# The varicultural, translanguaging and deCentring

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# The varicultural, translanguaging and deCentring

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**ABSTRACT**

Inability to discern separated cultures or native–non-native-speakerhood in a hugely diverse hospital setting allows deCentred observation of how cultural practices and values cross socially constructed cultural boundaries within a seamless varicultural flow. This enables inclusive and translingual threads of hybridity resourced by the everyday small culture experience we bring with us. Beginning with the small helps resist being colonised by the 'us'–'them' essentialist blocks derived from the dominant separated cultures model. Much of this struggle is unspoken in the perceptions of silent onlookers, influenced by grand, personal, institutional and workplace narratives, and in how we perceive how others perceive us.

L'impossibilità di creare una distinzione tra provenienze culturali o parlanti nativi e non nativi in un contesto ospedaliero diversificato, ha consentito una osservazione DeCentrata rispetto a come le pratiche e valori attraversino confini culturali costruiti socialmente all'interno di un flusso variculturale che non presenta interruzioni. Questo consente di creare fili di ibridazione inclusivi e translinguistici, sostenuti dalle esperienze delle small cultures quotidiane che portiamo con noi. Partire da una dimensione ristretta aiuta a resistere alla colonizzazione da parte dei blocchi essenzialistici 'noi'-'loro', che derivano da un modello dominante che presenta le culture come separate. Gran parte di questa lotta è inespressa nelle percezioni di spettatori silenziosi, influenzata da grandi narrazioni, narrazioni personali, narrazioni istituzionali e narrazioni che circolano nei posti di lavoro, e nel modo in cui percepiamo come gli altri ci percepiscono.

This paper presents the varicultural as a means to explain and reassess the complexity and uncertainty of cultural diversity in how we all live, construct and research the intercultural. I will argue that the concept aids a deCentred, decolonised recovering of natural hybridity and translingualism. Rather than the dominant view of intercultural or transcultural communication or competence, where separated cultures determine their respectively different practices and values, the varicultural is a flow of intercultural diversity within which we all negotiate, create and construct cultural practices and values. It is developed from my concept of small culture formation on the go in which this daily activity is strung between threads of experience that bring us together and 'us'–'them' blocks that pull us apart (Holliday, 1999, 2011, 2019; Holliday & Amadasi, 2020).

After describing how the varicultural stands against established views, I shall demonstrate its cruciality with a fictionalised autoethnographic account of being a patient in a hugely diverse

hospital outpatients department and a moment of interaction with a health professional. I will argue that this is not about overcoming incompatibility between separated cultures, but about finding the deCentred threads of natural hybridity, made more evident in the varicultural, that bring us together.

## The separated cultures model

Figure 1 shows two competing models of the intercultural. On the left, the still dominant model proposes separated cultures that each contain practices and values that are exclusive to their nature. Their onion-like layers (e.g. Hofstede, 1991, p. 9) indicate how, for example, classroom and family cultures, and language are determined entirely by successive layers in which they are embedded up to national (e.g. Chinese) and civilisational (e.g. Eastern) cultures. They are therefore essentialistically different from classrooms, families and languages in other national (e.g. British) and civilisational (e.g. Western) cultures. The separated nature of these cultures and their internal synchrony are perceived as positivistic fact within a structural–functional sociology (Durkheim, 1964).

However, this positivism has been critiqued as a colonialist trope, where supposedly rational Western researchers are separated from their irrational culturally Other subjects and organised cultural differentiation is imposed (Quijano, 2007). This is especially the case in the resulting and apparently scientific mapping and profiling of national cultures. It is not an accident that the categories of high-context and collectivist, in contrast to always Western individualism (Hofstede, 1991), resonate with the Western Orientalist imagination of the indolence of the East and South (Said, 1978). This separating then feeds everyday neo-racist cultural Othering (Hervik, 2013; Spears, 1999). The aligning of separated 'languages' with separated national cultures (Li, 2018, p. 19) enforces the belief that each one is 'native' to their particular practices and values. This then supports the false native-speakerist notion that so-labelled 'native speakers' of English embody a superior Western culture (Holliday, 2005, 2022).

