

# On the Need for Cultural Competence in Psychology and Psychotherapy. Part I: From Ethnocentrism to Cultural Sensitivity

Maria Baran<sup>1</sup>

*SWPS University in Warsaw, Faculty of Psychology*

<https://orcid.org/0000-0003-3130-0244>

## Abstract

**Aim:** This article examines cultural competence as a key dimension of professional practice in psychology, emphasizing its role in counteracting subtle forms of ethnocentrism that remain prevalent in contemporary psychology.

**Arguments:** The article critically discusses the dominance of research conducted within WEIRD populations and the resulting limitations for psychological theory and practice. It is argued that a lack of cultural sensitivity leads to a narrowed understanding of human functioning, whereas cultural competence constitutes a necessary condition for ethical and contextually appropriate diagnostic and therapeutic practice. The article also invites deeper reflection on cultural competence as a foundational component of psychologists' professional identity.

**Conclusions:** The analysis highlights the need for sustained and systematic development of cultural competence in both psychological and psychotherapeutic practice. The issues discussed here serve as an introduction to further considerations, which will be elaborated in the subsequent part of this series (*On the Need for Cultural Competence in Psychology and Psychotherapy. Part II: From Theory to Clinical Practice*).

**Keywords:** cross-cultural psychology, cultural competence, cultural sensitivity, ethnocentrism, cultural blindness, WEIRD

Psychologists are constantly confronted with diversity in their professional practice. Each psychologist has their own social identity and often differs from

---

<sup>1</sup> Correspondence address: [mbaran@swps.edu.pl](mailto:mbaran@swps.edu.pl).

the client in terms of, among other factors, gender, age, religious affiliation, sexual orientation, socioeconomic status, background, or ethnic identity (Stemplewska-Żakowicz, 2018). Sue, Arredondo, and McDavis (1992) emphasize that every therapeutic relationship—or, more broadly, every interaction between a psychologist and a client—has an intercultural character, as both parties bring their own social identities, values, and experiences into the encounter.

At the same time, it is well established that people—including psychologists—show a natural tendency to rely on stereotypes, unconsciously apply biased heuristics, and favor their own group, often without awareness or malicious intent (Banaji & Greenwald, 2013). For this reason, cultural competence should constitute a core foundation of every psychologist's professionalism, rather than being confined to the domain of "specialists working with minorities".

At present, one of the most challenging areas of clinical practice concerns the mental health of migrants (WHO, 2018), a fact reflected in the growing scholarly interest in the well-being of this population, particularly in the context of stress, trauma, violence, and loss (Palmary, 2018). As noted by Pottie et al. (2011), health interventions—including psychological interventions—directed at individuals with migration experience still lack sufficient empirical support. This suggests that evaluating both the effectiveness and the cultural appropriateness of such interventions constitutes one of the key challenges facing contemporary psychology.

Available evidence also points to a significant gap in the inclusiveness and universality of theoretical and practical models used in psychology. For example, an analysis of randomized controlled clinical trials in the field of positive psychology-based interventions showed that only about 0.02% of these studies included non-Western populations (Hendriks et al., 2018). Moreover, less than 1% of publications on resource-oriented models and positive psychology interventions include the representation of LGBTQ+ individuals and communities (Vaughan et al., 2014).

According to the latest World Migration Report (IOM, 2024), approximately 281 million people currently live outside their country of origin, accounting for 3.6% of the global population. The number of asylum seekers increased from 4.1 million in 2020 to 5.4 million in 2022, representing an increase of more than 30%. The United Nations identifies armed conflict, violence, political and economic instability, climate change, and other disasters as the main drivers of these migration flows. Projections indicate that stabilization of the global migration situation in the coming years is unlikely. Consequently, psychologists will increasingly work with clients whose cultural backgrounds differ from their own.

These developments have also affected Poland, which over the past decade has undergone a significant transformation from a country of emigration into one of the major destination countries for immigrants in Europe and globally (Duszczuk & Kaczmarczyk, 2022). This shift is related, among other factors, to the outbreak of armed conflict in eastern Ukraine in 2014, Poland's dynamic economic growth, and the increasing demand for labor. The liberalization of regulations governing labor immigration has made Poland a European leader in the

number of newly issued residence permits and a global leader in the admission of seasonal workers (Duszczek, 2024). Following Russia's full-scale invasion of Ukraine, approximately 3 million people from Ukraine crossed the Polish–Ukrainian border by the end of April 2022 (Duszczek & Kaczmarczyk, 2022), and the most recent data indicate that around 1.5 million Ukrainian citizens have remained in Poland (Office for Foreigners, 2025).

