

Dialogue in a Rapidly Changing World: Practitioner Assessments of the Potency of Intercultural Dialogue for Improving Social Cohesion

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Abstract: In 2008, the Council of Europe Ministers of Foreign Affairs set out a new framework for approaching ethno-religious diversity within member states. As a direct response to expressed concerns about the failure of multiculturalism, or at least of multicultural policies, Intercultural Dialogue was promoted as a better way of connecting communities. However, critics claim it is unclear how the approach differs from previous integration frameworks; furthermore, they argue that ICD contributes towards unequal platforms for exchange between minorities and the majority group and can reinforce exclusion. This paper examines such concerns by exploring practitioners' understanding of the concept. Structured interviews were conducted with 52 delegates at the *World Forum on Intercultural Dialogue* held in Baku in 2015. These distinctive findings demonstrate that participants frequently discussed ICD interchangeably with other concepts and frameworks, most commonly multiculturalism and inter-faith dialogue, supporting claims that it has been difficult to define, even among practitioners attending a global summit on the topic. In addition, delegates from outside of Europe were more likely to highlight issues related to power imbalance when engaging with dialogue processes. The paper provides an important addition to empirically informed literature on both the conceptualisation and utility of ICD as a framework for engaging with diverse societies.

Keywords: Interculturalism, Multiculturalism, Diversity, World Forum on Intercultural Dialogue, Cohesion

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Introduction

In 2008 the Council of Europe Ministers for Foreign Affairs published the *White Paper of Intercultural Dialogue*. It is commonly referred to for its definition of Intercultural Dialogue (ICD), an approach promoted for dealing with the ethno-linguistic and religious diversity in contemporary Europe (Lee, 2016). The Council of Europe (CoE) describe ICD as

an open and respectful exchange of views between individuals, groups with different ethnic, cultural, religious and linguistic backgrounds and heritage on the basis of mutual understanding and respect. [...] It operates at all levels – within societies, between the societies of Europe and between Europe and the wider world. (CoE 2008, 10-11).

The European Year of Intercultural Dialogue also took place in 2008, demonstrating a commitment to the ideas and proposals within the White Paper.

In many respects the European Union (EU) has been concerned with core elements of the ICD framework since its very inception. During the post-World War II era, Europe has prioritised dialogue among its representative nations as a means through which to secure peace and maintain goodwill (Phipps, 2014). Furthermore, encouraging what Hansen (2000, 53) describes as ‘popular cohesion’ across EU member states and their populations has been crucial for the success of European cooperation. Aman (2012, 1012) identifies, ‘the disappearance of the Soviet bloc, Germany’s reunification and the signing of the Maastricht Treaty’ as driving forces in reinvigorating the objective of European social cohesion, of which ICD became the most recent promotional instrument.

Although establishing and maintaining long-term functional relationships within the continent may have been the initial motivation for ICD, even before it was coined as such, concerns at the forefront of public and policy debates on managing Europe’s diversity have shifted within the last twenty years. The changing demographics of member states, with their increasing numbers of non-indigenous ethnic-European citizens, coupled with concerns over security have fuelled debates on how to encourage

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popular cohesion. In light of porous borders within Europe, intra-state dynamics become the concern of all EU countries.

The White Paper and accompanying Year of Intercultural Dialogue took place at a time when previous models for diversity governance came under increasing scrutiny. Multiculturalist policies had fallen out of favour with many politicians, who asserted that these had allowed and encouraged minorities to engage in behaviour deemed to be un-European. Such accusations about multiculturalism ranged from the direct discouragement of migrants from learning English in Britain, to the promotion of terrorism (Wright, 2011); one result was Angela Merkel publicly announcing the 'death of multiculturalism', producing a watershed moment in European integration policy (Sarmiento 2014, 607).

