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PSYCHOLOGISTS' AUTHENTICITY

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This dissertation is dedicated to my parents,
Cindy and James Fletcher

Your unconditional love and support will always be felt,
remembered, and reflected in my heart and spirit.

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TABLE OF CONTENTS

ABSTRACT

Psychologists engage in a multitude of social roles of varying degrees of emotionality, subjectivity, and objectivity due to the nature of their profession, as well as their unique backgrounds that have drawn them to that profession. This study sought to understand how psychologists recognize and experience the concept of authenticity in the context of their personal and professional lives. A purposeful sample of 17 clinical psychologists from metropolitan areas in the Southwest and the Pacific Northwest were interviewed. Utilizing a phenomenological, qualitative research design (Creswell, 2007; Moustakas, 1994), 641 significant statements were extracted and grouped together, resulting in 38 emergent themes. Rigor and thoroughness were achieved via multiple validation procedures. Psychologists defined authenticity as matching of one's inner thoughts, beliefs, and feelings with outer presentation and behaviors. They believed authenticity involves sensory and emotional qualities rather than purely cognitive or verbal qualities. Concepts of self-disclosure, mindful awareness, culture and gender influences, psychological-mindedness, and theoretical orientation were discussed as related to authenticity. Participants discussed how authenticity and inauthenticity are experienced and modified in the therapeutic relationship. Participants also gave their perspectives about negative effects of inauthenticity at both a personal and professional level. Lastly, participants described how their psychological-mindedness adds to complexity of separating the person from the psychologist during encounters with others.

CHAPTER 1

INTRODUCTION

Background of Problem

Authenticity refers to life and experiences in accordance with one's true inner

core or *self*, separate from external influences such as societal norms, values, rules, and

virtues (Goldman & Kernis, 2001). Concepts such as morality, ethics, self-esteem, and

sincerity are often alluded to during discussions of authenticity (Golomb, 1995; Taylor,

1991; Trilling, 1972). Philosophers as early as the 16th century theorized and wrote about

this concept, enticing readers to search for their own meaning and purpose in life, rather

than succumbing to prescribed dogma, doctrines, and the dominant bourgeois values. The

antithesis to authenticity, that is, inauthenticity, is to adopt values and a lifestyle that is

not of one's own choosing or making. The individuality involved within authenticity

might perhaps be its most notable characteristic. Miars (2002) stated, "There are no

predefined roadmaps" to becoming authentic (pp. 221). Authenticity's definition may be

as unique as each person seeking to attain it within his or her life, or on the opposite

spectrum, consciously or unconsciously attempting to avoid it. This ambiguity has

perhaps stifled the search for authenticity in both theoretical and scientific research

endeavors, preventing it from evolving from concept to construct. Jacobson (2007) stated,

"Despite the difficulties of the definition, the concept of authenticity can be seen as one

of the most fruitful and promising in the realm of psychology, paving the way from the

discipline of psychology to 'the good life'" (pp. 295). Groth (2008) considered authenticity to be the unacknowledged goal of all forms of psychotherapy. Yet it has only been within the last decade that several researchers have begun to operationalize authenticity and search for empirical support of its value in human existence.

Carl Rogers' incorporation of genuineness, congruence, and authenticity into his theory of Humanistic psychotherapy has "become central to many in the field" (Ivey, Ivey, & Simek-Morgan, 1997, pp. 31). Rogers (1961) believed that a therapist should be authentic and real within the therapeutic setting, rather than present a façade or act discordant with one's feelings, experiences, and reactions. According to Corey (2001), a problem with some psychotherapeutic principles, such as authenticity, are that they are vague, global terms, which make it difficult to conduct research on the process or outcomes of these constructs when used in therapy. Corey went on to discuss, "Some practitioners have trouble with what they perceive as mystical language and concepts" (pp. 162). The lack of precision and systematic operationalization may cause psychologists to find themselves at a loss when attempting to apply principles such as authenticity to practice.

While research on constructs like authenticity and congruence may be challenging, this does not excuse them from undergoing systematic operationalization and research inquiry. According to Norcross (2002), psychotherapy is now in a "climate of accountability" (pp. 4); therefore, psychotherapeutic practices, techniques, and therapy relationship elements must undergo scientific research and empirical scrutiny along with other health-care interventions. Several of APA's divisions have constructed and promulgated lists of evidence-based treatments and relationship elements to guide clinical

practice and training (Norcross, 2002). Among these are the APA Division of Psychotherapy's empirically supported relationship (ESR) elements. These elements, which include the working alliance and empathy, occur within the context of the therapeutic relationship and may be as important and as effective as specific treatments used in therapy. The task force that compiled these elements reviewed empirical research and then "categorized the strength of the research on the relationship element as demonstrably *effective*, *promising and probably effective*, or *insufficient research to judge*" (Norcross, 2002, pp. 8). Congruence, an element related to authenticity and that has over 40 years of research, is categorized as "promising", most notably due to studies yielding mixed results (see Klein, Kolden, Michels, & Chisholm-Stockard, 2002 for review) on the contribution of congruence to patient outcome.

Statement of Problem

Only in recent decades have researchers began operationalizing authenticity and differentiating it from related concepts in order to begin empirically studying its effects on individuals. Some researchers (Erickson & Ritter, 2001; Goldman & Kernis, 2001; Ito & Kodama, 2005; Wood, Linley, Maltby, Baliousis, & Joseph, 2008) have developed authenticity scales. Utilizing the scales, the researchers have found positive correlations between authenticity, healthy psychological functioning, and well-being. The very nature of the topic of authenticity leads itself to qualitative exploration because of its subjectivity and phenomenological grounding. While authenticity can be found in psychological literature, a gap exists in scientific research on this phenomenon, especially as pertains to psychotherapy. Only two qualitative studies were found on the topic (Kalma, Witte, & Zaalberg, 1996; Turner & Billings, 1991) and the nominal amount of

quantitative studies on authenticity lack the depth needed to explore this topic and its use in psychotherapy.

Wood et al. (2008) stated, "There is an increasing body of empirical evidence that supports Counseling psychology perspectives on authenticity" (pp. 387). Because authenticity and the self are core counseling concepts, this study will contribute to helping the psychotherapy field ground the constructs in contemporary society. It may also help readers of the study to make more intentional efforts to deal with issues that may obstruct them from realizing an authenticity that may make their own lives more abundant and prompt psychological health in their clients. Heid and Parish (1997) believed that some therapist qualities, such as authenticity and mutual empathy, are higher order abilities not easily teachable to students training to become therapists. The authors called for methods to inspire and cultivate these qualities within therapists in order to supersede the basic skills initially taught to them in training programs. It is hoped that this study may provide some suggestions to that call for cultivating authenticity not as a therapist's advanced ability, but rather a basic ability and essential human quality.

This study's purpose was practice-oriented (Haverkamp & Young, 2007), thus the importance of understanding psychologists' common experiences with authenticity may be utilized for developing meaningful practices in the process of therapy. This could expand the range of counseling outcome research, enhance psychologist training and curriculum, ensure that clients are benefiting the most from therapy, and help psychologists experience greater career and life satisfaction. As evident in the literature review, the definition of authenticity has differed and varied over time. Through its qualitative methodology, the current study sought to find a deeper meaning of

authenticity in the psychotherapeutic context and to explore psychologists' common understandings and experiences with the concept. While authenticity has historically been found in the field of philosophy (Golomb, 1995), psychological researchers have only just begun exploring this concept via experimental pursuits. Moreover, the existing empirical studies on authenticity have utilized university student populations, whereas the present study utilized psychologists as participants.

The purpose of this study was to examine how qualities of authenticity affect psychologists and their encounters with others, such as their clients, family, and friends. While much research has been conducted on the effects that therapists have on their clients, less research exists on how being in the therapist role affects the clinician. The implications of how providing therapy affects psychologists should be held in high regard as psychologists are vulnerable to professional, ethical, and personal issues, including burnout, depression, and efficacy. Psychologists engage in a multitude of roles of varying degrees of emotionality, subjectivity, and objectivity due to the nature of their profession, as well as the unique backgrounds that have drawn them to that profession. We need to better understand how engaging in authentic or inauthentic relationships and encounters with others affects this unique population. According to Creswell (2007), there is value in studying and understanding the common experiences of individuals working as therapists, teachers, or in the healthcare field. Psychologists may be especially vulnerable to inauthenticity with regard to professional standards, techniques, and timelines of care as opposed to their inner and outward expression of authenticity. In order to access the phenomenological and lived experiences of psychologists, the researchers qualitatively explored three questions in this study:

1. Based on their unique experiences as psychologists, how do psychologists construe the definition of and context of authenticity?

2. What restraints and obstacles do psychologists encounter in their efforts to live authentically given their professional and social role as a psychologist?

3. In what ways do psychologists think their authenticity or inauthenticity affects their interactions with and the growth of their clients?

CHAPTER 2

REVIEW OF THE LITERATURE

Definitions

The history of the word 'authentic' began early in the 13th century BC with Greek

origins (*authentikos,* and *authenteo,* "to have full power over"). The earliest definitions

included, "of first-hand authority, original," "original authority," and "one who does a

thing himself, a principal, a master, an autocrat" (Oxford, 2009). Philosophers, such as

Heidegger, Sartre, and Kierkegaard, emphasized authority as an integral element of

authenticity. Authenticity is derived from a person's "authority" to escape from societal

authority, that is, to follow his or her own self-authority (Golomb, 1995). Kernis and

Goldman (2006) added to authenticity's early derivation from *authenteo,* "to have full

power over," that of "…his or her own domain" (pp. 293), which hints at autonomy being

an element of authenticity. A prevailing characteristic in many historical descriptions of

authenticity is that of nonconformance to societal, cultural, and external rules,

boundaries, or anything that is not true to an individual's core self or a person's own

making (Golomb, 1995; Kernis & Goldman, 2006; Taylor, 1991; Trilling, 1972).

Although there are far less currently accepted modern definitions of authenticity

within the leading English dictionaries, past definitions and meanings of this concept may

be as plentiful as each individual person who has discussed it. Erickson (1995), who

regarded authenticity as a social concept, stated, "There are as many definitions of

authenticity as there are those who write about it" (pp. 123). According to Kernis and Goldman (2006), definitions, explanations, and portrayals of authenticity seem to be at the "limits of language" (pp. 284). Golomb (1995) stated, "Authenticity defines itself as lacking any definition" (pp. 12). According to Jacobson (2007), "Authenticity is a concept that is somewhat difficult to define. The definition must be sufficiently open to embrace the fact that the term is infused with meaning by every living person in his or her unique way" (pp. 295). Parens (2005) noted that authenticity is a slippery concept, being thought of, tracked, and studied in many different ways. Furthermore, Harter (2002) reported that the body of literature on authenticity is neither unified nor consistent. Due to its usage in a variety of contexts, especially philosophical references, obtaining a true definition has been significantly difficult (Golomb, 1995).

Historical Roots

Prior to attempts at operationalizing authenticity, philosophers, psychologists, writers, and others have made ambitious endeavors at conceptualizing this unique prospect of human existence. The first literary offerings of the authenticity concept date back to ancient Greek philosophy with the evocation to "know thyself" (Baumeister, 1987). This adage is credited to several Greek sages, including Socrates, also noted for his principle of "the unexamined life is not worth living" (Brickhouse & Smith, 2000, pp. 67). Taylor (1991) rephrased Shakespeare's original notion of "To thine own self be true" with the idea of "doing your own thing" (pp. 29). Golomb (1995) stated, "The Existential question today is not whether to be or not to be, but how one can become what one truly is" (pp. 200).

Some of the original attempts at investigating the concept of authenticity entailed focusing on what it was not, thus alluding more to the concept of inauthenticity. Trilling (1972) provided a historical account of concerns with authenticity, which emphasized the concepts of sincerity and insincerity. According to him, English society became obsessed with deception and pretense found in politics, literature, and philosophy. The *true self* was often something different from what was perceived by others on the outside. The notion of sincerity has close ties and sometimes mistaken synonymy with authenticity. According to Trilling (1972), sincerity implies a public end in view. In communicating one's thoughts, intents, and behaviors to others, sincerity warrants that which is truthful without misleading or deceiving. Whereas sincerity is other-directed, authenticity implies, or at least begins with, inner-directedness. Erickson (1995) argued that sincerity primarily involves a connection to someone else besides oneself. A person may sincerely represent himself honestly to others, but may still be deceptive to himself. According to Baumeister (1987), sincerity is a matching between "the public appearance of the person and the inner self that is presumed to be hidden behind or underneath that appearance" (pp. 165). Insincerity may occur in the deception of others, while inauthenticity may occur in deceiving the self.

Sartre (1956) wrote considerably less about authenticity than he did inauthenticity, which he called "bad faith" or *mauvaise foi*. In *Being and Nothingness,* Sartre described bad faith as involving falsehood and occurring when a person is guilty of lying to the self. Within this self-deception, the self is objectified, not fulfilling the possibilities open to itself in life (Sartre, 1956). Sartre argued that authenticity is extremely difficult to attain due to peoples' internalizing values of oppressive society. In

9

Nausea (1964), he discussed how oppressive influences are so predominate that if one is to truly connect with others they are left only with the option of condemning the demeaning social mores that are internalized but not chosen by people. According to him, people tend to transform "others" into things. They ascribe qualities, strengths, values, etc. to others and think they have captured who they are and treat them accordingly when in fact human beings are *pour soi* or agents capable of freedom in any given situations. Chakravarti (1978) distinguished *pour soi* as being-for-itself, whereas *en soi* is being-in-itself. The object (en soi) "is what it is. It is wholly there without any separation from itself. The object is not a possibility" (pp. 25).

To be authentic is to live in accordance with one's own choices, not according to a design handed down to the individual or based upon the expectations of others. Kierkegaard believed that when a person lets society, culture, or church define who he or she is, the person becomes inauthentic (Rychlak, 1981). The inauthentic person gives in to the system, submitting to what a greater organization, system, or society says he or she ought to be. After the inauthentic individual accepts an identity defined by others, his or her identity crystallizes into an object, no longer to be a subject-in-motion, fluidic, and ever-changing (authentic). Whereas an object-form of existence involves stagnancy that is only capable of being moved by others, a subjective-form of existence involves action, creativity, non-factuality, and possibility. Believing that cultural institutions create inauthentic "members of the crowd," Kierkegaard thought of truth as subjectivity and "the crowd" signified that which was untrue (Kernis & Goldman, 2006).

To authenticity's characteristics of fluidity, Trilling (1972) added the characteristic of the "here-and-now" rather than "some shadowy there and then" (pp.

139). While one may hold reverence to his or her cultural heritage and history, the authentic self focuses on the present and "being-in-the-world" (Golomb, 1995). Heidegger's concept of individual existence and "being" is framed as *dasein* (Kernis & Goldman, 2006)*.* His notion of dasein, or being-in-the-world, conceptualizes the self as being connected to the world and inseparable from it. As social beings, authentically being-in-the-world also requires being-with-one-another, including recognition of the meanings and relationships that are a part of dasein's own existence (Golomb, 1995).

Theoretical Grounding

The concept of authenticity is theoretically grounded in Existentialism. Existentialism focuses on the human condition of self-awareness, freedom to decide one's fate, a focus on the here-and-now, being alone and being in relation with others, and the search for meaning in a meaningless world (Corey, 2001). Existential conceptions of inauthenticity involve words such as anxiety and despair (Rychlak, 1981), with psychopathology being credited to neurotic anxiety (Corey, 2001). During the search for a true self, an individual's Existential anxiety is heightened (Kernis & Goldman, 2006). Kierkegaard believed anxiety to be a dread of freedom and a yearning for authenticity that leads to despair if not courageously overcome, and Nietzsche thought that when one refuses to use his or her will to power, anxiety or fear results (Rychlak, 1981). Kernis and Goldman (2006) suggested that once a person is confronted with the meaninglessness and nothingness of their existence, they would embark on a journey of self-making, thus leading to a more authentic form of living. American society, with its emphasis on living a life based on individuality, autonomy, and freedom, has

perhaps propagated relationally disconnected individuals (Jordan, 2005). Jordan reported that over 50 million American people within this "age of anxiety" are currently afflicted with anxiety disorders. While a certain amount of anxiety and fear are normal within human living, both can become distorted and the experience may be heightened for those individuals who have no connections or authentic relationships with others.

Although this study is grounded in Existential theory, a thorough discussion of authenticity cannot take place without references to Postmodernism. Traditional modernist thought surrounds the belief that there is one objective reality, universal truth, and knowledge (Gergen, 2002). Modernists believe that this one universal truth could be uncovered through objective, scientific measurement in order to understand human behavior and control one's environment (Nichols & Schwartz, 2001). On the contrary, Postmodernists believe in multiple, subjective realities. These realities are based on the use of language and are a function of the contexts in which people exist (Corey, 2001). Postmodernism surrounds the notion that language and stories created from that language gives people meaning and constitutes their realities. It displaces ideas about truth and fixation, encourages discourse, and resists closure. Corey (2001) stated, "There may be as many stories of meaning as there are people to tell the stories, and each of these stories is true for the person telling it. Further, every person involved in a situation has a perspective on the reality of that situation" (pp. 428).

Like authenticity, Postmodernism challenges restrictive practices of authority based on privilege and societal hierarchy. Assertions of knowledge cannot exist independently of the contexts and "multiple perspectives of class, race, gender, and other

group affiliations" (Creswell, 2007, pp. 25). In its search for objective truth, modernism ignored history, culture and context. Postmodernism acknowledges contexts as highly important to the phenomenon or construct under study and acknowledges historical-cultural connections. Because of the Postmodern movement, Golomb (1995) warned of the death of authenticity, yet also believed individuals should continue to search for authenticity. Some Postmodern thought contends that nothing is authentic, which causes one to feel emptiness in life upon realization that there is no core, ultimate truth, center, or individual self.

One of the most central doctrines of Postmodernism is that there is no self except as part of structure and that meaning is relational. In a Postmodern essence, people are members of one another and interconnected. Derrida was one of the leading Postmodern theorists whose notion of desconstructionism dismantled ideas of the self. In his analysis, *Of Grammatology* (1976), Derrida engaged in endless exploration for the essence of the idea and never arrived. In terms of experiencing authenticity, once one ceases to explore his reality and assumes he has attained it, he becomes lifeless and inauthentic. It is finding the inauthentic in the authentic that allows for growth and dynamism. To grow in awareness about authenticity from Derrida's point of view ultimately leads to the "hole in the onion" – there is no unified source or self that is authentic. The self is only a combination of interactions. Like a word is composed of different letters which all contribute to its meaning, so the self is a complicated construction. Some have argued that all that is left of a self in Postmodernism is a switch that turns on various roles. By deconstructing reality, history, individuals, God, and being, Derrida denied the authority of definitive meaning and instead promoted interpretation and reinterpretation as a

continuing activity. This continual search, emphasizing fluidity and non-crystallization of truth(s), works well with authenticity. Although a true self or essence may never be found, which is antithetical to Existentialism, continual authentic exploration will allow for movement and growth in the individual.

Reconceptualizing, Operationalizing, and Measuring Authenticity

Historically, operationalizing, scientifically studying, and validating the construct of authenticity was non-existent. The concept of authenticity was purely theoretical, philosophical, and literary. Many philosophers abandoned the concept altogether after frustrations from the difficulties inherent within authenticity. Golomb (1995) argued that the authenticity concept as previously considered in philosophical thought was unempirical, imprecise, and tentative. In accordance with philosophers' views of the nature of authenticity, forming concrete pathways to reaching authenticity is contradictory. They argued that there could not be a single, exclusive path to authenticity. According to Lopez and Rice (2006), authenticity's theoretical ambiguity may have led to its obscurity in psychological literature and empirical research.

In recent decades, researchers, psychologists and sociologists have begun resurrecting the concept of authenticity and engaged in attempts to scientifically study it. According to Ryan and Deci (2004), the concepts of authenticity and autonomy (its close relative) have been difficult to study via psychology's scientific inquiry. Authenticity and autonomy typically entail a sense of will and freedom, which have been criticized by some as being illusionary. A particular problem in the empirical search for authenticity is the construct has historically had non-objectively based principles. Authenticity involves a focus on subjectivity and phenomenological inquiry of the individual. While concepts

can be studied in a phenomenological and qualitative fashion, such as in the current study, science has historically preferred quantitative and objective approaches in the ongoing search for empirical validity and utility.

Kernis and Goldman (2006), who have conducted much of the current quantitative research on authenticity, defined the concept, as "the unobstructed operation of one's true- or core-self in one's daily enterprise" (pp. 294). In their notable research (Goldman & Kernis, 2001; Goldman & Kernis, 2002; Kernis, 2003; Kernis & Goldman, 2005), the authors conceptualized and factorialized the concept into a multidimensional, four-factor model. The components of the model include *awareness*, *unbiased processing*, *behavior*, and *relational orientation*. Although each component is separate from one another, they intertwine in an effort to capture authentic functioning.

Some of the most basic measurements of authenticity include limited scales, such as the 7-item Authenticity Scale (Wood et al., 2008), the 6-item Inauthenticity at Work scale (Erickson & Ritter, 2001), the 7-item Sense of Authenticity Scale (Ito & Kodama, 2005), a 3-item authenticity measure (Benson & Trew, 1995), and a 10-item authenticity measure (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997). Goldman and Kernis (2001) (as cited in Goldman & Kernis, 2002), who called for the need of an empirically-based measure to study and conduct research on authenticity, developed the Authenticity Inventory (AI). The third revision of their inventory (AI:3) (Goldman & Kernis, 2004) includes 45 items among four subscales reflectant of the authors' four conceptualized components of authenticity. Overall, the AI:3 and other authenticity scales have produced promising results that link authenticity to healthy psychological concepts, including greater psychological health and subjective well-being (Goldman, 2004; Goldman &

15

Kernis, 2002; Goldman, Kernis, Piasecki, Herrmann, & Foster, 2003; Ito & Kodama, 2005; Kernis & Goldman, 2005; 2006; Kernis, Lakey, Heppner, Goldman, & Davis, 2005; Lakey, Kernis, Heppner, & Lance, 2008; Wood et al., 2008).