According to projections by the Ministry of Finance (2022; cited in Duszczek et al., 2024), Poland's population may decline from the current 37.75 million to 34.1 million by 2050. Combined with ongoing depopulation processes and population ageing, this makes migration a key factor shaping the country's demographic structure. Some forecasts suggest that after 2030 the net migration balance may range between 80,000 and 120,000 people annually (Anacka, 2018).

In the context of such dynamic demographic and social changes, the role of psychologists in responding to the needs of migrants and members of minority groups is becoming increasingly important. This requires not only cultural sensitivity, but also the continuous updating of knowledge and the adaptation of professional practice to the realities of a multicultural society. Drawing on a review of the literature, this article presents manifestations of both overt and subtle ethnocentrism in psychology, as well as the limitations arising from the dominance of research conducted within Western populations.

## **The Unresolved Problem of Ethnocentrism in Psychology**

As aptly noted by Stemplewska-Żakowicz (2018, p. 23), “a psychologist should be aware that they may unintentionally influence the course of a study and that their perception of the client is inevitably shaped by their personal experience and knowledge, which have a socio-cultural origin”. Cultural competence—understood as attitudes and knowledge that enable an appropriate response to clients' cultural diversity (Sue et al., 1992)—has thus become an integral element of professional psychological practice. Krishnamurthy and colleagues (2004) emphasize that a professional psychologist should be able to critically examine the roles, contexts, and relationships within which both the client and the psychologist themselves function. Stemplewska-Żakowicz (2018) further points out that awareness of diversity constitutes one of two fundamental competencies of psychologists, alongside ethical awareness. This implies the necessity of taking into account social, cultural, ethnic, and institutional factors in psychological interventions—elements that were previously regarded as irrelevant or as a “neutral” background to the psychologist–client interaction (Stemplewska-Żakowicz, 2018). The influence of the socio-cultural context applies to all forms of psychological practice, from counseling and interventions to psychotherapy. Similarly, Kirmayer et al. (2011) emphasize that social determinants of health are inseparably linked to cultural conditions, which makes cultural competence an essential component of contemporary psychological education. Meanwhile, as noted by Brzeziński and Kowalik (2000), socio-cultural factors—regardless of the

psychologist's intentions or level of awareness—affect every stage of their work with the client<sup>2</sup>.

This problem can be illustrated by a case study described by Christopher and colleagues (2014), who analyzed humanitarian response efforts following the tsunami disaster of December 26, 2004. Triggered by a 9.1-magnitude earthquake—the third largest recorded since 1900—the resulting 18-meter tsunami wave devastated Sri Lanka, Indonesia, Thailand, and parts of Africa. In Indonesia alone, more than 200,000 fatalities were recorded, while over 36,000 people were killed in Sri Lanka. Hundreds of thousands of homes were destroyed, along with transportation infrastructure, shops, schools, places of worship, and fishing fleets.

In response to the disaster, large-scale international aid was mobilized, and volunteers—including psychologists and psychotherapists from Western countries (primarily the United States)—arrived in Sri Lanka. As the authors emphasize, these Western professionals came with good intentions, but also with assumptions that proved to be inaccurate. For example, they anticipated widespread cases of PTSD, even though, according to diagnostic criteria, this disorder should not be diagnosed until at least six weeks after a traumatic event. They also predicted an increase in suicide rates and depressive disorders, which prompted the implementation of psychotherapeutic interventions. Planned approaches included techniques such as debriefing (despite evidence of its potential harmfulness; Watson et al., 2011), grief counseling, EMDR therapy, exposure-based therapies, play therapy, as well as various cognitive-behavioral protocols—interventions deeply rooted in Western cultural frameworks (Christopher et al., 2014).