The White Paper was very much in line with this narrative, stating, 'The breakdown of dialogue within and between societies can provide, in certain cases, a climate conducive to the emergence, and the exploitation by some, of extremism and indeed terrorism. [...] Only open dialogue allows us to live in unity in diversity' (CoE 2008, 16). Therefore, the promotion of ICD within Europe was a response to a political climate in which a new form of diversity governance was thought to be necessary.

The framework also received attention elsewhere. In 2008 the Government of Azerbaijan at a conference of Ministers of Culture with participation of both European and Islamic states initiated what became known as the 'Baku Process' based on the 'Baku Declaration on the promotion of Intercultural Dialogue' – to promote dialogue between civilisations. In September 2010, at the 65th Session of the United Nations General Assembly, the President of Azerbaijan declared the World Forum on Intercultural Dialogue to be held in Baku, the first in 2011, then every two years (2013, 2015 and 2017). This was primarily developed as a means for promoting greater understanding and cooperation between historical empires and contemporary challenges associated with globalisation. Azerbaijan saw itself as being uniquely positioned to develop a platform for ICD between continents and world religions. Sitting at the crossroads of Europe, Asia, Russia and the Middle East, Azerbaijan is part of the CoE; as a majority Muslim nation it is a member of the Organisation of Islamic Cooperation; and as a former Soviet state it has the legacy of a cultural association with Russia. At the first World Forum for Intercultural Dialogue (WFID), ministers from some 20 countries were present alongside more than 500 foreign representatives. It has continued every two years, increasing in size with each forum.

Yet despite the enthusiasm with which ICD has been promoted as a method firstly for dealing with complex issues related to intra-state diversity and secondly for considering the challenges posed by globalisation for inter-state dynamics, it has come

under criticism. A key concern when discussing the currency of ICD is the difficulty its proponents have in articulating exactly how it differs from previous models; both in terms of its definition as well as its practical implementation (Hardy and Hussain 2016).

This paper for the first time draws on fresh evidence and discusses findings from research conducted as a direct response to such criticisms. In 2015, interviews were carried out with 52 attendees at the 3rd WIFD in order to explore how ICD was understood as a concept, as well as its perceived utility among policy makers and practitioners. In doing so, the paper provides a very distinctive insight into how actors with an interest in the framework understand ICD and whether it complements or competes with more well-known approaches such as multiculturalism. The next section provides an overview of the developments that led to ICD's promotion as a tool for integration, before going on to discuss findings from the study.

Context: The Emergence of the Intercultural Approach

The United Kingdom has provided a useful context for observations: an important shift has taken place from state multiculturalism to a discourse on interculturalism (Lentin and Titley 2011) as part of what are framed as 'social cohesion' agendas. In the United Kingdom, multiculturalism had become a coded way of discussing the promotion of racial difference. Events such as 9/11 and the UK 'race riots' of 2001 were seen as the tipping point at which the (superior) liberal majority could no longer accept racial minorities deviating from their norms (Lentin and Titley 2011, 30) and thus, multiculturalism, as articulated by then-current multicultural policies, was deemed a failure for not adequately integrating minorities. As a response to this perceived failure, politicians scripted a new set of non-negotiable 'British values' which would promote nationhood in the face of the alleged racial crisis (Kundnani 2007). Thus, British values were intended to promote common ground over ethnic/religious/racial differences.

Liberalism had thus been presented as the universal to which everyone should assimilate (Kundnani 2007). Depending on how well racialised minority cultures were able to do so, groups were ranked and judged on their level of integration. The approach was developed as a direct response to UK New Labour's recommendations for 'community cohesion' following disturbances in northern English towns and cities in 2001. These involved angry local conflicts across cultural divides.

The concept of community cohesion had become the centrepiece of British policy as reports had identified a lack of community cohesion as the critical factor in the disturbances. The central argument for this self-segregation thesis, was based on evidence from Bradford, Burnley and Oldham that identified peoples who lived

together in communities but without exchange or contact – living so-called ‘parallel lives.’ It had first been articulated in the Ouseley Report and was incorporated into the 2001 Report, *Community Cohesion: A Report of the Independent Review Team*, as well as subsequent government reports into the 2001 disturbances.

