the experience less horrible than it otherwise might be. So, from a patient perspective, communication is absolutely vital to people. And we know something about that. We understand that, in some ways. That's what we do.

Not all medical professionals understand that they can tend to treat the human body as being a kind of machine, but we all know that it's not just a machine. We're connected beings, and feel the need for connection even more when we are in extremis. If you're talking about connectivity between people, you're talking about communication. To try to unpack this a little, I'll be very personal here. I was pretty seriously ill about three years ago and spent a long time in hospital, and I had a lot of time to look at how people were interacting with each other in medical spaces. How the professionals were interacting with the patients and with each other were a particular interest. And I came out of the hospital just impressed more than ever by how important the work that we do actually is in terms of human experience and human understanding. It's absolutely crucial to people. And when people have negative experiences with, for example, medics, it's almost always to do with the fact that there's some kind of communication problem somewhere in the mix. It's either contributed to a clinical problem or it's made the actual experience of it, not knowing what's happening and why and who's doing what, worse than it should be. That feeds into, again, negative outcomes, clinical and otherwise. It's one reason why hospitals are pretty horrible places to be if you're living with dementia, for example.

DWD: What you just mentioned about clinical communication is truly fascinating. I can also give an example but I will be very brief. I remember I once talked to this general practitioner (GP) in Australia, and he mentioned to me, 'David, I don't know why, but I seem to always get my patients to cry.' I was like, 'Okay, well, maybe we need to unpack that a little bit.'

TY: Why was it? Was this doctor giving bad news all the time? So this relates to issues of context and subject matter?

DWD: I think it's also the communication style. And there are also other factors because doctors and patients sometimes don't come from the same perspective. Patients are there to get help. Doctors sometimes are there to quickly finish this patient so they can move on to the next one. I once observed this doctor talking to a patient. When the patient was still digesting the advice

given by the doctor, the doctor already stood up and wanted to open the door for the patient to leave because the doctor was under time pressure to see the next patient. Communication of this sort can have a huge impact on health outcomes.

We could talk more about clinical communication but due to time constraints I think I should move on to my last question. Tony, you have offered such a great coverage of the complexities of intercultural communication and professional communication. But at the same time, we're all very acutely aware of this emergence of GenAI [generative artificial intelligence]. Some people say GenAI can make our lives simpler. They feel it can simplify some of the challenges you just described in intercultural and professional communication. At the same time, researchers in intercultural professional communication have raised concerns about AI's impact on cognitive, emotional and social engagement (Dai, Suzuki, et al., 2025) and cultural stereotypes (Dai, Zhu, et al., 2025). So with the growing application of GenAI, do you see any affordances or challenges in applying it to the teaching of intercultural communication and/or professional communication?

TY:

I'm still in the shock stage of seeing people, especially learners, using it – not always with due acknowledgement – and being worried by the potential harms that AI might cause to human growth and learning. Nobody outside the tech giant corporations are [sic] controlling it, maybe not even the tech corporations themselves, and at the moment its potential can seem fairly unlimited. I wonder about the place of people and human communication and informed agency in an AI-generated future.

More positively, there is potential: human communication is about people, and there's got to be work for young scholars like yourself, around how to make the machines able to 'talk' to people and how to make people better able to 'talk' to the machines, and perhaps to each other. Adam Brandt and Spencer Hazel and other colleagues, they're doing an awful lot of work on making the AI respond in a more 'human' way in a pseudo-interactional situation (Brandt and Hazel, 2025). This clearly has potential benefits beyond the tech giants' bottom lines.

We've also got to think about the benefits and otherwise of learning languages. Anglophones in particular don't always appreciate how much effort has gone into people learning our language in order to function internationally and interculturally. If AI can help do that, the grunt and effort work around language learning, for you, then I would imagine the vast majority of people are going to want to use it. You can envisage it being pretty good in terms of lexis and grammar. But the other aspects of language and communication, the stuff that we communications scholars specialise in, is probably the area that AI is not going to be so good at (Dai and Zhu, 2025). So I can imagine there being quite a lot of scope for work for intercultural communications scholars of the future in making AI better communicate with actual human beings in different 'cultural' contexts. Remember, I'm not talking about 'national cultures', which are a deeply

problematic and very compromised idea. I'm thinking more of cultures as ways of being, ways of identifying and interacting. So, the often-unconscious affiliations and assumptions that influence how doctors talk to patients or how one group of doctors talks to another group of doctors, for example. We're going to be, ideally, positioned to facilitate that. But as to the specifics of what that will involve, I think we're in a very, very emergent situation. I don't know at the moment, and I'll probably be retired by the time it becomes a really pressing issue. It'll be over to you guys to work out what you're going to do with it. What do you think?

DWD: I think what we don't know would be opportunities for jobs, right? Because we don't really know how these things work. That's why we need researchers and practitioners trained in ICC to help us understand and solve these issues. I think this just opens up more scope for all of us.

TY: There are many tens, maybe hundreds of thousands of people with MBAs, but aren't that many people with intercultural communications higher qualifications. There will be professional niches for you to occupy which you possibly don't even know about yet. A knowledge of ICC will also help you to be flexible to changes of context and environment, vital career attributes now, and even more so going forward. I think that the study of intercultural communication has got more future in it than most disciplinary areas as currently constituted. Immersing yourself in our field is going to be as much about how to set your mind in such a way that you can understand and operate in an environment where difference is there and potentially, well, it can be problematic, but it can also be joyful, life affirming. I mean, it's nice to live with difference and to understand things so that you yourself can change, and help the world to change for the better for everyone.

DWD: Thank you, Tony. This is just wonderful. Thank you again so much for joining us in this interview. We truly appreciate your insight.

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