

COHEN-EMERIQUE'S CULTURAL SHOCK METHOD AS A RESEARCH TRAINING APPROACH FOR DEVELOPING CULTURAL COMPETENCE IN EUROPEAN CONTEXTS

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Abstract

Deardorff (2006) defines intercultural competence as the “ability to communicate effectively and appropriately in intercultural situations based on one’s intercultural knowledge, skills, and attitudes.” Over the past two decades, intercultural competence has been a central element in the Council of Europe’s vision concerning diversity, where it is understood as a competence addressed to all citizens, and not only to those with a migratory background (Council of Europe, 2008, 2013, 2018). This has led to the development of a wide range of training tools across different disciplines within the social sciences. The paper broadens this perspective by presenting the cultural shock method, introduced by social psychologist Cohen-Emerique (2011, 2017) in the field of social work, which builds on the critical incident technique (Flanagan, 1954). To address the difficulties practitioners encounter when integrating theoretical knowledge into everyday professional practice, the scholar emphasized the importance of perceiving and recognizing differences through a participatory approach rooted in the lived experiences of trainees. The method conceptualizes experiences of emotional and/or cognitive disorientation—so-called cultural shocks—as opportunities to decenter from implicit representations, stereotypes, and prejudices. Only after this initial stage does the process move toward questioning the interlocutor’s frame of reference, understood as that of a real, embodied person rather than an expression of national culture, and finally toward negotiation aimed at concrete solutions rather than ideological stances. The paper presents key findings from the application of the method in research-training programmes conducted over the past two years with social workers, cultural mediators and healthcare professionals in Genoa, highlighting its potential for fostering intercultural competence. These findings align with empirical studies that point to a growing and widespread need for support in the development of reflexive capacities, in order to construct professional pathways within relational dynamics that are specific to each setting (Martorana, Rania & Lagomarsino, 2021).

Keywords: *Social psychology, research-training, intercultural competence, cultural shock method.*

1. Introduction

1.1. Intercultural competence

Intercultural competence serves as a pivotal element of interculturalism—the diversity management paradigm that, since the 2000s, has progressively superseded multiculturalist philosophy in the policy documents and public strategies of the two primary European supranational institutions: the Council of Europe and the European Union. However, the concept of intercultural competence dates back to the 1960s. Over time, the development of definitions and models has been so prolific that it has prompted contemporary scholars to undertake a process of systematization. In this regard, a central role is played by Deardorff (2006), who provides the following synthesis: intercultural competence is the ability to communicate and interact effectively and appropriately in intercultural settings, based on specific attitudes, knowledge, and skills. Parallel to this, Spitzberg and Changnon (2009) distinguish five categories of models according to the specific dimension of the construct they foreground. While these collective works have clarified the meaning of intercultural competence, the core issue now shifts to its development, which is unanimously understood as a non-automatic process.

1.2. Developing intercultural competence

Just as with efforts to define and conceptualize cultural competence, the literature on its modes of acquisition includes contributions from several disciplinary fields, such as pedagogy (Abdallah-Preteille, 1996; Portera, 2013), psychology (Byram, 1997, 2008; Deardorff, 2019), and sociology (Sclavi, 2003;

Dervin, 2016; Contini, 2023). In all cases, there is evidence of a gradual shift from predominantly theoretical approaches—centered on the transmission of content—toward experiential approaches, in which *savoir*, and above all *savoir-être* and *savoir-faire*, cannot be meaningfully integrated without personal engagement (Martorana, Rania & Lagomarsino, 2021). Furthermore, given the need to train those who educate younger generations (Porcher, 1981), scholars increasingly emphasize the importance of designing instruments also for adult learners. It is in this context that Margalit Cohen-Emerique’s contribution should be understood. Specifically, her cultural shock method emerged from a long-term action research project she conducted with social workers in immigration services in France and Belgium during the late 1990s.

The cultural shock method builds on Flanagan’s (1954) critical incident technique in its analysis of the practitioner’s frame of reference when reconstructing a critical episode, with particular attention to the emotions experienced, the behaviors enacted, and the interpretations developed. It moves beyond this framework, however, by formulating hypotheses about the interlocutor’s internalized cultural framework and by proposing solutions oriented toward win-win negotiation, aimed at ensuring mutual respect for the identities and fundamental needs of all those involved. More precisely, the author defines three stages. (I) Decentering: the deliberate effort to step back from oneself and examine one’s own assumptions as if from an external standpoint, in order to become aware of one’s own values, beliefs, and taboos. The verbalization of feelings elicited by the shock represents a fundamental step, as it constitutes a gateway to “sensitive zones”—the individual’s deepest convictions and denials that safeguard their unity and coherence. (II) Discovering the Other’s frame of reference: entering into the interlocutor’s way of making sense of the situation without this necessarily implying agreement, by adopting an attitude of openness and attentive listening grounded in genuine interest. In the case of interlocutors with a migratory background, attention must be paid to the acculturation processes that each individual develops uniquely, according to their own subjectivity and in relation to the host society. (III) Negotiation: the stage in which parties move toward one another to co-construct a shared micro-culture or a common “toolbox” for practical solutions. It begins by recognizing the interlocutor as an essential and equal partner, even amidst structural asymmetries, and entails distinguishing between negotiable and non-negotiable elements. Finally, it requires acknowledging the provisional nature of any agreement, framing it as a continual, cyclic, and open-ended process.