The reports drew conclusions about the benefit of contact and meaningful interaction and led to the development of a new approach to race and community relations.

Community cohesion is widely criticised as crude and divisive not least because, as Lentin and Titley (2011) demonstrate in their comprehensive study, the burden of integration lay on minority communities evidencing their adoption of the so-called British values.

While the events of 9/11, the 2001 riots, and later the 7/7 London bombings provide some context for the perceived need for a new integration framework, several other developments led many politicians and academics to question whether multiculturalism was still relevant for Europe’s contemporary challenges. The increased rate and speed of migration within the twenty-first century has led to new ways of explaining population trends, such as superdiversity, which is both quantitatively and qualitatively different from previous eras (Vertovec 2010, 83). The new speed at which both people and information travel has led to a more diverse range of individuals and communities coming into contact in person and virtually. Näss (2010, 3) explains, ‘the level of public awareness concerning cultural exchange on a global scale has entered a new stage’. Consequently, stakeholders are also becoming more interested in divergent ways of living with and experiencing the world.

Increased contact and interest in cultures has also led to the growth of academic enquiry into what is meant by culture and what constitutes cultural identities (Brubaker 2004; Jenkins 2008; Wimmer 2008). One notable area of development within this is ‘interculturalism’, influenced by the work of Brah (1996) and Gilroy (2004) who have stressed the impact of diasporic identities, and Parekh (2000) who helped understanding of how a diversity dividend can result from the coexistence of different cultures. Interculturalism is discussed as a process of moving cultures into a space for joint experience and learning, which deemphasises and even rejects rigid distinctions. This idea of identities and cultures being constituted through social (inter)action, and therefore multiple and fluid rather than singular and bound, is pivotal to the transition from multiculturalism to interculturalism.

Xu (2013) argues that by disrupting the notion of essentialised identities and cultures, the focus shifts from boundaries, where difference is articulated, to a shared space of interaction and knowledge production. He writes,

Intercultural dialogue and relation, rather than the ontological difference between cultures, should be the focus of the intercultural communication research. It is not the difference between cultures, but the situated dialogue, relation, and interculturality between them, that makes better understanding of each possible. (ibid., 385)

This is not to say that difference is ignored, but that the emphasis is not just on encounter, but importantly on exchanges and co-engagement; these together provide the opportunity for co-learning. Therefore, the intercultural space is one which transgresses cultural identities.

The shifts in both political circumstance and conceptualisations of culture and identity are at the heart of the ICD approach within European policy. Acknowledging that ‘Identity is a complex and contextually sensitive combination of elements’, the CoE’s emphasis on the need for increased understanding of the complexity of individual and group identities through communication, encounter, and dialogue is indeed warranted (CoE 2008, 18). Yet in reality, any meaningful attempts at promoting open dialogue, particularly in the form of policy on integration, have simply not occurred. ‘Community cohesion’ was widely criticised for doing the very opposite, as discussed above.

Certainly, there has been a move away from the promotion of ethnic distinction through emphasising British values. However, this is argued to have disempowered minority groups rather than providing them with opportunities for encounter and open dialogue (Kalra and Kapoor 2009; Kundali 2011; Meer and Modood 2012). In keeping with this very apparent contradiction, much of the literature on ICD has grappled with how to ensure opportunity for meaningful exchange as equals, within what was essentially a framework developed to integrate ethnic ‘others’ into European values. The next section provides an overview of the key debates within the literature on the implementation of ICD as an approach for promoting intergroup exchange.