In reality, a number of serious mistakes were made. First and foremost, no consultations were conducted regarding the actual needs of the local community, which turned out to be entirely different from the expectations of Western experts. In the areas affected by the disaster, no increase was observed in suicide rates, suicide attempts, or psychiatric hospitalizations. Residents prioritized securing basic living conditions: shelter, food, clothing for themselves and their children, access to everyday necessities (such as kitchen utensils and sleeping bags), medications, and hygiene products (e.g., soap or diapers). Women and girls emphasized the need for privacy and safety in temporary camps in order to protect themselves from sexual harassment (Galappatti, 2005). Another critical issue involved locating missing family members (including distant relatives), recovering the bodies of the deceased, and organizing ritual burials, which constituted both a cultural obligation of the survivors and a means of experiencing relief and consolation. An equally important goal was the rapid re-opening of schools and enabling children to return to routine—something that, in the case of public schools, was achieved, albeit under provisional conditions, as early as eight days after the tsunami struck.

---

<sup>2</sup> Brzeziński and Kowalik (2000) discuss the impact of these factors in the context of psychological assessment. In the present article, this perspective is deliberately extended to the broader context of the psychologist–client relationship.

The actions of Western professionals also violated local cultural norms concerning appropriate social interactions, privacy, dignity, emotional expression, and family solidarity. The organization of group therapeutic sessions often disrupted local social structures, particularly with regard to caste, religious, and gender divisions. This frequently stemmed from a lack of cultural knowledge and, at times—as the authors note—from overt ethnocentrism, expressed in the belief in the superiority of Western modes of practice and the perceived need to “teach” the local community something—implicitly positioning Western patterns of behavior as “normal” and “proper”.

Volunteers operated within a Western paradigm, according to which the presence of suffering necessitates psychotherapy. Christopher et al. (2014) refer to this approach as “Western psychologization” (see also Hughes, 2018). By contrast, Sri Lankan local culture is grounded in a different value system, according to which “crying, lamenting, mourning, and complaining about one’s fate” only intensify suffering, whereas restraint and self-control enable the attainment of peace of mind. In this context, the authors invoke the Buddhist ethos: “To suffer is to experience. To endure with grace and dignity is to live” (Norman, 2008; cited in Christopher et al., 2014, p. 646). Suffering is thus perceived as an inherent part of life, and the dignified endurance of hardship as an expression of strength and inner balance.

Some psychologists, unaware of local rules governing emotional expression—according to which the public display of emotions is considered inappropriate (as Hindu and Buddhist norms emphasize restraint and self-control)—urged participants in group sessions toward emotional catharsis (“Cry! Cry! You will feel better”; Christopher et al., 2012, p. 646). Others, unaware of the intense personal and familial shame associated with mental illness (*manasika rogayak*) and madness (*pissu*), conducted screenings and offered individual psychological counseling, which could lead to the stigmatization of individuals as mentally ill.

As a result of these actions, increases were observed in local tensions, family conflicts, harassment, stigmatization, gossip, and the ridicule of particular individuals. Moreover, the use of debriefing further intensified distress reactions, in line with findings from empirical research (Watson et al., 2011).

It should be emphasized that the relief efforts did not take place in a vacuum—Western professionals arrived with good intentions in regions affected by hunger and by severe shortages of shelter and drinking water. It is therefore not surprising that the local community referred to them as “the second tsunami” (Wessells, 2009). Western experts consumed scarce resources, while the interventions they implemented failed to address the residents’ actual needs. Neither those affected by the disaster nor local social workers, psychiatrists, or authorities perceived a need to alleviate suffering through Western psychotherapeutic techniques.

In summary, the behavior of Western professionals was characterized by a lack of knowledge—even a basic understanding—of the local culture, a lack of consultation and cooperation with local experts, and a lack of awareness that their own Western psychological frameworks are themselves culturally situated (so-called *cultural blindness*; Boski, 2009). The Western professionals described

by Christopher et al. (2014) evaluated the inhabitants of Sri Lanka through the standards of their own culture and thus behaved in an ethnocentric manner (Heine, 2016).