Perceiving separated cultures as the norm also leads to the primacy of nation in social science (methodological nationalism) (Beck & Sznaider, 2006; Schneider, 2018), and to demoting hybridity to boundary-blurring resulting from recent globalisation (Kramsch & Uryu, 2020) and 'exceptions to the rule'. This thinking also somehow seeps into popular consciousness perhaps through dominant
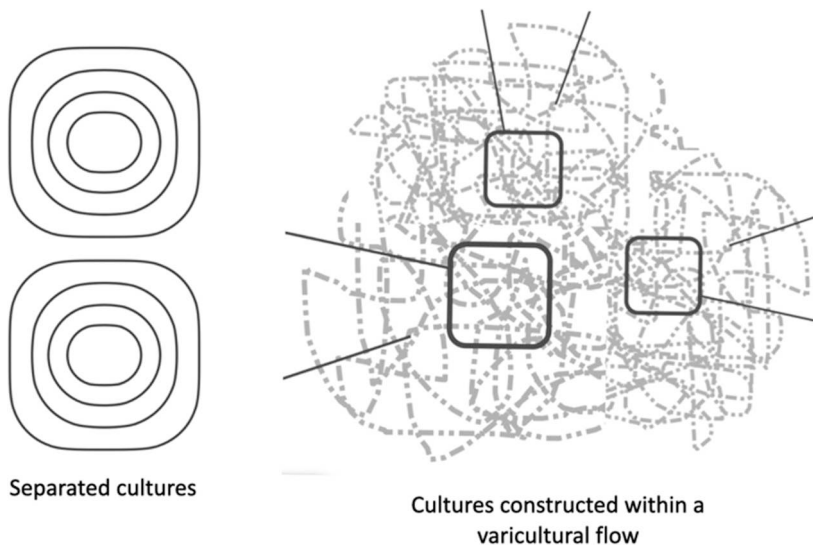


Separated cultures

Cultures constructed within a
varicultural flow

**Figure 1.** Competing models of the interculultral.

neoliberal and marketised discourses in education (Collins, 2018; Fairclough, 1989) and banal nationalism (Piller, 2017, citing Billig) to the extent that 'culture' becomes simply equated with 'country'.

## The varicultural as deCentred paradigm opposition

The *varicultural* on the right of Figure 1 attempts a deCentred undoing of the separated cultures model. Developed from my small cultures approach and original diagram (Holliday, 1999, p. 255; 2023a, 2023b), it shows cultures nested within a varicultural flow. 'Vari-' indicates varied[1] cultural practices and values, and 'flow' the often seamless nature of this variation despite marked difference across its broader extent. This comprises customs, stories, histories, national myths, religious environments, food, practices of eating, sleeping, washing, greeting, treatment of guests and management of privacy, architectures of buildings, use and design of streets, use and arrangement of shops, use and arrangement of rooms, furniture and floor space, and so on, and what might be termed psycho-physical features such as proxemics, hand and face movements.

This varicultural flow is the material, itself born from a multiplicity of constructions, from which so-labelled 'cultures' are constructed. This can be from the creation of national or civilisational identities through the formation of states, their institutions and systems, the media, art forms and so on, to creating corporate, workplace, community, family, subcultural, friendship and a wide range of other social groups which could be lasting or fleeting with clearly defined or highly transient membership. These constructed cultures are nevertheless very real and crucial to the diverse identities of the people associated with them (Antonsich et al., 2016).

Instead of being separated entities, cultures are therefore *constructed out of* this varicultural flow by social action. The lines running out from the cultures indicate this sense of construction by all the people involved – participants and onlookers, including researchers. The complex processes underpinning the politics of these constructions will be a focus of my healthcare example as the paper progresses.

This focus on social construction therefore represents a postmodern constructivism which opposes the positivist certainty implicit in the separated cultures model – supported by Berger and Luckmann (1979) on social construction, e.g. Crane (1994) and Delanty et al. (2008) on the falsity of dominant images of the intercultural, and e.g. Lyotard (1979), Mannheim (1936) and Mills (1970) on the falsity of grand narratives. Related to this critique is the opposition to nationalist, colonialist perceptions of 'language' as equal to nation (Li, 2018, p. 19).

The separated cultures model is thus revealed as an ideological construction and a false paradigm which cannot exist as a choice, but which must be moved on from through the process of paradigm revolution (Holliday & MacDonald, 2020; Kuhn, 1970).

### Decentred threads of hybridity

The varicultural flow provides threads of common experience with whoever we meet and wherever we go. While cultural practices and values will naturally collect on either side of constructed cultural boundaries, the immense diversity of the varicultural flow running across the boundaries will always have underlying forms that we can all recognise. For example, we can make sense of different types of buildings and eating practices because we all share an underlying knowledge of what the overall nature of buildings and eating practices are like. When I found an underlying commonality between Iranian and British national myths and children's stories despite their huge differences in cultural reference, I learnt more about my own heritage (Holliday, 2022, pp. 85–88).

That underlying variculturality crosses cultural boundaries is exemplified by Baumann's (1996) ethnography of how people in a London suburb self-identify with different ethnic and religious communities depending on which issues they are dealing with. This underlying ability to connect in different ways with people and practices with diverse backgrounds is a major resource when travelling to distant places – as evidenced with Algerian PhD students finding home in the West

(Sadoudi & Holliday, 2022). At the core of this resource is everyone's shared experience of nego-tiating different cultural practices and values from early childhood in such events as going to school, visiting other people's homes, joining friendship groups, workplaces and so on.