In conceptualizing authenticity, it may be helpful to examine its relationship to autonomy. Taylor (1991) discussed the idea of self-determining freedom, that is, that an individual may decide at his or her own choosing how he or she acts and what matters to the self, without being shaped by external influences. Because the complex relationship that authenticity has with autonomy, the two concepts have been confused according to Taylor. Autonomy is the quality or state of being self-governing, as well as self-directing freedom and especially moral independence (Merriam-Webster, 1997). Ryan and Deci (2004) defined autonomy as "self-governing…the experience of regulation by the self" (pp. 451). The opposite of this, heteronomy, refers to regulation of the self from outside influences and external forces or a lack of self-determination and freedom. The authors stated from an Existential-phenomenological perspective, "for an act to be autonomous or authentic it must be endorsed by the self or experienced as one's own doing" (Ryan & Deci, 2004, pp. 453). Ryan and Deci (2000) stressed that the concepts of autonomy and self-governance do not imply that one's behavior is completely independent from external influences or the outside environment. Rather, autonomy may involve genuinely agreeing with the external influences and social forces that impinge on his or her behavior. The individual evaluates and carefully considers the outside influences, rather than just succumbing to them and forfeiting his or her personal values and initiatives. Thus, the authors considered autonomy to be neither independence nor free will. They

added that neither authenticity nor autonomy imply unbounded freedom of choices and

behaviors, but instead must be in combination with what is actual and possible.

According to Harter (2002), authenticity in adulthood may be seen in the struggle

to maintain independence and autonomy and simultaneously find relational

connectedness with others. While much of society may be dichotomized between

autonomy and connectedness, a healthy balance of the two will lead to fewer false-self

behaviors and greater authentic functioning. Harter (1999; 2002) further contended that

adolescents are prompted to behave in multiple ways across various contexts due to

pressures from internal and external forces as well as cognitive-developmental advances.

Especially in the middle adolescent period, individuals recognize discrepancies in their

behavior in different relational contexts, such as being more depressed around parents,

happier around peers, conscientious while working, or shy around someone with whom

they are attracted. Within the adolescents, these discrepancies cause conflict, which

becomes recognizable due to a developmental increase in cognitive abilities. Thus, this

leads the adolescent to wonder about who he or she really is. In later development,

individuals are capable of resolving conflicts of contradictory selves from newly

developed abilities to create higher-order abstractions. By cognitively integrating the

contradicting selves and normalizing the opposing attributes, individuals may recognize

the impossibility of acting the same way with everyone.

Associations with Psychotherapy

　　　Congruency and genuineness. Many definitions and synonyms of authenticity use

the words "genuineness" and "congruence"; therefore, it is impossible to discuss the

concept of authenticity without referencing Carl Rogers. The word originates from the

French *congruer* and Latin *congruere,* defined as, "To meet together, coincide, agree, correspond, or accord" (Oxford, 2009). In psychological terminology, congruence is a matching of experience with awareness. Essentially, this occurs when an individual is aware and mindful of his feelings, and the individual's words and actions match those internal feelings (Rogers, 1961). The congruent person does not ignore or repress her feelings and put up a front or façade, but whether angry or happy, experiences these feelings consciously in awareness and then acts or communicates correspondingly. Whereas many thinkers on authenticity have explained that prescribing the concept is to nullify it (Golomb, 1995; Taylor, 1991; Trilling, 1972), congruence has not met with so much dissention. Rogers (1961) believed that for counseling to be successful, the therapist must be congruent. If the therapist is able to be congruent, this will aid in forming the basis of a genuine relationship with the client. Patterson (1985) described the condition of congruence in the counseling relationship as being connected with genuineness. Cormier and Nurius (2003) defined genuineness as "being oneself without being phony or playing a role" (pp. 69). Nearly all psychotherapeutic orientations and techniques of the present day include some reference to Rogers' necessary characteristics of the therapist.

    Interpersonal encounters. Guignon (2002) questioned, "What if the standpoint of detached objectivity distorts and conceals possibilities of understanding that are absolutely crucial in attempts to understand the value-laden aspect of human existence" (pp. 94). The philosophy of Martin Buber addressed the concern of relating to others both interpersonally and authentically rather than objectively, impersonally, and inauthentically. Summarized in the article by Cooper (2003) is Martin Buber's theory of

interpersonal encounters. Buber (1958) distinguished between an *I-Thou* and an *I-It*

manner of relating to others. The former involves more of a subjective and mutual

engagement of one another, whereas the latter is characterized as objective and distanced.

When an individual utilizes an I-It attitude, she experiences the other person as an object.

As an object, the other is observed, studied, and surveyed, clearly separated and held

apart. The I-Thou attitude involves not an experiencing of the other, but a relating to

them. Relating to the other person includes standing alongside of them, rather than facing

them. In an I-Thou manner of relating, the other person is encountered directly and

personally, with no preconceived ideas, stereotypes, objectives, or aims. The individual

does not wish to take something from the other or fulfill a specific objective need or goal,

but to truly experience an authentic, personal encounter. An I-It attitude fragments and

objectifies the other, reducing the other from wholeness into separate, mechanistic parts.

I-Thou relating involves transparency and openness, refraining from being inauthentic

and insincere. Buber believed that relating in an I-Thou manner was not something

people could always do, but more so something they could experience moments of and in

a more-or-less manner (Cooper, 2003).

  The Relational-Cultural Model. The Relational-Cultural Model, a modern theory

of psychological development and psychotherapy, builds its foundations upon the

primacy of authentic connections as well as subjectivity. Jordan, Kaplan, Miller, Stiver,

& Surrey (1991), addressed the importance of not repeating the errors found in previous

traditional psychological theories of development—errors which fail to include

contextual and cultural differences as well as the subjective nature of realities. The

authors called for a shared dialogue to exist with those who are marginalized,

19

underserved, and previously excluded in order to learn and incorporate their realities and points of view. The Relational-Cultural Model has beginnings in Postmodernism, Feminist therapy and women's studies. Jordan (2005) encouraged therapists to connect with their clients subjectively and emotionally. This connection involves movement with the client, being present affectively, and requires a mutual empathy in order for therapy to be effective. A central idea of the model is that clients, therapists, and all people in general, grow through connection and active relationships with one another (Walker & Rosen, 2004). Miller and Stiver (1997) characterized the therapist-client relationship as one that involves movement (emotionally and connectedly) in both individuals. The therapist is truly with the client, feeling the client's emotions and reflecting these back to the client. The client, seeing that his experiences and emotions have moved the therapist, eventually finds validation in his ability to experience and be experienced by others, thus developing ways to relate to others in his everyday life.

The Relational-Cultural Model calls for a high level of subjective empathy as well as authenticity in the therapist. Aside from Person-Centered or Humanistic psychotherapy and its call for congruence in the therapist, the model is one of the only theoretical philosophies and orientations that specifically reference authenticity and its importance within the therapist. Teicholz (2000) noted, "The bearer of an authentic self is someone in touch with her feelings, someone whose behavior is synchronous with her affect" (pp. 49). The Relational-Cultural Model contends that client pathology stems from experiences involving disconnections with others—disconnections in which the client was not able to authentically express her-/himself nor had an authentic effect on relationships with others. Surrey (Miller, Jordan, Stiver, Walker, Surrey, & Eldridge,

1999) argued that the therapist is not merely a "disembodied presence" or a reflecting mirror to the client. Instead, the therapist is a real person, and authentic human being with a life context full of history, vulnerabilities, identity, and limitations. The therapist should not hold back or ignore these conditions as they enter into the moment-to-moment interaction with the client.

According to Eldridge (Miller et al., 1999), there are ethical questions raised in therapists' moving toward authenticity in their work. For instance, how far should a therapist go in taking risks of being responsive toward the client? Is the therapist's feelings and reactions all about herself or in response to the client? Moreover, how can the therapist create a safe situation and an openness for the client? Eldridge added that just like other ethical dilemmas, there are no universal answers, only ethical clinical choices coming from carefully considering the therapeutic context.

CHAPTER 3

PROCEDURES

Phenomenological Approach to Qualitative Research

The procedures used for this study included a phenomenologically-grounded, qualitative research design. Phenomenological research provides a foundation for studying human *lived experiences* and the multiple meanings that are derived from these experiences (Fischer, 1984). Lived experience denotes that the individual is living and participating in-relation to whatever behavior or experience is being studied. Creswell (2007) noted that phenomenology's purpose is to reduce multiply-construed lived experiences with a phenomenon (in this case, authenticity) to a description and understanding of a collective essence or core. Philosophical assumptions within this study were that the phenomenon of authenticity is consciously perceived and experienced by participants (van Manen, 1999) and that those experienced essences of authenticity were described and interpreted rather than analyzed and explained (Moustakas, 1994).

As Fischer (1984) and others such as Heidegger and Kierkegaard have argued, there is no separate reality known apart from one's relation with it. This phenomenologically-based argument is set within an interpretivist-constructivistic paradigm in that each of this study's participants were expected to uniquely construe their own realities and experiences, including the researchers as well. The primary researcher sought to understand and describe the experiences reported by the psychologists

interviewed, which formulated this study's complex and meaningful data (see the constructivist approach in Creswell, 2007). Through the process of careful description, the researcher then attempted to provide answers to the proposed research questions and make available a deeper understanding of psychologists' experiences of authenticity.

Research Design

A phenomenological approach to qualitative research as described by Moustakas (1994) was utilized in this study. Also referred as empirical, transcendental phenomenology, this approach focuses less on the researcher's interpretations and more on the descriptions of participants' experiences (Creswell, 2007). The transcendental phenomenological approach also involves the method of bracketing. Through bracketing, the primary and secondary researchers endeavored to set aside and suspend their own understandings of authenticity as much as possible in order to perceive the phenomenon from a fresh perspective.

Perceptions vary concerning the role of the literature review as well as the researcher's knowledge of the phenomenon being studied. Some researchers argue that qualitative research should be approached from a broad generalist position and without strong preconceptions, but at the same time, they note the impracticality of approaching a topic without existing beliefs and ideas (Haverkamp & Young, 2007; Henwood & Pidgeon, 2003). Concerning familiarity with existing literature and research surrounding the topic, the important distinction perhaps is not *what* one already knows or believes, but *how* the researcher uses that knowledge in conducting the qualitative research project. A number of researchers argue for the importance of a thorough understanding of the phenomenon through existing literature in order to develop a study's purpose, rationale,

research questions, and contribution to the field (Elliott, Fischer, & Rennie, 1999; Morrow, 2005). Moreover, Haverkamp and Young (2007) noted that phenomenological and grounded theory studies use less extensive literature reviews within the manuscript. Instead, qualitative researchers more often cite related theory and literature in the discussion section where they may serve as a method to triangulate data with existing or new theory as well as to relate the study's findings to the broader field. For the purpose of this study, the researcher conducted an extensive literature review in order to develop a thorough understanding of authenticity from its philosophical beginnings to its current day operationalization and scientific inquiry. Beginning with and throughout the qualitative data collection process, the researcher engaged in qualitative techniques (e.g., bracketing, peer review and debriefing) to then set aside personal knowledge and understanding of authenticity. Upon completion of the data analysis phase, the researcher then re-reviewed the existing literature. The researcher sought up to date research findings and citations, rather than historical writings and references, and then utilized them to provide support for themes and experiences emerging from the current study's data.

Role of the Researchers

The primary researcher and sole interviewer in this study is a 34-year old, Caucasian male and 4th year graduate student in a Counseling psychology doctoral program at the University of Oklahoma (OU). Suzuki, Ahluwalia, Arora, and Mattis (2007) discussed debates among qualitative research concerning insider versus outsider status. This occurs when researchers of a study are also members of the study's population or related community. The authors noted that some researchers argue for a

24

complete outsider status in order to establish interpersonal distance and objectivity; however, people take on more holistic forms and multiple identities, which researchers cannot reduce to simplistic dichotomies of "insider" or "outsider". While the primary researcher has been conducting psychotherapy for four years as a psychologist-in-training, he is relatively new to the field and is more of a soon-to-be member of the community. The researcher refrained from inviting participants into the study whom he knew personally or professionally. Lastly, the primary and secondary researchers strove to remain flexible and open-minded to unexpected twists in the study, such as in the event they would need to reformulate research or interview questions due to emerging data from participants' experiences. For instance, upon realizing that one hour of interview time was not enough for 13 interview questions, the researchers reduced the amount of questions to ten. Additionally, following the first eight interviews, the researchers discovered that approximately half of the participants were from the same university and doctoral training program in psychology. Moreover, approximately four or five participants indicated they attended the same consultation group with one another. Thus, the researchers sought to increase the heterogeneity of sampling within the study by recruiting participants from different training programs as well as from a geographically diverse area of the country.

The secondary researcher of this study is an associate professor at the University of Oklahoma. He is also presided over the advisory committee, which supervised and reviewed this study. The secondary researcher obtained a Ph.D. in Counseling psychology from the same university and currently teaches within the department of

Educational Psychology. He has extensive experience with qualitative research, particularly the phenomenological and grounded-theory models.

Additionally, an external consultant, who had no connection with this study, performed an audit in partial fulfillment of this study's evaluation and validation measures. The external consultant is a licensed clinical psychologist in Washington and trained in qualitative research methods by Robert Elliott, Ph.D. at the University of Toledo in Toledo, Ohio. She is also a staff psychologist and supervisor for the APA-approved predoctoral internship at Spokane Mental Health in Spokane, Washington.

Participants

The 17 psychologists participating in this study varied in terms of their gender (11 women and 6 men). One participant did not complete the demographics questionnaire. Twelve participants were from a Southwestern metropolitan city and five were from a metropolitan city in the Pacific Northwest. The geographical difference provided for a more heterogeneous sampling of participants, while still allowing for their homogeneity as practicing clinical psychologists. The primary researcher ceased further interviews at the point of data saturation. All participants were Caucasian with the exception of one who was biracial. The mean age was 55 years ($SD = 7.41$, range = 38 – 64). Nine participants held a Counseling psychology Ph.D., six held a Clinical psychology Ph.D., and one held an educational psychology Ed.D. Participants' mean number of years practicing post-doctoral psychotherapy was 18.31 ($SD = 8.62$, range = 2 – 30 years). Participants spent an average of 17 hours per week conducting psychotherapy ($SD = 10.41$, range = 3 – 28). Theoretical orientation was diverse, consisting of Eclectic/Integrative (7), Cognitive-Behavioral (3), Cognitive-Behavioral/Existential (1),

Cognitive (1), Cognitive/Existential (1), Humanistic (1), Relational-Cultural (1), and

Psychoanalytic (1). Clinical settings of participants included nine in private practice,

three in hospitals or medical schools, two in group practice, and one in a

university/college counseling center.

Recruitment

Qualitative researchers typically avoid traditional random sampling and instead

use purposeful sampling, meaning that participants are selected "because they can

purposefully inform an understanding of the research problem and central phenomenon in

the study" (Creswell, 2007, p. 125). Solicitation of participants began with a random

selection of 40 participants from a directory of licensed clinical psychologists practicing

in Oklahoma City, Oklahoma. The initial random selection was an attempt to avoid

psychologists whom the researchers knew personally as well as to begin at a fresh

starting point. Prospective participants were mailed a recruitment letter explaining the

purpose of the study along with an invitation to participate in the study (see Appendix A

for recruitment letter). The letter was followed by a telephone call in which the primary

investigator asked if the psychologist wished to be a part of the study (see Appendix B

for telephone protocol). Logistics of the study and issues of confidentiality were

explained, along with time for participants to ask further questions about the study. The

subsequent snowball method (or chaining) was used for purposeful selection of additional

participants stemming from five initial psychologists who had agreed to participate.

Within this technique, participants who had completed an interview were asked if they

knew additional psychologists who might be interested in participating within this study

(Creswell, 2007). Additionally, the researcher recruited several participants via an announcement at a professional psychology association meeting in Eastern Washington.

Interviews

Individual, face-to-face interviews were conducted with participants and audio-tape recorded (see Appendix C for interview protocol). Haverkamp and Young (2007) noted that qualitative researchers must sometimes make a decision between *breadth* and *depth* of their study. For example, time constraints can negatively affect a phenomenological study if there is inadequate time for interviewing, thus affecting the depth and understanding of participant experiences. Because psychologists may be pressed for time and unwilling to participate in lengthy interviews, participants were only asked for an hour of their time. Two participants were only able to offer ½ hour of their time. Research and interview questions were formulated in order to adequately study the authenticity phenomenon in-depth (see Appendix D for interview questions). Before the first interview, the researcher decided to remove interview question 9 ("Has being a therapist ever inhibited the full expression of your wholeness? Please explain") due to its potentially leading nature and negative connotation. Additionally, questions 12 and 13 were removed due to redundancy in relation to the preceding interview questions.

Interviews were standardized, semi-structured, and exploratory in nature. Non-directional probing questions such as, "Tell me more about that," were sometimes asked to help participants elaborate on their thoughts. The setting for participant interviews typically took place at their respective places of employment. Participants were asked to complete an anonymous demographics questionnaire (see Appendix E for questionnaire).

Additionally, they were identified via pseudonyms within their interview transcripts to ensure confidentiality.

Data Analysis

Before the first participant interview took place, the researcher began the process of data analysis through reflection and description of personal experiences with authenticity. This was the first step in the process of bracketing, in which the researcher is to set aside personal experiences in order to focus more on the experiences of participants in the study (see section below on researcher's experience with authenticity). This step also begins Moustakas's (1994) approach to qualitative analysis (as cited in Creswell, 2007). After all participant interviews were transcribed into data format, the researchers individually read, re-read, and then searched transcripts in order to find significant statements about participants' experiences with authenticity. Next, horizontalization of the data was conducted, in which significant statements (individual words, phrases, or sentences) were highlighted and recorded on a separate list. On each page of every transcript, notes were made on the page margins to inform emergent themes, discourse in responses, as well as textural and structural description. While all statements were viewed as equal, overlapping or repetitive statements were aggregated. In order to manage the large amount of data and significant statements, the primary researcher used computer spreadsheet software to construct matrices and tables. Both researchers grouped or clustered similar statements into larger units of information, called meaning units or themes, from the original significant statements. Next, the researchers presented the meaning units and themes in a narrative description format. This progressed into the remaining three steps of the analysis, which included textural description,

structural description, and composite description. Textural description involved writing a description of *what* the participants had experienced with authenticity, including verbatim examples. Structural description involved *how* experiences of authenticity had occurred, including context and setting. Lastly, the composite description of psychologists' experiences with authenticity incorporated the former two description steps to form one final paragraph, thus providing the essence of those experiences.

Validation Procedures

In order to establish trustworthiness, credibility, and authenticity of this study (qualitative terms similar to the quantitative forms of validity and reliability proposed by Lincoln & Guba, 1985), multiple validation procedures were utilized. This allowed for a more rigorous and thorough approach to the study's data analysis process. Within the first validation procedure, peer review and debriefing, the primary researcher invited a second researcher to examine transcriptions for significant statements, meanings, themes, and descriptions. This was done separately and independently from the primary researcher, however, both met together for peer debriefing sessions to discuss and corroborate findings. This is similar to the Consensual Qualitative Research (CQR) approach, in which researchers separately review the data and then meet together to develop themes and constructions of the data (Hill, Thompson, & Williams, 1997). However, in the current study, the researchers separately searched for and conceptualized themes, and then met together to discuss and debate what was found.

As a second validation procedure, member checking (Lincoln & Guba, 1985), the researcher mailed each participant a transcription of his or her own original interview as well as the preliminary results of the study. In an introductory letter (see Appendix F for

member check letter), the researcher asked participants to voluntarily help verify credibility of the study's findings. This was accomplished by participants providing additional answers to the original interview questions asked of them as well as providing critiques, alternate language, ideas, and critical analysis of the preliminary findings. It is important that participants had this opportunity not only for validation and accuracy, but also because the research topic concerns and affects the participants.

Additional validation procedures included clarifying researcher bias within the study as well as using detailed, rich description. This involved framing selected significant statements within a whole context or long quote. Additionally, because researcher bias and assumptions are likely to shape the approach to a study, clarification and comments on potential biases were made throughout the study. This was supplemented with an external audit in which a consultant, independent of this study, examined the research process and results for accuracy and assessed whether the findings were supported by the data (Creswell, 2007). As suggested in the CQR approach (Hill et al., 1997), the researchers reexamined their thematic constructions and significant statement groupings based on challenges, suggestions, and evidence that the auditor provided. Finally, the researcher utilized rich and detailed description, giving readers of this study the opportunity to decide whether the findings are transferable to other settings.

Researcher's Experience with Authenticity

Throughout this study's interviews, the researcher strove to focus solely on the participants' responses rather than personal thoughts and ideas. This is similar to conducting therapy, in which the focus is on the client rather than the therapist. While one cannot repress all thoughts and feelings, one can choose whether to verbally share or

disclose them. Occasionally, participant responses elicited corresponding thoughts in the researcher. This related to either the researcher's literature review of authenticity and/or clinical experiences with clients. On a few instances, the researcher mistakenly disclosed those related experiences or thoughts. As a correction procedure, the researcher documented those instances at the end of the respective interview during transcription. The researcher then examined the transcribed data to examine if the disclosure had somehow influenced the corresponding participant's response to the respective interview question. Additionally, several participants replied to the first interview question ("How do you define authenticity in a person?") with their own question (e.g., "Authenticity…What exactly do you mean by that?"), in which the researcher politely refocused the question back to the participants to gain their own authentic responses.