To support and structure the analysis of cultural shocks, Cohen-Emerique (2015) developed a set of guiding questions*:

1. Who are the actors involved? What are their respective identities (age, gender, profession, etc.) and what kinds of relationships exist between their respective social groups?
2. What is the physical, social, and psychological context of the scene?
3. How did the shock manifest itself (emotions, thoughts)?
4. What assumptions, values, norms, beliefs, and prejudices characterize the person who experienced the shock?
5. Based on the analysis in point 4, what image of the interlocutor emerges (negative, positive, etc.)?
6. What assumptions, values, norms, beliefs, and prejudices characterize the person or group that prompted the narrator’s shock reaction?
7. Does this critical incident point to a broader issue—whether related to professional practice or, more generally, to respect for differences in intercultural contexts?

Ultimately, although the author does not rule out the possibility that a cultural shock can be analyzed individually under the guidance of a trainer, she recommends working through the incident in a small group, preferably composed of colleagues, who can stimulate further reflection by rephrasing or posing additional questions, thereby deepening engagement with all three dimensions.

2. The study

2.1. Design and objectives

As previously noted, the cultural shock method was developed within training programs for social workers working with recently arrived migrants. However, Cohen-Emerique herself stresses that the tool can also be applied in professional contexts marked by forms of cultural diversity that do not necessarily relate to—nor are they confined to—geographically remote origins. Building on these considerations, our research group implemented the method in three distinct training contexts: a group of cultural mediators who, by definition, interact with users who have recently arrived in Italy; a group of social workers assisting minors, among whom many are children of migrants who have been living in the country for one or more generations; healthcare service professionals who, similarly to social workers, engage with a heterogeneous population.

* Translated by the authors.

The objective was twofold. On the one hand, we sought to use the cultural shock method to identify the issues that most frequently or most intensely give rise to tensions between the cultural frameworks of professionals and those of service users. On the other hand, with the intent of extending the method to other professional groups—such as teachers, educators, and social workers in services for older adults—we aim to assess its effectiveness in fostering the development of intercultural competence among participants.

2.2. Methods

2.2.1. Data collection procedures. The training sessions were conducted over a two-year period, with durations ranging from 10 to 24 hours, scheduled across two or three days. Although the differing durations allowed for variations in the number of preliminary exercises and the time allocated for discussion, the overall structure remained consistent in both content and delivery, with the cultural shock method serving as the central framework.

After an initial theoretical introduction to the tool, participants worked on a critical incident drawn from Cohen-Emerique’s empirical material to familiarize themselves with the method before applying it to their own cases. Then they were asked to submit a written account of an experience of cultural shock, following this prompt: “Describe a cultural shock you experienced firsthand, preferably in a professional context, or alternatively in your personal life. Summarize the situation in a few sentences, making sure to include key elements such as when and where it occurred, the thoughts you had, the emotions you experienced, and any actions you took.” The accounts were subsequently analyzed in small groups using the guiding question grid.

At the end of the training, participants belonging to the group of social workers and healthcare professionals completed a questionnaire designed to assess the perceived effectiveness of the program. The questionnaire consisted of seven items rated on a five-point Likert scale (1 = “not at all”; 5 = “very much”) and was administered anonymously and synchronously via the Wooclap platform.

2.2.2. Data analysis procedures. Consistent with the study’s aims and research instruments, two distinct analytical approaches were adopted. The qualitative data—consisting of the written accounts of cultural shock and the materials produced during small-group work—were examined through thematic analysis. An inductive strategy guided the process: recursive readings of the texts allowed recurring semantic patterns, shared meanings, and thematic affinities to emerge, gradually leading to the development of a category system articulated at both macro and micro levels. The quantitative data, drawn from the questionnaire on perceived training effectiveness, were analyzed by calculating means and standard deviations for each item.

In both cases, the professional sectors were analyzed separately in order to identify potential context-specific features related to the different work settings, while acknowledging the varying sample sizes of the three groups.

2.3. Findings

2.3.1. Thematic Content of Cultural Shocks. Table 1 presents the macro- and micro-categories identified through the thematic analysis for each professional group, along with their respective frequencies.

Table 1. Qualitative findings.