These threads are deCentred in that they derive from the natural hybridity that has always resisted Western Centre nationalist and colonialist structures that try to organise and marginalise linguistic and cultural identities (Bhabha, 1994, pp. 5, 94; Canagarajah, 2022; Hall, 1991b; Quijano, 2007). These *threads of hybridity* are therefore in the varicultural detail of how we all experience and negotiate the huge intercultural diversity of everyday life. 'Natural' here implies that this hybridity is the nature of who we are, where our very evident differences are not manipulated by 'us'–'them' constructions.

## Eight hours in a hospital outpatients department

To demonstrate how varicultural threads of hybridity can be recovered in the face of essentialist blocks that derive from the separated cultures model, I will use the example of my experience of wait-ing for treatment in a hospital outpatients and my interaction with a health professional. I choose this event because of its particular diversity which forced me to deCentre and see the varicultural flow.

My brief fictionalised autoethnographic account applies the ethnographic disciplines of making the familiar strange and allowing the unexpected to emerge. In applying the discipline of thick description, I seek connections with what might be going on in the wider scenario of the setting. An analytical mode enables me to present the accounts as data from which I can stand back and reflect (Anderson, 2006; Atkinson, 2006; Holliday, 2022, p. 18). They do not reveal any detail that might identify institutions or people for which permission was required. This is not a research project with analysis of previously collected data. It is instead a disciplined exploration of past events. The account is a backdrop against which to explore possibilities.

I use my grammar of culture (Holliday, 2019) as a frame for my analysis (Figure 2). Inspired by C. W. Mills's (1970, p. 237) 'grammar of the sociological imagination' of how we locate ourselves within wider social and historical forces, it enables me to map the essentialist blocks (in italics in the figure) and threads of hybridity acting upon my sense-making. The grammar has itself evolved in response to the events it has been applied to Holliday (2022, p. 19). In this adaptation, I have placed varicultural flows within the 'particular cultural products' domain (right of the
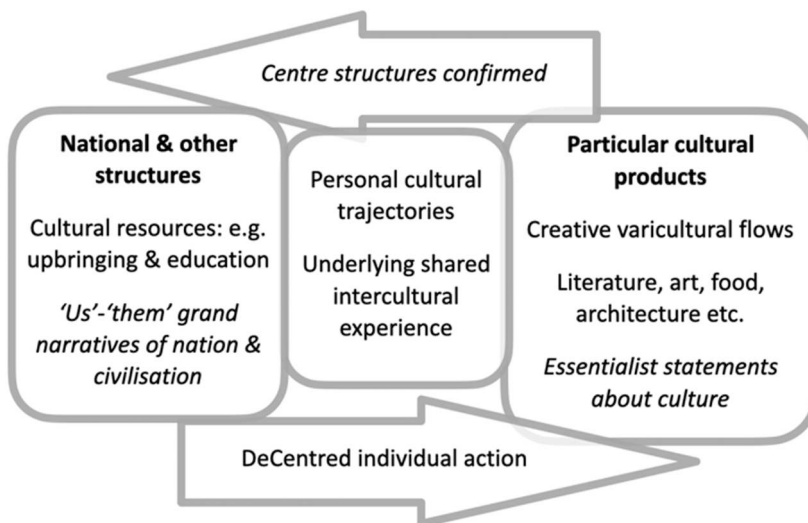


**Figure 2.** The grammar of culture adapted.

figure) and emphasised the deCentred nature of individual action (bottom centre) as will be explained below.

### A forced deCentring

Making the familiar strange immediately came into play as I experienced the struggle to work out what I could and could not describe. Conscious of the need to deCentre, in my personal small culture formation on the go I applied Stuart Hall's (1991a, p. 35) suggestion that beginning with the small helps bypass Centre structures – looking around at what is going on, trying not to be influenced by the rumours derived from the separated cultures model.

Indeed, I was not able to discern any separated cultures. I also began to understand that this was not a lack of necessary information, but instead a forced deCentring. I nevertheless needed to work hard at the phenomenological putting aside of imagined separated culture labels that would invoke prejudice and easy answers (Baumann, 1996, p. 1; Schutz, 1970, p. 316), thereby trying to uncover deeper layers of meaning (Berger & Luckmann, 1979, pp. 34–35). I was therefore forced into the necessary uncomfortable third space (Soja, 1996) through which I could recognise my subjectivities as part of the data (Clifford & Marcus, 1986; Holliday & MacDonald, 2020; Ogden, 2004), always aware of my own Western childhood and professional upbringing, which I will return to below.