Ethnocentrism can be defined as a natural human tendency to perceive and interpret cultural differences through the lens of practices and values rooted in one's own culture (Bennett, 1993). James W. Neuliep (2012) emphasizes that ethnocentrism should be understood as a continuum—a universal phenomenon affecting all individuals, manifested in varying forms and degrees. By analogy to the distinction between overt and subtle racism (Devine, 1989) and to the concept of implicit social attitudes described by Greenwald and Banaji (1995), it can be assumed that ethnocentrism likewise manifests itself in both overt and covert ways. Referring to Milton Bennett's Developmental Model of Intercultural Sensitivity (DMIS; 1986, 1993), overt ethnocentrism can be compared to the stage of *defense* within this model. Defense, which constitutes the second stage of the DMIS, reflects the most explicit manifestations of ethnocentrism, including stereotyping, prejudice, discrimination, and a sense of superiority toward outgroups. Individuals at this stage perceive the social world in terms of a "us versus them" opposition, in which outgroups are treated as homogeneous and cultural differences are regarded as threatening. As a result, defensive mechanisms are activated, which may take two forms: on the one hand, emphasizing the superiority of one's own cultural group, and on the other, devaluing one's native culture in favor of a foreign one (reversed ethnocentrism, reversal, xenocentrism). Codes of ethics for psychologists emphasize the necessity of respect for others, including respect grounded in cultural difference (American Psychological Association, 2017; Polish Psychological Association, 2018)<sup>3</sup>. It can therefore be assumed that psychologists will not deliberately stereotype or discriminate against clients (although such sporadic cases were reported by Christopher et al., 2014).

Given the nature of the profession and the ethical requirements to avoid prejudice and discrimination, it can be assumed that among psychologists the primary problem is not openly expressed ethnocentrism, but rather its subtle and unrecognized forms, which constitutes the third stage of Bennett's Developmental Model of Intercultural Sensitivity (1986, 1993). Although some studies suggest that minimization may function as a bridge between ethnocentrism and ethnorelativism (Hammer et al., 2003), it nevertheless retains elements characteristic of ethnocentrism. At this stage, cultural differences are acknowledged, yet their significance is downplayed and reduced to superficial customs or practices.

---

<sup>3</sup> "10.1.b. A psychologist is aware of interpersonal differences resulting from individual, social, and cultural conditions, as well as from roles performed. In their professional activities, the psychologist demonstrates respect for others regardless of the above-mentioned differences. A psychologist does not allow situations in which their actions could be characterized by prejudice or discrimination, particularly in areas related to gender, sexual orientation, age, nationality, ethnic origin, religion, socioeconomic status, or the health status of the recipient. This applies both to the type of actions undertaken, the manner in which they are carried out, and decisions regarding whether to undertake or refuse to undertake psychological activities." (Polish Psychological Association, 2018).

Cultural difference is perceived as marginal and insignificant, accompanied by the belief that “deep down we are all the same”, which results in treating one’s own norms and values as universal<sup>4</sup>. Emphasizing a shared human nature and similarities among people becomes the dominant narrative, but this occurs at the cost of overlooking cultural specificity—both of one’s own culture (*cultural blindness*; Boski, 2009) and that of other groups. Hidden ethnocentrism may manifest through the unconscious interpretation of cultural differences through the lens of one’s own cultural norms, analogously to the operation of implicit stereotypes, which influence perception and evaluation of members of other social groups despite the declarative rejection of prejudice. The case study presented by Christopher et al. (2014) aptly illustrates the phenomenon of hidden ethnocentrism, manifested in the failure to notice, the neglect of, or the minimization of cultural differences. Good intentions do not protect against errors in psychological and psychotherapeutic practice.

Many authors draw attention to the systemic problem of ethnocentrism in psychology. Jeffrey Arnett (2008) conducted a detailed analysis of six of the most prestigious psychology journals published by the American Psychological Association (APA), covering subdisciplines such as developmental psychology (*Developmental Psychology*), social psychology (*Journal of Personality and Social Psychology*), family psychology (*Journal of Family Psychology*), health psychology (*Health Psychology*), educational psychology (*Journal of Educational Psychology*), and clinical psychology (*Journal of Abnormal Psychology*). He examined articles published between 2003 and 2007, supplementing this analysis with data from 1988, 1993, and 1998, resulting in a total sample of over 4,000 publications. The findings revealed a pronounced dominance of the American perspective in psychological research. As many as 73% of first authors were affiliated with U.S. universities, and altogether 99% of first authors were based at Western institutions. Moreover, 68% of all research participants were U.S. citizens, and 96% came from industrialized countries. It is also worth noting that as many as 70% of the participants were psychology students, which further narrows the representativeness of the studied populations.

