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# Psychologists' Authenticity: Implications for Work in Professional and Therapeutic Settings

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## Abstract

Psychologists engage in a multitude of social roles of varying degrees of emotionality, subjectivity, and objectivity because of 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 professional lives. A purposeful sample of 17 clinical psychologists from metropolitan areas in the Southwest and the Pacific Northwest were interviewed. Using a phenomenological, qualitative research design, 262 significant statements were extracted and grouped together, resulting in 11 emergent themes specifically relating to a therapeutic, health care context. Rigor and thoroughness were achieved via multiple validation procedures. Psychologists defined authenticity as the matching of one's inner thoughts, beliefs, and feelings with one's outer presentation and behaviors. They believed that authenticity involves sensory and emotional qualities rather than purely cognitive or verbal qualities. Concepts of self-disclosure and mindful awareness were discussed as related to authenticity. It is of note that both humanistic and nonhumanistically inclined psychologists equally valued authenticity in the professional and therapeutic setting. Participants also discussed how authenticity and

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inauthenticity are experienced and modified in the therapeutic relationship, as well as the negative effects of inauthenticity in professional contexts.

### Keywords

authenticity, genuineness, humanistic psychotherapy, therapeutic relationship

*Authenticity* refers to “the unobstructed operation of one’s true- or core-self in one’s daily enterprise” (Kernis & Goldman, 2006, p. 294). Although there are far less currently accepted modern definitions of *authenticity* in the leading English dictionaries, past definitions, explanations, and thoughts on authenticity may be as abundant as the individual persons who have discussed it (Erickson, 1995). A prevailing characteristic in many historical definitions 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 makeup (Golomb, 1995; Taylor, 1991). According to Jacobson (2007), “authenticity is a concept that is somewhat difficult to define. The definition must be sufficiently open to embrace the notion that the term is infused with meaning by every living person in his or her unique way” (p. 295).

The meaning of *authenticity* in its modern form may be easily confused with the meanings of other closely tied concepts, such as *sincerity* (Trilling, 1972), *autonomy* (Ryan & Deci, 2004), *congruence* (Corey, 2001; Rogers, 1961), and *genuineness* (Cormier & Nurius, 2003). Confusion surrounding the modern forms of words with similar meaning may be ameliorated by referring to their historic usage. For example, *authentic* began early in the 13th century BCE, with Greek origins, and was defined as “to have full power over” (Golomb, 1995). Other early definitions included “of first-hand authority,” “original,” and “one who does a thing himself” (*Oxford English dictionary online*, 2009). These original definitions suggest that the construct of authenticity emerged out of ideas that might be described today in terms such as personal power, awareness derived out of the free verdict of one’s own heart and mind, uniqueness, and a confident self-reliance. Modern descriptions may be particularly suitable in the context of clinical applications, such as therapists being respectful of their clients’ individual characteristics and values, as well as in counselor training programs, in which faculty uphold students’ unique qualities.

The concept of authenticity, or rather, the process of authentic exploration, has long been considered by some to be the unacknowledged goal of all forms of psychotherapy (Groth, 2008). Yet it has only been within the past decade that a handful of researchers have begun to operationalize authenticity and search for empirical support of its value in human existence. Using quantitative

scales designed to measure modern conceptualizations of authenticity, some researchers have found associations with healthy psychological concepts, including greater psychological health and subjective well-being (Kernis & Goldman, 2006; Lakey, Kernis, Heppner, & Lance, 2008; Wood, Linley, Maltby, Baliousis, & Joseph, 2008). Although authenticity can be found in the psychological literature, a gap exists in scientific research on this phenomenon, especially as it pertains to psychologists and the practice of psychotherapy. Only two qualitative studies were found on authenticity (Kalma, Witte, & Zaalberg, 1996; Turner & Billings, 1991), and the nominal number of quantitative studies lack the depth and complexity to substantially explore the topic or for that matter to be of much use in psychotherapy.