Hence the initial description of the setting:

> In the large waiting room where I am seated I can see that both patients and health professionals comprise an equal mixture of probably British or other nationals with huge 'ethnic' diversity. The patients are seated in armchairs around the large room, some are accompanied by another person, who seem, from the interactions that I can hear or observe, to be a family member, neighbour or friend. These are either seated on a smaller chair, where available, or standing. At one side of the room is a desk around which health professionals are talking, consulting computers and other material or waiting, and also in the consulting room next to this. Health professionals come out to ask patients for the information that they need, to inform them of what is happening or to invite them to the consulting room. Sometimes names of patients are shouted out from near the consulting room. Down several corridors are other rooms and also the exit. There are also people coming and going with refreshments. There is a constant movement of patients, health professionals and others coming and going between all these points. English is spoken, wherever I can hear it, with considerable variety of accent, sentence structure and use of expression which do not seem to hinder communication.

The impossibility of using separated cultures labels is expressed in 'probably British or other nationals'. I still question this reference to nationality, but feel it appropriate because of my prior knowledge that there are 'other nationals' employed in British hospitals. The bigger point is that it was impossible to determine *who* was *which* nationality, and therefore any sense of where there might be a 'native' English. Because it was not clear to me which were doctors, nurses and so on, I can only talk of 'health professionals'. My attempt at phenomenological care also makes me aware that even the 'patient' and 'health professional' labels may carry their own prejudicial associations perhaps within healthcare studies or in the setting itself.

### The possible variety of Englishes

The description also indicates the impossibility of pinning down the 'considerable variety' of how English was spoken. I say 'do not *seem* to hinder communication' because I could not know this. I could not know what was in the minds of the interactants in assessing themselves or others; and anyway there will be many other factors than 'accent, sentence structure and use of expression' at play. I could only state what 'seem[s], from the interactions that I can hear or observe'. I can easily imagine that of course other languages were present in speaking or thinking that I could not hear, which influenced the ways that English was used. Indeed, it was clear that these, in effect, 'Englishes', were by no means so-labelled 'native' or 'non-native', but instead interacting with multiple other thought or privately spoken languages, almost like the 'work(ing) creatively' with 'multiple

languages to construct community' described by Canagarajah (2022, p. 32) – thus indicating a return to original, natural translingual hybridity. This also reminds us that the concept of so-labelled 'native' English is itself informed, in all its dialectal richness, by the 'the possibility of multiple, co-present, local origins of English' (Saraceni, 2015, p. 56, citing Pennycook), and by forms brought from elsewhere. In this sense, *everyone* there could only be minimally defined as 'LX users of English' (Dewaele & Saito, 2022).

It therefore seemed that everyone in the setting was connected, not regardless of background, but with the deep thread of hybridity within this common diversity, as asserted by DaCosta et al. (2021, p. 21) in their critique of Centre labelling of ethnic minority groups.

### *Interacting with a health professional*

I will now look at the potential for these threads of hybridity, and the essentialist blocks acting against it, within my interaction with the health professional. This can only be a beginning analysis, but which might open possibilities for what might be looked at in an in-depth study. Following is a description of the interaction, again with phenomenological caution:

> A health professional came out to ask about my personal details and health history. From his appearance and name badge I guessed he might be of South Asian heritage, but could not be sure. While aspects of his English (accent and some sentence structure) were not familiar to me, I understood what he wanted to know and he seemed to understand and be satisfied with my responses. He was looking at and writing on a clipboard which I imagined listed questions and places to record answers. He seemed though to realise that he should not just read out what was written, but enhance his questions with a friendly, respectful and reassuring manner. Perhaps it was this awareness, his body language, facial expression and overall demeanour that made him successful in putting me at ease and making me feel I was being taken seriously and in safe and professional hands.

I will begin with the probable blocks because they are the most powerful force which the threads then need to act against.

### Unspoken blocks

The blocks are unspoken because, while they might have been evident in a deeper critical discourse analysis of what was said between me and the health professional, they would be present in how we thought about each other. A video recording might indicate them in our body language – looks, raised eyebrows, how I sat and he stood. Within this particular setting this unspokenness might also have been particularly evident because we were silently interacting within a room full of onlookers. We were therefore not alone. Others were looking on just as I was looking on at the interactions I saw around me. A wider ethnography might also have revealed the blocks in conversations between them, their body languages and so on.