Qualitative research, exploratory in nature, requires an unbiased effort and benefits from strategies such as bracketing and an external audit to ensure an objective stance. As noted later in the results section, unacknowledged projections or blind spots may interfere with one's authenticity. The same can be said in qualitative research when unacknowledged assumptions or preconceptions of the researchers may interfere with validity. Inadvertently, the researcher began this study with certain preconceptions and assumptions about the concept of authenticity as related to psychologists' personal and professional experiences. For example, the second research question ("What restraints and obstacles do psychologists encounter in their efforts to live authentically given their professional and social role as a psychologist?") assumes there are restraints and obstacles to being authentic as a psychologist. Although it was realized before the data collection phase that interview question 9 entailed a biased assumption (and was

subsequently removed), the assumptions in the primary research question above were not realized until the external audit. This exemplifies the importance of multiple validation procedures in qualitative research. The researcher also may have embarked into this study with preconceived notions focused on negative outcomes related to psychologists' experiences with authenticity. As evidenced in the results section, this was not the case as participants discussed positive experiences as well. Furthermore, participants did not personally endorse a high number of negative personal experiences related to authenticity, but more often spoke from hypothetical stances.

CHAPTER 4

FINDINGS

Presentation of Data

Seventeen verbatim transcripts were included in this study's data analysis,

resulting in 641 (pre-aggregated) significant statements. Significant statements were

inclusive of single words, phrases, or sentences, some of which were used as quotations

to provide rich and detailed description. Significant statements were aggregated and

grouped together, resulting in 38 clusters or themes (see Appendix G for abridged list of

themes). This study's results are presented in a two-level hierarchy consisting of

categories subsuming respective emergent themes. A number of categories are based off

the corresponding, specific interview questions asked during participant interviews. For

example, interview question 3 ("As a therapist or person, how do you find your

authenticity? Are there any roadmaps?") formulated the category *Roadmaps toward*

Authenticity. The category encompassed several emergent themes, which were described

in detail and then summarized in one final paragraph or "essence" of the combined

themes. In association with this study's research questions, certain categories follow in

accordance with participants' experiences of authenticity from a personal and/or

professional level. However, as later explained in the results section, there is an inherent

difficulty in separating the person from the psychologist and emergent data often blended

both realms. Nonetheless, it may be helpful to assume the personal-professional

dimension as an overarching third level of hierarchical structure. It should also be noted that throughout this study, the terms *psychologist* and *therapist* are sometimes used interchangeably by the researcher rather than over usage of the phrase "psychologists practicing psychotherapy."

The structure of this study's results section includes categories, themes, direct quotations, and a summary concluding each category. In a brief overview of the results, participants defined authenticity, associated it with a core self, and believed that authenticity involves sensory and emotional qualities rather than purely cognitive or verbal qualities. Participants believed that the presentations of authenticity as well as the core self are moderated by engaging in transparency and/or opaqueness. Participants also described the process of becoming more authentic as being a conscious effort, involving awareness and self-exploration, and being influenced by one's gender, culture, and/or social background. Related to the professional dimension, participants discussed how authenticity and inauthenticity are experienced in the therapeutic relationship, as well as how theoretical orientation is related to one's authenticity. Participants also gave their perspectives about possible negative effects of inauthenticity at both a personal and professional level. Lastly, participants described how their natural, psychological-mindedness adds to complexity of separating the person from the psychologist. Each of these ideas is discussed in more detail below.

Conceptualization of Authenticity

In this category, participants defined and conceptualized human authenticity and referenced various elements they believed to be related to the concept. Several themes and perspectives about the definition of authenticity were repeated by participants.

Theme 1: A matching of one's inner thoughts, beliefs, and feelings with outer presentation and behaviors. In so many words, participants associated authenticity with words such as honesty, truth, genuineness, realness, and openness. One participant said, "Being authentic would be open and genuine, reflective, honest, candid…versus putting on a good show or putting up a front" (P-11). Participants connected authenticity with a singular self and/or multiple selves. Several described authenticity as being a consistency between the inner and outer self. Others added that authenticity also involves a consistency between various social roles.

Some participants described authenticity as stemming from a "core" or "true self," which the person is aware of, operates from, and relates to others from. From their perspective, there are no contradictions between the inner and outer self. According to one participant, "Authenticity reminds me of how true to self the person would be…Are there a lot of defensive mechanisms or if the person is real" (P-17). Several other participants also referenced a true self or false self concerning being authentic or inauthentic.

While most participants believed there is an essential self at an individual's core being, few were not so certain that we are likely to ever recover it through self-exploration. Others thought or suggested that when one gets to their beliefs, thoughts and behavior, one has found out who they are. According to one participant, the core is not one's beliefs and values, but internalized values of parents, society, and a chaotic unconscious flux. As the discussion about an authentic self progressed, it became more complex. One participant was not entirely sure of whether there is such a thing as true or core self. All of the others argued that while it probably exists, the self is continually

influenced by social forces and unconscious process. Nonetheless, all thought it was worthwhile to examine the layers of influence on the core self in hope that authenticity might emerge.

Several participants suggested there is a self or soul that exists beyond belief systems and societal influences. For them, there is dimension of spirituality where one's authenticity is related to being a part of something like God. One participant stated, "I suppose it [authenticity] for me would be a spiritual issue. So it would be living in tune with your soul. And that might be very different than living in tune with your belief systems or in tune with society" (P-10).

Theme 2: A transitory and ever-evolving process. Participants argued that authenticity is a transitory, active, and an ever-evolving process. Some noted that an individual cannot always stay in an "authentic moment" as authenticity is not fixed. For others, the "authentic self" is the yearning to become aware of the influences that have created their sense of who they are. This awareness allows for a choice about which influences are accepted and rejected. The quest is an active intellectual and emotional endeavor. Several participants reasoned that becoming more authentic depends on whether or not the individual has integrated or accepted parts of themselves that may be unknown, repressed, or emotionally painful. The opposite would entail openly expressing judgments about others, which may be projections or trying to deliberately mislead or manipulate someone. This implies both a conscious and unconscious striving towards being authentic and/or inauthentic. One participant questioned whether the individual is willing to go through the painful process of becoming more authentic. Another participant believed that we might never be able to be fully authentic. Rather, we may

only be able to strive for authenticity and experience moments of authenticity. According

to her:

> In some ways I don't think you can ever be truly authentic because…so much of
> our behavior is defined by unconscious processes that we have brought forth from
> society and childhood as well as other adult influences. But I do think we can
> strive towards a deeper understanding of self so that we can be as authentic as
> possible. (P-10)

This above quote implies that even with conscious awareness, the unconscious will

continually hold mysteries not accessible to an individual's subjective selves. Whereas

the above quote depicts an internal endeavor of authenticity, the following quote is

characteristic of a relational form of authenticity. This participant stated:

> It is my effort to be as open, honest, and candid with the client as I can be. And I
> am aware that that I do not always do that. So you know, with a little bit of magic
> and little bit of luck there is authenticity in the room. I think both of us know
> when that happens….I mean it is always my goal to be authentic and to have
> authentic moments, and I confess that doesn't always happen and is not always
> open to my influence. And then sometimes the client is the one who is triggering
> the authentic response and I am sort of following along with them. (P-11)

Theme 3: Nonverbal and relationally contextual. Discussions about authenticity

framed the concept as not just residing within the individual, but also as how the

individual relates with other people. This does not occur solely at the verbal and

conscious level of communication. Participant responses differentiated the concept of

authenticity as being an internal authenticity and presentation of the self versus

recognizing authenticity in another person and within the relationship or interaction aside

from either individual alone. Participants' descriptions of sensing authenticity in the

context of a relationship were characterized by a feeling or gut reaction, which was

intuitive, subconscious, automatic, non-verbal, non-rehearsed, spontaneous, and sensory

on many levels. Participants spoke of split second instances or intuitive flashes where

they sensed whether a person was behaving or relating authentically or inauthentically. Participants agreed that in many instances an individual has the ability to make a conscious choice to be authentic or inauthentic; however, there is also an unconscious lack of choice that may surface nonverbally. One participant described authenticity as something she feels emotionally, adding, "And I make those judgments with my gut….Sometimes I use other kinds of data, like discrepancies in what the person might say or do" (P-16).

Theme 4: Selective transparency. Several participants noted that adopting a persona is sometimes necessary and appropriate under certain conditions. A few alluded to Carl Jung's *mask* construct, which entails a certain amount of artifice to avoid conflict. Authenticity is not equivalent to total transparency, and yet the more participants discussed transparency, the more they wrestled with the notion of total transparency and moved toward advocating selective transparency. Some participants discussed instances in which being totally transparent, candid, or wholly unmasked would not be beneficial. Sometimes authenticity may be clothed in the persona as some of the participants argued. An awareness of such opaqueness, clothed in a persona, and a consideration of the timing of one's thoughts and feelings are crucial elements of authenticity.

Essence of psychologists' conceptualization of authenticity. To summarize, authenticity involves having a sense and awareness of one's values, beliefs, thoughts, feelings, and intentions, as well as a matching, alignment, or consistency between those inward concepts and outward expression, behavior, or portrayal to people and the outside world. Participants defined an authentic person as someone who is genuine, honest, truthful, open, real, candid, reflective, straight-forward, and willing to show the world

39

who he or she is. Some participants described authenticity as stemming from a core or true self. They added that social forces and unconscious process continually influence the self. There is a physicality and non-verbal dimension of authenticity, which may be felt at an intuitive or emotional level. This includes not only what is said, but also how it is communicated and received. An authentic person expresses his or her inner experience fluidly and openly to others, but some participants emphasized that tact in expression of one's inner life is necessary in order to respect others and to avoid destructive conflict. This includes preservation of the therapeutic rapport and necessity of keeping the client's values in the forefront. Furthermore, participants emphasized that authenticity is not ever attained and remained in, but rather may move to an increased or diminished level from one instance to the next.

Authenticity in the Therapeutic Relationship

This category included participants' views of how authenticity is experienced specifically in the therapeutic relationship. Some ideas mirrored those from the definition and conceptualization of authenticity but applied within the context of the therapeutic relationship. In their initial conceptualization, participants' described authenticity as a matching of the inner self with the outer self. In the context of the therapeutic relationship, the matching of the individual's inner self with the outer self may influence or transpire into a matching of authentic behavior and dialogue between the therapist and client.

Theme 5: A reciprocal and circular process involving openness, realness, and honesty. Authenticity in the therapeutic relationship involves honesty, realness, openness, transparency, and truthfulness. Participants discussed authenticity in the therapeutic

relationship as involving a reciprocal and circular process in which both the therapist and client can promote or impede one another's authenticity. In some cases, the therapeutic context was reported to enhance authenticity and even to increase it within the therapist.

According to one participant:

> There's the authenticity where I believe I need to help my clients live an authentic lifestyle as opposed to just living their life for somebody else or in accordance with someone else's thoughts, beliefs, and ideas. And then there's the issue of me being authentic. (P-4)

Reciprocity from both sides adds to this process and increases connection. Some referred to the communication occurring between client and therapist as "authentic dialogue." Moreover, authenticity in the therapeutic relationship moves past simple dialogue, as both the client and therapist offer feelings and reactions to one another.

Theme 6: Creating a safe atmosphere for authentic exploration. Several participants spoke of how the therapist's acceptance and caring can create an atmosphere or space for the client to undergo authentic exploration and questioning in order to gain a deeper understanding of themselves. As described in a later category and theme, authentic exploration or uncovering the layers of one's psyche may be a daunting, if not painful experience. According to a participant:

> I hope that there's a space for authentic questioning from the client, to me in addition, as well as from me to the client. That they feel a comfort and acceptance and a sense of being loved and cared for sufficiently that they would feel safe to question themselves and me, and the process, and really strive for a deeper understanding of themselves. I know this is all very vague, but so is authenticity. The client would be safe in expressing how they feel about the process, to be honest, to be able to do something, simply saying, "This isn't working for me," or "I felt really uncomfortable about this." That there would be created a space for that sort of authentic dialogue if you like. (P-10)

Others described authenticity in the therapeutic relationship manifesting as genuinely caring about, having a concern for, and being committed to their clients. One participant discussed the importance of authenticity as opposed to maintaining a professional stance:

> I think authenticity on my part would be my ability to let that person know that I accept them for who they are, what they are, and where they are in their growth process….If they perceive the therapist as being an authentic person who is there for them, then that it allows their growth towards their own authenticity, which is kind of a circular thing to say. But I think they have to experience true acceptance from the therapist….I think that the therapist really has to be authentic with the client and to let the client know that they're there with them, that they're willing to experience anything that come up…Many clients who come to therapy are shut off from their own feelings because it has been so threatening for them to allow themselves to feel, that they cannot be their true, authentic self. (P-6)

> *Theme 7: Upholding the client's authenticity.* Participants agreed that advice-giving or a dominating expert role could diminish the client's authenticity. Some participants believed that therapists should not impose their own agendas or rely solely on predetermined goals or theoretical techniques, but that using the theoretical techniques that are most comfortable to them adds to their own authenticity, provided that the therapist is actively attuned to the client.

> I tend to use Cognitive therapy. So if I'm using that in a judicious way, not too much of it one once, not too little…I guess from my part that's pretty authentic and engages the client well. By contrast, if I get too cognitive, if I find myself not listening closely or if I'm not tuned into the client's feelings, and if I err and start to tell them what to do as opposed to slow down and let them come to what they need to do, that's when authenticity starts going away. (P-15)

On the other hand, it can be difficult to approach therapy from a perspective that is consistent with the treatment when the client's beliefs and behaviors are not consistent with societal or personal norms. For example:

> Am I overly on to the client, my expectations…or am I really letting back and letting the client decide that and tell me what they want and then we work on that problem. So to me the more Existential you are in defining the problem, the closer you are in authenticity of how to work on this; however, sometimes clients don't

see the problem like society does. I try to let the problem of adjusting to society be something that that person is learning how to do in therapy. So you can have really good mental health inside yourself if you're in a society that allows that piece of mental health to exist. However, our definition of mental health is learning to get along in the society that you are in. So part of the problem a lot of times is to be really authentic as a therapist and be really honest about what's going on. You have to help them be in a different society. To me, to be authentic in my view of being Existential, I need to see that problem from the client's point of view. Authenticity is really being able to work with that problem, the way the problem is, with the client, not the way it is for me. (P-13)

The way that the therapist, society, and the client view the presenting problem or issue may or may not be in alignment. In the above example, learning to get along in one's society is the to the goal of therapy. With similarities to the concepts of socialization and/or acculturation, clients would maintain their own characteristics while being cognizant of the greater societal cultural norms. Also in the above example, the therapist is being authentic to his beliefs in particular (Existential) rather than to a societal level of beliefs or treatment goals alone. It seems important that the therapist perceive the client and presenting issue with openness and neutrality, allowing the client to explore and make his or her own judgments.

Theme 8: Self-disclosure and therapist vulnerability. According to most participants, authenticity involves at least some self-disclosure and selective transparency on the therapist's part, which may encourage the client to be authentic in a reciprocal manner. A participant remarked:

The way I try to be authentic [in the therapeutic relationship] is to allow a certain amount of transparency and self-disclosure. And you have to titrate that to figure out what's enough, what's too much, what areas to self-disclose, and what areas not to self-disclose. (P-4)

Another participant stated, "I have found that when you do share a little bit about yourself, and of course not a lot of personal things, I don't mean that, but just share a

little bit, they see that 'Wow, you're human too!'" (P-17). This does not imply the

therapist should self-disclose and be transparent about everything in his or her life (i.e.

facts or details). Rather, they may share genuine emotions, feelings, and reactions to the

client's statements and experiences, which may help promote authenticity in the client.

During the member check process, a participant remarked:

> Authenticity can be achieved without transparency. We have aspects of ourselves
> that are acceptable to share with others and some that are not, given any set of
> circumstances. We can be authentic and not necessarily reveal all we are thinking
> and feeling. It is coming from a place of genuineness, not necessarily full
> openness, which to me are not the same. (P-4)

> Authenticity can be impeded if the psychologist fears letting clients or others

know how he or she feels. On the other hand, participants referred to the necessity of

therapist opaqueness at times in order to allow the clients their own values. Other

conditions necessary for authenticity to occur in the therapeutic relationship may include

boundaries that are not "too heavy or narrowing." A participant discussed:

> The boundaries that you create in the [therapeutic] relationship are very much like
> the boundaries a child receives or the boundaries you understand in personal
> relationships. They cause security, they cause trust, they cause safety, all the
> things that you need in order to be therapeutically efficient and effective. And
> authenticity is a part of that. It's a very difficult and precarious position because
> as psychologists…we hold ourselves too far out, creating too heavy a boundary in
> some roles. And in other roles, just because of the therapeutic relationship, the
> boundary gets narrow. It's difficult to say the least. (P-1)

According to several participants, authenticity is somewhat precarious. Being authentic

involves taking risks and being vulnerable. Whether a therapist is willing to experience

this vulnerability in the therapeutic relationship may hinder or impede growth in both the

therapist and client. Furthermore, trust must be reciprocal. One must be able to see

through the surface to the real person. Participants stated that some therapists may enjoy

being able to conceptualize and see through the surface of their clients, yet at the same time experience fear of their clients being able to do this with them.

Theme 9: Sensing authenticity. Participants believed both they and their clients had holistic responses to each other that were not limited to the cognitive dimension. They described authenticity within the therapeutic relationship as involving an intuition, feeling, sense, or presence. It is less cognitive and more of an emotional, physiological, and sensory level of awareness. Several participants reported that clients can sense inauthenticity quickly upon encounters; therefore, what therapists say to clients should match their non-verbals or else many will experience the incongruity and respond accordingly. One participant stated:

> I think that when you're working with a person in a therapeutic context that they are very vigilant about the person that they're working with and reading them from the moment that you greet them in the waiting room. And most have a real sense of whether you're a real person, where your heart is, if you're really interested in them, and get a sense of whether they can trust you or not from their perspective. (P-5)

Another participant discussed:

> I've worked with therapists that I have the feeling that I'm not seeing the real person. And I have the definite feel if there's something under the surface that I don't know about or that they're not willing to let anyone know about. (P-6)

Essence of authenticity in the therapeutic relationship. To summarize, participants emphasized that authenticity is promoted in sessions when an environment of acceptance is created, questions which engage clients profoundly are achieved, affective dimensions are involved, and prescribed roles are loosened (for example, therapists are not stuck in a prescribed role and clients do not have to adhere to the expectations of their parents, friends, etc.). Similar to their initial definition of authenticity, participants described authenticity within the therapeutic relationship as involving honesty, realness,

openness, transparency, and truthfulness. Reciprocity adds to this process and increases

connection. The experience of authenticity within the therapeutic relationship involves an

intuition, feeling, sense, or presence. It is less cognitive and more of an emotional,

physiological, and sensory level of awareness. Clients may be vigilant and quickly sense

inauthenticity in a therapist from the first moment of meeting. An inauthentic therapist

may appear as phony, insincere, or only pretending to care or be interested. However, as

noted earlier within participants' definition of authenticity, opaqueness is valuable when

therapists sense they may be projecting their own issues into an interpretation and when

the expression of their values may override clients' own exploration of values.

Transparency, which is related to self-disclosure of thoughts, feelings, or beliefs, is

valuable in modeling openness, allaying personal fears, and in connecting in a holistic

way with the client. Transparency is seen as appropriate when it helps the client rather

than the therapist. At times, total transparency and candidness may not be helpful,

especially as related to therapist-client interactions.

Inauthenticity in the Therapeutic Relationship

    Theme 10: Skillfully evaluating inauthenticity. Participants described instances

they felt might signal inauthenticity within the therapeutic relationship. According to

them, signals might include physical feelings, such as boredom, discomfort,

disconnection, or even sleepiness. One remarked that being inauthentic might manifest as

placating the client, such as agreeing with everything the client says or "people pleasing"

(P-5). Participants framed inauthenticity as potentially being relayed from the therapist,

the client, or from an interaction between the two. Participants also suggested that

therapists have the insight and courage to consider that they themselves may be the

hindrance to the progress of their client's therapy, that they may be projecting the problem upon their client rather than owning their own inauthenticity. According to one participant, "It's not their [clients] fault if you're not feeling authentic with them. It's your responsibility to figure out what's the barrier….I think if you could not be authentic with them, you should not work with them." (P-6)

Participant responses tapped into a variety of theoretical frameworks. For some of the participants, consideration of counter-transference is paramount to clearing the way to connect directly with the client. Several described how taking the Rogerian skepticism of client resistance enables the therapist to refrain from judging the client and begin a truly empathic relationship. According to one participant, it was believed that an individual should honestly acknowledge his or her inauthenticity within the relationship and then behaviorally model how to question oneself and act differently.

Participants suggested that therapists had the responsibility to examine and explore what may be happening within themselves, rather than blaming the client or assuming *client resistanc*e. Rather, they might examine the possibility of "therapist resistance," and evaluate what may be occurring that is causing them to be less authentic. If they cannot work through difficulties stemming from themselves or from counter-reactions to the client, therapists should be ethically responsible and refer the client to another therapist.