On the other hand, Golomb (1995) argued that the concept of authenticity as previously considered in philosophical thought was unempirical, imprecise, and purely theoretical. Moreover, the theoretical ambiguity of this concept may have led to its obscurity in psychological literature and empirical research (Lopez & Rice, 2006). According to Corey (2001), a problem with some psychotherapeutic principles, such as authenticity, is that they are vague, global terms, which makes it difficult to conduct research on the process or outcomes of these constructs when used in therapy. The resulting lack of systematic operationalization and precision may also cause some psychologists to find themselves at a loss when attempting to intentionally apply principles such as authenticity to practice. Despite the research challenges, constructs such as authenticity and congruence should not be excused from undergoing systematic operationalization and research inquiry. According to Norcross (2002), psychotherapy is now in a "climate of accountability" (p. 4); therefore, psychotherapeutic practices, techniques, and elements within the therapeutic relationship must undergo scientific research and empirical scrutiny along with other health care interventions. It might be added that attempts to simplify the construct in order to study it also run the risk of shaving off some of its richness and complexity. Quantitative studies may benefit by considering the thick narratives about authenticity that may be provided in qualitative studies as they reduce the concept to something more manageable.

### *Current Study*

Although the concept of authenticity has a lengthy history in the field of philosophy (Golomb, 1995), psychological researchers have only just begun exploring it via experimental pursuits. Moreover, the existing empirical studies on authenticity used university student populations, whereas the present study used psychologists as participants. The purpose of this study was to explore psychologists' common understandings of and experiences with

authenticity and to examine the concept in the psychotherapeutic context. According to Creswell (2007), there is value in studying and understanding the common experiences of individuals working as therapists, as teachers, or in the health care field. Although much research has been conducted on the effects that therapists have on their clients, less research exists on how being in the therapist's position affects the clinician. The implications of how providing therapy affects psychologists should be considered significant as psychologists are vulnerable to professional, ethical, and personal issues, including burnout, depression, and efficacy. Fatigued psychologists may be especially susceptible to reduced authenticity as well as less reliability in their efforts to conform with regard to professional standards, techniques, and timelines of care. Furthermore, both their inner and their outer expressions of authenticity may be tested by too much strain, as opposed to maintaining a healthy internal and outward expression of authenticity.

This study's purpose was practice oriented (Haverkamp & Young, 2007); thus, the understanding of psychologists' common experiences with authenticity may be used for developing meaningful practices in the process of therapy. This could expand the range of counseling outcome research, enhance psychologists' training and curriculum, ensure that clients are benefiting the most from therapy, and help psychologists experience greater career and life satisfaction. Phenomenological research provides a foundation for studying human *lived experiences* and the multiple meanings that are derived from these experiences (Fischer, 1984). To access the phenomenological and lived experiences of psychologists, the researchers qualitatively explored two questions in this study:

*Research Question 1:* Based on their unique experiences as psychologists, how do psychologists construe the definition of and professional context of authenticity?

*Research Question 2:* In what ways do psychologists think their authenticity or inauthenticity affects their interactions with and the growth of their clients?

## Procedures

### Research Design

The procedures used for this study included a phenomenologically grounded, qualitative research design. 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. Correspondingly, the multiple definitions of authenticity informing this study's design were based on several perspectives of authenticity from various psychological schools of thought. This amalgam of perspectives included humanism (e.g., genuineness and congruence), existentialism (e.g., an individual's search for an authentic self or core), postmodernism (e.g., there is no self or core, only experiences and interactions), and Kernis and Goldman's (2006) modern definition (a multicomponent structure of authenticity includes awareness, unbiased processing, behavior, and relational orientation).

The philosophical assumptions in this study were that the phenomenon of authenticity is consciously perceived and experienced by the participants (van Manen, 1990) and that those experienced essences of authenticity were described rather than analyzed and explained (Moustakas, 1994). Each of this study's participants was expected to uniquely construe his or her own realities and experiences, which formulates an interpretivist–constructivistic paradigm. The researchers sought to understand and describe the experiences reported by the psychologists interviewed, thus formulating this study's complex and meaningful data (see the constructivist approach in Creswell, 2007).

As described by Moustakas (1994), the phenomenological approach to qualitative research focuses less on the researcher's interpretations and more on the descriptions of participants' experiences (Creswell, 2007). Additionally, the approach involves the method of bracketing. Through bracketing, the researchers in this study 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. Furthermore, by using validation and evaluation procedures (discussed below), the researchers were able to progress from their own preconceptions of authenticity to a conceptualization more reflective of the participants' actual experiences.

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). A number of other researchers argue for the importance of a thorough understanding of the phenomenon through existing literature 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 the data with existing or new theory as well as to relate the study's findings to the broader field. The researchers of the current study used the latter, discovery-oriented approach, incorporating the existing literature and theory on authenticity into the discussion section of this article to provide support for the themes emerging from the present study's data.