It is the tensions in our societies that feed these 'us'–'them' blocks. It is beyond the scope of this article to comment on healthcare in Britain. However, in any public healthcare setting my interaction with the health professional would be under high scrutiny because all the patients and those accompanying them are depending on people like him to progress treatment. I can also imagine that there are things going on between him and the other health professionals regarding who he and they are based on the multiple professional, institutional and workplace histories with each other and all the structural pressures that these bring. Regarding the part he plays in this work community, they will be conscious of how their professional reputations, in front of the onlooking patients as well as their own managers will also be influenced by his performance. All his actions with me will also be informed by how he perceives them to be looking on at him. He will also be influenced by the same forces that influence them; and his own belief about who he is may also be influenced by how they respond to him. They may also have received formal intercultural training that essentialistically positions them in relation to him, probably within the separated cultures model which lends itself to corporate accountability (Collins, 2018).

I can imagine the essentialist blocks that might collect around these circumstances because I have at different times constructed them myself in my own professional and personal experience – thus finding personal threads with the blocks – referred to as 'threading blocks' (Holliday & Amadasi, 2020, p. 59).

### 'Us'–'them' grand narratives

At the bottom left of the grammar of culture in Figure 2, 'us'–'them' grand narratives are perhaps the most powerful of the blocks that drive the others. Derived directly from the separated cultures model, they are the big stories that position us in the world, as promoted by politicians, the media, education and many of the cultural artefacts around us. They therefore represent an 'innocent discourse' (Holliday, 2019, p. 127) in that their ideological power is often not appreciated.

As I describe elsewhere (2022, pp. 22–30), I was drip-fed the Orientalist imagination about the culturally deficient East and South throughout my upbringing in Britain in the 1950s and 60s from multiple sources from children's stories at school to science fiction. There is also evidence that this reduced imagery is appropriated by the people it Others in opposition to or idealisation of the West (Amadasi & Holliday, 2018; Kumaravadivelu, 2016; Moeran, 1996). Sadoudi and Holliday (2022) describe how, in making their homes in the West, Algerian PhD students first needed to put aside this idealisation that they had been brought up with.

This means that there is the likelihood that there is a shared 'us'-'them' false narrative between me and the health professional and with many of the diverse people around us that 'self-direction and criticality *really are* Western attributes', and that 'they *really are* only *really* mastered by so-labelled "native speakers" of English'. Then, whether or not the health professional had an accent which could be recognised as 'British', which he may well have had since childhood, his speaker-hood would probably be assumed from his presumed ethnicity, given the now understood relationship between being a so-labelled 'native speaker' and 'white' (e.g. Kubota et al., 2005). This is not therefore a technical matter of whether or not he was 'born, brought up and educated' with English as his first language, but an ideological matter of how he is imagined.

Therefore, the majority of onlookers may *believe* that our interaction is about separated cultures exacerbated by separate languages. The health professional and his onlooking colleagues will also have been brought up with their own versions of 'us'–'them' grand narratives, depending on the social media, peer knowledge, family, friendship groups and so on.

### Essentialist statements about culture

This second block, statements about culture (bottom right of Figure 2) inhabits personal narratives that splinter down from the 'us'–'them' grand narratives (e.g. Lyotard, 1979, p. 22). One such that might derive from Orientalism is 'in our culture we value self-direction' as though others do not. I can also find this narrative within myself (threading block) because my first thought, sourced in the health professional's skin colour, accent, and the name on his badge, was that he was 'not Western', even if he was multiple-generation British, and therefore falsely imagined to have difficulty being self-directed in how he deals with me. Even if this makes me 'kinder' and more accommodating, it is because I falsely think he is 'less able' and needs 'extra support'. Hence the patronisingly micro-aggressive, spoken or unspoken 'you are going so well', as though not expected to be able – also referred to as symbolic violence (Flam & Beauzamy, 2008, citing Bourdieu). A far more explicit and indeed racist response is dramatised in a television series (Kay, 2022, episode 1), where a white hospital patient angrily asks if the black nurse treating her is 'qualified'. The nurse's then rejection of a male, in her terms, 'white knight' doctor's offer to 'defend her honour' might again indicate the Othering effect of 'kindness'.

This layered complexity is well expressed in Kebabi's study of the everyday Othering of even high-status academics as 'foreign' in their encounters outside the university. Even though they

'resist this categorisation of them', it 'is omnipresent in the ways in which' they 'construct their sense of who they are' (2024, p. 101).

The health professional in my account may also align himself with essentialist statements about his 'culture' that he has been brought up with, which may also be his way of dealing with how his colleagues and patients project it back to him as their way of making sense of and therefore Othering who he is. He may therefore collude with essentialist definitions of him that I am fighting to throw off. Him sensing that I think, even with the best of intentions, that he lacks faith in his own professional ability, may also inhibit successful interaction. The 'us'–'them' block is therefore so intensely pervasive that is it almost impossible to throw off.

