

Identity and Health in Transcultural Mediation

The Model of Culture-Synergetic Transcultural Mediation and its Impacts

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ABSTRACT

Over the past decades, interest in the field of conflict research has developed worldwide. A broad range of literature evaluates conflicts as stressors with negative health effects. Particularly in transcultural situations conflict parties experience stress due to the lack of transcultural understanding, differences in value-orientations and culture-specific attitude and behaviour. This article introduces the model of "Culture-Synergetic Transcultural Mediation" (CSTM), which is based on transformative mediation philosophy and promotes culture-synergetic processes in conflict situations. These processes aim at transforming personal, relationship-based, structural and cultural identities. They particularly integrate the concept of identity and salutogenesis as important aspects in conflict transformation. The article presents the dynamic interrelationship of CSTM, transcultural identities and salutogenetic aspects in transcultural conflict situations.

Keywords: transcultural mediation, conflict management, identity, sense of coherence, health, transcultural health improvement

1. INTRODUCTION

Over the past decades, interest in the field of conflict research has developed worldwide (Patomäki, 2001; Schmidt & Trittman, 2002). Particularly since the 1970s conflict theories have increasingly been related to epistemological constructivist theories (Lederach 2000). Though having been always controversial (Fosnot 1996, Hardy 1997, Price & Smit 1998), constructivism is currently of interest to various science disciplines and has found its way into conflict management research (Jacobs & Manzi 2000), education (Glaserfeld 1998, Bruner 1991), psychology (Gergen 1985), social sciences (Berger & Luckmann 2000) and peace and conflict theory (Galtung 1996, Schlee 2000).

A broad range of conflict research regards conflicts as stressors with destructive health effects. Individuals involved in conflict develop more health problems and higher cardiovascular reactivity (El-Sheikh and Harger 2001), immunological down-regulation (Kiecolt-Glaser et al 1993, 1997), psychological ill health and sickness (Michie & Williams 2003). Many authors show that particularly intercultural communication and transcultural conflict situations create tension and stress (Oberg 1960; Berry 1992) detrimental to health (Berry & Kim 1988). Others (Williams, Yu, Jackson & Anderson 1997; Ren, Amick & Williams 1999; Williams & Collins 2001, Newsome 2003) point out that racial, cultural or social discrimination cause stress and a decline in health status.

With globalisation causing societies to grow in complexity, the experience of "cultural transition situations" (Boness, 2002; Dadder 1987) and the potential for transcultural conflicts are increasing. Since these are often rooted in issues of individual and cultural identities, (cultural) identity needs to be recognised as an issue in transcultural conflict and mediation (Kriesberg 2003). When dealing with identities in transcultural conflicts, the "sense of coherence" (SOC) — as a health promoting component in individuals — plays an important role:

The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable,

and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worthy of investment and engagement" (Antonovsky, 1987:19).

Therefore, the SOC is an important factor in salutogenesis (Antonovsky 1979), which tries to answer the question "What keeps people healthy?"

At the same time, it is argued that culture-specific schemes have an impact on health, health behaviour and health beliefs (Landrine & Klonoff 1992). Through transcultural training, ethnic and cultural health disparities can be reduced (Brach & Fraser (2000). Cultural awareness, transcultural knowledge and communication competencies help to develop transcultural identities that implicitly contribute to health.

The relationship between conflict transformation, identity and health is highly complex and needs more attention. In this article it is argued that the "Culture-Synergetic Model of Transcultural Mediation" (CSTM) can serve the constructive development of transcultural identities and salutogenesis in transcultural conflict situations.

The purpose of this article is to contribute to the theoretical discourse on transcultural mediation as part of transcultural interaction with special regard to identity and salutogenesis. More specifically, the aim of this paper is to introduce the model of CSTM embedded in the relevant theoretical approaches and present its impact on transcultural identity development and its contribution to salutogenesis.

The theoretical discourse at hand imparts new perspectives on mediation in transcultural situations and provides new stimuli for practitioners of transcultural mediation.

After presenting the relevant background theories on transcultural mediation, transformative mediation and the model of CSTM, this article outlines discourses on transcultural identities and the concept of salutogenesis. Then it introduces a model interlinking the discussed aspects of the CSTM and provides recommendations for the successful and effective implementation of CSTM.