These findings could, of course, be criticized by arguing that the APA is an American association; however, the organization’s mission extends beyond a local context. The APA presents itself as a leading scientific and professional organization in psychology—as a science of human behavior rather than a science of Americans alone. Moreover, it aspires to set global standards in psychology and declares a commitment to principles of equality and inclusiveness<sup>5</sup>.

It could also be argued that American society is culturally pluralistic and therefore offers the possibility of studying individuals from diverse cultural backgrounds within its own context. Indeed, such a possibility exists; however, relatively few researchers make use of it. The American samples analyzed by

---

<sup>4</sup> A common manifestation of this stance is also the tendency to explain cultural differences in terms of “civilizational” factors, such as levels of technological or economic development, which further diminishes the significance of culture-specific, autotelic values.

<sup>5</sup> This information is available on the APA website: <https://www.apa.org/about>

Arnett (2008) consisted primarily of European Americans (77% of participants), most of whom were students<sup>6</sup>. Moreover, research results were rarely analyzed with respect to participants' ethnicity, and such data were often not reported at all (for example, in the *Journal of Personality and Social Psychology* in 2007, as many as 60% of samples were not described in terms of participants' ethnic background<sup>7</sup>).

Only 2% of first authors came from countries outside the United States, Europe, or other English-speaking Western countries. Within this group, authors from East Asia accounted for 1%, while there were no authors from Latin America, Africa, or Western Asia. Similar proportions were observed among research participants: only 3% came from East Asia, 1% from Latin America, and less than 1% from Africa and Western Asia<sup>8</sup>. Arnett (2008) aptly summarizes the limitations of the dominant stream of academic psychology, noting that it focuses almost exclusively on a segment representing merely 5% of the world's population, while the remaining 95% is largely neglected<sup>9</sup>. The article concludes with a set of recommendations aimed at increasing inclusiveness and incorporating cultural diversity into psychological research. Proposed actions include, among others, a shift in the priorities of research funding agencies, the reinstatement of mentoring programs for international researchers, and the regular publication of special issues edited by authors and editors based outside the United States. One of the key proposals also concerns reforming psychology education curricula—Arnett (2008) suggests that undergraduate programs should include mandatory courses in anthropology or cultural psychology (at least two), as well as actively promote semester-long study-abroad programs, particularly in non-Western countries. Such measures are intended to enhance the cultural sensitivity of future psychologists and broaden their epistemological perspectives.

As shown by a follow-up analysis conducted more than a decade later by Thalmayer, Toscanelli, and Arnett (2021), changes in this regard have been modest. Although the proportion of authors and research samples from the United States declined from approximately 70% to 60% in an analysis covering the years 2014–2018, this increase primarily reflected greater representation from Europe and other English-speaking countries. As a result, the populations included in psychological research expanded from 5% to only about 11% of the global population. At the same time, the share of publications originating from Africa, South America, or Western Asia remained marginal, confirming that

---

<sup>6</sup> In *Journal of Personality and Social Psychology* in 2007, 67% of studies were conducted with American psychology students; in non-U.S. studies, this figure was as high as 80%.

<sup>7</sup> In the remaining five journals, the reporting of samples was considerably better: information on participants' ethnic background was missing in only 7% to 24% of samples.

<sup>8</sup> Importantly, no substantial changes in this regard were observed over the 20-year period covered by Arnett's analysis. Only in the case of *Developmental Psychology* and the *Journal of Personality and Social Psychology* was a slight decline noted in the proportion of authors and research participants from the United States.

<sup>9</sup> The article is titled *The neglected 95%: Why American psychology needs to become less American*.

a large part of the world continues to be invisible within the mainstream of scientific psychology.

What follows from this? As argued by Henrich, Heine, and Norenzayan (2010) in their influential article *The WEIRDest People in the World?*, we know a great deal about a very small segment of the world's population. WEIRD is an acronym referring to approximately 12% of the global—and privileged—population, characterized as Western (W), Educated (E), Industrialized (I), Rich (R), and Democratic (D). In Polish, the acronym loses its phonetic effect and is rendered in the literature as “*Dziwacy*” (“odd ones”; Boski, 2022). The authors emphasize that it is unjustified to generalize findings obtained from participants drawn from WEIRD cultures to humanity as a whole.