Theme 11: Exploring inauthenticity individually versus mutually with the client. Some participants discussed ways to explore feelings of inauthenticity with the intent of then becoming more authentic with the client. They suggested a kind of *mindfulness*, as well as presence, breathing, and sitting back and regrouping or reflecting. However,

47

therapeutic sessions are time-limited and therapists may find it difficult to explore their

own feelings while focusing on the client's needs. A few participants suggested they

might not bring up the feelings of inauthenticity, but would rather attempt to move past it,

not be stuck in their own thoughts, and instead focus on the client. For some participants,

getting back into an authentic mode involved not anticipating or over-thinking, but

instead being in the moment or here-and-now with the client to mutually explore what

may be occurring. Participants emphasized the importance of owning their own feelings

and utilizing data from the client in order to examine the potential inauthenticity.

According to one of the participants:

> If I feel that I am not being authentic, for me I want to look at that and see….if
> there's something that's going on with me or something that's going on with the
> client that's impacting me in a strange manner to help understand them better….I
> might come back and say, "Well you know, I've been thinking about what I said a
> minute ago to you and the more I think about it, the more that it doesn't ring true
> for me," or, "I'm not so sure I feel the same way now that I did a minute ago," or
> "Let's talk about that further."….I think it's a part of what we're teaching our
> clients, is to be more aware of how they're feeling and to be able to express it.
> Part of what I do is call them on it when I don't think they're being straight with
> me about something. And I think part of what we teach them is sometimes you
> make mistakes and you can fix them. (P-2)

Several other participants also discussed similar benefits of relaying their feelings or

reactions to their clients. According to them, this can be beneficial in several ways,

including: (a) modeling genuineness and authenticity to the client; (b) teaching clients to

be aware of their feelings and then to express them; and (c) modeling the possibility of

addressing and revisiting thoughts, feelings, or expressions in interpersonal relationships.

Theme 12: Consulting about inauthenticity. Some participants stressed that one

cannot be completely open with clients and that consultation was a valuable aid to

reclaiming a sense of authenticity. Suggestions for consultations included seeking out a

friend, colleague, supervisor, or mentor. One participant remarked, "I would call somebody and say, 'This doesn't feel right,' or…'Listen to this. What do you hear?' And usually in the process of talking about it, it becomes clear what the problem is" (P-16). Additionally, this participant suggested that in the event a therapist is unable to be authentic, s/he might consider personal therapy to explore or find out why "it's not safe to be real" (P-16).

Theme 13: Certain types of therapy may require less authenticity. Additionally, several participants indicated they might not always need to be authentic in the therapeutic relationships. According to them, this could be based on the type of therapy, length of therapy, and specific client needs or goals. Several suggested that longer-term therapy or clients with "soul searching" issues might require more authenticity on the therapist's part, at least concerning the amount of therapist self-disclosure. Other types of therapy, such as short-term based cognitive-behavioral therapy or techniques for specific phobias, could be utilized independent of the therapist's level of authenticity.

Essence of inauthenticity in the therapeutic relationship. In summary, participants believed that inauthenticity toward clients should first and foremost be considered the therapist's own responsibility, whether it stems from therapist issues, from client influences, or from something within the therapeutic interaction. Therapists should be aware of inauthentic moments, which may become evident via feelings of discomfort, disconnection, or other physical sensations. Suggested ways to resolve inauthentic moments may include individual exploration on part of the therapist, mutual exploration and discussion with the client, consulting with a colleague, or seeing a personal therapist.

Effects of Inauthenticity

     Theme 14: Negative effects on the therapist. Participants described inauthenticity

as negatively affecting the therapist both personally and professionally. Some felt that

being inauthentic would compromise the therapist's health and psychological well-being.

Other effects on the therapist included loss of identity, increased anxiety, and sense of

failure. One participant stated, "It [inauthenticity] would be a load to carry….I suspect it

takes more energy to be inauthentic than to be authentic. I fully believe it is energizing to

be authentic and probably a cost to be inauthentic" (P-11). Several participants described

that being inauthentic implied the therapist could be lying to her/himself, leading to

issues of repression, use of defense mechanisms, and countertransference. One

participant suggested inauthenticity might look like a therapist denying burnout or

another impairment, such as personal issues, psychological issues, or even substance

abuse. Other participants warned of the inauthentic therapist, who in a state of denial or

lack of awareness could be more apt to facing ethics violations.

     Theme 15: Relationships would suffer. Participants believed that inauthentic

therapists' relationships would suffer. They distinguished *personal* relationships

(including family and friendships) from *professional* relationships (including colleagues

and clients). Participants suggested that neither clients, nor anyone in general, would

want to sit and talk with someone who was inauthentic. According to one participant:

> I think the client would probably pick up on it and not stay, because I think they
> want to really encounter another human being in an honest way…And it's a fine
> line to be authentic versus too personal. How do you really be yourself and really
> engage in this person without it just becoming a social relationship? So that's a
> discipline line you kind of have to watch. I think that if you're not really
> connecting with people they'll go somewhere else. And they say that patients
> know in the first hour whether you're going to be able to help them…"Can I

really relate to this person? Can I open up to this person?" And I don't think people can with someone who is inauthentic. (P-14)

Participants discussed how people "read you" and gain a sense of realness or genuineness from the initial encounter. In the above quote, the statement of "discipline line" signals that the field of psychotherapy involves maintaining clear distinctions between professional and personal relationships. The difficulty lies in that the therapist is a human and social being. Ethical standards and professional codes of conduct assist in socializing the person into a professional therapist role; however, the human and social dimensions coexist with that professional role and ideally, are integrated to form an authentic, person-as-therapist or therapist-as-person. Psychotherapy, as a profession, is a social and relational profession, thus, genuineness and realness are necessary to establish a connection.

Theme 16: Damage to therapy work. Most of the participants felt that their inauthenticity would be damaging to therapy work with clients. For example, according to one participant, "I don't think your clients would get any place with you. I think our clients need a lot of our honest and genuine feedback…to help them grow as people" (P-2). Another participant remarked:

> I think it [inauthenticity] impedes trust within the therapeutic relationship. There's something that's not right there and would impede the therapeutic process. I think it creates distance. You know that concept of mirroring I think is really pertinent there, people pick up on that. If you're being inauthentic they can tell. (P-5)

The above quotes represent other participants' beliefs that therapist inauthenticity results in disconnection with clients, becomes a barrier to basic rapport and trust, and creates a dissonance that does not allow for the vulnerability required for exploring profound issues. Some participants also felt that their inauthenticity would cost the clients the

51

unarmored, genuine encounter that allows clients to open up, expand their selves, and grow.

According to several participants, an inauthentic therapist lacks insight, which can impede the therapeutic process. As a result, some clients could be harmed in the process and others would quit therapy altogether. On a micro level, the client might give up on psychotherapy and never seek help again. The therapist's practice could also suffer as negative word spread about her/him from clients. On a macro level, the field of psychotherapy could suffer from gaining a bad reputation due to inauthentic therapists.

Essence of effects of inauthenticity. To summarize the potential negative effects of a therapist being inauthentic, participants believed that the therapist's psychological well-being and happiness would be at risk. This could relate to or manifest as denial, lying to the self, therapist burnout, and ethics violations. Personal and professional relationships would suffer and people would not want to be in the presence of a therapist that seemed to lack presence and authenticity. Lack of insight and inauthenticity could result in a negative therapy experience, which would not benefit clients and could even bring harm to them. Lastly, the field of psychotherapy, overall, could also be harmed and gain a negative reputation if therapists were inauthentic.

Roadmaps toward Authenticity

Theme 17: Psychological health, self-acceptance, and self-exploration. Participants discussed personal traits related to attaining authenticity. These included self-acceptance or comfort-in-self, self-confidence, self-esteem, positive self-identity, self-care, dropping facades and false selves, and knowing oneself. For several participants, being reasonably psychologically healthy was important in finding

authenticity. Many of the participants' initial ideas surrounding the aforementioned traits related to self seemed more precursors or correlates of authenticity and less of a means or pathway to find it; however, participants typically expanded their responses the more they thought about how to attain authenticity. They believed that introspection, reflection, and self-exploration were central to becoming more authentic. Participants also discussed that age, maturity, and experience are related to authenticity, although one added that just because a person gets older does not automatically equate to being authentic.

Theme 18: Self-awareness. While the majority of participants offered suggestions and ideas to attaining authenticity, several participants were not sure if there were specific, definable means to attaining and developing authenticity. One participant noted, "I don't think there are any roadmaps. I think that you just have to be aware" (P-6). Awareness was by no means described as a simple task, as described by the following participant, "I think it [finding your authenticity] is hard work…because it's daily awareness, which most of us aren't good at. And it's constant exploration and being willing to be really humble, which most of us also aren't very good at" (P-10).

Theme 19: Personal therapy, supervision, and consultation. In addition to suggested internal routes for attaining authenticity (awareness, introspection, reflection), participants described external routes involving a relational component with others. Therapy, supervision, and consultation were described as helpful ways for a therapist to become more authentic. Many participants emphasized that they had sought out therapy themselves over various periods of their lives. According to one participant, "Even if you don't have struggles that are debilitating, you still have blind spots and you still have places in your history where you really don't know much about yourself" (P-14). Another

added, "I've learned a lot about myself from my own psychotherapy, because I was allowed to. Nobody told me who I was…I just discovered that on my own" (P-7). Most participants agreed that becoming authentic is a process, not an accomplished fact, and that it takes work. They suggested that one must work through personal issues and be honest with themselves and others. Several participants mentioned that authentic exploration and seeking authenticity could be a painful process. Thus, some therapists may become defensive and avoid it through fear, denial, and distractions. According to one participant:

> I think that the danger is, especially if you work a lot, is protecting yourself too much to where something might be an issue that you don't want to deal with, just like your clients don't want to deal with something, and that could be a hindrance. I just think that we need to be what we try to get our clients to be. We need to be aware of where we are, who we are, how we feel, and how we respond. (P-6)

Involvement in professional consultation groups, having a mentor or professor, and talking with colleagues were additional discussed paths to becoming more authentic. Some participants focused on specific books and graduate coursework in psychology that was influential to them. Others suggested that 12-step type groups could be helpful as well.

Theme 20: Training to become a psychologist. Several participants discussed that their graduate psychology programs and the actual process of becoming a therapist were among the ways they became more authentic; however, two other participants believed that simply going through graduate psychology programs and getting a doctorate degree in psychology would not guarantee authenticity and could actually stifle it. As one participant stated, "If someone's right out of school, let's say the doctoral program…at least for me I thought I knew more than I really did. I thought, 'Oh, I have this Ph.D., I

know my stuff,' and I had some of the greatest challenges connecting with the team that I

worked with at a medical center" (P-8). Others believed that authenticity is not a concept

that is readily taught.

   Theme 21: Internal versus external conceptions and evaluations. A key for

several of the participants towards attaining a higher level of authenticity involved

gaining a freedom from self- or other-inspired conceptions of oneself.

> You have to be able to let go of preconceptions that you have about yourself…and
> integrate who you really are. I really think that…those [childhood] years had a big
> impact on our basic personality. And I agree with that, not because of research,
> but because of my own experience with family and clients. It doesn't mean we're
> stuck there, but that we can change things….I have never had a client that hasn't
> brought up their childhood and how that impacted their personality or their life. I
> think it can hurt, and with pain there's growth. (P-6)

To live outside of preconceived roles entails more than having an individual's self-

evaluation or others' assessment of who the individual is. It has more to do with getting

in touch with an awareness that is free from the judgments based on social constructions.

It is a state of being. However, several participants suggested that seeking others'

appraisal, feedback, or assessment of *who you are* and *how authentic you are* could be

helpful. This avenue toward authenticity involves paying attention to not only internal

subjective self-assessments but also external assessments of one's viewpoints and

behaviors.

> You certainly could ask your friends, "How do you see me?" Not just constantly,
> but you could pick a moment in time to ask them how they perceive you. That
> would be helpful in terms of finding out your core….comparing what you hear
> from others to how you feel inside. (P-11)

This latter quote would entail more of an active and conscious effort at exploring one's

core or essence by asking other people, such as a friend, supervisor, or personal therapist

how they perceive the individual. At that point, one might compare the external

perception with one's own internal conception, then explore and seek to understand the similarities and differences between the two.

Theme 22: Spirituality and faith. Some participants reported that faith and/or spirituality offer a path toward authenticity. They discussed that via spiritual process and growth, one may become more open, receptive, and humble, versus being too autonomous and independent. According to one participant:

> I'm a Christian, so I think my faith has had a lot to do with me becoming more authentic throughout the years. I also think that therapy, being in counseling myself during different stages of my life has helped me to be more genuine with myself and be more aware of what my flaws are, my character defects are so that I can be more honest with you, for example, versus being guarded, or being manipulative, or whatever humans do to try and guard themselves against genuine interaction. (P-8)

Spirituality and religion may encourage authenticity through honest self-exploration of one's tendencies, makeup, or long-standing potentially flawed ways of viewing and reacting to the world. In the above quote, characteristics from sins or flaws due to choice are viewed as off-roads leading away from authenticity. The words "flaws" and "character defects" suggest a presupposed inauthenticity in need of realization. Within this religious or spiritual context, the way back to authenticity is through humbling oneself, which liberates or puts one in a position to become confident in one's spiritual awareness.

Essence of roadmaps to authenticity. To summarize participant views about how to attain authenticity, an internal subjective exploration of self (awareness, introspection, reflection), while consciously examining preconceptions (internalizations from one's family origins and social roles), may be supplemented by and compared with external appraisals (therapy, colleagues, friends, supervision). Growing older, maturing, gaining

experience and further development are likely to be helpful, as may be one's faith or following spiritual paths. Add to that, self-acceptance, confidence, non-defensiveness, humility, and one's authenticity may begin to shine.

Gender, Culture, and Social Influences on Authenticity

Theme 23: Gender (dis)advantages. Participants referred to how influences from gender, race, culture, socialization, religion, experience, and age have affected their level of authenticity. Most participants discussed gender issues related to authenticity. Participants discussed advantages as well as disadvantages within each gender. Several male and female participants argued that being female might be beneficial to authentic affective communication, although issues of inequality resulted in obstacles to free expression. Some female participants remarked that within their careers as psychologists, they were not perceived as equals to their male counterparts. Specific examples included being regarded as too maternal or endearing, choosing their schooling and careers over a traditional child-rearing role, feeling they had to work harder, and lastly, striving to become stronger and more independent. Several mentioned having to change aspects of themselves in order to feel more respected and taken seriously. On the other hand, some female participants considered their gender as beneficial to their professional lives and authenticity. They discussed how women connect with one another more easily and naturally than males. This allowed them to more easily engage in authentic dialogue and process. As some considered it "hardwiring," they felt being female allowed them advantages as therapists to feel empathy and emotionally engage with clients. Additionally, several mentioned how females more often seek counseling than males, as well as prefer female therapists.

Male participants described feeling a pressure to put on an image, such as having to look strong and successful. Some felt it is more difficult for males to achieve authenticity or feel authentic, as openness and trust may be less encouraged among the male gender. According to one participant, "I don't think men are particularly encouraged or trained to be very authentic" (P-11). Another participant remarked:

> I do think women tend to, first of all, they come to therapy more, and they read more in terms of about their own process. And they're much more likely to get with a woman friend or in a group and dialogue about their issues, whereas I think there is a prohibition for men to be really open and intimate. So I think it's a much lonelier path for men. (P-10)

Female therapists and clients may find it easier to engage in the process of therapy, authentic dialogue, and connection. Several participants noted that while this may be more difficult for male therapists, it does not prevent male therapists from experiencing authenticity. Graduate school training in psychology was noted as one avenue for uncovering the layers of socialization and gender role prescriptions.

Theme 24: Cultural awakening. Most of this study's participants came from Euro-American cultures. Consequently, they told many stories of gradual awakenings regarding awareness of the predicaments of other races. Several focused on specific cultural experiences beginning in early childhood, such as being a part of a racial minority family, growing up in a rural setting and feeling isolated, and witnessing segregated schools in one's community. Others discussed specific experiences occurring later in life, such as being an exchange student in another country and thus becoming a minority, being a significantly older student in a doctoral program, and having the experience of divorce. Participants described these experiences as having enriched their

ability to be authentic as well as enhancing their compassion in appreciating and relating to other individuals, cultures, and minority groups.

Theme 25: Majority advantage in expressing authenticity. Several participants believed that growing up Caucasian made it easier for them to be authentic. They attributed this to being in a majority group, which they theorized allowed them less concern about how others perceived them as well as more self-confidence. However, as one participant remarked, "Sometimes that means that we don't have the awareness of how culture plays into what we do everyday" (P-12). Participants discussed that while being Caucasian may have aided in their own authenticity, it also likely affects their work with clients of minority status. They offered several implications, including the necessity of awareness in order to avoid disrespecting other cultures, the importance of avoiding stereotypes, and never blindly assuming that they are being authentic or perceived as authentic in the midst of clients. As one participant remarked, "I can't assume anything in relationships with people. I can't assume authenticity or friendship" (P-16). Another participant suggested that therapists should regularly evaluate their work through client satisfaction questionnaires or by asking clients whether they feel their therapist is being authentic with them.

Theme 26: Understanding social influences related to one's authenticity. Several participants reported that gaining a penetrating understanding of where they came from helped them to relate to others in a more authentic way. One participant described growing up in a contained, lower middle-class family. Another discussed growing up in a wealthy, well-known family with pressures of being socially presentable. According to

her, "I think it made me pay more attention to how I presented because people knew who

my family was" (P-9). Another remarked:

> Socially, I'm in one of those families where my grandparents were all working
> class people....And my parents wanted to move out of that working class into the
> professional class. Being sort of in between groups, I think I have more empathy
> with people who feel lost or are out of step. (P-16)

> *Theme 27: Maintaining spiritual authenticity via cognizance and awareness.*

Several participants noted that their spirituality, religion, and faith were helpful in

working with clients who share similar beliefs. One participant stated:

> Spirituality has helped for a couple of different ways. One is my ability to relate
> to people that have a strong faith that come here, and they want a Christian
> psychologist or they want to have somebody who has faith. They don't just want a
> psychologist. It's helped me to not only grow myself, spirituality, but it's helped
> me connect with other people, that spiritual dimension along with the psychology
> part and all the other things that we do in therapy. My faith, it's just evolved over
> time. (P-17)

Other participants added that for clients with dissimilar beliefs, this created more

challenges concerning therapists feeling authentic with clients. According to a

participant:

> Religiosity is another big thing in there. That's something that has been a
> challenge as far as learning how to work with someone who has different
> views...I think there are always things that come into the room with you and so
> you have to figure out what's having an influence on you. In therapeutic work...I
> think you can be authentic but not throw all of yourself out there on the table at
> the same time....but if we get into that discussion and I start lying about things,
> then obviously authenticity goes off the table at that point. But otherwise I think
> that you can still withhold certain parts of yourself but still be true to the
> interaction. (P-12)

Another participant discussed:

> I'm a pretty religious person and when I get someone who's say atheist, I have to
> really be there for them, have to be more opaque in that kind of situation.
> Authentic, but opaque. Instead of being transparent and letting my religious
> beliefs show through, I just have to keep all of that in. (P-4)

Therapists are trained to not let their own values and beliefs impede upon or influence their clients' values and self-exploration. Some participants in this study viewed their faith and spirituality as central to their core and more than just an acquired belief or value. For some, it may be as natural to them as is their race or gender. It is likely easier to relate to clients who share similarities with the therapist. However, clients are unique beings and inevitably present with different characteristics, including values, cultural traits, and beliefs. In the above quotes, therapists described how their faith is a part of them and not something they can easily dismiss as just a value or idea when in the therapy room. For them, dismissing their beliefs or at least lacking awareness of how those beliefs may surface during work with clients, would court inauthenticity. These participants believed their faith as well as client characteristics intertwine to influence them in therapeutic sessions. Thus, engaging in awareness and cognizance of these influences will help maintain both the therapist and client's authenticity.

Essence of gender, culture, and social influences on authenticity. To summarize, participants described influences from culture, gender, experience, spirituality, religion, and socialization as relating to their authenticity in both past and present. Both female and male participants described experiences of feeling pressured to act in accordance with prescribed societal roles, yet this manifested in unique ways to each gender. Participants associated being female with more easily reaching states of connection, empathy, and trust, which is beneficial both personally and professionally as a therapist. Female participants described difficulties in being seen as equal to male therapists and having to change aspects of themselves to be respected and taken seriously. Participants associated being male with more pressure to put on an image of success and to be

61

competitive, as well as more difficulties with trusting one another and having prohibitions against openness and honestly. Real-life cultural experiences, such as exposure to minority groups and their struggles, helped participants to reach a deeper state of compassion and empathy for minorities and clients. Most of the participants in this study, who are Caucasian, felt that growing up in a majority group was an advantage to them in terms of more easily being themselves and feeling authentic. Nonetheless, they discussed responsibilities of sensitivity and respect to clients from other culture groups as well as never automatically assuming the client perceives them [the therapist] as authentic. Lastly, some participants believed that their spirituality or religion helped them to become more authentic. They suggested that while it is easier to work with clients who share the same spirituality or religion, working with clients of dissimilar beliefs required that awareness and opaqueness be used as a strategy, rather than disconnecting from parts of themselves or disregarding their spirituality or religion.

Authenticity in Relationships and Social Roles

Theme 28: Most authentic with close friendships, significant others, and family to a degree. Participants discussed who they felt they were able to be the most authentic and least authentic with. One participant perceived this as "Who I can bear my soul to the most...who I feel the closest to emotional and intimate-wise" (P-17). The majority of participants focused on friendships, some of which were qualified as *close* or *long-term* friendships, followed by, spouses and significant others, parents, children, and siblings. One participant thought she was able to be more authentic with others who she perceived as similar to herself. Another indicated she was the most authentic in her relationship with God.