Based on a combination of preconceived ideas, review of the literature, and personally integrated meaning, the researchers' initial ideas on authenticity were contextualized within theoretical groundings of existentialism and postmodernism. Existentialism focuses on the human condition of self-awareness, freedom to decide one's fate, a focus on the here-and-now, and the search for meaning in a meaningless world (Corey, 2001). Postmodernism focuses on multiple, subjective realities. Some postmodern thought contends that nothing is authentic, which causes one to feel emptiness in life on realization that there is no core, ultimate truth or individual self. Because of the postmodern movement, Golomb (1995) warned of the death of authenticity but also believed that individuals should continue to search for authenticity. In addition to these contrasting theoretical perspectives on authenticity, the researchers' ideas situate Kernis and Goldman's authenticity construct and their research in a dynamic flow, leaving room for the present study to expand its meaning of authenticity.

### *Formulation of the Research and Interview Questions*

Research and interview questions were formulated to adequately study the authenticity phenomenon. During their initial meetings, the researchers discussed the most salient descriptions and explanations of authenticity as found in their literature review of literary and philosophical accounts of the topic. They then shifted to modern psychological perspectives and empirical research on authenticity, such as Kernis and Goldman's (2006) multicomponent operationalization of authenticity. Last, the researchers considered and discussed the possible ways in which the concept of authenticity might specifically relate to psychologists practicing psychotherapy. In formulating this study's interview questions, the researchers sought open-ended questions that would not contaminate participant responses. An open-ended interview question such as "Tell me about your experience with authenticity" could possibly offer the broadest level of response. However, because authenticity is a vague

and confusing concept, the researchers decided to provide slight direction (e.g., “How do you define authenticity in a person?”) and a specific context (“How do you experience authenticity in the therapeutic relationship?”). Some researcher bias is noticeable among two other interview questions: “What negative effects, if any, do you think could occur from a psychologist being inauthentic?” and “If or when you feel you are not being authentic with a client, is there a way to then become authentic?”

### *Recruitment and Interviews*

Participants and distinct interview questions were based on a larger parent study (dissertation) of health care psychologists. 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. The researchers mailed each prospective participant a recruitment letter for the study, followed by a telephone call to invite their involvement in the study. Apart from the initial random selection, this study used the snowball method (or chaining) for purposeful selection of psychologist participants. Qualitative researchers typically avoid traditional random sampling and instead use purposeful sampling “because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell, 2007, p. 125). Individual, face-to-face interviews were conducted with all participants. The interviews, which lasted approximately 1 hour each, were audiotape-recorded and later transcribed into data format. The interviews were standardized, semistructured, and exploratory in nature.

### *Participants*

The 17 psychologists participating in this study varied in terms of their gender (11 women and 6 men). Twelve participants were from a Southwestern metropolitan city, and 5 came 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 researchers ceased further interviews at the point of data saturation. All participants were Caucasian, with the exception of 1 who was biracial. The researchers contacted the two respective state licensing boards to obtain the racial demographics of psychologists; however, the licensing

boards indicated that racial demographics of psychologists were not available in those particular states.

The mean age of the participants was 55 years ( $SD = 7.41$ , range = 38–64). Nine participants held a counseling psychology PhD degree, 6 held a clinical psychology PhD degree, and 1 had an educational psychology EdD degree. Licensed as psychologists, all the participants were practicing clinicians and spent an average of 17 hours/week conducting psychotherapy ( $SD = 10.41$ , range = 3–28). The participants' mean number of years practicing postdoctoral psychotherapy was 18.31 ( $SD = 8.62$ , range = 2–30 years). 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 the participants included private practice (9), hospitals or medical schools (3), group practice (2), and a university counseling center (1).

### **Data Analysis**

After all the participant interviews were transcribed, the researchers individually read, reread, and then searched the transcripts to find significant statements about the participants' experiences with authenticity. Next, horizontalization of the data was done, in which significant statements (individual words, phrases, or sentences) were highlighted and recorded on a separate list. On each of the page margins of the transcribed data, the researchers made notes to inform emergent themes, discourse in the responses, and textural and structural description. Although all the statements were viewed as equal, overlapping or repetitive statements were aggregated. To manage the large amount of data and significant statements, the researchers used computer spreadsheet software to construct matrices and tables. Similar or aggregated statements were then grouped or clustered into larger units of information, called meaning units or themes.