The authors argue that psychologists routinely formulate broad claims about human nature and publish them in top-tier journals, while their research samples are almost entirely restricted to WEIRD populations. Researchers often—implicitly—assume that the populations under study are “standard” representatives of the human species or that cross-cultural variation is minimal. Research on perception, cooperation, fairness, cognitive styles, conceptions of the self, and motivation, however, demonstrates that this assumption is incorrect. Henrich et al. (2010) emphasize that it is precisely participants from WEIRD cultures who constitute outliers, representing a distinctive and unrepresentative segment of humanity.

Because there are no *a priori* grounds for claiming that a given phenomenon is universal on the basis of a sample drawn from only a single subpopulation, we must be less cavalier in addressing questions about human nature using data that represent only a narrow fraction of global variability (Henrich et al., 2010). A potential antidote to such cavalier reasoning and the resulting distorted picture of the world lies in qualitative research conducted within multicultural populations. Such an approach, much like mixed methods, makes it possible to capture mechanisms and phenomena that extend beyond the Western-dominated paradigm and thus escape researchers' initial assumptions.

An increasing number of publications in the psychological literature draw attention to a significant deficit in cultural representation (Donaldson et al., 2022). Psychology—a discipline that often aspires to the status of a universal science of human behavior—remains largely grounded in research conducted within Western societies, which in turn fosters ethnocentrism (Hughes, 2018).

In contemporary discourse, psychology is also criticized for the systematic omission and marginalization of underprivileged and underrepresented individuals, which contributes to the further exclusion of entire social groups (Duan et al., 2022). These critiques concern not only the neglect of cultural determinants of behavior, emotion, and cognitive processes—which may lead to erroneous assumptions about human nature (Hughes, 2018)—but also the failure to address the specific needs of these groups. Psychotherapeutic interventions that have been tested and published as effective in the United States may prove ineffective in Europe or Asia, and vice versa. As aptly noted by Kwiatkowska (2014), even psychologists sometimes forget that both researchers and their research are products of specific socio-cultural contexts.

## Summary

In summary, psychology—both as a scientific discipline and as a field of professional practice—continues to operate within epistemological and methodological constraints that hinder an adequate understanding of mental health problems among individuals from diverse cultural contexts. Both overt and subtle forms of ethnocentrism, the dominance of the WEIRD perspective, and the phenomenon of cultural blindness lead to systematic distortions in the interpretation of clients' experiences and impede the provision of accurate and effective support. These barriers are particularly detrimental to vulnerable groups, such as migrants and refugees, who, in addition to potential mental health difficulties, must also contend with acculturative challenges, institutional barriers, and frequent experiences of discrimination and racism.

The shortage of specialists with well-developed cultural competence hinders the building of trust in the profession and constitutes a genuine challenge for contemporary psychology.

In the subsequent part of this series (*On the Need for Cultural Competence in Psychology and Psychotherapy. Part II: From Theory to Clinical Practice*), key cultural challenges in psychological assessment and intervention with individuals with migration experience and members of ethnic minority groups will be presented. The effectiveness of available interventions, as well as best practices and recommendations for culturally appropriate clinical work, will also be discussed.

## References

- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code>
- Anacka, M. (2018). Przyszłość demograficzna Polski. Dlaczego potrzebne są nam nowe prognozy [The demographic future of Poland: Why we need new forecasts]. In M. Okólski (Ed.), *Wyzwania starzejącego się społeczeństwa. Polska dziś i jutro* (pp. 314–334). Warsaw University Press. <https://doi.org/10.31338/uw.9788323533924>
- Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, *63*(7), 602–614. <https://doi.org/10.1037/0003-066X.63.7.602>
- Banaji, M. R., & Greenwald, A. G. (2013). *Blindspot: Hidden biases of good people*. Delacorte Press.
- Bennett, M. J. (1986). A developmental approach to training for intercultural sensitivity. *International Journal of Intercultural Relations*, *10*(2), 179–196. [https://doi.org/10.1016/0147-1767\(86\)90005-2](https://doi.org/10.1016/0147-1767(86)90005-2)
- Bennett, M. J. (1993). Toward ethnorelativism: A developmental model of intercultural sensitivity. In R. M. Paige (Ed.), *Education for the intercultural experience* (pp. 21–71). Intercultural Press.