While some participants reported that they could be most authentic with family members, other participants claimed just the opposite. One participant discussed, "I think to a degree there are homeostatic mechanisms in family interactions and sometimes they can be constraining as opposed to authenticity" (P-5). Another participant remarked, "The hardest people for me to do that with [be authentic] have been my family members, because they're so accustomed to some of the selves that I've put a lot of energy toward to maintain" (P-9). Another participant stated:

> I think with family members, there are roles that you sometimes play to a certain degree….Whereas good friends, typically, they're seeing me on an everyday basis and…most of them are here at work. So not only are they seeing me in the work context but they're also seeing me in a social context, so they don't just see one aspect of my personality, they see me as a whole. (P-12)

Trust and similarity appear to allow for authenticity, but for some, those qualities can become confining. Family members and friends may come to expect one to remain in a role or stay the same, consequently putting pressure on one to conform to their more static and stagnant values and expectations. Furthermore, personality development and preconceived roles stemming from one's family of origin may lie at the deepest levels of being and closest to a core self. Some participants earlier described that working through one's preconceptions and internalizations from family of origin would lead towards higher integration and authenticity. According to them, the process can be difficult and painful. Thus, this may connect why some participants report difficulty in being authentic around their family, especially their parents.

Theme 29: Multiplicity and consistency in social roles and situations. In one way or another about all of the participants said that being authentic entails multiplicity. That is, they play many roles in life and authenticity puts on different clothes, though there

may be a core self beneath all of the varying degrees of expression. One participant stated, "There is kind of a consistency. You have your core beliefs, same personality. You'll still be conscious of all that, you just may act differently" (P-3). Prior to engaging in different roles, if an individual maintains awareness first and then actively chooses which thoughts and behaviors to share or avoid, they may be able to maintain this consistency.

Several participants discussed being less authentic around people whom they might find offensive, are in conflict with, or who have different values. Others added that being totally authentic or sharing all of one's thoughts and experiences was not always appropriate depending on the encounter or situation. One participant stated, "There are people at my church that I don't share all of my history with. So I just don't talk about myself, but it doesn't mean that I'm inauthentic" (P14). A few participants emphasized having to deal with the incongruent feelings they experience, often having to curtail certain core aspects of themselves as they deal with different situations.

Theme 30: Less authenticity in superficial, casual, and/or professional roles. Many participants indicated they might be the least authentic with superficial encounters and casual acquaintances. One participant stated that he was the least authentic "in casual or superficial interactions because they don't have a depth to them, unlike with close friends" (P-5). Another participant remarked that he was more authentic with his clients because he did not want to encourage superficiality. Some participants described feeling the least authentic at large gatherings, especially professional psychology association and/or business meetings. They referred to this as feeling constrained in the professional

role. A few others described feelings such as tension and competition when in the presence of groups of psychologists. According to one participant:

> I see it as being in different roles and how there are professional roles in which you have to watch what you do. You can't be the same at like a professional business meeting or fundraiser the same ways as if you're around friends. (P-3)

Additionally, some participants discussed feeling less authentic around people in supervisory or upper management roles. This reflected issues of opaqueness and tact, in which one experiences awareness of inner thoughts, feelings, beliefs, and/or values within the situation, but may choose to refrain from certain disclosures or behaviors. Several participants referred to this as "self preservation."

Theme 31: Therapist authenticity dependent on the client. While connections with some clients allow for authenticity, some encounters with clients have the opposite effect. Several participants discussed being less authentic around clients diagnosed with Borderline or Narcissistic personality disorders. Others discussed being less authentic with clients who held different values or who might not understand the ideas the therapist could share with them. Some participants discussed being less authentic, or at least less open with child clients, as they might not understand abstract thoughts, or certain ideas might not be helpful or appropriate for them. One participant remarked:

> Sometimes, I know particularly when I'm working with adolescents, I can't be as open with how I feel as I can with an adult.…with some adolescents with whom I work, there have been some areas that I just hold a different face with what's inside of me. I think of a couple of them, with whom I've worked, that were doing a lot of things they shouldn't have been doing. And one girl said, "Well you wouldn't know anything about that," and I'm like, "Yeah I would"….But now when she's 15…she doesn't need to know that I know some of what she's talking about firsthand because I don't think that would be [therapeutically] helpful to her.…So some of those kinds of things I would hold back and not share with them or not let them see it or experience it with me. (P-2)

Other participants also suggested the importance of the therapist being mindfully authentic with adolescents and teenagers. Another discussed:

> I worked at an adolescent residential treatment center, straight out of my masters program. So I was pretty green. And they just ate me up when I first started.…I was taught Humanistic therapy and these teens were like, "What are you trying to do with us?" And I think I was also playing a role too, the role as a therapist that I thought I was supposed to be doing…Working with teens helped me realize to be myself in the room, but also to be effective at the same time. Because you can't get away with that stuff with teens. They are even more perceptive about things, or maybe they're more willing to call you on it, maybe that's it, than adults, when you're not being true with them or honest with them. And particularly, these were teens, who had had significant histories of disappointments, trauma, abuse, and so they weren't trusting of others. And so "You have to give me a reason, a darn good reason on why I should trust you." The best way I could do that is say "This is who I am," and I showed that through my consistency, and my care and concern. That's what made it work, but it took some time to get there. (P-12)

As described in the above quotes, adolescents and teenagers may be more apt to question a therapist's realness and ability to identify with the situation at hand. In the first quote, the therapist might have known exactly what was going on in the adolescent client's situation, but chose not to disclose it, as it may not have been helpful or appropriate to the client's own self-exploration and learning experience. In the second quote, the adolescents confronted the therapist, fresh out of training, on her playing a role and coming across as less authentic to them. Another participant remarked, "It's always been clear since you're a teenager, around who's being fake. Being fake became a part of your way of seeing people.…Children have yet to develop the various roles or false selves that adults may have" (P-9).

Essence of authenticity in relationships and social roles. In summary, regardless of various situations, participants described striving for a consistency in their authenticity, which while perhaps being consciously held back in their behaviors or amount of self-disclosure, would remain in their awareness and core personality. This

66

was also dependent on whom the participant was encountering. Participants found it easier to be authentic around close friends, spouses, siblings, and their children, but qualified that some concepts and abstract ideas were not appropriate for their own children as well as child clients. Some participants believed it necessary to be authentic with clients, both adult and adolescent, as this encouraged authentic exploration in the client. Some participants found it less easy to be authentic around their parents and other family of origin due to past constraining roles and preconceptions stemming from those roles. Lastly, participants indicated they were the least authentic in professional relationships, in particular with supervisors, management, and during business and/or psychological association meetings.

Authenticity and Theoretical Orientation

Theme 32: Believing in one's theoretical orientation. Participants argued that authenticity is not necessarily associated with any particular theoretical orientation or technique. Rather, they consistently associated theoretical orientation one's individual characteristics. The most popular view was that theoretical orientation must be in accordance with the therapist's belief system. As one discussed:

> You have to believe in what you do. If you don't believe in it, or you have some skepticism, or question your ability to do it, then that's going to hinder your ability to be fully present with them….You connect with different theories, different models, and you've gotta find that good fit, what's going to work for you. (P-12)

Participants discussed that utilizing a theoretical orientation or technique without believing in it could reduce therapeutic effectiveness, hinder therapy, and come across as phony or inauthentic to the client. Some participants also thought that theoretical orientation has connections to the therapist's personality. Another participant stated, "I

67

truly believe that in a philosophical, spiritual, and physiological way that it all kind of falls in alignment with what you do" (P-5). Others added that it has connections to one's values and intellectual notions.

Theme 33: Physicality of fit. Several participants also discussed a "physicality of fit" concerning theoretical orientation and authenticity for the therapist. As one participant remarked, "I think you have to be selective and pick a model or make your own model…according to what feels right to you" (P-7). Another participant mentioned:

> I think that you've got to integrate the theories into your own worldview of practice to be authentic. There are certain things that I don't use, because if I do it doesn't feel right to me. I do think that if you try to put yourself in a mold, that you could lose some authenticity there….I think that we have to integrate those different theories to come up with our [own] theory. And it's plastic, it can change….I think that's one of the things about the [doctoral psychology] program, that we're forced to do things in the program and have to figure out, "Does this work for me?" It's important that the theory feels comfortable to us. (P-6)

If less experienced therapists attempt to utilize an approach or even an idea learned from studying a theory, when they have not yet integrated the concepts that undergird it, they may experience incongruence, which signals a lack of authenticity. Studying and considering the concept and then allowing the related ideas to incubate for a period of time may result in greater congruence when the concept or theory is ultimately utilized in practice. Therefore, being cognizant of one's professional and life experience can contribute to authenticity.

Theme 34: Solidified theoretical orientation, channeled through the unique individual. Participants spoke of theoretical orientation as having qualities of uniqueness related to the therapist as an individual. Thus, there will be variations across therapists in regard to how they view and follow their theoretical orientation and utilize techniques.

Several participants referenced Freud's original theory of Psychoanalysis, which historically changed as subsequent followers adopted and utilized the theory in accordance with their own worldviews and perspectives. Another participant metaphorically remarked, "It's kind of like cooking. You know a lot of people cook Italian spaghetti sauce and it's always a little different" (P-15). While theoretical frameworks and techniques may be integrated with the individual therapist's style and subsequently gain qualities of that therapist's uniqueness, participants discussed the implications of this as well. Some felt that the techniques should be solidified, consistent, and not watered-down. One noted that consistency and solidification help make it possible to do research and evaluation on the theory or technique. Another discussed that therapists should attempt to adhere to whatever theory or technique they are following and know when they may be sliding away from it. Furthermore, therapists should inform clients if the therapist switches theoretical orientation or techniques during therapy, as this could be jolting and confusing to the client.

Theme 35: Psychologist authentic qualities triumph theoretical orientation. Several participants suggested that theoretical orientation was not related, or at least was not overly important concerning the therapist's authenticity. One discussed:

> I don't think it is. I think the idea would be that you would, whatever your choices, you would strive to operate from that sense of soul. And I think we all have different gifts and those gifts are manifested in so many different ways. And whatever gift you bring to a therapeutic interaction that you just strive to bring it in the clearest way possible….and that seems to me that it behooves us to really look at what gifts we have and operate out of those as much as possible. (P-10)

Therapy entails more than one's theoretical orientation, methods, or techniques. The above quote encourages therapists to utilize their natural, individual qualities and characteristics, perhaps not taught in their graduate programs, to *genuinely* connect with

their clients. Theoretical orientation provides an overarching framework for psychological practice, but the person-of-the-therapist also brings unique traits and qualities to the therapy room. Some participants described how they (through self-exploration and self-acceptance) have learned to utilize their distinctive strengths, quirks, idiosyncrasies, eccentricities, humor, and other personality characteristics to their advantage in the therapeutic setting. Rather than specific theoretical orientation or techniques, they described the therapist's "use of self" as an instrument in therapy. Additionally, they advocated for self-acceptance as a part of becoming authentic, implying that an authentic self or core is always there anyway.

> I do believe as time passes I am getting more and more comfortable with myself and who I am, my quirks and idiosyncrasies, and if called upon, you know, work on being comfortable sharing that information. I don't think I was particularly comfortable early on. (P-11)

> As I've gotten older and I've done this more, I've learned what are my quirks and eccentricities, and how I can make them work for me in the [therapy] room. I can be goofy, I can be silly, I love to use humor in my work, and I'm not particularly smooth. But somehow I still get it done. So I think it's a matter of using your personality characteristics in the room to their best advantage. (P-12)

These participant remarks suggest that the core self may not be the serious analytic self that Western society values; it may be a non-judgmental, funny center.

Through graduate school training and experience in providing therapy, the therapist's traits and qualities will be uncovered, explored, and honed to work with his/her theoretical orientation and techniques rather than work against him/her. Several participants discussed that through their graduate school training, they were allowed to try out different theories and techniques, versus being forced to adhere to specific theoretical framework. One stated, "In my training I was required to be pretty familiar of

different theoretical orientations…trying some things out, sort of feeling what works best and fitting it into the authentic self" (P-9).

   Essence of an authenticity and theoretical orientation. To summarize participants' views, theoretical orientation and techniques were thought to be most authentic and effective when they fall in accordance with therapists' beliefs. If therapists do not believe in the theory or technique, they may be ineffective and come across as fake or inauthentic to clients. It is important to consider if and how theoretical orientation aligns with the specific dimensions of philosophy, spirituality, expression, intellectualism, and experience. Theoretical orientation also has a physiological quality in that it was described as needing to feel right or feel comfortable to the therapist. Participants described the importance of not losing site of one's unique traits and strengths, which may benefit their work, as well as integrating one's characteristics with theoretical orientation. Lastly, participants do not contend that adopting any particular theoretical perspective leads to inauthenticity, but that one should completely understand the theory they are using. Furthermore, if therapists mix theories, they should have thought through any potential contradictions or else the client will be confused.

The Person and the Psychologist

   Theme 36: Psychological mindedness. Many participants indicated that their specialized knowledge facilitates the genuineness of their conversations with others. One participant discussed how her training and knowledge allows her to see through surface communication to the truer essence of a person she may be interacting with, rather than reacting to potential defense mechanisms. Another said that her training helped her to be more mindful during interactions, which promotes feelings of kindness and compassion.

71

Participants described a natural tendency toward being *psychologically-minded*. For some, this included analyzing, asking questions, processing, seeking clarification, offering feedback, sensing defense mechanisms, listening more than talking, and being in a participant-observer stance during social situations. These tendencies, which act as techniques in the therapy role, were difficult to separate from personal roles and situations outside of the office.

Theme 37: A perpetuating cycle. According to participants, their psychological mindedness is not something they can simply "turn off." Some described this as particularly affecting them in acquaintance-type roles or less close relationships, giving reference to how being a psychologist may elicit responses that make casual communication mutually problematic. They discussed experiencing hesitancy in telling people that they are psychologists, as this could end up with questions and remarks such as, "Are you analyzing me?" (P1), "I've got to tell you about my crazy family!" (P-12), or altogether sharing too much about their lives. According to one participant:

> People seem to put a persona on a therapist when they know that you're a therapist, and sometimes I think that almost stifles authenticity in some areas of your life….It's like they're holding back from you, afraid that you're going to analyze them, which you know a good therapist is never going to do that, we don't want to. Well, you do make analyses, but you don't put effort to analyzing everyone that you come into contact with. And sometimes people seem to think that you do. And so I think in that case the authenticity that you show, that you let others see, could possibly be stifled in some departments….I don't know how many therapists you know, but therapists can be some of the most closed off people that you'll meet as far as sometimes really sharing how they feel and how things are affecting them. It's almost like we get into overload by taking in peoples' problems, and we don't want to put our problems in someone else. And I see that as sometimes being a problem with authenticity in some therapists. But your family pretty much puts you in your place. I don't think after awhile that they're all concerned about your degree. (P-6)

It seems there might be a reciprocal cycle in which participants, who may naturally exhibit the above referenced psychological tendencies outside of the office, would thus facilitate other people to share too much, hold back from fear of being analyzed, or view therapists as never being off the clock. Adding to the cycle, therapists may then retreat even more into professional-type roles, thus becoming quieter and closed off to a genuine connection. According to above quote, therapists' authenticity can be stifled due to an interaction between their own tendencies/behaviors and from the expectations of people within the encounter. However, this may not necessarily be the case with close friendships and family relationships, as they may be more familiar with the therapist as an individual and "put you in you place" (P-6), as one participant remarked. Another participant added, "If I try to act like a psychologist with anybody that knows me, they're going to say 'Don't be putting that stuff on me'" (P-7).

Even though participants indicated having a natural psychological-mindedness, there may be times when they relate from more of an objective or therapist-like role and those closest to them notice something different or less genuine. This is emphasized in the above quote's reference to "act like a psychologist." Members of the public as well as the therapist's acquaintances, however, may also sense this and form an inaccurate, less holistic image of the therapist-as-a-person as well as other therapists in general. This may then lead to guardedness from fear of being analyzed, or increase the likelihood of uninhibited self-disclosure and sharing of information.

Theme 38: Strategies to increase genuine interaction. Participants discussed strategies to increase genuine interactions, prevent disconnections, and reduce rigidity in boundaries with people they encounter. According to one participant:

> Sometimes people avoid me at social settings and sometimes people seek me out….I had to learn how to stop asking people questions that would get them to disclose things….I have learned over time that if I pull out a personal example, this is a self-disclosure thing, that if I give a personal example it will stop the person from going deeper into the material. That's why self-disclosure is an iffy thing in therapy, because it stops the person from going deeper into their own material because they're paying attention to your material. (P-16)

In addition to asking less questions and using more self-disclosure, other participants suggested striving to talk more if the therapist was naturally more of a listener, using cues to stay focused on their own lives, and paying less attention to process. A few other participants expressed disappointment in less genuine relationships or people they felt might have used them for their counseling abilities. As one participant stated:

> I felt like it was all them asking me to be that person for them…to play that role for them and it was never a genuine relationship. It became increasingly dissatisfying because that's not who I want to be all of the time….I want you to ask me about me, and I need you to be genuinely interested in what I have to say afterwards. (P-12)

Essence of the person and the psychologist. To summarize, participants largely agreed that being a psychologist is a part of who they are and more than a career or professional role that they can turn off. Their psychologically-minded tendencies, originating from personality, temperament, or psychological training, have the potential to help as well as hinder their genuine encounters with others. This may be dependent on the active role (professional or personal). Lastly, therapists may be able to consciously deactivate tendencies related to analysis and objectivity. Increasing one's subjectivity, self-disclosure, and recognizing one's personal needs as a human being may also be helpful.

CHAPTER 5

DISCUSSION

Introduction

    Philosophers have discussed and written about the concept of authenticity for many centuries. Yet it has only been within the last decade that researchers have begun to operationalize authenticity and scientifically study it. Within this study, many of the original philosophers' ideas of authenticity are given freshness in the context of psychologists discussing their personal and professional experiences with authenticity. This study contributes to a deeper understanding of psychologists' experiences with authenticity in the context of relational encounters and the therapeutic relationship. The findings presented may help therapists to be aware of issues of authentic functioning in themselves, their clients, and the interaction of the two. This will allow therapists to reach the depths of their own internal conscious and unconscious processes, which inform their behavior and relationships with others. The catalogued findings from this study, construed from dialogues with 17 psychologists, may not be as important as the real time explorations therapists engaged in regarding themselves, interactions with their clients, and other social relationships. Nonetheless, it is hoped that this study can reflect a portion of the sincere offerings of the participants to its readers.

    From their own perspectives, the researchers sought to describe how authentic participants' responses seemed in terms of whether they were responding to questions

from a theoretical framework or from their own heart. This was a somewhat difficult endeavor as participants verbally described a general alignment between theoretical frameworks and personality, belief systems, philosophy, and worldviews. Nonetheless, during the interviews and data collection phase, participants nonverbally and verbally presented as authentic, open, real, and willing to engage in self-exploration as well as self-disclosure concerning their experiences with authenticity and even personal therapy. On occasion, participants referred to external influences on their authenticity, such as books, mentors, and theoretical orientations. Again, they were open and honest about those external influences. The researchers also took note when participants referred to theoretical terminology (e.g., false selves, defense mechanisms, self-disclosure, Carl Rogers) within their interview responses as related to their theoretical frameworks.

Consistency and Movement in Authenticity

This study sought to ascertain how psychologists defined and experienced the concept of authenticity within several contexts, taking into account the uniqueness of the psychologist's social role and specialized knowledge in human behavior. Participants defined authenticity as a matching of the inner self with the outer self, or as some believed a plurality of selves. For them, a relative consistency as well as a lack of contradictions between those selves or roles formulates authenticity. Contradictions occurring between the inner and outer self or between various social roles would signal inauthenticity. According to Wood et al. (2008), *self-alienation* occurs when the individual is unfamiliar with or is out of touch with the true self, which may lead to psychopathology. The authors conceptualized self-alienation as a contradiction or mismatch between an individual's conscious awareness and actual experience.

Participants also defined authenticity as including the components of genuineness, honesty, and openness. They noted "moments of movement," or the dynamism, of both authenticity and inauthenticity in themselves as well as their clients. These emergent themes from participants' definitions do not diverge from those found within the current research and earlier influential literature on authenticity (Kernis & Goldman, 2006; Miars, 2002; Miller et al., 1999; Sartre, 1956; Taylor, 1991; Trilling, 1972) and associated concepts such as congruency and genuineness (Corey, 2001; Cormier & Nurius, 2003; Klein et al., 2002; Rogers, 1964).

There is particular importance to be found in the theme of moments of movement between authenticity and inauthenticity in psychologists, their clients, or individuals in general. According to some of this study's participants, authenticity is not a static or permanent state that is attained or remained in. Rather, it is on-going, ever-evolving, and possibly never being fully attainable. Miller and Stiver (1997) discussed that "authenticity is not a static state that is achieved at a discrete moment in time; it is a person's ongoing ability to represent her-/himself in a relationship with increasing truth and fullness" (pp. 54). "Authenticity is a process in movement—we move in and out of more or less authenticity as a consequence of relational dynamics" (Miller et al., 1999, pp. 5-6). Heidegger also believed that authenticity is not an either/or experience, but that one is more or less so authentic or inauthentic (Baumeister, 1987). This allowance for inconsistency in the self as well as movement in self- and other relationships is important for conceptual and methodological strategies in research involving authenticity and the self (Erickson, 1995). A danger exists when a psychologist or person believes they have reached a permanent state of authenticity. According to Derrida (1976), once a person

believes he has achieved authenticity, he or she experiences "premature closure" and a blockage or an incapacity for further growth. Moreover, although a final state or even moments of pure authenticity may not be attainable, growth still occurs in the process and in the search for one's authenticity.