Discussion of Intercultural Dialogue As an Approach Within the Literature

Utility

A key issue discussed within the literature on ICD is the existence of power imbalances within dialogue processes. Given not all cultures are viewed equally, the dynamics of privilege are present during intercultural exchange between groups (Asante and Miike 2013). Furthermore, the intercultural approach is argued to be in and of itself a form of Western hegemony, promoting European values such as individualism and rationality. These criticisms have produced extensive academic inquiry into the

conceptual foundations of ICD, as well as its practical applications.

Ganesh and Zoller's (2012) paper provides a good introduction to the ways in which conflict and tension are incorporated into discussions on dialogue. They describe three features of dialogue: the first is collaboration, which views 'dialogue as a special form of communication involving consensus, collaboration, equality, and mutual trust' (p. 70). The second is dialogue as co-optation, which, 'warns about the possibility that dialogue can be manipulated, co-opted, and limited by state, corporate, and other powerful agents' (ibid., 74). The third is the agonistic approach, which views 'radical democracy' as emerging 'out of difference, conflict, disagreement, and polyvocality' (ibid., 77). In this view, a certain degree of disagreement facilitates, rather than impinges on, the potential for dialogue to create new meaning. Further, such disagreement can, in itself, help to address the power imbalances implicit in the dialogue (Ganesh and Zoller 2012, 77). It is this final approach that is meant to define ICD as different from others – exchange for its own sake, allowing for the accommodation of disagreement, without a need for consensus (Hardy and Hussain 2016).

Phipps (2014) supports Ganesh and Zoller through her work on ICD in conflict settings. She argues that it is crucial for dialogue to engage with power imbalances. If this is not a feature of ICD, any exchange will simply perpetuate global inequalities 'by focusing attention away from that inequality and onto perceptions of cultural difference in such a way as to avoid political and ideological issues' (ibid., 112). Here, Phipps argues that the EU's form of ICD is only applicable to situations of stability and peace, criticising the application of this approach in situations of enduring conflict, such as Afghanistan and Gaza. Viewing ICD as a political slogan, she discusses how it is attached 'to anything to give it a false aura of effectiveness' (2014, 110).

The question raised by Phipps' critique, then, is how useful ICD is if it cannot be applied to situations outside of Europe; and even within Europe, only to those in which power differentiation is minimal. Highlighting similar concerns are Asante and Miike (2013), who argue that ICD is distinctly lacking in non-European perspectives on, and approaches to, dialogue. Baraldi (2006) echoes such views by arguing that intercultural communication is not only Eurocentric, but a means of exporting European culture across the globe. If such concerns are to be taken seriously, careful consideration of the applicability of ICD as a generic approach for positively promoting intercommunity relations must be undertaken.

Definition

Another key area of concern with ICD is that it has been difficult to both meaningfully define and measure. A recurring point is the broad range of meanings attributed to it

(Ludwinek 2015). At a policy level the ICD agenda includes integration, education, youth, culture, sport, and foreign affairs (ERICarts 2008, 6). Yet different government departments interpret and promote ICD in a variety of ways, creating incoherence in policy which both feeds into, and is a consequence of, the lack of definition noted in both academic and practitioner level (Näss 2010; Agustin 2012).

The most frequently used definition of ICD in policy is that laid out in the aforementioned CoE's White Paper. It outlines five policy approaches to ICD: democratic governance of cultural diversity; democratic citizenship and participation; learning and teaching intercultural competences; spaces for intercultural dialogue; and intercultural dialogue in international relations. However, this too is both broad and vague, evidenced by the array of programmes and initiatives which quote it as both inspiration and justification (Phipps 2014).

Theoretically, ICD has also been interpreted and constructed in contrasting ways. Sarmiento (2014) conceptualises ICD as incorporating a shift away from the 'Other' and onto the self. In this view ICD is a communicative interaction in which one comes to understand the relational self. In this way, difference is present and acknowledged, but not essentialised. On the other hand, Xu outlines the work of several ICD and communication scholars who view difference as problematic for effective communication and indeed as a source of conflict (Xu 2013, 379-383). However, the most noteworthy criticism of ICD is that it could be equally applied to many existing practices used to facilitate intercommunity understanding, including those associated with multiculturalism such as cultural sharing experiences; or interfaith dialogue engaged with by members of different faith groups coming together for a shared purpose (Levey 2012; Meer and Modood 2012). This has led some scholars to argue that ICD has not in fact added anything of notable value in terms of novel theoretical breakthrough or practical application (see Hardy and Hussain 2016).