- Boski, P. (2009). *Kulturowe ramy zachowań społecznych* [Cultural frameworks of social behavior]. Wydawnictwo Naukowe PWN.
- Boski, P. (2022). *Kulturowe ramy zachowań społecznych* [Cultural frameworks of social behavior] (New ed.). Wydawnictwo Naukowe PWN.
- Brzeziński, J., & Kowalik, S. (2000). Modelujący wyniki badania psychologicznego (diagnostycznego) wpływ osoby badanej (pacjenta) i badacza (klinicysty) [The modeling of the influence of the participant (patient) and the researcher (clinician) on psychological assessment outcomes]. In H. Sęk (Ed.), *Spoleczna psychologia kliniczna* (4th ed., pp. 269–302). Wydawnictwo Naukowe PWN.
- Christopher, J. C., Wendt, D. C., Marecek, J., & Goodman, D. M. (2014). Critical cultural awareness: Contributions to a globalizing psychology. *American Psychologist, 69*(7), 645–655. <https://doi.org/10.1037/a0036851>
- Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality and Social Psychology, 56*(1), 5–18. <https://doi.org/10.1037/0022-3514.56.1.5>
- Donaldson, S. I., Van Zyl, L. E., & Donaldson, S. I. (2022). PERMA+4: A Framework for work-related wellbeing, performance and positive organizational psychology 2.0. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.817244>
- Duan, W., Klibert, J., Schotanus-Dijkstra, M., Llorens, S., van den Heuvel, M., Mayer, C., Tomasulo, D., Liao, Y., & van Zyl, L. E. (2022). Editorial: Positive psychological interventions: How, when and why they work: Beyond WEIRD contexts. *Frontiers in Psychology, 13*. <https://doi.org/10.3389/fpsyg.2022.1021539>
- Duszczyk, M. (2024). Czynniki i warunki przekształcania się Polski w kraj imigracyjny [Factors and conditions in Poland's transformation into an immigration country]. In M. Duszczyk, A. Górny, P. Kaczmarczyk, J. B. Klakla, E. Balcerowicz (Eds.), *Imigracja a rynek pracy w Polsce* (pp. 7–14). CASE – Centrum Analiz Społeczno-Ekonomicznych – Fundacja Naukowa.
- Duszczyk, M., Górny, A., Kaczmarczyk, P., Klakla, J. B., & Balcerowicz, E. (2024). *Imigracja a rynek pracy w Polsce* [Immigration and the labor market in Poland]. CASE – Centrum Analiz Społeczno-Ekonomicznych – Fundacja Naukowa.
- Duszczyk, M., & Kaczmarczyk, P. (2022). Wojna i migracja: napływ uchodźców wojennych z Ukrainy i możliwe scenariusze na przyszłość [War and migration: The influx of war refugees from Ukraine and possible future scenarios]. *CMR Spotlight, 4*(39).
- Galappatti, A. (2005). Psychosocial work in the aftermath of the tsunami: Challenges for service provision in Batticaloa, Eastern Sri Lanka. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 3*(1), 65–69.
- Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review, 102*(1), 4–27. <https://doi.org/10.1037/0033-295x.102.1.4>
- Hammer, M. R., Bennett, M. J., & Wiseman, R. (2003). Measuring intercultural sensitivity: The intercultural development inventory. *International Journal of Intercultural Relations, 27*(4), 421–443. [https://doi.org/10.1016/s0147-1767\(03\)00032-4](https://doi.org/10.1016/s0147-1767(03)00032-4)