Historically, there has been difficulty with defining and operationalizing the concept of authenticity (Jacobson, 2007; Golomb, 1995; Parens, 2005). Authenticity's definition may be as unique as each person seeking to obtain it within his or her life (Miars, 2002). Compared with earlier historical definitions and descriptions of authenticity, a theme emerging from this study was the greater reference to physical and nonverbal qualities as well as emotional indicators of authenticity. This may be partly due to participants' psychological training and knowledge of the importance of feelings, emotions, and nonverbal behavior, especially when working with clients. Additionally, the majority of this study's participants were female and indicated that their gender may afford them easier access to and awareness of the emotional level. Considering that many of the historical philosophers and writers on authenticity (or at least those who garnished the most publicity) were male, their corresponding definitions of authenticity may have been construed from a more cognitive and verbal dimension. Nonetheless, Heidegger's proposed process of becoming authentic began with a "call," which to some extent began in an emotional or nonverbal dimension. According to him, this call might include feelings, which surface as a sense of guilt, dread, an abrupt arousal, or an incongruence in one's life (Golomb, 1995). This study's participants suggested that it might be easier to sense inauthenticity than authenticity, possibly due to the physical, somewhat negative feelings associated with inauthenticity.

Even while common themes emerged among participants' views on authenticity, there was and always will be discourse with respect to individual uniqueness. Discourse may be a natural form of balance, just as Derrida posited that nothing exists without its opposite (1976). Deconstructing a concept, especially authenticity, may help to keep it in check so that it does not become a solidified thing or dogmatic value, incapable of change and growth. Following his proposition, one could deny a definitive meaning of authenticity and instead promote interpretation and reinterpretation as a continuing activity. This is not so different from objective science and research, which aim to prove hypotheses as false (rather than true) in terms of studying group or treatment differences, and continually seeking new knowledge in the endeavor of progress and growth. However, human minds seem to favor a solidarity and concreteness of truth. References to scientific discovery typically involve something having been proven true, which seems to offer a certain comfort to us. One the other hand, a continual search, emphasizing fluidity and non-crystallization of truth(s), would seem to work well with authenticity; however, quite the contrary may be found. According to some Postmodernists, if there is no self, there is no authenticity to be found in the self. Chakravarti (1978) wrote, "Human being perpetually creates himself in whatever way he chooses" (pp. 26). In order to be authentic, however, this creation must involve a conscious and active effort at being true to one's fundamental nature, rather than engaging in make-believe and creating a false self.

Another theme related to the definition of authenticity included having a sense and awareness of one's values, beliefs, thoughts, feelings, and intentions. It seems this would precede as well as inform participants' references to the above mentioned

component of authenticity that entails a matching, alignment, or consistency between those inward concepts with outward expression or behavior. Participants' thoughts were reflectent of Wood et al.'s (2008) second component in their tripartite conception of authenticity, *authentic living*. For them, authentic living "involves being true to oneself in most situations and living in accordance with one's values and beliefs" (pp. 386). Participants' idea of "sense of awareness" is also the foremost component in Kernis and Goldman's (2006) four-factor, multidimensional construct of authenticity, which includes awareness, unbiased processing, behavior, and relational orientation. As discussed by several participants, engaging in a state of authentic awareness entails work and recurrent monitoring. Like authenticity, awareness should not be automatically assumed to exist in a static state. Furthermore, awareness of one's values, beliefs, thoughts, feelings, and actions requires a continual process of self-exploration. Without this, therapists may be more at risk for blind spots, countertransference, and at worst, impairment within the therapeutic setting. Outside the office, awareness and self-exploration were described as useful in preventing the psychologist from unwarily carrying over their psychological tendencies and techniques, which could inhibit genuine encounters and connections with others as described later in the discussion. Sartre (1956) referred to this assumption of one's role as bad faith. A person living in bad faith assumes beliefs, values, even postures that align with whatever people may expect from one performing a professional role, rather than service the time of one's "condemnation to freedom."

Growth from Inauthenticity

Some participants initially spoke of the "self" and striving to be authentic, but later moved into a discussion about multiple selves and the possibility that a core self

may not exist or may not be recoverable due to unconscious processes and the internalization of familial and societal influences. While Existentialists sought to uncover the essential and authentic unitary self, the Postmodernists deconstructed the self into selves and an absence of a self altogether. In turning the concept of authenticity on itself, Derrida (1976) believed that authenticity existed only along with its counterpart, inauthenticity. In this study, many of the participants mentioned inauthenticity, which was viewed not necessarily as a negative issue, but as an opportunity for growth. Historically, there has been a definitive dichotomy between authenticity and inauthenticity, typically framed as good and bad. This may create a negative bias towards the latter, which then adds stigma, insult, or shame to being considered inauthentic. If one attributes shame to being inauthentic, one may then become defensive and closed off to further exploration, even more so if other defensiveness initially led to the inauthenticity.

The presence of inauthenticity may be more salient in therapeutic work and other relational encounters because it is more readily sensed and identified than authenticity. Thus, becoming aware of inauthenticity can be an essential part of striving for authenticity. Recognizing personal inauthenticity then becomes a tool for preventing the excessive influence of transference and introjection of a therapist's personal issues into the therapy session. The question was raised of how therapists recognize inauthenticity, and with it, how they will know whether the inauthenticity is coming from the therapist and/or the client. Participants indicated that inauthenticity might manifest as a physical sensation, such as a feeling of anxiousness, discomfort, disconnection, or a nagging at the pit of the stomach. It might occur either when a client presents inauthentically or when the therapist is feeling their own inauthenticity. Upon sensing personal inauthenticity,

participants described trying to bring themselves back into the moment. This helped to activate mindful awareness in order to explore what is going on internally or within the therapeutic interaction. In psychological terminology, mindfulness or being mindful entails a calm and nonjudgmental awareness of one's moment-to-moment, immediate experience (Brown & Ryan, 2003; Germer, 2005; Kernis & Goldman, 2006; Shapiro, Carlson, Astin, & Freedman, 2006). According to Kernis and Goldman (2006), the therapist may attempt to engage in unbiased processing, the authors' second component of authenticity. When an individual can objectively process external information, while not losing an awareness of his or her internal and subjective characteristics, emotions, cognitions, knowledge and experiences, then unbiased processing can occur. Biased processing is said to occur if an individual processes self-relevant information but also distorts, denies, or exaggerates experiences and information.

Goldman and Kernis (2002) stated, "Conflicted feelings may be meaningful self-growth experiences that promote authenticity, inasmuch as they are informative about the complexity of one's true feelings" (pp. 19). Bringing the feeling, thought, and potentially inauthentic moment out into the open (behavior and relational orientation, Kernis and Goldman's latter two components of authenticity) can engage the clients in mutual exploration. A therapist could first use self-disclosure to bring up the instance, for example, *I want to stop for just a moment because I am having an uneasy feeling possibly related to something you said a little while ago*, or, *I may be wrong, but I am getting a strange sensation that you are not being completely upfront with me.* Both examples include a level of self-disclosure that does not include personal history or details. One participant suggested she might say:

"You know, I've been thinking about what I said a minute ago to you and the more I think about it, the more that it doesn't ring true for me," or, "I'm not so sure I feel the same way now that I did a minute ago…let's talk about that further" (P-2)

Statements such as these may model the process of authentic exploration as well as to revisit and repair an inauthentic moment or misunderstanding. According to Miller and Stiver (1997), the therapist-client relationship is one that involves movement (emotionally and connectedly) in both individuals. The therapist is truly present with the client, striving to feel the client's emotions and reflecting them back to the client. The client, seeing that his/her experiences and emotions have moved the therapist, eventually finds validation in his/her ability to experience and be experienced by others, thus developing ways to relate to others in his/her everyday life.

In Farber's (1983) study, therapist participants indicated that some therapists might hold defensive attitudes about their own self-examination while engaged in the process with other clients. Additionally, they indicated that the psychotherapeutic model has a focus on clients rather than therapists. Farber's study included not only psychologists, but also psychiatrists and social workers from a Northeastern region of the United States. Thus, there may be differences in their various training programs compared with the current study's participants. Nonetheless, it still seems important to examine inauthenticity occurring within the therapeutic relationship and secondly, to examine feelings of hesitancy and/or defensiveness in regard to examining the inauthenticity.

Participants discussed that rather than blaming clients, therapists might examine themselves first to ascertain what influences may be steering them away from being authentic. This might entail an examination of social influences, personal issues, client

characteristics, or even one's own therapy style. If still unable to establish a reasonably authentic relationship with the client, therapists might consider whether they are able to continue work with the client or to make a referral. They might also consider exploring the issue outside of the therapy room via supervision or consultation with a colleague. Additionally, therapists might keep in mind the importance of not solely focusing on the negative. That is, foregrounding the clients' authentic moments or affirming their influence on the therapists' own moments of authenticity could be beneficial.

Effects of (In)Authenticity

Participants speculated that psychologists harboring inauthenticity would experience a lacking of personal identity and integrity. Defensiveness, denial, people-pleasing, and repression—precursors of inauthenticity according to some participants—would be psychologically unhealthy, painful, and burdensome, as well as lead to dissonance, anxiety, and dissatisfaction for psychologists. Participants believed that neither clients nor other people would want to be around an inauthentic therapist, thus it might lead to a lonely condition. While they believed the process of becoming authentic can be painful, they suggested having the courage to undergo this endeavor would lead to healing, growth, integration, and acceptance. The opposite path would be to retreat into a false identity, become guarded, defensive, manipulative, and distracted.

Recent studies (Goldman, 2004; Goldman & Kernis, 2002; Goldman et al., 2003; Ito & Kodama, 2005; Kernis & Goldman, 2005; 2006; Kernis, Lakey et al., 2005; Lakey et al., 2008; Wood et al., 2008) have empirically linked authenticity with healthy psychological functioning, subjective well-being, secure self-esteem, defense mechanisms and coping strategies, mindfulness, self-concept, autonomy, and social roles.

Other research (Lopez & Rice, 2006) found that authenticity is moderately correlated with self-esteem and negatively correlated with self-concealment, splitting, and anxious and/or avoidant attachment. The authors acknowledged these findings are compatible with the view that inauthentic behavior in relationships is related to experiences of shame, disorganization, and attachment insecurity.

Authentic Exploration

Miars (2002) argued that there are no predefined roadmaps to becoming authentic. Trilling (1972) questioned how people are to proceed to this aspiration. According to Taylor (1991), because authenticity's supposition is that every individual has the potential to be unique and original, each individual must find his or her own way to becoming authentic. Therefore, a specific prescription on how to become authentic would nullify the pursuit. The journey may begin, however, with a self-exploration that includes past experiences, patterns of behavior, and relationships with others. Several participants from this study were not sure whether there are any roadmaps to becoming authentic. Other participants thought that authenticity is a difficult concept to teach, possibly due to its abstract qualities. Heid and Parish (1997) believed that therapist qualities of authenticity and mutual empathy are higher order abilities and not necessarily teachable to students training to become therapists. The authors then suggested a call for methods to inspire and cultivate these qualities within therapists in order to supersede the basic reflective process of empathy that therapists are initially taught in training programs. The majority of this study's participants did offer suggestions for authentic exploration. They felt that self-acceptance, self-esteem, self-confidence, sense of competence, and self-care were precursors to becoming authentic or at least correlated with a successful outcome.

Through recognition and acceptance of one's quirks, eccentricities, idiosyncrasies, foibles, strengths, and weaknesses, one may better reach a state of self-acceptance, sense of competence as a psychologist, and have increased authenticity. Participants also felt that engaging in introspection, reflection, awareness, and having a spiritual path might help one to become more authentic. In Farber's (1983) study, therapist participants indicated that being in the psychotherapeutic role increased psychological mindedness in their relations with others, increased introspection and awareness of personal issues, and last, enhanced self-esteem and self-confidence. They also reported personality changes, including increases in self-assurance, assertiveness, self-reliance, self-disclosure, and reflectiveness.

In addition to suggesting internal routes for authentic exploration (awareness, introspection, spirituality, reflection), this study's participants believed external routes (personal therapy, supervisors, colleagues, friends) could provide assistance from an objective perspective. Similar to the mechanics of current and historical definitions of authenticity (a matching of the inner and outer selves), the key may lie in the matching or consistency of internal appraisals and subjective routes to authenticity with the external evaluations and objective routes. Taylor (1991) discussed that authentic exploration is dialogic in nature, involving covert conversation with one's introjected inner selves and significant others whom one may have internal dialogues with, as well as true-life external conversations and dialogues. This may also further the case for authentic exploration to occur between two individuals within a safe and trusting interaction, such as a therapeutic, supervisory, or collegial relationship. Furthermore, psychologists may use external evaluations from clients as well as supervisors in order to assess their own

therapeutic work rather than automatically assuming others perceive them as authentic. Klein et al., (2002) discussed the discrepancies among therapist and client ratings of congruence and genuineness in the therapist. According to them, multiple research studies have shown that therapists rate themselves higher on congruence than do their clients. They went on to suggest that clients and therapists might evaluate these concepts from different perspectives.

Authenticity and Relationships

Abstract concepts like authenticity, mutuality, and empathy occur in the actual encounters between human beings. Just as the philosophers, Existentialists, and Postmodernists believed (Baumeister, 1987; Golomb, 1995; Sartre, 1956; Trilling, 1972), one may feel insincere the moment one sincerely knows anything. So too some of the participants of this study felt the possibility of self-deception, even hypocrisy, the moment they proclaimed authenticity. Instead of appealing to Postmodernist methods of deconstruction or Sartre's bad faith, participants were more likely to reference unacknowledged projections or blind spots as the obstacles to authenticity. This leads to an important consideration for therapists to become consciously aware of how certain relationships, especially those early on in life, have shaped their lives into adulthood, as Object Relations theorists would suggest (Cashdan, 1998; Taylor, 1991). Wood et al. (2008) stated, "Introjecting the views of others and accepting external influence affects both feelings of self-alienation and the experience of authentic living" (pp. 386). This study's participants suggested striving to be aware of conscious and unconscious connections with others and how those connections continually influence them. This reflects back to Taylor (1991) and his suggestion of refuting the isolated Descartian

position and instead, being more aware of the past and present influences of others around us, and those we may have introjected "within us". This may lead therapists to become more authentic through increased mindful awareness and unbiased processing as posited by current theory on authenticity (Kernis & Goldman, 2006; Lopez & Rice, 2006; Miller et al., 1999; Miller & Stiver, 1997).

Humans are social creatures and exist dependently and collectively with one another. Although Western civilization has typically attributed more value to notions of independence and individuality, which dramatically influenced psychological thought for most of the 19th and 20th century, more recent thought and importance has been given to relational forms of existence. According to Kernis and Goldman (2006), an authentic relational orientation is characterized by honesty, genuineness, being the "real" you and allowing others, especially close, significant others, to experience the real you. The motives and actions within the relationship are also characterized by honesty and avoidance of fakeness. Goldman and Kernis (2002) noted that through an active process of self-disclosure, openness, and truthfulness, a reciprocal process would occur in which both relating individuals would see one another's true aspects, positive as well as negative.

Purposeful Opaqueness, Transparency, and Self-Disclosure

Psychologists are in an interesting position when it comes to authenticity within the therapeutic relationship, as transparency is often not beneficial to the client, and boundaries and opaqueness are taught as important to the treatment presentation. When therapists suspect countertransference and possible projections at play during their work with clients, purposeful opaqueness (and later consulting with a colleague to uncover the

countertransference) may help provide a safeguard, provided therapists are conscious of this intrusion of their own projected material. Necessity may call for therapists to be transparent at times with clients, but at other times be more opaque in the expression of their inner lives and with self-disclosure. Striving to be mindfully aware allows for a more "purposeful" opaqueness, transparency, or self-disclosure. Additionally, if being a psychologist becomes a part of one's identity, then opaqueness in the therapy relationship is perhaps an authentic expression of that aspect of the psychologist's identity, such as being an "ethical therapist".

Jordan (Miller et al., 1999) noted that therapists' authenticity is not about total honesty from the therapist, but more so a quality of presence and being an important source of information needed for connection and growth for the client. By being authentically responsive to the client, the therapist will instill feelings of relationship competence within the client. Furthermore, authenticity is not a complete tell-all or uncontrolled disclosure by the therapist. Control must be maintained with the therapist's disclosure and the needs of the client are always of the highest consideration regarding what is disclosed and how the therapist's honesty and disclosure benefits the client (Walker & Rosen, 2004). Moreover, brutally honest challenges, confrontations, or interpretations are not authentic when they are not undergirded by knowledge and sensitivity about the client's well-being.

Psychologists should be mindfully aware of why they think or feel the need to disclose and if it will be beneficial to the client and/or working alliance. Therapists might wish to evaluate how the disclosure was received, such as observing the client's verbal or nonverbal reaction or simply asking the client if and how they are impacted. Most of the

current study's participants believed that at least some therapist self-disclosure adds to the therapist's authenticity; however, they indicated that self-disclosure should be used sparingly, cautiously, and for the benefit of the client. Participants described this as helping them to appear more "human" and "real." Furthermore, they believed self-disclosing may involve a sharing of feelings or reactions rather than just personal details.

Cormier and Nurius (2003) considered self-disclosure as a therapeutic intervention that builds rapport and trust in the therapeutic alliance. According to them, this increases the therapist's authenticity, models self-disclosure, and promotes feelings of universality in the client. Hill and Knox (2002) suggested that therapists disclose infrequently, avoid disclosure based on the therapist needs, and generally disclose in order normalize, model alternative expressions, or reinforce the therapeutic alliance. In their research review on self-disclosure, the authors affirmed that *nonclients* generally view therapist self-disclosure positively and appreciate a moderate amount of disclosure in the form of personal information. Furthermore, clients view therapist self-disclosure as helpful as well. However, the authors cautioned about the transferability of these findings due to dissimilar definitions of disclosure and dissimilar research methods across studies. Nonetheless, self-disclosure has found its way to the list of empirically supported relationship (ESR) elements and is categorized as *promising and probably effective* in terms of contribution to patient outcome.

Importance of Believing in Theoretical Orientation and Techniques

Practicing psychologists are not so unique in that they engage in a plurality of social roles. However, part of the distinctness lies in therapists' tool of the trade—themselves. Wampold (2001) wrote, "The essence of therapy is embodied in the

therapist" (pp. 202). The therapist's "use of self" constitutes the apparatus from which they *relationally* treat their clients. The word relationally is used because therapists characteristically do not work from behind devices such as stethoscopes, computers, or equipment that other professions employ in their work with people. While psychologists sometimes utilize tools during therapy sessions, such as a clipboard for taking notes or a psychological test instrument, there is typically only three feet of space between the therapist and client. A multitude of complexities and unseen forces intertwine within that three feet of nothingness—boundaries, ethics, techniques, interpersonal characteristics, conscious/unconscious processes, objectivity/subjectivity, natural psychological mindedness—which if unmonitored, could easily be carried over to psychologists' encounters outside of the therapy room.

Following a particular theoretical orientation is related to psychologists' authenticity. Vasco, Garcia-Marques, and Dryden (1993) discussed the importance of congruence between the therapist's theoretical orientation and personal belief system in order to maintain therapeutic effectiveness. The current study's participants agreed that the therapist should believe in whatever theoretical orientation or technique he or she is practicing. Participants also asserted that theoretical orientation should align with the therapist's philosophy and worldview. Fear and Woolfe (1999) argued, "Congruence between philosophy and theoretical orientation is a necessary condition for the counselor's ongoing professional development if he or she is to maximize his/her efficacy as a therapist, and indeed not suffer burnout or career crisis" (pp. 253). This study's participants did not contend that adopting any particular theoretical perspective leads to inauthenticity, but that one should understand as well as believe in the theory they are

using. If not, therapists may come across as phony or inauthentic, as well as cause confusion for the clients with unsolidified, inconsistent, and watered-down theories or techniques. Effects such as these could damage the therapeutic working alliance, which in combination with other variables (i.e., individual therapist effects, client characteristics, and adherence to treatment protocol), accounts for most of the systematic outcome variance in psychotherapy compared to specific techniques (Wampold, 2001). Furthermore, participants thought that therapists should not lose site of their own unique traits and strengths, as well as attempt to integrate those characteristics into whatever theoretical orientation they utilize. The combination of solid theoretical grounding, alignment with personal beliefs, and integration of personal strengths into the delivery of those techniques, is therefore thought to enhance authenticity as well as the working alliance and therapeutic outcome.

Psychologists-in-training are typically exposed to a multitude of theoretical orientations and therapeutic interventions. To preserve students' personal authenticity as future practitioners, this multiplicity may lay the grounds from which students may determine which orientations and techniques best fit them. However, facilitating therapists in training to responsibly find their own way, holds important implications. Just as medical physicians are held accountable for whatever pharmaceuticals they prescribe or surgical procedures they perform, clinicians must maintain an ethical level of accountability in the use of psychotherapeutic interventions. Because there are many treatment techniques and tools available, the American Psychological Association (2006) recommends that practitioners make client treatment choices based on several well-thought out considerations: (a) research and statistical support, (b) clinical utility and

effectiveness of the research evidence, (c) clinical judgment and expertise, and (d) individual client characteristics within a multicultural context. Additionally, Paul (1967) suggested that therapists consider "What therapy is most effective for what problems, treated by what therapists, according to what criteria, in what setting?" (pp. 111).