### Centre structures confirmed

The power of these two blocks confirms Centre forces (top of the figure). Imagined incompatibilities between separated cultures are normalised within our thinking-as-usual. Placing the two blocks and this arrow at the top and bottom sides of the grammar of culture indicates their pervasive encircling nature. The outcome is that my interaction with the health professional falsely appears compensational, with the false belief that 'we can only communicate because of a new blurring of boundaries which enable him to "relinquish" some of "his culture" to be able to "learn" some of "mine"'. These blocking Centre structures provide a reality that is so convincing that one wonders where the possibilities for threads may be.

### Evident threads

I will now indicate how these threads are made possible and indeed evident through understanding the dynamic reality of the varicultural. I will do this by looking at the remaining domains of the grammar within which the varicultural is also present.

### Decentred individual action

Individual action (bottom of Figure 2) is the necessary deCentred counter to the blocks and their confirmation of Centre forces. It requires finding the space to look around with a phenomenological eye to see something different. A personal motivation for taking action is that, as intimated above, I need to fight the blocks I see emerging in my own unguarded interpretation (threading blocks) even when I know them to be false.

The possibility of individual action in opposition to dominant structures is supported by Max Weber's notion of 'social action'. He reminds us that 'there is no such thing as a collective personality which "acts"', whether state, nation or family, but 'a certain kind of development of actual or possible social actions of individual persons' (1964, p. 102). Space within which such action can be taken is implied in George Simmel's (1950) statement that thinking-as-usual is always on the move and can be mediated and changed by each of us on an everyday basis. That we can take action to not take at face value the representations we see around us is also implied in Stuart Hall's (1991b, p. 58) reminder that 'people are not cultural dopes' waiting for 'false consciousness' to 'fall from their eyes' so they can 'suddenly discover who they are'. My reading of his reminder is that his reference to 'people' applies also to 'us'.

Again relevant here is working creatively with multiple languages to resist colonisation (Canagarajah, 2022, p. 32), and how 'multiple languages' can be 'one's idiolect, that is one's linguistic repertoire, without regard for socially and politically defined language names and labels' (Li, 2018, p. 19). Becoming aware of how one works with multiple repertoires in this way will feed an understanding of how dominant discourses operate and how the 'us'–'them' grand narratives that they falsely support are formed.

Another aspect of this individual action was, as with the more general description of the setting, in the phenomenological caution I applied in the above description of my interaction with the

health professional in terms of who I thought 'he', because I am presuming gender, might be and what was going on between us. Hence: 'from his appearance and name badge I guessed', 'he seemed though' and 'perhaps it was his'. I try to lay bare on what basis 'I understood' – 'I guessed he might be', 'could not be sure', 'while aspects of his English', 'I imagined', 'he seemed though', and 'perhaps it was'. This also brings a particular consciousness of an application of what must be tenuous background knowledge in what I believe is so-labelled 'South Asian'. 'Could not be sure' is a marker of my struggle to make the sense of what I feel I am allowed to. It is 'the sense that I feel I am allowed to' which is at the core of what I am looking for in this paper.

To reiterate, taking action, through a deCentring process, requires a phenomenological putting out of my mind any thought that 'in his culture' there are any cultural practices and values that will 'inhibit how we talk to each other'.

### Creative varicultural flows

I place varicultural flows in the grammar under 'particular cultural products' (right of Figure 2) because it comprises what we all produce as cultural practices and values. It implies a choice about what to make of the same cultural material from which we falsely generate the blocking 'essentialist statements about culture' also under this heading. For example, that a group of people might be wearing a particular style of dress, eating a particular style of food, or using a particular arrangement of rooms, can be read *either* that '"they" are essentially different to "us"' *or* as a thread with the appreciation of how such styles and ways operate within our own cultural experience – to see them as diverse representations of an underlying type to which *we also* could subscribe. This does not diminish how such styles are also representations of identity.

Choosing varicultural threads rather than the essentialist blocks is therefore about recognising cultural styles as different *projections* of how we wish to express ourselves. This is of a similar order to the fashions we choose to wear, social media imagery we choose to post, press imagery we choose to publish, posters we choose to display, speeches we choose to listen to or make, political parties we choose to join or support, and other choices of products that can represent ideological discoursal trends. In this process we need to be able to discern that a particular imagery, as might be seen on a magazine and newspaper stand in a supermarket, is *not information* about how a separated culture is essentialistically different. It is instead about how a particular group of people *project themselves* – with which we can identify because we all know about how we go about projecting ourselves.

Therefore, in the case of my interaction with the health professional, that he may be speaking English with a particular accent, wearing a particular type of jewellery, a hairstyle or his uniform in a particular way, *must not* be judged as a sign of 'us'–'them' incompatibility. Instead, I must find threads with the fact that I also employ styles such as these with which to represent myself.