It is a direct result of such debates that the study presented within this article was undertaken. Research was conducted to explore how ICD is both understood and implemented among practitioners from across the globe in order to engage with the debates outlined above. The next section describes the methodological approach for the study before going on to discuss findings from the research.

The 'Baku Process'

The Baku Process seeks to create a solid foundation to help mobilise ICD for concrete transformative action. It does so with the foundational belief that while the superdiversity characterising contemporary communities at once represents a significant policy challenge, it also offers real benefits. Launched in 2008, the Baku Process has for more than 10 years worked to create a positive platform for an open

and respectful exchange of views between individuals and groups with different ethnic, cultural, religious and linguistic backgrounds, living on different continents, on the basis of mutual understanding and respect. Convened every two years, the Baku Process' seminal event is the World Forum on Intercultural Dialogue. Organised by the government of Azerbaijan in partnership with UNESCO, the UN Alliance of Civilizations, UNWTO, the CoE, ISESCO, and, in 2017, the UNFAO, the Forum convenes a senior and influential cross-section of academics, practitioners and policymakers to focus on how dialogue within and between diverse communities has the potential to create tension but also to build understanding. In exploring this, and related themes, the Forums have sought to strengthen and broaden the conceptual basis and operational definition of ICD in order to achieve a real sense of global application, moving from a suggested Eurocentricity or 'Western' focus to embrace wider socio-cultural contexts and genuinely universal values.

The Forums have encouraged more discussion of working within and between cultures to promote contact and exchange that reinforces the benefits of diversity and peaceful coexistence. To date, the Forums have largely validated the definition of ICD as a process focused on finding commonalities between people with different cultural backgrounds, essential for bridging the intercultural discord and social fissures of our times. Further, discussions at the Forums have sought to move beyond the conflict-based approach that has dominated work on intercultural relations and dialogue, to focus on innovation, performance, and improvisation that might help to highlight the dividends of inclusive ICD.

Therefore, the WFID provided an ideal setting to explore how practitioners understand the concept of ICD, as well as its utility.

A group of seven trained field researchers conducted interviews with fifty-two participants over four days. As the fieldwork took place during the forum itself, many were conducted in lunch and coffee breaks, as well before and after conference dinners. However, it was also fairly common for delegates to sit out of sessions and this was a good opportunity to recruit participants. As a result of the circumstances under which the interviews took place, they lasted an average of twenty-five minutes. An information sheet about the study was sent to all delegates by email prior to the conference as well as being included in the delegate welcome packs, meaning that most participants were already briefed about the study before being approached by the researchers.

Semi-structured interviews were conducted in order to allow participants to discuss topics they felt were relevant. This was crucial given the nature of the event at which they were gathered, as it was anticipated that discussions would arise from forum content or interactions between delegates. However, the interviewers did ask some

core questions, which were designed to address issues highlighted within the literature set out above; while being non-prescriptive so that participants could interpret and discuss without being led by the interviewers' definitions. The four questions asked of all interviewees were:

- What are your reasons for attending WFID?
- What are your expectations?/Is the forum what you were expecting?
- What is your understanding of ICD?
- Do you use ICD in your own work and, if so, how?

The majority of interviews were carried out in English; however, it should be noted that this was not the first language of most delegates. Based on the availability of the researchers, interviews were also conducted in French, Russian, Urdu and Azeri. All interviews were audio-recorded, transcribed and, where necessary, translated into English for analysis. Transcripts were read by four of the original interviewers, who then met in person to discuss and agree upon a list of nodes to be used for analysis in NVivo. The next section discusses the findings.