Subsequently, the researchers presented the meaning units and themes in a narrative-description format. This progressed into the remaining three steps of the analysis: (a) textural description, (b) structural description, and (c) composite description. Textural description involved writing a description of what the participants had experienced with authenticity, including verbatim examples. Structural description involved describing how experiences of authenticity had occurred, including context and setting (Creswell, 2007). Last, the composite description of psychologists' experiences with authenticity incorporated the former two description steps into one or two final paragraphs, thus providing the essence of those experiences.



## Validation Procedures

To establish trustworthiness and credibility (Lincoln & Guba, 1985), multiple validation procedures were used. This allowed for a more rigorous and thorough approach to the study's data analysis process. In the first validation procedure, peer review, and debriefing, each researcher separately examined the transcriptions for significant statements, meanings, themes, and descriptions. Afterward, both met for peer-debriefing sessions to discuss and corroborate the 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).

In the second validation procedure, member checking (Miles & Huberman, 1994), the researchers mailed each participant a transcription of his or her own original interview as well as the preliminary results of the study. The participants were asked to voluntarily help verify the credibility of the study's findings. Approximately half of the participants provided additional answers to the original interview questions asked of them, as well as critiques, alternate language, ideas, and/or critical analysis of the preliminary findings. The researchers carefully considered and incorporated this additional information into the study findings. Using detailed, rich description provided an additional validation procedure. This involved framing selected significant statements within a whole context or long quote. The rich and detailed description may give readers of this study the opportunity to decide whether the findings are transferable to other settings.

The final validation procedure included 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 the challenges, suggestions, and evidence that the auditor provided. Overall, the external audit procedure provided an evaluative mechanism by which the auditor and researchers could judge the quality of the study.

The validation techniques illuminated some researcher bias appearing in the initial drafts of the study. For example, the researchers began this study wondering if becoming a psychologist meant losing some amount of personal authenticity. Additionally, biased notions (e.g., that societal and familial influences need to be "stripped" in order to be authentic) were found in the researchers' initial discussion of the study findings. Based on the validation

and evaluation techniques, such as the external audit, the researchers endeavored to remove bias and personal interpretations among the study findings.

### *Role of the Researchers*

Qualitative research, exploratory in nature, requires an unbiased effort and benefits from strategies such as bracketing, peer debriefing, and evaluative techniques to ensure a more 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 researchers began this study with certain preconceptions and assumptions about the concept of authenticity. For example, the research question "In what ways do psychologists think their authenticity or inauthenticity affects their interactions with and the growth of their clients?" and the interview question "What negative effects, if any, do you think could occur from a psychologist being inauthentic" contain assumptions that inauthenticity negatively affects the client and the psychologist. The researchers likely embarked into this study with preconceived notions focused on negative outcomes related to psychologists' experiences with authenticity. However, this was not always the case, as the participants discussed positive experiences as well. Furthermore, the participants did not personally endorse a high number of negative personal experiences related to authenticity but more often spoke from hypothetical stances. An initial review of the literature on authenticity also depicted lack of authenticity, or inauthenticity, in a negative and undesirable fashion. Moreover, a substantial amount of the literature, especially the less recent, did not describe instances when the purposeful outward expression of authenticity may be of benefit to an individual, particularly a therapist.

## **Findings**

### *Presentation of Data*

Seventeen verbatim transcripts were included in this study's data analysis, resulting in 262 (pre-aggregated) significant statements that were inclusive of single words, phrases, or sentences. Significant statements were aggregated and grouped together, resulting in 11 themes. The findings are structured in a two-level hierarchy consisting of categories subsuming the respective emergent themes. Categories relate to corresponding, specific interview questions

asked during participant interviews. For example, the first interview question (“How do you define authenticity in a person?”) formulated the category Conceptualization of Authenticity. This category encompassed four emergent themes, each described in detail and then summarized in one final paragraph or essence of the combined themes. It should also be noted that throughout this study, the terms *psychologist* and *therapist* are sometimes used interchangeably by the researchers.