2. CONFLICT AND CONSTRUCTIVISM

Besides the fact that different approaches to constructivism exist, it is *common sense* that reality is created by individuals, groups or society at large (von Foerster 1998, Glasersfeld 1998). Social interaction, respectively, influences the understanding and construction of the world (Berger and Luckmann 2000:IV). Reality is a symbolically organized relationship between a person and his/her embedding systems, such as the society, a cultural group or a scientific discipline, which all create special meanings and symbols of reality. Reality concepts that highlight pluralization and hyper-complexity of societies (Fuchs 1992) are often viewed in connection with constructivist approaches. Watzlawick (1998) emphasizes that perceptions of reality can change without a change in the ontological reality, and that the assessment of a situation can subjectively change the situation.

If reality is a social construct, conflict can be defined in the same way. Since interpersonal conflicts are an integral part of social interactions within a specific historical, social, political, economic and cultural context, they can be defined as social conflicts (Coy & Woehrlé 2000, Kriesberg 2003, Kriesberg 2003a). The societal aspects along with recent changes, trends and thought styles of the conflicting parties impact the process and the outcome of the conflict. According to Kriesberg (2003a: 2): "The term as defined here encompasses a wide range of interaction sequences: a social conflict arises when two or more persons or groups manifest the belief that they have incompatible objectives." This means that the persons involved in a conflict view each other as adversaries in trying to achieve their goals. Then, conflict is a multifaceted construct created by social factors, which appear as "psychosocial process" (Northrup 1989:54). Here social and individual aspects interact with each other, and conflict becomes the product of social interaction, individual perceptions and behaviour, mental schemes and social reality constructs. The latter are shaped by individual and collective meanings (Augsburger 1992; Avruch, 1998; Lederach, 1995), which derive from the "perceptions, interpretations, expressions and intentions" (Lederach 1996:9) of a person. These factors influence the individual and social construction of conflicts: "Conflict situations are those unique episodes when we explicitly recognize the existence of multiple realities and

negotiate the creation of a common meaning." (Lederach 1988:39). This means that in conflict situations people experience the relativity of realities while they simultaneously negotiate and create their shared meaning. Thus, conflict becomes an interactive, systemic process manifested in incompatibility, disagreement, or dissonance within or between social entities. It is "inherent in human activities, omnipresent and foreordained" (Isard 1992:1).

Many psychologists have explored this interlinking of intra- and interpersonal conflicts. Some assume that the human mind consists of "different parts in which the psyche, the value system and the behaviour are created" (Folger, Poole & Stutman 2001:45pp). According to Rahim (2002:207), "an interactive process does not preclude the possibilities of intra-individual conflict", for it is known that a person often interacts with self. Conflict therefore often relates to issues of identity, identity conflict or even identity crisis (Mayer 2005). Conflict starts when an individual or a group perceives differences and opposition between the self and the other-with regard to interests, beliefs or needs and values (de Dreu, Harinck & van Vianen 1999). Conflicts show aspects of differences that are often highlighted in the scientific debate: "Most of the time we assume that we share a single reality with others, but we do not. We simultaneously live in multiple realities" (Augsburger 1992:17). Conflict often arises from differences in value constellations, which are connected to identity (Maringer & Steinweg 1997) and often occur in times of change. With the rapid global changes, the internationalisation of companies, migration fluxes and the changing world climate, transcultural conflicts and the need for transformation processes escalate. (Miall, Ramsbotham & Woodhouse 1999). These complex situations ask for interdisciplinary approaches that integrate and anticipate the different perspectives (Lederach 2000:52) and "reconcile the social realities" (Fuchs 1992:11), not only related to conflict, but also to issues of identity and health promoting aspects.

3. THE TRANSFORMATION OF CONFLICTS

A wide range of conflict management and resolution theories and practical tools has been developed (Miall, Ramsbotham, Woodhouse 1999). For the article at hand it is important to differentiate three main approaches to handling conflicts.