- Heine, S. J. (2016). *Cultural Psychology* (3rd ed.). W. W. Norton.
- Hendriks, T., Warren, M. A., Schotanus-Dijkstra, M., Hassankhan, A., Graafsma, T., Bohlmeijer, E., & de Jong, J. (2018). How WEIRD are positive psychology interventions? A bibliometric analysis of randomized controlled trials on the science of well-being. *The Journal of Positive Psychology, 14*(4), 489–501. <https://doi.org/10.1080/17439760.2018.1484941>
- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences, 33*(2–3), 61–83. <https://doi.org/10.1017/S0140525X099152X>
- Hughes, B. (2018). *Psychology in crisis*. Palgrave.
- International Organization for Migration. (2024). *World migration report 2024: Foreword*. <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2024/foreword/foreword>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal, 183*(12), E959–E967. <https://doi.org/10.1503/cmaj.090292>
- Krishnamurthy, R., VandeCreek, L., Kaslow, N. J., Tazeau, Y. N., Miville, M. L., Kerns, R., Stegman, R., Suzuki, L., & Benton, S. A. (2004). Achieving competency in psychological assessment: Directions for education and training. *Journal of Clinical Psychology, 60*(7), 725–39. <https://doi.org/10.1002/jclp.20010>
- Kwiatkowska, A. (2014). Problemy metodologiczne w badaniach międzykulturowych i kulturowych [Methodological problems in cross-cultural and cultural research]. *Psychologia Społeczna, 1*(28), 8–27.
- Neuliep, J. W. (2012). The relationship among intercultural communication apprehension, ethnocentrism, uncertainty reduction, and communication satisfaction during initial intercultural interaction: An extension of Anxiety and Uncertainty Management (AUM) theory. *Journal of Intercultural Communication Research, 41*(1), 1–16. <https://doi.org/10.1080/17475759.2011.623239>
- Palmary, I. (2018). Psychology, migration studies, and their disconnections: A review of existing research and future possibilities. *South African Journal of Psychology, 48*(1), 3–14. <https://doi.org/10.1177/0081246317751276>
- Polish Psychological Association (2018). Kodeks etyczny psychologa Polskiego Towarzystwa Psychologicznego. <https://psych.org.pl/dla-psychologow/kodeks-etyczny>
- Pottie, K., Greenaway, C., Feightner, J., Welch, V., Swinkels, H., Rashid, M., Narasiah, L., Kirmayer, L. J., Ueffing, E., MacDonald, N. E., Hassan, G., McNally, M., Khan, K., Buhrmann, R., Dunn, S., Dominic, A., McCarthy, A. E., Gagnon, A. J., Rousseau, C., & Tugwell, P. (2011). Evidence-based clinical guidelines for immigrants and refugees. *Canadian Medical Association Journal, 183*(12), E824–E925. <https://doi.org/10.1503/cmaj.090313>
- Stemplewska-Żakowicz, K. (2018). *Diagnoza psychologiczna. Diagnozowanie jako kompetencja profesjonalna* [Psychological assessment. Assessment as a professional competence]. GWP.

- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477–486. <https://doi.org/10.1002/j.1556-6676.1992.tb01642.x>
- Thalmayer, A. G., Toscanelli, C., & Arnett, J. J. (2021). The neglected 95% revisited: Is American psychology becoming less American? *American Psychologist, 76*(1), 116–129. <https://doi.org/10.1037/amp0000622>
- Office for Foreigners. (2025). Obywatele Ukrainy w Polsce – raport statystyczny. <https://www.gov.pl/web/udsc/obywatele-ukrainy-w-polsce--raport-statystyczny>
- Vaughan, M. D., Miles, J., Parent, M. C., Lee, H. S., Tilghman, J. D., & Prokhorets, S. (2014). A content analysis of LGBT-themed positive psychology articles. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 313–324. <https://doi.org/10.1037/sgd0000060>
- Watson, P. J., Brymer, M. J., & Bonanno, G. A. (2011). Postdisaster psychological intervention since 9/11. *American Psychologist, 66*(6), 482–494. <https://doi.org/10.1037/a0024806>
- World Health Organization. (2018). *Health of refugees and migrants Regional situation analysis, practices, experiences, lessons learned and ways forward*. [https://cdn.who.int/media/docs/default-source/documents/publications/health-of-refugees-migrants-euro-20183634ea84-ab36-48ff-8502-ba50d5f7d437.pdf?sfvrsn=162e3f07\\_1&download=true](https://cdn.who.int/media/docs/default-source/documents/publications/health-of-refugees-migrants-euro-20183634ea84-ab36-48ff-8502-ba50d5f7d437.pdf?sfvrsn=162e3f07_1&download=true)