### *Conceptualization of Authenticity*

*Theme 1: A matching of one's inner thoughts, beliefs, and feelings with outer presentation and behaviors.* In so many words, the participants associated authenticity with honesty, truth, genuineness, realness, and openness. They connected authenticity with a singular self and/or multiple selves. Several described authenticity as being a consistency between the inner self and outer self. Others added that authenticity also involves 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 selves when one is authentic. Several other participants also referenced a true self or false self in relation to being authentic or inauthentic, respectively.

Although most participants believed that there is an essential self at an individual's core being, a few participants 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 the internalized values of parents, society, and a chaotic unconscious flux. Another participant was not entirely sure whether there is such a thing as a true or core self. All the others argued that although a true self probably exists, it is continually influenced by social forces and unconscious processes and is consequently interconnected with the outside world as well as intertwined with early attachments. Nonetheless, all thought that it was worthwhile to examine the layers of influence on the core self in the hope of an authentic self-emerging. Several participants also suggested that there is a self or soul that exists beyond belief systems and societal influences. For them, there is a 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.* The participants discussed that authenticity is a transitory, active, and 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 one’s sense of who one is. Several participants reasoned that becoming more authentic depends on whether or not one has integrated or accepted parts of oneself that may be unknown, repressed, or emotionally painful. One participant believed that we might never be able to be fully authentic:

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, childhood, and 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 implies that even with conscious awareness, the unconscious will continually hold mysteries not accessible to an individual’s subjective selves.

*Theme 3: Nonverbal and relationally contextual.* Some participants argued that authenticity is not achieved in isolation but is entangled with the way we interact with others. Some stressed that this form of authenticity does not occur solely at the verbal and conscious levels of communication. The participants’ descriptions of sensing authenticity in the context of a relationship were characterized by a feeling or gut reaction that was intuitive, subconscious, automatic, nonverbal, nonrehearsed, spontaneous, and sensory on many levels. Some spoke of split-second instances or intuitive flashes when they sensed whether a person was behaving or relating authentically or inauthentically. They agreed that in many instances, an individual has the ability to make a conscious choice to be authentic or less authentic; however, there is also an unconscious lack of choice that may surface nonverbally. It is within this latter depiction that inauthenticity could arise (explored later in Theme 8). In addition, the participants generally reported that there is a state-to-state connection, which might last for only a brief amount of time. Communicated through facial expressions, eye contact, or tone of voice, the connection is authentic, though less intense, and it is okay to pull back and be less attuned. The energy that exudes authenticity ebbs and flows.

*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 or even authentic. Sometimes authenticity may be clothed in a persona. An awareness of such opaqueness and secretiveness, and a consideration for timing one's honest expressions, thoughts, and feelings are crucial elements of authenticity.

*Summary 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. The participants defined an authentic person as someone who is genuine, honest, truthful, open, real, candid, reflective, straightforward, and willing to show the world who he or she is and that this involves deep reflection. Some participants described authenticity as stemming from a core or true self. Nevertheless, they added that social forces and unconscious processes continually influence the self, and some argued that we are mistaken if we think our core self consists of opinions and ideas. Several also argued that there is a physicality and nonverbal 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 the expression of one's inner life is necessary to respect others and to avoid destructive conflict. Furthermore, the participants emphasized that authenticity is not ever fully attained and sustained but rather may move to an increased or diminished level from one instance to the next.

### *Authenticity in the Therapeutic Relationship*

*Theme 5: A reciprocal and circular process involving emotionality, realness, and honesty.* In the context of the therapeutic relationship, many participants described authenticity as occurring when the client matches his or her inner self with the outer self, which in turn creates the possibility of an authentic dialogue between the therapist and the client. They explained what they think is a collaborative process of searching for a story, meaning, a memory, or an idea. An optimal discourse emerges in which both client and therapist understand each other on a deep level. Within this level, the participants believed that both they and their clients had holistic responses to each other that were

not limited to the cognitive dimension. They described this form of authenticity as less cognitive and more of an emotional, physiological, and sensory level of awareness.

More specifically, many participants referred to authenticity in the therapeutic relationship as involving a reciprocal and circular process in which both the therapist and the client can promote or impede one another's authenticity. In some cases, a reciprocal therapeutic context was reported to enhance authenticity and even to increase it within the therapist. Reciprocity from both sides was noted to add to this process and increase connection. One participant explained it this way:

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)

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 the therapist offer feelings and reactions to one another. All acknowledged that this mutual exchange is limited according to appropriateness and relevance.