Discussion of Findings

This section provides an overview of the findings, which can be divided into three main themes. The first offers an insight into how participants defined and understood ICD. The second theme demonstrates clearly how the delegates sought direction for employing ICD as a toolkit or framework – a key motivation for attending the forum. The third focuses on experiences of the forum, such as sessions, topics and debates with other delegates.

Definition and purpose

Discussion on what ICD was featured in forty-two interviews. Among these, nineteen respondents described ICD in a way that broadly fit with the CoE definition, as set out in its 2008 White Paper. The quotes below are examples of these:

Intercultural dialogue is a step, the first step to building understanding and tolerance; building a more cohesive community. If we understand more about the other, we'll understand more about ourselves and in the end create a positive change. It's something we need to constantly work at. The movement of people is so big. [DR14]

[ICD is important because it] helps improve our understanding of each and every one of us. [It] is going to help promote a better quality of life for all. Improving understanding, promoting interdependence, that kind of thing.

[DR13]

It should be noted that respondents were not asked directly about the CoE definition, nor was it offered as description to be agreed or disagreed with. Many purposes for ICD were discussed within the interviews, ranging from economic growth through to developing tourism. However, ICD as a facilitator of peace and peace building, or as a tool for preventing conflict, featured within forty-seven interviews. This is an interesting trend in light of debates within literature about the utility of ICD in conflict zones (see Phipps 2014):

After the end of World War II, the kind of political arrangement to establish peace and prosperity among people with the rising of conflicts around the world does not suffice. [BA17]

[Helping us to understand] our commonalities rather than just looking at the differences. Common shared human values...and once we know that there is connectedness between ourselves, this will be the beginning of dialogue. The beginning of peace and stability across the world. [DR7]

An additional five delegates discussed ICD but stated that they did not feel they had enough understanding of the concept to be able to provide a definition. One respondent stated,

I think [there] needs to be a definition of what ICD is because I don't think there [has been] a discussion of what [it] actually is...the term has not been really defined. [BA23]

Practitioners described ICD as a response to diversity, and this is how it featured in terms of their own work. In other words, diversity was discussed as a reason for having or requiring ICD. When interviewees talked about ICD and multiculturalism, they did so without any meaningful distinction. Interfaith activities and concerns around multi-faith societies featured most frequently as context in which ICD was employed, with an emphasis on engaging with the Muslim faith in particular, when discussing a general need for ICD. Respondents referred to *interfaith* more often than *intercultural* even when asked directly about examples of how they use ICD in their work.

I think it is so important to have a sensitivity and understanding of others. I don't see an alternative other than through dialogue. I think it plays out on different levels. I was very much involved 20 years ago and served as President of the Interfaith Conference in Washington which on a local level would bring together Jews, Catholics, Protestants, Muslims, Sikhs in a pretty developed interfaith network. It is still operating.

It could well be that culture is believed to encompass faith and this was seen to be

obvious by respondents. In other words, faith is part of what makes a group's 'culture' and therefore ICD is understood as an umbrella term for various forms of intergroup dialogue. This is certainly in keeping with the way culture is defined by many theorists, encompassing multiple markers that provide meaning and distinction to a group, including faith, common myths surrounding heritage, language and geography, for example (Nagel 1994; Jenkins 1997; Eriksen 2001).

Yet, how ICD as a distinct *concept* differed from other approaches for dialogue and exchange was not ever explicitly set out by respondents, hence the interviews did not help with any clear route to a conceptual shift in terms of how ICD differed from multiculturalism or interfaith dialogue. This is in keeping with a key critique highlighted within the literature (Meer and Modood 2012).