1. From a *conflict management* perspective, the best thing that can be done is to manage and contain conflicts and occasionally reach a compromise. In conflict management, conflict parties are likely to compromise on their needs. Conflict management is the art of appropriate intervention to achieve conflict settlements (Nye 2005), particularly between powerful actors:

Conflict management is the positive and constructive handling of difference and divergence. Rather than advocating methods for removing conflict, [it] addresses the more realistic question of managing conflict: how to deal with it in a constructive way, how to bring opposing sides together in a cooperative process, how to design a practical, achievable, cooperative system for the constructive management of difference. (Bloomfield and Reilly 1998:18)

According to Rahim (2002:208), conflict management does not necessary imply avoidance, reduction or termination of conflict. Instead, it helps "...designing effective macro-level strategies to minimize the dysfunctions of conflict and enhancing the constructive functions of conflict in order to enhance learning and effectiveness."

2. In contrast to conflict management scholars, *conflict resolution* theorists argue that in communal and identity conflicts people cannot compromise on their fundamental needs (Burton 1991), but that conflicts can be transcended, if the parties are helped to explore, analyse, question and reframe their positions and interests (Miall 2004).

Whilst conflict management mainly tries to manage divergence and difference (Miall 2007:4), conflict resolution involves the contention that an acceptable and durable solution is discovered or created by the parties or a third party (Mitchell 2002:2). Conflict resolution therefore emphasises intervention by skilled, but powerless third parties working on the fostering of new thinking and new relationships, which then lead to creative solutions. Conflict resolution tries to move parties from destructive patterns to positive, constructive outcomes and not just to manage differences without seeing the cause of conflict.

Azar and Burton (1986:1) define the aim of conflict resolution as „processes of conflict resolution that appear to be acceptable to parties in dispute and effective in resolving conflict.“

3. Promoters of *conflict transformation* (Lederach 1995, Reimann 2004) argue that contemporary conflicts require more than the reframing of positions and the identification of win-win outcomes. The very structure of parties and relationships is embedded in a system and in patterns of conflict relationships that extend beyond the particular site of the conflict. Conflict transformation therefore uses a systemic approach to transforming relationships, interests, discourses, or those aspects of the system that support the continuation of conflict. Constructive conflict is seen as a vital agent of change. The person, the team, the organisation, the local, regional and global embedding systems, all have complementary roles to play in the process of conflict transformation. Conflicts transform gradually through a series of smaller or larger changes and specific steps. Lederach (1995) sees conflict transformation as the promotion, integration and envisioning of human and cultural potential and resources from within a given setting. This perspective includes the long-term aim of conflict transformation as validating and building on human beings and their resources. Lederach (2000:52) distinguishes four different levels of conflict transformation and the changes it brings on:

- Personal level (emotional, perceptual and spiritual aspects of conflict)
- Relational level (expressive, communicative and interactive aspects of conflict)
- Structural level (areas related to human needs, access to resources, and institutional decision making patterns) and
- Cultural (the way culture affects the development and handling of conflict)

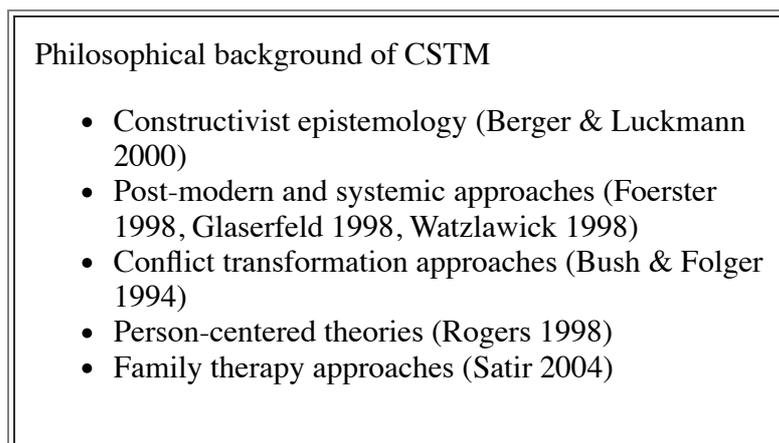
Particularly the CSTM model supports changes on the personal, relational and cultural level and will be introduced in the following paragraph as a tool for systemic conflict transformation, and not — as many authors (e.g., Dana 2001) promote it — as a tool for conflict resolution.

4. THE MODEL OF CULTURE-SYNERGETIC TRANSCULTURAL MEDIATION

During the last decade, the interdisciplinary interest in theoretical approaches to intercultural mediation has increased (Busch 2005, Liebe & Gilbert 1996, Mayer 2005, 2006) without reaching a common definition or concept (Augsburger 1992, Myers & Filner 1994, 1997).