	Thematic Macro-categories	Thematic Micro-categories
Social Workers (n.27)	Secularity, Religion, and Magical Beliefs (n.3)	Interpretations of Health and Illness (n.1) Care Practices: The Medical-Scientific System vs. Traditional Knowledge (n.2)
	The Individual and the Collective (n.1)	The Extended Family and the Duties of Individual Members (n.1)
	The Masculine and the Feminine (n.6)	Gender Relationships within the Couple and the Family (n.3) Gender and Professional Identities (n.3)
	Childhood and Minor Age (n.9)	Child-rearing practices (n.3) Parental Responsibility vs. Other Reference Adults (n.1) Child Status: central versus peripheral (n.3) Child Autonomy (n.1) Sexuality (n.1)
	Domestic Life (n.3)	Home Care and Household Management (n.2) Hospitality (n.1)

Cultural Mediators	Institutions and Authority (n.5)	Professional-Service User Distance (n.5)
	Childhood and Minor Age (n.1)	Child Status: central versus peripheral (n.1)
	Boundaries Between Age Groups (n.1)	Elderhood (n.1)
	Politeness Norms (n.1)	Hospitality (n.1)
	Stereotypes and Prejudices (n.1)	Relating to Ethnic Groups (n.1)
	Communication (n.1)	Written versus Oral Accounts (n.1)
Healthcare Professionals (n.26)	Cleanliness (n.4)	Cleanliness vs. Hygiene (n.3) Cleanliness vs Purity (n.1)
	Secularity, Religion, and Magical Beliefs (n. 1)	Medical-Scientific System vs. Religious Prescriptions and Symbolic Needs (n.1)
	The Masculine and the Feminine (n.4)	Gender Relationships within the Couple and the Family (n.4)
	Institutions and Authority (n.4)	Professional-User Distance (n.4)
	Stereotypes and Prejudices (n.7)	On Migrants (n.1) On Social Class (n.1) On Living Conditions (n.1) On Religious Groups (n.2) On Ethnic Groups (n.2)
	Family (n.2)	Family Solidarity (n.1) The Couple Relationship and the Meaning of Marriage (n.1)
	Communication (n.2)	The Imaginable and the Sayable (n.1) Verbal and non-verbal (n.1)
Body (n.2)	Sexuality (n.1) Bodily modesty (n.1)	

2.3.2. Perceived Effectiveness of the Cultural Shock Method. Table 2 reports the descriptive statistics for the variables examined across the groups of social workers and healthcare professionals.

Table 2. Quantitative findings.

Items	Social Workers M (DS)	Healthcare Professionals M (DS)
Overall Satisfaction with the Training Received	4.42 (0.56)	3.90 (0.82)
Proposed Teaching Methodology	4.56 (0.56)	3.97 (0.63)
Acquisition of New Relational Competencies	4.00 (0.66)	3.83 (0.71)
Acquisition of New Strategies for Situational Analysis from an Intercultural Perspective	4.06 (0.69)	3.70 (0.92)
Reflection on Specific Aspects of One's Professional Practice	4.32 (0.64)	3.70 (0.92)
Development of Greater Intercultural Sensitivity for Professional Use	4.03 (0.68)	3.63 (1.10)
Acquisition of Professional Skills Relevant to the Professional Role	3.90 (0.61)	3.17 (1.12)

3. Discussion

Beyond some cross-cutting themes, the main convergence across the cultural shocks collected in the three training contexts concerns the dynamics of their genesis. On the one hand, a shock occurs when one's own frame of reference is implicitly treated as universal—that is, when alternative approaches have not been envisaged. The encounter with the Other then challenges categories previously taken for granted, exposing their situated nature. This is particularly evident in perceptions of authority, specifically regarding expectations of the appropriate distance between the professional and the service user. On the other hand, a shock results from anticipating difference in a rigidly typified form: disorientation reflects the interlocutor's failure to conform to behaviors expected of them as a member of a given group. For this reason, stereotypes lie at the core of many of the critical incidents. At the same time, distinct thematic patterns emerge across professional domains. Among social workers, conceptions of childhood are central, structured around the child's status, parental responsibility, and educational practices—consistent with the professional mandate of this role. For cultural mediators, cultural shocks cluster primarily around communication, reflecting the complexity of a position located at the intersection of different linguistic and expressive registers. Among healthcare professionals, shocks frequently concern the gap between the biomedical notion of hygiene and culturally grounded understandings of order and cleanliness, tensions between scientific knowledge and magico-religious interpretations of illness and its treatment, as well as differing relationships to the body.

The quantitative findings point to an overall positive evaluation of the training. Social workers report high mean scores across all dimensions with limited variability, suggesting a broadly shared perception of the transferability of learning. Healthcare professionals also express a favorable assessment, albeit with slightly lower mean scores and greater dispersion in their responses, indicating a less homogeneous view of the training's impact on their operational needs.

4. Conclusion

The paper examines Cohen-Emerique's cultural shock method as a tool for fostering intercultural competence among adults working in multicultural environments. A key strength lies in its application across three distinct training contexts, highlighting both the method's flexibility and its relevance to diverse professional mandates. Qualitative findings indicate that cultural shock episodes serve as powerful catalysts for uncovering implicit assumptions, dilemmas, and tensions that shape professional practice, thereby promoting processes of decentering, active listening, and negotiation. Quantitative results likewise point to an overall positive evaluation of the training, supporting its perceived effectiveness and transferability to workplace settings. Overall, these findings endorse a conception of intercultural competence as a relational and situated process rather than a static body of knowledge. At the same time, the findings must be interpreted with caution, as they focus on the short term. It would therefore be necessary to conduct longitudinal studies to assess the actual persistence of these perceptions and, more importantly, to compare such self-reported data with observed behavioral changes in daily professional practice.

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