Reasons to join discussions of ICD

This leads us to our second theme of why delegates attended the forum. Most respondents discussed joining WFID as a result of working within a relevant area. In some cases, this was more abstract, such as ambassadorial staff who had been asked to attend as a result of engaging with other nationalities as part of their role; however, for others it was much more explicit, such as frontline NGO staff working within diverse communities to promote intergroup relations. Approximately half of the interviewees stated that they expected to gain better theoretical understanding of ICD, or practical ways in which ICD could be implemented, as a result of attending the forum. There was therefore a clear desire for greater guidance on how ICD can be employed in their work. This was viewed as a missed opportunity on the part of several respondents, as illustrated by the quote below:

What I expect is that we should crystallise and formalise some solid ideas. A lot of religious figures and politicians sit together; they can get the formula of how to start solving instead of just participating, travelling here and there and gathering. [BA23]

What I heard yesterday was much more high level, dreamy – 'we think we know what we're going to do but we've never actually tried it'-type statements. [CS26]

But I think here each country should be given an opportunity, maybe 5 minutes even, to deliver their ideas, their experience, and their requirements about ICD. [CS52]

The findings therefore demonstrate that ICD was discussed positively by respondents and believed to be a way to promote intercommunity relations. It was explained and understood in its most literal sense – encouraging different cultural (religious; racial)

groups to engage with each other. This was put forward as having the potential to resolve large-scale global conflicts as well as neighbourhood squabbles. Yet, how to actually go about encouraging greater dialogue between groups was left open for suggestions, and it was clear from our findings that practitioners sought guidance on how to implement ICD as a framework or toolkit for this very purpose.

ICD in formal and informal space

There were two related themes that emerged from the findings on delegate experience of the forum. The first reflects debates within the literature on power dynamics within dialogue, which was discussed in relation to forum sessions. The second related to experiences of delegates outside of sessions, within the informal space of the coffee breaks, the bus rides to and from hotels and the conference venue, and over dinner. Therefore, there were two types of ICD taking place, within the formal forum sessions and that among delegates coming from different countries, societies and organisations, during informal interaction.

Representation

While participants did not tend to address the issue of power inequality using terminology found within the literature discussed in section two; ICD and inequality was highlighted in many of our interviews through discussion of elitism between different circles of delegates. The comments of participants who mentioned elitism and the perpetuation of hegemony suggested an awareness that the lack of recognition of inequality can be a hindrance to the effectiveness of dialogue, particularly in the way that knowledge of the powerful elite is perpetuated, rather than disrupted or challenged when dialogue is not inclusive. The data provides evidence which supports Asante's view that even if the intercultural was a sort of third space, it would still be 'power-laden, not power-free' (2013, 8). The following quotes are significant in that they demonstrate a divergence in thought and practice as to the key objectives of ICD, and the pre-requisites for it taking place:

We need also to speak to the others, not only to ourselves, because all the attendants of the forum are almost experts and [there is] no intercultural dialogue from different point of views. We need to speak to all the public all over the world.

[It is] The same people. The same eight or nine people saying the same things again and again. [CS51]

More time needs to be given to the participants who have travelled from their own countries here, not only to listen but also to contribute [BA15]

We could have more than 100 countries to join this with rich and poor

countries. We, we are poor so if we are poor, we are poor at everything including communication and this is even more important for us for the poor countries to have this chance. We need to discuss poverty. How can we integrate the poor into this process? Not just my country but other countries. And even if there are people from the poor countries who are they? Are they connected back with the poor people in their countries? Is this message coming from or going back to the poor people in these countries? If it's just policy makers and law makers, but what about the poor? When you become rich everyone wants to know you. When you are poor you aren't given the same value for your dialogue.

These quotes do not demonstrate a lack of attendance or interest, but rather a lack of time and space to voice ideas. This may indicate that particular culturally situated perspectives on dialogue are not as valued or are not thought to be a part of the more mainstream conceptualisations. One participant, reflecting Asante, noted the lack of African epistemology. Commenting on a presentation at the forum, he stated,

Though he [the speaker] was from Africa, his epistemology was not from an African perspective and that to me is still a lacking issue and we need to change.