Transcultural mediation implies a "culture-synergetic process" (Mayer, 2005 2006, Mayer & Boness 2005, 2006) that increases synergies, reduces stress and finally creates culture synergetic solutions. The CSTM stands in the epistemological tradition of constructivism and is embedded in post-modern, systemic approaches. It is the creative act of re-constructing conflict realities through third party intervention. The conceptual aspects of "Western mediation processes" are redefined according to the individual and cultural realities of the participants and their relationships.

Figure 1: Philosophical background of CSTM



- Non-violent communication (Rosenberg 2001).

Western mediation inherits different "schools" of mediation, which follow different approaches. These approaches either concentrate on

- psychological or professional (like juridical) skills;
- different methods and techniques (using non-violent, systemic, non-directive approaches) or
- content or process-based directions in mediation (see Glasl 2003, 2003a, Kessen 2003, Kessen & Troja 2002, Riskin 1996, 2003).

There are two overall concepts in Western mediation: The "Harvard concept" (Fisher & Ury 1991; Fisher, Ury & Patton 1993) focuses on negotiation techniques, win-win-solution and progresses mainly solution-oriented and ration-biased. "Transformative mediation", on the other hand, (Bush & Folger 1994, Schwerin 1995, Dukes 1996) leans on psychology and therapeutical approaches.

The CSTM is defined as a process of social learning that supports the change of attitudes and behaviours, interpretations and judgements. Positive action-orientation for current and future conflicts is one of its main aims. The relationship between mediator and conflict partners is crucial for the process (Gabel 2003). The mediator plays a significant role in transforming conflicts (Bercovitch 1996) through empowerment of the parties. He/she builds trust by providing impartiality, recognizing all the interests, values and needs and encouraging the conflicting parties to exchange ideas about their reality constructs (Figure 2).

Figure 2: Transformative mediation aspects



The mediator defines his/her role in line with person-centered therapy (Rogers 1998). Through "respectful and empathetic understanding" (Rogers 1998:277) the mediator connects with the conflicting parties by addressing their feelings and needs. Methods of Western mediation, such as active listening, mirroring, echoing, I-sentences, reframing, different ways of questioning, the use of metaphors and analogies can be used in transcultural mediations once the mediator has adjusted to culturally accepted communication styles and rhetorics. In this process, he/she explains cultural reality constructs and discusses them for a mutual understanding, so that sameness and belonging are created. The mediator's person-centered (Rogers 1998) and congruent (Satir 2004) attitude supports the process of transforming negative experiences of the conflicting parties through

- the experience of manageability and a positive, valuing attitude and atmosphere (accept, respect and value the conflicting parties);
- empathy (understand the world and the conflict from the viewpoint of the conflicting parties) and
- congruence (open perception of the own feelings and experiences as a mediator who is in relationship with the conflicting parties).

Cultural and personal concepts of the parties can be exchanged and mediated if contributing to the process in terms of

- concepts of reality, life, philosophies, value-orientations, systemic approaches of understanding, spirituality and human nature;
- concepts of transcultural conflict transformation and mediation, settings, methods, role of mediator, aims of mediation, expectation regarding the process;
- concepts of interpersonal communication, culture, understanding, mutual respect and valuing, images of self and other.

At the same time, particularly in the CSTM model, the context of the mediation is recognised and reflected by asking questions in regard to

- the individuals (who?),
- the time frames (when?),
- the issues, types and causes of conflict (what?),
- the conflict location and the location of transformation (where?).
- intervening variables like
 - individual aspects and resources (feelings, emotions, well-being, health, former experiences etc.),
 - social aspects (feelings of belonging, social status, prestige, class),
 - cultural aspects and resources (value orientations and priorities, rhetoric, language, cultural mental scripts and schemes etc.) and
 - universal aspects and resources (like needs, concepts of humanity)

In guiding the transcultural mediation, the mediator uses intercultural competencies including empathy, tolerance, culture-specific knowledge, emotional intelligence (Müller & Gelbrich 2001) as well as strategic, individual, social and language competencies (Bolten 2003).

Figure 3: Aims of CSTM



Considering the above-mentioned aspects, the CSTM process requires impartiality, fairness and tolerance. Cultural prejudices and stereotypes are brought to light and reflected on. Also part of the process is the activation of the parties' personal or cultural resources and identity aspects. The work with identity aspects in the context of transculturality supports the mutual understanding, the creation and strengthening of transcultural identities and belonging, and change management in terms of peaceful transcultural mediation.