Psychological Mindedness and Specialized Knowledge

Sartre (1956) questioned whether an individual knew more about himself than others knew about him, as well as whether an individual could be more objective with himself than others could be objective about him. In attempting to understand others, this study suggests that therapists have to constantly open themselves up to new understandings or they may turn their clients and other relationships into something less than free agents. Miars (2002) believed that adopting authenticity should be an ethic itself within psychotherapy, adding that, "the counselor must regard the client as thinking, feeling, acting, being—not an object to be explained" (pp. 224).

Psychologists should also not ignore their own subjective needs and nature. Whether psychological mindedness stems from nature or nurture (i.e., "I have always been this way" versus "I was trained to be psychologically-minded"), it can be influential in relationships as participants described and, when sophisticated, can lead to greater authenticity in therapists and clients. If too pronounced in the therapy room, it may obscure an effective working alliance. When too pronounced outside of the therapy room, it could hinder relationships with others. In Farber's (1983) study on the personal implications of psychotherapeutic work on the therapist, approximately 44% of therapist respondents believed that too much psychological mindedness had the potential to interfere with their social interactions and spontaneity outside of the office. Seventy-two

percent of respondents indicated they acted therapeutically towards other people outside

of the office on occasion, including almost 40% of respondents sometimes being

therapeutic or analytic with family members. More than half of respondents (53%)

indicated an occasional reduced level of affect at home due to the depleting effects of

psychotherapeutic work.

Guignon (2002) questioned, "What if the standpoint of detached objectivity

distorts and conceals possibilities of understanding that are absolutely crucial in attempts

to understand the value-laden aspect of human existence?" (pp. 94). Existentialist

therapists have emphasized that Buber's perspectives (see Cooper, 2003), such as relating

to others both interpersonally and authentically rather than objectively, impersonally, and

inauthentically, have implications for therapists. They argue that if one engages clients

with a purely detached and objective attitude, the relationship will be non-therapeutic and

will be stifled in both the client as well as therapist. If a therapist's objective, professional

manner of being pervades his other relationships (friendships, family relations, and

colleagues), there may be negative consequences.

The current study's participants referenced previous casual encounters or therapy

sessions where comments were made to them, such as, "Well it's just so nice to discover

that you're human like us" (P14), as though that were quite a surprise! This paves way to

the stereotype of how the public views psychologists as discussed by participants. Some

claimed difficulty in turning off their psychological mindedness. Participants discussed

not being able to always turn off or fully disengage from such tendencies/techniques as

process, observation, analysis, question asking, and listening. Farber (1983) argued that

some therapists might have natural and/or learned temperaments and disparities that keep

them in a state of psychological mindedness. Because of this, having an "on-off switch" from therapist to other roles (friend, acquaintance, significant other, family member) could be difficult.

Participants described common experiences with less familiar relationships where they, as psychologists, were suspected of analyzing someone (e.g., "Are you analyzing me?") in a social setting outside the office. Although participants described being off the clock and not wanting to analyze everyone and everything, there may be a hint of truth to the public's suspicion of psychologists at least sometimes being "on duty" when outside of the office. In accordance with participants' experiences, if they do not want be viewed as inhuman, they may consider showing more of their humanness and less analytical qualities. With respect to non-therapeutic encounters, this may be achieved by increasing self-focus and transparency, self-disclosing more often, sharing opinions, feelings, and reactions, and refraining from question asking. It is important to note that participants' descriptions of these aforementioned challenges were not framed with a negative or distressing connotation, but rather, were expressed as humorous or nuisance-like. Thus, it is not this study's intention to portray participants' experiences as negative. It seemed clear throughout the interview process that participants thoroughly enjoyed their careers and roles as psychologists. They indicated no regrets in choosing to become psychologists, and they felt it enhanced their lives. Some also felt that their specialized knowledge helped them to be more open and accepting as well as having enhanced social skills. Within Farber's (1983) study, therapists believed they were more thoughtful, sensitive, self-aware, and confident because of their work. Zur (1994) noted that,

"Helping others through making authentic connections and empathic bonds can be rewarding peak experiences that give deeper meaning to the therapists' lives" (pp. 89).

With respect to close family and friends, participants described, "getting called on it" during moments they were suspected of being too objective, clinically-oriented, or psychologically-minded. Zur's (1994) study of the effects of clinical practice on therapists included the dimension of family dynamics in order to investigate if therapists' families have advantages or disadvantages due to the clinician's profession. Negative effects reported by family members included therapists' unsolicited interpretations and analytic tendencies, objectified questioning and inquiry, coming home emotionally drained after work, and distancing. Zur stressed that it is important for clinicians to step out of their professional role upon leaving the office and then being with their families. Positive effects on therapists' family members included having a psychologically-minded and knowledgeable family member that could enhance the family by being a caring, positive role model in many different familial aspects. Zur concluded that because of their training in psychotherapy, clinicians are likely to be parents and spouses that are more adequate, more receptive to the lives of their family members, and more able to act as a positive role model for the family.

Authenticity in Social Roles

Despite the challenges of separating their personal and professional roles, most of the current study's participants felt they were able to be the most authentic around their friends and family in general, which included spouses, children, and siblings. They felt the least authentic around superficial relationships and casual encounters. Turner and Billings (1991) found similar results in their study of perceived feelings of authenticity or

inauthenticity in certain kinds of situations. Feelings of authenticity typically involved

experiences in the presence of as well as closer and intimate relationships, which was

reported to facilitate feelings of openness and a relaxed mood. Inauthentic experiences

more often occurred in the presence of strangers, less close and intimate individuals,

large groups, and occasions marked by excessive seriousness or superficiality that caused

a mood of tension or phoniness. While many of the current study's participants described

feeling the most authentic around their family, other participants described feeling the

least authentic around their family [of origin, such as parents] due to longstanding roles

and expectations. Through developmental phases of life, new roles may be constructed

and old roles may either be integrated and adjusted, or denied and repressed. Facing one's

family of origin may continue to bring up those older roles, which could feel inconsistent

with one's newer roles.

Some Postmodernists contend that the self is like a switchboard operator in

Postmodern societies because we are constantly transitioning between one role to another

and communicating with one strata of people about a wider range of topics than ever

before. According to Bettencourt and Sheldon (2001), previous psychological thought

contended that engaging in various social roles led to inauthentic behavior that stifled

autonomy. Noting that adjustment is related to a matching of personal characteristics and

role expectations, the authors thought that whether authenticity may exist in a social role

depends on congruence between the individual and the characteristics and expectations of

the role. According to them, current research supports the notion that individuals variably

are able to obtain authentic self-expression in social roles and this is associated with well-

being. In their study, they found that some roles offered limited feelings of authenticity

and autonomy. For example, the role of *friend* in friend groups was associated with high levels of authenticity and relatedness. The roles of *daughter* or *son* in family groups were associated with high group relatedness but low authenticity. Goldman (2004; cited in Kernis & Goldman, 2006) also examined the variables of authenticity, social roles, self concept, and their effects on psychological adjustment. Social roles included student, romantic partner, son or daughter, friend, and employee. Results indicated that healthy role functioning and having a strong sense of self predicted higher psychological adjustment. Furthermore, maintaining a highly felt sense of authenticity was related to low levels of fragmentation across social roles.

Sheldon et al. (1997) discussed:

People do not always act in accord with their self; instead, they vary from situation to situation in the degree to which they contact and enact their true feelings and values. Roles and situations are assumed to differentially afford support for authentic self-expression and self-organized behaviors, and some roles may foster false self-presentations, or departures from how one might ideally choose to be. According to this view, to be true to oneself within a role is to be able to behave in ways that feel personally expressive, authentic, or self-determined. (pp. 1380)

This leads back to the current study's participants describing moments of movement, consistency, and multiplicity, especially as related to external presentation, self-disclosure, and interactions with others. Several participants felt that authenticity was situational and varied across roles. For some, they described being the least authentic with those in authority positions, in which self-preservation superseded authentic

expression. Others discussed feeling the least authentic when at large gatherings, such as professional psychology association meetings. In accordance with Kernis and Goldman's (2006) behavioral component of authenticity, if one decides not to act out a behavior, which may be incompatible with societal norms or laws, this does not necessarily mean one is being inauthentic. If the decision-making process to not engage in the behavior has involved the components of awareness and unbiased processing, the individual is not distorting reality, but conscientiously deciding on the behavior after careful evaluation. Goldman and Kernis (2002) discussed that in certain situations, persons may decide to not act authentically in behavior or relational expression. This could occur in the instance of job security, for example, such as an employee deciding not to express her opinion in the company of a supervisor.

According to Bettencourt and Sheldon's (2001) role theory concepts, all individuals partake in different roles in relational contexts and various situations; however, roles can be more or less authentic to the individual. Cormier and Nurius (2003) argued that therapists will be perceived as more authentic and genuine by clients only if they do not overemphasize their role or status, citing Egan (1998, pp. 50), who stated that genuine helpers "do not take refuge in the role of counselor." The current study's participants discussed striving to be authentic with their clients, as authenticity itself can be used as a therapeutic intervention. At the same time, they felt that there are limits in how authentic the therapist may be with clients due to differences in values, psychological knowledge, and ethics. Hence, there is importance to engaging in mindful awareness and unbiased processing before deciding to present one's thoughts, feelings, or self-disclosure. Staying the same all the time is not being authentic. Participants

99

suggested that we all have to tap into aspects of who we are that may have lain dormant. Moreover, serving a wide variety of clients may require expansion of one's notion of who one is in different situations.

Several participants indicated being less authentic, or at least more cautious, around clients with personality disorders as well as children and adolescents. According to them, this was partly due to the content or abstractness of their thoughts and ideas as either being inappropriate or not understandable by those particular clients. Interestingly enough, though, several participants discussed that children and adolescents may be the first to call out someone who they suspect is being inauthentic. This holds importance for working with adult clients as well, though they may be less willing to call out or confront a therapist for being inauthentic. They may just stop coming to therapy altogether. According to Harter (2002), during adolescence, individuals develop concerns over whether they are acting true to themselves or in accordance with false behaviors. In her studies with adolescents, they described true-self behaviors as those involving "being real," that is, saying what one really feels, thinks and believes, and expressing honest opinions. False-self behaviors were described as involving phoniness, withholding true thoughts and feelings, and saying what others want to hear.

Providing a Safe Environment for Authentic Exploration

In the psychological field, it is widely accepted that Rogerian concepts (1961) of acceptance, trust, and genuineness must exist within the therapeutic relationship. This is especially true if authentic exploration is to occur. As some participants in this study noted, uncovering layers of beliefs, values, and all that one believes or thinks one knows about oneself can be a scary and painful process. During the search for and process of

uncovering the true self, an individual's Existential anxiety is heightened (Kernis & Goldman, 2006). Golomb (1995) believed that in reaching the depths of the self to search for what is authentic and inauthentic, the individual can be easily burned by what he or she finds. However, once a person journeys inward, going to the depths, and quite possibly reaching a state of despair, they may emerge from those depths as a more authentic individual. From a Postmodernist perspective, one would discover that there is no inner self, only roles. And what despair that would be for a client. Nevertheless, if they dared venture on that journey of exploration with the safety of a caring, compassionate, authentic therapist, might the despair be potentially faced with courage?

Participants of this study felt that psychologists' authenticity and acceptance help to create an atmosphere of trust, safety, and respect, so that the client may engage in authentic dialogue and exploration of feelings. They cautioned against therapists being caught up in their own thoughts, ideas, techniques, agendas, or expectations, which could impede the client's own authenticity. Rather, the therapist may partake in a non-dominant role and give the client space for expansion and freedom to work on their issue. Furthermore, participants believed that the therapist deciding a particular objective, goal, or outcome for therapy could take away the client's authenticity. That is, identifying the client's problem, from the therapist's own perspective or external societal expectations, could be stifling for the client's own idea of what the problem is. One may wonder to what extent psychotherapy helps people to adapt or adjust to society versus dealing with their core issues and experiencing liberation. West (2005) remarked that it is the individual who is the best authority on his or her own experience, rather than a distanced

and objective other who attempts to judge that experience and possibly rob the client of her free authentic expression.

It seems unusual for some clients to initially present to therapy with the goal of becoming more authentic. According to one participant in this study, "Authenticity is a very abstract concept that really I think goes over our clients' heads…to live an authentic lifestyle rather than to live an inauthentic lifestyle." Another participant remarked, "Ultimately, somebody else's path is none of my business" (P-10). Golomb (1995) warned that directly prescribing authenticity, as a value others should live up to is to nullify its original meaning and intent. Similarly, it is important that therapists do not force authentic exploration or a search for authenticity onto the client. Instead, they may simply provide a safe atmosphere and therapeutic relationship should the client decide to engage in authentic exploration. Many theoretical frameworks incorporate objective questioning and clarification techniques to help clients explore and understand whatever issue or topic they present. Some theoretical frameworks, such as Relational-Cultural and Person-Centered, also require the therapist to be authentic, which then facilitates an authentic connection and subsequent authentic process within the client.

If the therapist decides to embark on her own authentic self-exploration, who will be there for her or him to safely journey inward and uncover the many layers of selves? Most participants in this study recommended personal therapy, consultation, and/or supervision as helpful avenues for them during various parts of their personal and professional lives. Therapists may feel introjected pressures to be strong or of perfect mental health, and while it could seem daunting and risky to engage in authentic self-exploration, it may be harmful and unethical to not take that risk.

Limitations

A limitation of this study is part of the nature of qualitative research, that is, the generalizability of the study to the overall population of clinical psychologists. It is important to keep in mind that qualitative research strives for applicability rather than generalizability (Heppner, Kivlinghan, & Wampold, 1999). Heppner et al. (1999) discussed:

> Applicability refers to the quality of the researcher's interpretations in the context in which the qualitative investigation took place….Qualitative researchers realize that context is intrinsic to the investigation, and that results have no meaning stripped of their context. Consequently, the results of a qualitative study cannot be generalized to another context. However, the results of any qualitative research can, and should, have importance to others. (pp. 248)

The authors further contended that qualitative research holds important implications particularly for the participants involved because it is developed from their ideas and perspectives. Additionally, consumers of qualitative research may vicariously experience the topic under study and consequently gain new understanding, appreciation, and knowledge.

Because of the qualitative and phenomenological methodology, we are not able to make causal inferences. In particular, the data analysis is limited to subjective describing and understanding of participants' experiences, with emphasis on commonalities, unique differences, and variation within the data. Another limitation is that participants were from traditionally politically conservative areas of the country (metropolitan cities in central Oklahoma and eastern Washington) and only included doctoral-level therapists. Many thousands of masters-level therapists from various parts of the country could have provided rich information relevant to therapists' experiences with authenticity.

According to Erickson (1995), individuals from marginalized and oppressed groups are more likely to confront inauthenticity than those who are among the wealthy, privileged, or bourgeois middle class. Several participants cited their middleclass Euro-American backgrounds as possible limitations. Individuals born of minority cultures and living within a majority culture may often be faced with issues of assimilation, acculturation, and various dilemmas. This may challenge them to follow their own values, being in a position to perceive the values, rules, and ways of life placed upon them from an alien majority culture. Authenticity and Erickson's term of "cultural authenticity" may be useful in understanding the harmful wounds that minorities experience. While Existentialism's perspectives on authenticity have been stereotyped and criticized as appropriate only for the rich and "worried well" (Miars, 2002), it may be a useful concept to interpret the experience of lower socioeconomic classes and cultures if contextualized in a relevant way. Corey (2001) argued that therapists "bring their own heritage with them to their work, so they must know how cultural conditioning has influenced the directions they take with their clients" (pp.25-26). Some participants in this study believed that growing up Caucasian made it easier for them to be authentic. They attributed this to being in a majority group, which they theorized allowed them less worry in how others perceived them as well as more self-confidence. A major limitation of this study is that 16 of the 17 psychologist participants were Caucasian. The relative absence of psychologists from minority groups in this study shifts toward the same disproportionate ratio of therapists and clients from minority groups within the mental health field (Ridley, 1985; Ridley, 2005). Additionally, the APA (2002) reported,

"Racial/ethnic minority students are underrepresented at all levels of psychology, but most particularly at the doctoral level, the primary entry point to be a psychologist."

Another limitation of this study stems from the researcher's original literature review of authenticity and interactions with the theories and texts. On the one hand, this may have enriched the researcher's responsiveness to the participants, or it may also have narrowed the responsiveness to previously charted territory. Throughout the participant interviews as well as during data analysis, the researcher followed the method of bracketing (Creswell, 2007), which included attempts to set aside and suspend his understandings of authenticity as much as possible in order to perceive the phenomenon from a fresh perspective. While this is a noble method to ensure accuracy and validity of results, there likely were times when the researchers' ideas of authenticity as well as others' ideas from the literature permeated the researchers' thoughts as they extracted comments and engaged in the data analysis process.

Through the study's validation procedures, the researcher attempted to safeguard this through the process of peer review and debriefing. Within this process, a second researcher was invited to individually examine the participant interview data and engage in data analysis procedures. The researchers then met together multiple times, engaging in dialogue, debate, and discourse in order to reach consensus on themes emerging from the data. Another validation procedure included member checking, in which the researcher mailed participants copies of their original individual interview transcripts as well as this study's aggregated results. Eight of the 17 participants contacted the researcher, indicating they had reviewed those materials and conceded with the results. Several made comments to their original interviews or suggestions for the results, which

the researcher carefully considered and then added to the results. Additionally, an external auditor conducted a review of all study materials. This helped in the determination of whether individual participant experiences were represented within the study's results and discussion. Even with all of the cross-validation, however, intersubjectivity is never fully objective.

Creswell (2007) noted that phenomenology's purpose is to reduce multiply-construed lived experiences with a phenomenon to a description and understanding of a universal essence or core. Through the process of detailed, rich description, the researcher attempted to provide answers to the proposed research questions and made available a deeper understanding of therapists' experiences of authenticity. This not only included general themes and experiences, but also searching for differences or variations in participants' experiences.

<div align="center">Future Research</div>

This study presents findings that may pave the way for future work with authenticity and psychologists' personal and professional experiences through both qualitative and quantitative research. As noted in the limitations section of this study, no conclusions were found, only general themes, experiences, and differences among the participant data. Discourse, which emerges from the data, may open up new avenues and inform future research on this topic. One potentially fruitful outcome of the study may involve using participants' comments to create valid empirical instruments for authenticity, such as the AI:3 (Goldman & Kernis, 2004). This study may also be utilized to explore more deeply, in qualitative study, the nature of the intrapsychic conflicts that might pervert authenticity. Additionally, future research that involves qualitative

accounts of authenticity might be studied independently or alongside self-report measures and other quantitative research. This will allow for increased holistic measurement, depth, and understanding of authenticity, including its complex intertwining of the conscious and unconscious selves and the benefits it has to offer to therapists, clients, and the psychotherapy literature.

REFERENCES

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Retrieved March 18, 2009, from http://www.apa.org/pi/multiculturalguidelines/homepage.html

American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist, 61,* 271-285.

Baumeister, R. F. (1987). How the self became a problem. *Journal of Personality and Social Psychology, 52,* 163-176.

Benson, D. E, & Trew, K. J. (1995). Facets of self in Northern Ireland: Explorations and further questions. In A. Oosterwegel, & R. A. Wicklund (Eds.), *The self in European and North American culture: Development and processes* (pp. 291-307). Amsterdam: Kluwer Academic Publishers.

Bettencourt, B. A., & Sheldon, K. (2001). Social roles as mechanisms for psychological need satisfaction within social groups. *Journal of Personality and Social Psychology, 81,* 1131-1143.

Brickhouse, T. C., & Smith, N. D. (2000). *The philosophy of Socrates.* Boulder, CO: Westview Press.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84,* 922-948.

Buber, M. (1958). *I and Thou* (2nd ed., R. G. Smith, Trans.). Edinburgh: T&T Clark. (Original work published in 1923).

Cashdan, S. (1998). *Object relations therapy.* New York: W. W. Norton & Company.

Chakravarti, S. (1978). Alienation in existentialism. *Samiksa, 32,* 23-31.

Cooper, M. (2003). I-I and I-Me: Transposing Buber's interpersonal attitudes to the intrapersonal plane. *Journal of Constructivist Psychology, 16,* 131-153.

Corey, G. (2001). Person-centered therapy. *Theory and practice of counseling and psychotherapy* (6th ed.). Belmont, CA: Wadsworth Publishing.

Cormier, S., & Nurius, P. S. (2003). Ingredients of an effective helping relationship. *Interviewing and change strategies for helpers* (5th ed.) (pp. 63-83). Pacific Grove, CA: Wadsworth Publishing.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Derrida, J. (1976). *Of grammatology*. Translated by G. C. Spivak. Baltimore: Johns Hopkins University Press.

Egan, G. (1998). *The skilled helper* (6th ed.). Pacific Grove, CA: Brooks/Cole.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research in psychology and related fields. *British Journal of Clinical Psychology, 38,* 215-229.

Erickson, R. J. (1995). The importance of authenticity for self and society. *Symbolic Interaction, 18,* 121-144.

Erickson, R. J., & Ritter, C. (2001). Emotional labor, burnout, and inauthenticity: Does gender matter? *Social Psychology Quarterly, 64,* 146-163.

Farber, B. A. (1983). The effects of psychotherapeutic practice upon psychotherapists. *Psychotherapy: Theory, Research and Practice, 20,* 174-183.

Fear, R. & Woolfe, R. (1999). The personal and professional development of the counsellor: The relationship between personal philosophy and theoretical orientation. *Counseling Psychology Quarterly, 12,* 253-262.

Fischer, C. T. (1984). A phenomenological study of being criminally victimized: Contributions and constraints of qualitative research. *Journal of Social Issues, 40,* 161-178.