The concern over African representation was noted in a number of interviews and was particularly poignant in the following quote which highlights the perpetuation of dominant voices in knowledge production:

In all this inter-cultural divide, Africa is missing. There is a very significant absence of Africa. For some of us, we feel that at the end of the day, Africa will then become the implementation ground, yet it is not part of the process, and that to me is the downside. [CS12]

Again, this indicates some hesitation regarding the range of perspectives and voices heard at the WFID. A similar concern was voiced by a number of participants over the lack of youth representation, as represented by the following quote:

I think we need to involve more youths from different backgrounds because I believe that the future is in the hands of the young people.

The quotes remind us of one of the reasons ICD came into existence: to increase intercultural encounters and therefore understanding, in a time of 'superdiversity' and thus increased interconnectivity. However, participants' reflections raise the question of whether, even at a global forum established to provide a platform for ICD, it is possible to provide the level of interconnection needed to address the issues in the contemporary world it claims to be able to.

Networking

Linked to the concern over lack of inclusivity and range of voices is the question of dialogue itself. As discussed, the issue is not just one of presence or attendance, but of participation and inclusivity. This demonstrates that participants, as advocates for dialogue, view dialogue as the means through which different perspectives and ideas are brought into conversation. One of the most positive aspects of the conference reported by respondents was the opportunity to network with other delegates. This was hailed by many as the most valuable form of ICD that took place:

We need to talk to each other. It's an intercultural forum. Without having the sessions, it is a dialogue event of sorts. Networking and talking to people that you never get to talk to. Even that is breaking the barriers without the sessions.

It is mainly the relationships. Networking and relationships. But at the same time, I got to know other aspects of what others are doing all around the world and we need to think about it, to study it, to try to grasp it and to find better ways to conduct what we are doing.

I want to share my knowledge and my learning in the field that I'm working in and to reconnect with a lot of people that I know in the industry and also build some networks that I might be able to develop some stakeholder relationships with.

Being able to share with other practitioners was paramount for many of the respondents. Learning occurred through exchange of ideas and experiences. Furthermore, potential for building productive relationships and collaborations was viewed as an expectation that was successfully met by the forum.

Conclusion

This article discusses findings from research that was conducted at the largest gathering of practitioners of ICD. In doing so, it engaged with some of the key debates that feature within the literature on ICD. Among respondents who offered a description of ICD, less than half provided one that fit with the CoE definition. Delegates engaged with both academic and practical work used the concept of ICD fluidly, with participants rarely referring to ICD on its own, and most frequently doing so in relation to interfaith or multi-faith activities or agendas. This suggests that ICD was interpreted by practitioners as being interchangeable with other concepts such as interfaith dialogue.

Yet, the question that begs to be answered here is: should it matter? Xu (2013, 386) writes, 'Intercultural understanding through dialogue suggests that through communication people create meanings that did not exist before the interaction

and go beyond the monologue of one particular culture's discourse/ideology'. If practitioners recognise ICD as the promotion of dialogue with the aim of creating greater intergroup understanding, their conceptualisation is in line with Xu's. It could therefore be argued that whether practitioners of ICD refer to the work they engage in as 'interfaith' or promoting 'multiculturalism' is a matter of semantics. However, even if this is accepted by critics of ICD, findings from the study clearly provide evidence that concerns highlighted in the literature are valid. A particularly significant finding was that representation in and of itself was not enough. Lack of representation was noted, particularly from Africa, the Indian subcontinent and South America, as well as youth organisations and those with little prior knowledge of ICD. So, importantly, the evidence shows that if ICD is to deliver its claims, an inclusivity which goes beyond representation must be developed. The incorporation of perspectives from a variety of cultures, epistemologies and social groups in conceptualising ICD, as well as designing initiatives, is imperative if the approach is to have validity. The findings from the study therefore very much echoed the literature on the necessity for this.

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