5. TRANSCULTURAL IDENTITY ASPECTS IN CSTM

Cultural aspects of identity, such as ethnicity, are part of the process of mediation in regard to both the mediator's (Mc Loed 1981) and the parties' identities. The negotiation of identity aspects is highly connected to individual and cultural values (Mayer & Boness 2006) and needs special consideration in intercultural mediations (e.g., Haumersen & Liebe 1999). According to Taylor (2002), individuals know their value priorities. Through their shared value orientations, conflict parties can connect with each other. In the process of "disembedding" (Giddens 1991, 1997:123), which weakens cultural boundaries, socially controlled spaces and cultural guidelines, cultural values become negotiable and can be re-defined. Through the process of "re-embedding", values and cultural aspects, "the coherence of identity, the feelings of authenticity, meaningfulness and self-acknowledgement are constructed" (Keupp 2004:10). Thus, negotiations of self-concept, self-esteem and individual resources (Keupp 2001) are an important part of transcultural mediation.

In CSTM the notion of identity is based on the "Pluralisierung des Selbst" (pluralization of self) and consequently on the assumption of a so-called "gesunden Form einer multiplen Identität" (healthy form of multiple identity) (Keupp, 1994; Kraus, 1996). This identity construct is believed to be complex and flexible and has been described as a "Patchwork-Identität" (patchwork identity) (Keupp 1988; Keupp et al 2002). Its proponents view this identity concept as an adequate counterpart to the currently existing social ambiguity. They also find it to be an adequate identity-model for CSTM, because it includes multiple identity aspects, such as various interests, roles, attitudes and value orientations (Layes 2003), which are related to issues of self-awareness, self-consciousness, cultural norms and group identities (Seymour 2003:2).

However, the importance of identity in conflict management is still widely ignored. "[Y]et identity is still overlooked when attempting to understand the origins of conflict or in planning its management" (Seymour 2003: 3). Also Kriesberg (2003) stresses the necessity to study conflict in light of identity issues, focusing on the nature, sources, effects and shapers of identity and their impact on cross-cultural conflicts. CSTM centers on identity and its impact on transcultural conflict and mediation, because a self-awareness of one's multiple identities can support the creation of common transcultural identity aspects (Mayer 2007). Consequently these can help the parties to discover a common "provincial identity" leading, for example, to a manifestation of common regional value orientations, such as political loyalty, belonging and pride (Bekker et al 2000). Then, cultural or ethnic identity concepts can be "replaced by a new orientation regarding the environment and belonging to the province" (Bekker et al 2000:226). Yet, in CSTM, ethnic or cultural identities are not replaced, but rather reflected as one aspect of a person's identity. CSTM raises the consciousness of the multiplicity of identity. It decries the processes of "culturalisation" in its overestimation of culture as a major personal identity aspect and thereby diminishes the danger of culturalisation-related conflict escalations. (Mayer & Boness 2004, 2006). A multicultural identity concept ties identity to non-ethnic aspects, such as province, occupation or sport. When the conflict parties uncover their similarities, they experience sameness, synergy and feelings of belonging (Keupp 2001), recognition and empowerment. They gain a better understanding of themselves and the others and can then activate their resources to contribute to the transcultural mediation process."

By entering this mode in the mediation process, the parties re-gain the feeling that they can comprehend the conflict and its dynamics and manage the process of transformation. The process becomes constructive and meaningful to them. The sense of comprehension, manageability and meaningfulness then contributes indirectly to health improvement.

6. HEALTH AND ITS PROMOTION

In the West health is considered a valuable possession. This notion can be found dating back to Hippocrates (460-370 B.C.), who points to the balance of powers and searches for a path of "health for all". Also, Arthur Schopenhauer (1788-1860) states: "Health is not everything — but without health, everything is nothing!" Medical sciences used to follow the bio-medical model and define health as absence of disease. But during the last century a "change in the health sciences" (Hurrelmann & Laser 1993) has led to the concept of so-called *positive health* (Breslow 1972). This emboldened the WHO (1946) to define health more comprehensively, as "physical, mental and social well-being, not merely the

absence of disease or infirmity." Health has become a social category, which is defined through the relationship of body and psyche (Faltermaier 1994) and depends on one's perception and one's existing means of dealing with stress. Thus, health is not only a physical phenomenon, but a social and individual construct within a certain cultural context and tradition. It is identical with "*the subjective well-being and the health-oriented behaviour of a person*" (Bengel; Strittmatter; Willmann 1999:15).