### Personal cultural trajectories and underlying shared intercultural competence

Once we take action against blocks, we can therefore find experience in our personal cultural trajectories (centre of Figure 2) that enable us to see that we have intercultural experiences in common with people who the separated cultures model would falsely have us believe have nothing culturally in common with us. Part of this is seeing a commonality between how we negotiate the intercultural all around us every day and in the more 'distant places' from where the so-labelled 'other culture' people come from.

I place distant places in inverted commas because in the hospital setting, the people from so-labelled 'other cultures', even if they have recently arrived from across the world, are by no means distant. They are all around. As mentioned above, this is not because of globalisation, but

due to the diversity of communities that has always been there, but which requires a certain type of looking to be able to see. As I describe elsewhere (2022, p. 37), once I was able to put aside the major Orientalist block that I brought with me to Iran, falsely characterising it as a collectivist, indolent culture, I found that my childhood experience of strangeness in my grandmother's home, with its different use of rooms, space and eating practices to my own, best prepared me for making sense of Iranian homes.

Intercultural strangeness can also be present in unexpected, not 'distant' places. The person in the outpatients waiting room that I felt most 'different to' was the man sitting next to me who perhaps 'looked' most like me. The reasons for this are complex. While we might both be easily imagined by onlookers to be so-labelled 'white' and 'native speakers' of English, as noted above, our Englishes could be very different for multiple reasons, perhaps discoursal, connected with upbringing, beliefs, interests, politics, lifestyle and so on. Nevertheless, we would, if necessary, have been able to find common ground. The varicultural world brings so many unexpected possibilities that threads can always be found. With regard to 'distant lands', Abdulrazak Gurnah (2001) describes how contemplating the locatedness of his life in the multiple civilisational forces of his country of origin helps an asylum seeker make sense of how he is received on arrival in Britain. The concept of 'hybrid integration' recognises how past personal cultural trajectories enable migrant children to find agentive threads in their new social contexts (Baraldi, 2023).

Therefore, in this varicultural hospital setting, *because* I was somehow forced to put aside grand narratives of native–non-native-speaker and nationality, I was beginning to see complexities that I would not normally have seen. I was beginning to realise that, within this diversity I found around me, there was no type of person that I might more easily communicate with on account of the type of English they seemed to use. This observation alone led me to spend a considerable amount of time working out what was going on. This need to spend time is however some indication of success in acquiring a third space viewpoint where nothing should be easy.

With specific regard to my interaction with the health professional, my thread with him, and the threads that all the people watching might also have with both of us, could come from the experience we all have of needing to adapt a technicalised professional or otherwise specialised discourse to communicating with a layperson, or vice versa. This could be from all sorts of customer relations, such as buying or selling a computer, to teaching someone or being taught how to cook or drive. A large part of this is in the discoursal learning implicit in how we navigate the multiple stages of our lives (Lankshear et al., 1997). There is also a more grounded knowledge of professional life per se, and an academic knowledge of communication, both of which enable me to guess how he moves from what I imagine to be questions on his clipboard to what he actually says. If I was a health professional I would have knowledge of the institution and the sector. Would this help or hinder deCentring? Are there are also grand narratives of prejudice there? I will look at this again below.

Threads can contribute to personal cultural trajectories as well as being drawn from them. Just as I found that actively observing my interaction with Iranian taxi drivers at work contributed to my future professionalism (Holliday, 2022, p. 56), onlookers among the patients might have learnt from how the health professional, despite his imagined 'foreignness', managed to use his particular English and cultural style to communicate successfully with me, thus forging threads with how everyone present might find ways effectively to use their particular Englishes, and their other linguistic resources, and cultural styles.

### Cultural resources

The cultural resources domain (left of Figure 2) provides the knowledge base for finding the threads in our personal cultural trajectories. As with the varicultural flow domain, above, that it is under the same broad heading of *national and other structures* as the major block of 'us'–'them' grand

narratives, indicates that an explicit choice has to be made. While they are often the source of this block, other aspects of these structures also provide us with upbringings, education, particular specialist knowledge, knowledge of the world, literatures, icons and references that, if recognised as such, that can be used against the blocks.

These structures inform all of us, regardless of background, about basic values such as politeness, allowing personal space, respect for elders, the nature of society, the value of history, the value of artefacts and icons, the nature of social stratification, knowledge about how we are in society, being well-brought-up, that there is a difference between formal and informal, specialist, technical and lay, the nature of discourses, and how language works. Seeing these as the basis for threads rather than 'us'–'them' essentialist blocks of incompatibility is crucial here.

Therefore, in my interaction with the health professional, I need to *believe* that, whatever his cultural background, he brings from it, from throughout his upbringing, an awareness of how to give me the personal space that I need. For the onlookers, they should also be able to find this thread as they connect his behaviour with whatever their cultural experience of managing personal space might be. With regard to his particular use of English, I and the onlookers need to be able to *recognise* this valuing of personal space in expressions that we might not be familiar with, which may in turn be informed by how this is done in other languages. The experience that we all bring to this relates back again to our personal cultural trajectories, of how the allowing of personal space is enacted differently in the various perhaps professional or other discourses and languages we have encountered.