Gergen, K.J. (2002). Psychological science in a postmodern context. In C. von Hofsten & L. Backman (Eds.), *Psychology at the turn of the millennium, vol. 2: Social, developmental, and clinical perspectives,* (pp. 437-452). Florence, KY: Taylor & Frances/Routledge.

Germer, C. K. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and Psychotherapy* (pp. 3-27). New York: Guilford Press.

Goldman, B. M. (2004). *Dispositional authenticity as a predictor of self-esteem, self-concepts, and social role functioning.* Unpublished data.

Goldman, B. M., & Kernis, M. H. (2001). *Development of the authenticity inventory.* Unpublished data, University of Georgia.

Goldman, B. M., & Kernis, M. H. (2002). The role of authenticity in healthy psychological functioning and subjective well-being. *Annals of the American Psychotherapy Association, 5,* 18-20.

Goldman, B. M., & Kernis, M. H. (2004). *The development of the authenticity inventory, version 3.* Unpublished data.

Goldman, B. M., Kernis, M. H., Piasecki, R., Herrmann, A., & Foster, J. (2003). *Multiple conceptualizations of authenticity and their relations to various aspects of psychological functioning and well-being*. Manuscript submitted for publication.

Golomb, J. (1995). *In search of authenticity: From Kierkegaard to Camus.* London: Routledge.

Groth, M. (2008). Authenticity in existential analysis. *Existential Analysis, 19,* 81-101

Guignon, C. (2002). Hermeneutics, authenticity, and the aims of psychology. *Journal of Theoretical and Philosophical Psychology, 22,* 83-102.

Harter, S. (1999). *The construction of self: A developmental perspective.* New York: Guilford.

Harter, S. (2002). Authenticity. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 382-394). New York: Oxford University Press.

Haverkamp, B. E., & Young, R. A. (2007). Paradigms, purpose, and the role of the literature: Formulating a rationale for qualitative investigations. *The Counseling Psychologist, 35,* 265-294.

Heid, L. S, & Parish, M. T. (1997, May). The nature of self-integrated authenticity in counselors and therapists. In *Caring in an age of technology. Proceedings of the International Conference on Counseling in the 21st century*, Beijing, China.

Henwood, K., & Pidgeon, N. (2003). Grounded theory in psychological research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 131-155). Washington, DC: American Psychological Association.

Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (1999). *Research design in counseling* (2nd ed.). Belmont, CA: Brooks/Cole.

Hill, C. E., & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 255-265). New York: Oxford University Press.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to consensual qualitative research. *The Counseling Psychologist, 25,* 517-572.

Ito, M., & Kodama, M. (2005). Sense of authenticity, self-esteem, and subjective and psychological well-being. *Japanese Journal of Educational Psychology, 53,* 74-85.

Ivey, A. E., Ivey, M. B., & Simek-Morgan, L. (1997). *Counseling and psychotherapy: A multicultural perspective*. Boston: Allyn & Bacon.

Jacobson, B. (2007). Authenticity and our basic existential dilemmas: Foundational concepts of existential psychology and therapy. *Existential Analysis, 18,* 288-296.

Jordan, J. V. (2005). *Commitment to connection in a culture of fear*. Wellesley, MA: Stone Center.

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., Surrey, J. L. (1991). *Women's growth in connection: Writings from the Stone Center.* New York: Guilford.

Kalma, A., Witte, M., & Zaalberg, R. (1996). Authenticity: Operationalization, manipulation, and behavioral components: An exploration. *Medienpsychologie, 8,* 49-65.

Kernis, M. H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry, 14,* 1-26.

Kernis, M. H., & Goldman, B. M. (2005). From thought and experience to behavior and interpersonal relationships: A multicomponent conceptualization of authenticity. In A. Tesser, J. V. Wood, & D. Stapel (Eds.), *On building, defending and regulating the self: A psychological perspective*. New York: Psychology Press.

Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 38, pp. 283-357). New York: Academic Press.

Kernis, M. H., Lakey, C., Heppner, W., Goldman, B. M., & Davis, P. (2005). Fragile self-esteem predicts verbal defensiveness. Manuscript in preparation.

Klein, M. H., Kolden, G. G., Michels, J., & Chisholm-Stockard, S. (2002). Congruence. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 195-216)*. New York: Oxford University Press.

Lakey, C., Kernis, M., Heppner, W., & Lance, C. (2008). Individual differences in authenticity and mindfulness as predictors of verbal defensiveness. *Journal of Research in Personality*, *42*, 230-238.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Lopez, F. G., & Rice, K. G. (2006). Preliminary development and validation of a measure of relationship authenticity. *Journal of Counseling Psychology, 53,* 362-371.

Merriam-Webster, Inc. (1997). *Merriam-Webster's collegiate dictionary* (10th ed.). Springfield, MA: Merriam-Webster, Inc.

Miars, R. D. (2002). Existential authenticity: A foundational value for counseling. *Counseling and Values, 46,* 218-225.

Miller, J. B., Jordan, J., Stiver, I. P., Walker, M., Surrey, J., & Eldridge, N. S. (1999). Therapists' authenticity. *Work in Progress, No. 82.* Wellesley, MA: Stone Center Working Paper Series.

Miller, J. B., & Stiver, I. (1997). *The healing connection: How women form relationships in therapy and in life.* Boston: Beacon Press.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52,* 250-260.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Nichols, M. & Schwartz, R. (2001). *Family therapy concepts and methods* (5th ed.) (pp. 307-346). Boston: Allyn & Bacon.

Norcross, J. C. (2002). Empirically Supported Therapy Relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 3-16). New York: Oxford University Press.

Oxford University Press. (2009). *Oxford English dictionary online*. Retrieved March 21, 2009, from http://dictionary.oed.com/

Parens, E. (2005). Authenticity and ambivalence: Toward understanding the enhancement debate. *The Hastings Center Report, 35,* 34-41

Patterson, C. H. (1985). Therapeutic genuineness. *The therapeutic relationship: Foundations for an eclectic psychotherapy* (pp. 63-65). Pacific Grove, CA: Brooks/Cole.

Paul, G. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting Psychotherapy, 31,* 109-118.

Ridley, C. R. (1985). Imperatives for ethnic and cultural relevance in psychology training programs. *Professional Psychology: Research and Practice, 16,* 611-622.

Ridley, C. R. (2005). *Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention* (2nd ed.). Thousand Oaks: Sage.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy.* Boston: Houghton Mifflin.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55,* 68-78.

Ryan, R. M., & Deci, E. L. (2004). Autonomy is no illusion: Self-determination theory and the empirical study of authenticity, awareness, and will. In T. Pyszczynski, J. Greenberg, & S. L. Koole (Eds.), *Handbook of experimental existential psychology* (pp. 449-479). New York: Guilford Press.

Rychlak, J. F. (1981). Existential analysis or daseinsanalysis: Binswanger and Boss. *Introduction to personality and psychotherapy* (2nd ed.) (pp. 619-663). Boston: Houghton Mifflin Company

Sartre, J.-P. (1956). *Being and nothingness*. New York: Philosophical Library.

Sartre, J.-P. (1964). *Nausea*. (1938 edition). Trans. Lloyd Alexander. New York: New Directions Publishing.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62,* 373-386.

Sheldon, K. M., Ryan, R. M., Rawsthorne, L. J., & Ilardi, B. (1997). Trait self and true self: Cross-role variation in the big-five personality traits and its relations with psychological authenticity and subjective well-being. *Journal of Personality and Social Psychology, 73,* 1380-1393.

Suzuki, L. A., Ahluwalia, M. K,. Arora, A. K., & Mattis, J. S. (2007). The pond you fish in determines the fish you catch: Exploring strategies for qualitative data collection. *The Counseling Psychologist, 35,* 295-327.

Taylor, C. (1991). *The ethics of authenticity.* Cambridge: Harvard University Press.

Teicholz, J. G. (2000). The analyst's empathy, subjectivity, and authenticity: Affect as the common denominator. In A. Goldberg (Ed.), *How responsive should we be? Progress in self psychology* (Vol. 16, pp. 33-53). Hillsdale, NJ: Analytic Press.

Trilling, L. (1972). *Sincerity and authenticity.* New York: Harcourt Brace Jovanovich.

Turner, R. H., & Billings, V. (1991). The social contexts of self-feeling. In J. A. Howard, & P. L. Callero, (Eds.), *The self-society dynamic: Cognition, emotion, and action* (pp. 103-122). New York: Cambridge University Press.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, State University of New York Press.

Vasco, A. B., Garcia-Marques, L., & Dryden, W. (1993). 'Psychotherapist know thyself!': Dissonance between metatheoretical values in psychotherapists of different theoretical orientation. *Psychotherapy Research, 3,* 181-196.

Walker, M. & Rosen, W. (Eds.) (2004). *How connections heal.* New York: Guilford Press.

Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Erlbaum.

West, C. K. (2005). The map of Relational-Cultural Theory. *Women & Therapy, 28,* 93-110.

Wood, A., Linley, P., Maltby, J., Baliousis, M., & Joseph, S. (2008). The authentic personality: A theoretical and empirical conceptualization and the development of the Authenticity Scale. *Journal of Counseling Psychology*, *55*, 385-399.

Zur, O. (1994). Psychotherapists and their families: The effect of clinical practice on individual and family dynamics. *Psychotherapy in Private Practice, 13,* 69-95.

Recruitment Letter

Dear Sir or Madam,

I am a graduate student studying Counseling psychology at the University of Oklahoma and am interested in issues related to authenticity and the practice of psychotherapy. In the course of my training and clinical work, I have found authenticity to be a fascinating topic and am interested in finding out what psychologists feel about this topic themselves. Currently, I am conducting research for my dissertation, which will consist of qualitative and phenomenological data gathered from individual interviews from psychologists like you. My hope is that by gathering qualitative and subjective collections of psychologists' views of and personal experiences with authenticity, I will be able to gain a more comprehensive outlook on this concept as it is relates to the field. It is with expectations that this exploratory research study will benefit the field of psychology and psychotherapy. The importance of understanding psychologists' common experiences with authenticity may be utilized for developing meaningful practices in the process of therapy. This could further the range of counseling outcome research, enhance counselor training and curriculum, ensure that clients are benefiting the most from therapy, and help psychologists to experience greater career and life satisfaction.

This letter is simply an effort to briefly introduce you to my study and see if you have an interest in participating. In about a week, I will telephone you, providing you with more information regarding the study, and then check to see if you would like to participate. At the end of this letter, you will find my contact information, including email address and telephone number. I would like to invite you to be a part of my study by participating in a one-hour, semi-structured individual interview with me. The interview will be audio tape recorded in order for me to personally transcribe the interview data. No one else will have access to the audio tapes, and they will be destroyed at the conclusion of the study, which will be no longer than one year from the start date. In addition, I will not identify you by your name during the interview but via a pseudonym of your choice.

I hope you will participate and look forward to speaking with you soon! Thank you,

Derek Burks

Please detach and keep for your record. Feel free to contact me for any reason.

Derek Burks, M.A.
OU Department of Educational Psychology
Collings Hall, Room 321
820 Van Vleet Oval, Norman, OK 73019

APPENDIX B

Telephone Call Protocol

Hello, my name is Derek Burks and I am a graduate student studying Counseling psychology at OU. I was wondering if you received my letter a few weeks ago about a qualitative study that I am doing on the topics of authenticity and psychotherapy.

[If subject says "yes", continue to paragraph below; if subject says "no," ask if it is okay to talk about the content of the letter and study with him or her]

Oh good, well I am just following up on the letter with a personal phone call to invite you to participate in my study. I know you're probably very busy and don't want to take up too much your time, so please let me know if I may explain more to you about the study or if you have any questions about the study's purpose, procedures, or anything else.

[If potential participant indicates that, he/she is interested]

That's great! I really appreciate your time and willingness to be involved. I would like to schedule our one-hour interview together and wanted to see first if you had any preferences for specific dates, days or times. In addition, there are several options on where the interview can be conducted, such as your place of business or at the OU Counseling Psychology Clinic, which is where I work at in Norman, Oklahoma. [Schedule the individual interview and provide the address or logistics of the interview site if needed]

[If potential participant says, he/she is not interested]

Oh, well that is no problem at all and I fully respect your decision. If at any time in the future you would like to participate, please keep my study in mind. Thank you for your time.

[If potential participant says, he/she is interested but is concerned about confidentiality]

This is a valid concern and I have taken all necessary measures to maintain confidentiality. Audio tapes of all interviews collected will be kept until the analysis of this project is complete, which will be no longer than one year from the beginning of the project's data collection interview procedures. Transcribed data collected from audio tapes will initially be in digital format (Microsoft Word) and then printed for the purposes of coding and evaluating. Digital data will then be compressed into a .zip format file, password protected, written to two CD-ROMs, and erased from the computer. The CD-ROMs will be locked in a file cabinet within a locked room, and kept for no more than 5

years. No printed data will be kept except for the final information reported in the study's research paper or manuscript. Consent forms signed by all participants will be kept in a separate file, which will also be locked in a file cabinet within a locked room, and kept for no more than 5 years. Upon the end of a maximum 5-year period, both CD-ROMs will be destroyed and the informed consent forms will be shredded.

In addition, in order to conduct a follow-up voluntary review with you, I will keep a confidential link between your transcribed interview data and your direct identifying information. This will allow me to mail you a copy of your transcribed interview, in which you may add comments or make changes as you see fit. I will be the only person who is aware of this link information between you and your transcribed data, and will destroy the link information at the conclusion of this study.

Interview Protocol

Hello, please allow me to give you a brief explanation regarding my study and the interview procedures that we will be engaging in today. I am studying the concept of authenticity within therapists, such as how it is defined, how it may affect your practice, and how may affect your work with clients. I am interviewing approximately 20 licensed psychologists around [central Oklahoma or eastern Washington] and will then conduct a qualitative analysis with the interview data.

The interview today will last around one hour and I will be asking you approximately 10 interview questions, depending on the time allotment. In order for me to transcribe the interview into Microsoft Word format, I will be recording the interview via audio tape. I will also be identifying you via a made up alias, which you may choose at this time.

[Respondent chooses alias name]

The audio tape of your interview will be kept until analysis of the study's data has been completed. This will occur towards the conclusion of the study, which will be no longer than one year from the beginning of the project's data collection. The audio tape will then be erased and destroyed. No other persons will have access to the audio tapes other than me, the principal investigator.

In addition, in order to conduct a voluntary follow-up review with you, I will keep a confidential link between your transcribed interview data and your direct identifying information provided you agree to this on the informed consent document. This will allow me to mail you a copy of your transcribed interview, in which you may add comments or make changes as you see fit. I will be the only person who is aware of this link information between you and your transcribed data, and will destroy the link information at the conclusion of this study.

Here is an informed consent document that I would like you to carefully look over and then sign if you agree. Please ask me if you have any questions or concerns about this document or study at any time. In addition, again I will be recording this interview via audio tape, so please be sure that is okay with you and let me know if you have any questions and concerns.

[Give Respondent two informed consent documents, one for them to sign and return to principal investigator and the other to keep for their records. After respondent signs informed consent document, say,]

Thank you. I will begin recording now. If at any time during this interview, you wish for me to stop recording I will do so and without any problem whatsoever.

[Press record on audio tape recorder]

APPENDIX D

Interview Questions

1. How do you define authenticity in a person?

2. How do you experience authenticity within the therapeutic relationship?

3. As a therapist or person, how do you find your authenticity? Any "roadmaps"?

4. In what ways do you view yourself as being authentic?

5. In various situations, even outside of the office, with whom do you feel that you're the most authentic and the least authentic?

6. How may your cultural, gender and/or social background have affected your level of authenticity?

7. If or when you feel you are not being authentic with a client, is there a way to then become authentic?

8. How does your specialized knowledge in impact genuine conversations with others?

9. (REMOVED) Has being a therapist ever inhibited the full expression of your wholeness? Please explain.

10. What negative effects, if any, do you think could occur from a psychologist being inauthentic?

11. How is the use of theoretical orientation or techniques in psychotherapy related to your authenticity?

12. (REMOVED) Has your view or thoughts about authenticity changed over the course of your professional development or life?

13. (REMOVED) What experiences have significantly influenced your ability to be authentic as a professional psychologist? What experiences have influenced your ability to be authentic personally and socially?

APPENDIX E

Psychologist Demographic Questionnaire

All demographic and survey responses are
<u>confidential</u> and will be destroyed at the end of the study.

Number of hours per week conducting psychotherapy: _____

Number of hours per week in other professional activities: _____

Number of years conducting psychotherapy (post-doctoral): _____

Are you currently licensed as a psychologist? ___ Yes   ___ No

Type of degree you hold:

      ___ Clinical Ph.D.   ___ Counseling Ph.D.
      ___ Clinical Psy.D.   ___ Counseling Psy.D.
      ___ Ed.D.   ___ Other (please specify): _____

Orientation (please choose one):   Primary clinical setting (please choose one):

      ___ Psychoanalytic   ___ Private Practice
      ___ Psychodynamic   ___ Group Practice
      ___ Cognitive   ___ University/College
      ___ Behavioral   ___ State Agency
      ___ Cognitive Behavioral   ___ Community Clinic
      ___ Humanistic   ___ Medical School
      ___ Existential   ___ Hospital
      ___ Eclectic/Integrative   ___ Other (please specify): _____
      ___ Relational-Cultural
      ___ Other (please specify): _____

Gender: ___ Female   ___ Male

Age: ___

Ethnicity: _____

Member Check Letter

Hello, I wanted to thank you again for your help with my dissertation. I have completed my preliminary analysis of the data and am now engaged in the validation/reliability process, also known as, "member checking" in qualitative analysis. What this entails is for participants to voluntarily read over the study results and then to give any feedback or comments as they see fit. Since this research study represents you and the field of clinical/Counseling psychology, it is important that the study's results represent you and are both valid and reliable. This is purely voluntary so please do not feel any pressure to engage in this process.

I am enclosing the results along with this letter so that you may participate in the member check process if you wish and then provide any feedback or comments. Your original transcribed interviews (*with my own chosen pseudonym for you*) are also included. If possible, you might skim over your transcribed interview first, followed by the study results. This will help you recall how the interview went, what you discussed, and if you think your responses are represented within the final study results. Please let me know if you feel I misquoted you or did not get the gist of what you were saying during the original interview. Also, if I did not use a quote from you that you feel is important, let me know about that as well and I will do my best to include it in the final dissertation results.

Also included is a self-addressed return envelope in which you can mail back the detachable slip below and written comments or notes you have made. Otherwise, I do not need the results/interviews back. To ensure confidentiality, you may wish to remove your address label from the return envelop, or even email me instead of sending anything back via snail mail. Again, I really appreciate your patience and involvement in this research project and hope it will benefit the field of clinical/Counseling psychology.

Derek Burks

Please detach and mail this slip back to me, as well as any pages from the interview/study results if you made any written notes or comments, which could be helpful to the study or me. You can also email me (derekburks@ou.edu) with any comments or notes you may have made. Feel free to contact me for any reason!

_____ As a participant in this study, I have read over my original transcribed interview and the preliminary results and *did not* make any suggestions or comments.

_____ As a participant in this study, I have read over my original transcribed interview and the preliminary results and *did* make suggestions or comments.

Derek Burks, M.A., Principle Investigator

Abridged List of Emergent Themes

Conceptualization of Authenticity
  Theme 1: A matching of one's inner thoughts, beliefs, and feelings with outer
    presentation and behaviors
  Theme 2: A transitory and ever-evolving process
  Theme 3: Nonverbal and relationally contextual
  Theme 4: Selective transparency

Authenticity in the Therapeutic Relationship
  Theme 5: A reciprocal and circular process involving openness, realness, and
    honesty
  Theme 6: Creating a safe atmosphere for authentic exploration
  Theme 7: Upholding the client's authenticity
  Theme 8: Self-disclosure and psychologist vulnerability
  Theme 9: Sensing authenticity

Inauthenticity in the Therapeutic Relationship
  Theme 10: Skillfully evaluating inauthenticity
  Theme 11: Exploring inauthenticity individually versus mutually with the client
  Theme 12: Consulting about inauthenticity
  Theme 13: Certain types of therapy may require less authenticity

Effects of Inauthenticity
  Theme 14: Negative effects on the psychologist
  Theme 15: Relationships would suffer
  Theme 16: Damage to therapy work

Roadmaps toward Authenticity
  Theme 17: Psychological health, self-acceptance, and self-exploration
  Theme 18: Self-awareness
  Theme 19: Personal therapy, supervision, and consultation
  Theme 20: Training to become a psychologist
  Theme 21: Internal versus external conceptions and evaluations
  Theme 22: Spirituality and faith

Gender, Culture, and Social Influences on Authenticity
  Theme 23: Gender (dis)advantages
  Theme 24: Cultural awakening
  Theme 25: Majority advantage in expressing authenticity
  Theme 26: Understanding social influences related to one's authenticity
  Theme 27: Maintaining spiritual authenticity via cognizance and awareness

Authenticity in Relationships and Social Roles

> Theme 28: Most authentic with close friendships, significant others, and family to
> > a degree
> Theme 29: Multiplicity and consistency in social roles and situations
> Theme 30: Less authenticity in superficial, casual, and/or professional roles
> Theme 31: Psychologist authenticity dependent on the client

Authenticity and Theoretical Orientation

> Theme 32: Believing in one's theoretical orientation
> Theme 33: Physicality of fit
> Theme 34: Solidified theoretical orientation, channeled through the unique
> > individual
> Theme 35: Psychologist authentic qualities triumph theoretical orientation

The Person and the Psychologist

> Theme 36: Psychological mindedness
> Theme 37: A perpetuating cycle
> Theme 38: Strategies to increase genuine interaction