Since introduced by the WHO in 1986, "health promotion" has been internationally accepted as a meaningful concept in the health sciences. Healthcare professionals now view health in terms of "concept of lifestyles" (Franzkowiak & Wenzel, 1982), which takes into account a wide range of "risk factors" and "social factors", such as nutrition, culture, education, economics, ecologies and health "behaviour." According to Abel et al (2002), health depends mainly on the ability to manage these health factors and on lifestyle.

Freidl, Rásky and Noack (1995:16) find that health promotion helps "the initiation and support of salutogenetic processes in social systems and the assistance in establishing the structures for them". It is an empowerment approach that strengthens competence, responsibility and resourcefulness (Stark 1996). It activates salutogenetic resources, such as the social, living and working environment and individual characteristics (Noack 1996, 1996a). In this sense, health means physical well-being (e.g., a positive body feeling, absence of complaints or signs of disease) and psychological well-being (e.g., joy, happiness and life satisfaction), but also performance ability, self-realisation and a sense of meaningfulness.

7. SALUTOGENESES AND COMPONENTS OF SOC

Aaron Antonovsky (1979) revolutionized health research by asking "What keeps people healthy?" With this question he introduced the concept of salutogenesis, which sees health as an active, dynamic self-regulating process in a human being (Bengel, Strittmatter & Willmann 1999) and refers to Engel's (1977, 1979) bio-psycho-social model. Antonovsky (1987:90) describes salutogenesis in a metaphor:

[M]y fundamental philosophical assumption is that the river is the stream of life. None walks the shore safely. Moreover, it is clear to me that much of the river is polluted, literally and figuratively. There are forks in the river that lead to gentle streams or to dangerous rapids and whirlpools. My work has been devoted to confronting the question: 'Wherever one is in the stream – whose nature is determined by historical, social-cultural, and physical environmental conditions – what shapes one's ability to swim well?'

An individual's state of health or disease is largely determined by a single psychological factor: his/her general attitude toward the world and his/her own life (Antonovsky 1993a:972). Even if there are external factors such as war, starvation or poor hygienic conditions that are detrimental to health, individuals experiencing the same conditions, display different states of health. If the external conditions are comparable, then the individual state of health depends on how pronounced one's cognitive and affective motivational perspective on life is. This life-orientation in turn influences the strength of one's position to utilise the resources available to maintain one's health and well-being. This basic life orientation is called "sense of coherence" (SOC) (Antonovsky 1979) and refers to consistency, congruence and harmony. The more pronounced a person's sense of coherence, the healthier he/she will be and the more quickly he/she will regain health or remain healthy. The SOC consist of three main components (Antonovsky 1979):

1. The *sense of comprehensibility*

This component describes the expectation or the ability of a person to process familiar and unfamiliar stimuli as ordered, consistent, structured information, and not as chaotic, random, accidental and inexplicable. This comprehensibility component results from experiences of consistency that support the classification, categorisation and structuralisation of information.

2. The *sense of manageability*

A person with "the sense of manageability" is convinced that difficulties are solvable. The sense of manageability consists of confidence and "...the extent to which one perceives that resources are at one's disposal, which is adequate to meet the demands posed by the stimuli that bombard one" (Antonovsky, 1987:17). This SOC component develops through the experience of one's own resources and the belief that strains can be kept in balance and managed. But it also depends on the assumption that other people or a higher power will help to overcome difficulties.

3. *The sense of meaningfulness*

This component describes "...the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement, are challenges that are 'welcome' rather than burdens that one would much rather do without" (Antonovsky, 1987:18). Meaningfulness is fostered by the feeling of having influence on the shaping of situations. It is considered to be the most important component, because without meaningfulness life is experienced as a burden (Bengel, Strittmatter & Willmann 1999).