A common essentialist block would be that 'only Western cultures value personal space'. That this is not true is evidenced in my (2022, pp. 38–42) account of how finding a more profound awareness of the importance of personal space while living with an Iranian family then increased my consciousness of personal space in Britain and elsewhere in my future cultural trajectory – a key phrase brought from Farsi into English being 'excuse my back'. There is an implicit observation about the relationship between language and culture here – that the allowing of personal space is never going to be confined to particular linguistic phraseologies. Indeed, any language, when required, can generate multiple phraseologies to express such as respect for personal space depending on the small-culture requirements of the moment. These will be recognised by our interactants based on whatever other signs are available.

## Questions, private thinking, colonising and language

This piece of impromptu exploration of what might be going on in a hospital setting has enabled me to see how appreciating the threads of hybridity within a varicultural reality might effectively counter the essentialist blocks of the pervasive separated cultures model. There are also implications for what researching an intercultural encounter, with my interaction with the health professional as an example, might look like. The following research questions emerge as possibilities:

1. How is the health professional dealing with the powerful narratives with which colleagues and patients perhaps negatively position him?
2. Can he tell that I am trying really hard not to negatively position him and how does he construct this?
3. What multiple linguistic resources does he bring to this?
4. Is he even thinking about these things?
5. If interviewed, would he fall back on established essentialist narratives, and why?

Given the unspoken nature of the forces at play, and as explicitly implied in question 5, this would necessitate an extensive ethnographic study, where interviews would only provide a partial understanding. What he might choose to say at the particular moments of the interview would depend on other factors – what he is making of my questions, his perception of the politics of the interview event, what might have been going on in his professional and personal lives running

up to the event, the pressures or otherwise to give him the mental space to give considered rather than easy answers, the degree to which he himself is taken in by or in need of available essentialist or deCentred narratives.

Very evident in my exploration of the hospital event is the cruciality of the *private thinking* of all the present parties – out of sight and behind the lines of what we hear people say or see them do. Hence Geertz's (1993, pp. 6–7) description of how researching whether two boys who are rapidly opening and closing their eyes are winking or twitching requires an ethnography of the wider group of boys looking on – to arrive at the thick description of the wider social canvas necessary to determine that one boy is parodying the other to amuse the other boys. In literary fiction and drama, private thinking is represented through soliloquy, what characters say to each other about others, and authorial voice. This understanding of private thinking is very hard to determine from interaction or interview transcript data (Atkinson & Coffey, 1995; Roberts, 1996, p. 16, citing Bakhtin).

Also evident is how translanguaging, as a counter to native-speakerism within the separated cultures model, may also reside within private thinking. I find useful Li Wei's reference to the 'translanguaging instinct' (2018) that enables recognition of 'the complexity of people's everyday spaces and multiple resources to make sense of the world', which in itself can transport us to the third space that I have argued is crucial for deCentring (2018, p. 23). Similarly, Canagarajah reminds us that translanguaging, as a means to 'negotiate diverse spaces', may involve 'silence, and incommunicability' as 'productive sites of meaning making' (2022, p. 51). I take this to mean that multiple languages did not have to be spoken out loud, though they may have been out of my hearing, for translanguaging to be a powerful resource for the diverse people around me in the hospital outpatients. It was impossible anyway for me to determine who might have what variety of linguistic background. It is the experience of and reference to multiple languages and the translanguaging instinct, even in the speaking of English, which will enrich the varicultural experience in finding threads of hybridity. Even monolingual speaking of English will be enriched by an active and searching appreciation of its multilingual history, how it operates in multiple discourses and varicultural realities, in a deCentred opening to the contribution of other languages.

A further point is that the prefix 'trans-' does not apply to culture as it may to language. Putting aside the separated cultures model requires a deep knowledge of how 'cultures' are socially constructed and not *a priori* entities. They are not 'things' between and across which the varicultural flows. Their construction is instead from and part of the material within the flow. I cannot therefore see the idea of 'transcultural', across *a priori* 'cultures', no matter how small, as more than a pull back to the false and colonialist separated cultures model.

To conclude, knowledge of the varicultural flow may inform a renewed understanding of intercultural competence and interculturality, which implies the ability to find and employ threads of hybridity through a deeper understanding of the nature of the varicultural world and how cultures are constructed within it.

## Note

1. The term 'varicultural' is inspired by 'varifocal' glasses in which the multiple lenses 'vary' seamlessly from near to distant vision.

## Disclosure statement

## Notes on contributor

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