The SOC influences and is influenced by new life experiences (Antonovsky 1997). These tend to reinforce one's basic orientation to life, which thus becomes stable and enduring. The strength of the SOC is dependent on the environmental, historical and living circumstances, socialisation and acculturation, as well as individual processes and the availability of "general resistance resources" (GRRs) in society (Antonovsky 1993): "What the person with a strong SOC does, is to select the particular coping strategy that seems most appropriate to deal with the stressors being confronted" (Antonovsky 1987:138). GRRs are derived from individual factors, such as physical characteristics, intelligence and coping strategies, as well as from social support, financial power, cultural stability or social acknowledgement (Krause & Mayer 2007, Blättner 2007). By activating GRRs the SOC is a successful manager of strains and contributes to the dynamic balance and homeostasis (Antonovsky 1990). This process serves the intention of salutogenesis, "the self-organisation and the self-renewal of the health system of an individual" (Mussmann et al 1993:9). The SOC plays mainly a moderating and mediating role. It strengthens resilience and develops a positive subjective state of health. A high SOC provides a person with a fundamental confidence that the situation will work out (Antonovsky 1990). It is associated with less subjective body complaints, somatoform symptoms and in general with minor health-related problems (Schumacher et al 2000). Recent research shows that the SOC determines one's perceived health, especially mental health (Eriksson & Lindström 2006); the stronger the SOC the better the perceived general health, regardless of age, sex, ethnicity, nationality, and study design. Individuals with a high SOC tend to react flexibly. A strong SOC enables a person to judge a particular stimulus to be neutral, when the same would cause tension in persons with a weak SOC (primary appraisal I). A high SOC allows a person to judge a stimulus to be a stressor, while at the same time determine whether the stressor is threatening, favourable or irrelevant (primary appraisal II). Classifying the stressor as favourable or irrelevant means that tension is perceived, but simultaneously expected to cease without the activation of resources (Antonovsky 1979). The stressor is thus redefined as a non-stressor.

Finally, the primary appraisal III shows that high SOC individuals experience and define problems and conflicts in a more differentiated way. They experience emotions as less diffuse, more focused and less paralyzing than low SOC individuals (Faltermaier 1994:53). High SOC individuals react flexibly to threatening situations with appropriate and directed feelings that can be influenced by actions.

The SOC tends to develop mainly in the course of childhood and youth (Antonovsky 1987) and stays more or less constant (Lazarus 1981, Köferl 1988, Lösel & Bender 1997). However, through major changes of inner or outer situations, the SOC can also change in adulthood (Bahrs & Matthiessen 2007). Antonovsky (1987) is very sceptical about the possibility to develop the SOC in adulthood, but stresses the importance of assisting people in critical life situations to keep up their SOC over time. Structural and social measures can enable the individual to influence and participate in social decision-making processes, which is thought to be the most promising way to positively influence the SOC. Psychotherapy might also induce a change, but this requires hard and continuous work (Antonovsky, 1979)." "[It] is utopian to expect that an encounter, or even a series of encounters, between client and clinician can significantly change the SOC" (Antonovsky 1987:118). The best guarantee to create a high SOC is to create consistency, options to recover from stress, and participation in decision-making processes.

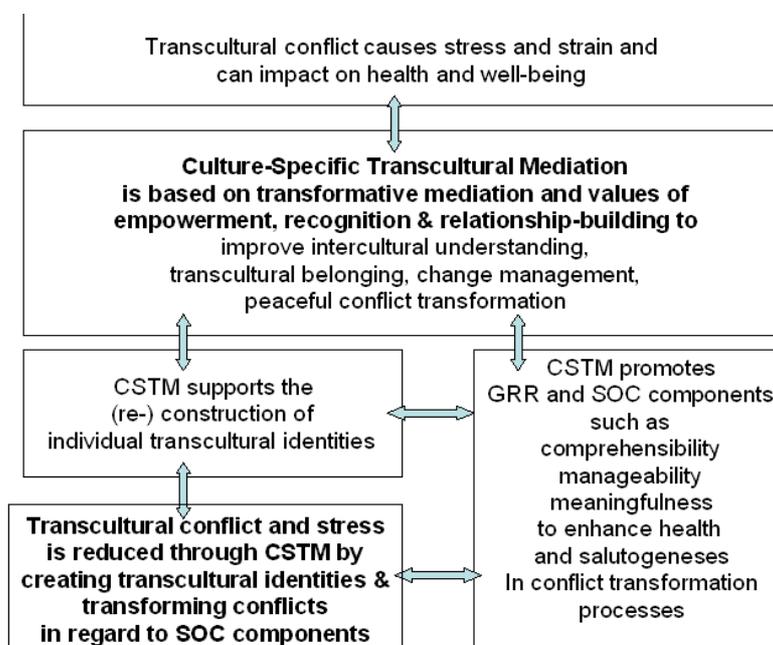
However, Bahrs and Matthiessen (2007) maintain that the development of SOC is a lifelong possibility, especially when the learning process is enhanced by professionals, such as therapists.

Mediators as professionals in transcultural contexts can use the CSTM as a tool for conflict transformation by strengthening the SOC components of the conflict parties and by reducing transcultural misunderstanding, miscommunication and culture-related stress. In CSTM, the conflicting parties experience the ability to structure and order conflict-related, and often unfamiliar, stimuli. By being confronted with their own perspectives, inexplicable stimuli, communication patterns, cultural values and behaviours, they learn how to deal with the situation, supported and aided by the mediator. In the process they experience consistency and new ways of structuralisation. They learn that transcultural conflict is solvable and how it can be managed. Through CSTM and the reflection of the experienced conflict and the identity aspects involved, the mediator contributes to the re-activation of GRR and the implementation of (new) coping strategies. Reflecting on their own multiple identities, the parties experience themselves and, at best, re-construct their identities by expanding their transcultural identity aspects. This helps them to relate to the other party and build synergies. When the mediation process instils the feeling of influence on the shaping of the conflict among the participants, a sense of meaningfulness is created and fostered. The conflict then is no longer considered a burden, but an opportunity for change and constructive forces to do their work. In this sense, CSTM promotes auto-salutogenetic attitudes and behaviour in transcultural conflict situations.

8. SUMMARY AND CONCLUSION

The purpose of this article was to introduce the CSTM model as a contribution to the theoretical discourse on transcultural mediation with special regard to identity and salutogenesis and their mutual impacts (Figure 4). It was made clear that the CSTM is embedded in the epistemologist sciences and constructivist theories and, at the same time, borrows aspects from person-centred theories, family theory approaches and non-violent communication to provide adequate access to the issue of transcultural conflict and its options of mediation.

Figure 4: Interrelationships of CSTM, SOC and Transcultural Conflict



CSTM is a model of mediation that stands in the tradition of transformative mediation and promotes conflict resolution along with changes on personal, relational, structural and cultural levels. This includes transformation of identity, communication processes and access to resources. The power of CSTM lies in the psychological experiences instigated in the process, such as empowerment and recognition, which lead to relationship-building and changes in personal behaviour. By affecting these different levels, cultural and personal concepts of the conflict can be exchanged and reflected in the mediation situation.

Through transcultural understanding and the creation of transcultural identity aspects, the aim of non-violent transcultural conflict resolution can be reached. The mediator helps to construct transcultural synergies by working with the multiple identities of the parties, who then begin to understand the other party in the conflict and gain a sense of manageability. They begin to see the meaning of the conflict and develop a strong relationship with the other party and the mediator involved. This, in turn, leads to feelings of belonging. The reflection of the conflict instils the transformation of personal and cultural viewpoints. The parties can relax and rethink their cultural attitudes, behaviours and values.

As explained, CSTM contributes to the (re-) activation of GRR through empowerment and recognition of the conflict parties, who have often experienced only a limited sense of comprehension and manageability in transcultural conflict situations. This is particularly true for individuals with low SOC components. Thus, CSTM aims at strengthening the SOC, thereby promoting health.

Working with the concept of multiple identities helps to create, develop or unveil individual transcultural identity aspects, so that the SOC components are enhanced and reinforced. This new experience of personal development during a transcultural mediation process tends to confirm the basic orientation in life and also open new perspectives. The conflict partners (re-)gain tools to activate their GRRs and particular coping strategies. Mediation serves as an opportunity for self-organisation and self-renewal by helping to regulate the dynamic balance between multiple identity aspects of self and others.

In addition, the participants evaluate their judgement of stimuli, diminishing the stress levels they induce. CSTM particularly encourages the exchange of cultural values, interpretations and their reappraisal, which leads to the (re-) evaluation of stressors and their meaning (e.g., harmful or benign) to the individual. Ultimately, the new sense of empowerment and control contributes to the general well-being of the participants.

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