*Theme 6: Creating a safe, accepting 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 himself or herself. A few 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 being authentic as opposed to simply maintaining a professional stance. According to another 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. (P-10)

Almost all the participants reported that "being for" or "facilitating the growth of" the client were stances that were congruent with their authentic role as therapists. Additionally, the participants agreed that advice giving or a dominating expert role could diminish the client's authenticity and/or authentic exploration. Some believed that therapists should not impose their own agendas or rely solely on predetermined goals or theoretical techniques. Last, the participants reported that humility, as a therapist, is vital to authenticity. Without humility, a therapist might violate the authentic relationship that honors another's freedom.

*Theme 7: 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. 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, but just share a little bit, they see that 'Wow, you're human too!'" (P-17). This does not imply that the therapist should self-disclose and be transparent about everything in his or her life (i.e., facts or details). Rather, the therapist may share genuine emotions, feelings, and reactions to the client's statements and experiences, which may help promote authenticity in the client. Several participants referred to the necessity of therapist opaqueness at times to allow the clients their own values. However, during the member check process, a participant commented,

Authenticity can be achieved without transparency. We have aspects of ourselves that are acceptable to share with others and some that are not. 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)

Other conditions necessary for authenticity to occur in the therapeutic relationship may include boundaries that are not "too heavy or narrowing," as 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 or not a therapist is willing to experience this vulnerability in the therapeutic relationship may determine growth in both therapist and client. The 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.

*Summary of authenticity in the therapeutic relationship.* The participants emphasized that authenticity is promoted in sessions when an environment of acceptance is created, affective dimensions are involved, and prescribed roles are loosened (e.g., therapists are not stuck in a prescribed role, and clients do not have to adhere to the expectations of their parents, friends, etc.). The participants described authenticity within the therapeutic relationship as involving honesty, realness, openness, transparency, and truthfulness. Reciprocity is also a vital aspect of an authentic therapeutic experience. Authentic therapeutic relationships were also characterized as emotional, physiological, and involving a sensory level of awareness, with the cognitive domain receding from domination. Though openness is a hallmark of authenticity, opacity was also viewed at times as being authentic and valuable if therapists sense that they may be projecting their own issues or expressing their own values onto the client. Last, transparency, which is related to self-disclosure of thoughts, feelings, or beliefs, is valuable in modeling openness, allaying personal fears, and connecting in a holistic way with the client.

### *Inauthenticity in the Therapeutic Relationship*

*Theme 8: Skillfully evaluating inauthenticity.* Part of the state of authenticity consisted in recognizing what is not authentic. The participants described instances that they felt might signal inauthenticity within the therapeutic relationship. Signals might include physical feelings such as boredom, discomfort,



disconnection, or even sleepiness. Several participants reported that clients can sense inauthenticity quickly on encounters; therefore, what therapists say to clients should match their nonverbals, or else many clients will experience the incongruity and respond accordingly. As one participant put it,

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. (P-5)

Another participant remarked,

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)

The participants framed inauthenticity as potentially being relayed from the therapist, from the client, or from an interaction between the two. Several suggested that therapists should 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 on their client rather than owning their own inauthenticity.

Participant responses tapped into a variety of theoretical frameworks. For some of the participants, consideration of countertransference is paramount to clearing the way to connect directly with the client. Others expressed a Rogerian skepticism of client resistance, concerned that it masked a judgment of the client and was an obstruction to establishing an authentic empathic relationship. One participant believed that an individual should honestly acknowledge his or her inauthenticity within the therapist–client relationship and then behaviorally model how to question himself or herself and behave differently. Some participants suggested that therapists had the responsibility to examine and explore what may be happening within themselves, rather than blaming the client or interpreting *client resistance*. Instead, therapists might examine the possibility of “therapist resistance” and evaluate the possibility of their own inauthenticity.

*Theme 9: Exploring inauthenticity individually, mutually with the client, or externally.* Some participants discussed ways to explore their feelings of

inauthenticity with the intent of 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, the participants indicated that they might find it difficult to explore their own feelings while focusing on the client's needs. Other participants suggested that they might not bring up the feelings of inauthenticity at all 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 overthinking but instead being in the moment or here-and-now with the client to mutually explore what may be occurring in session. The participants emphasized the importance of owning their own feelings and using data from the client to examine their own inauthenticity. As one of the participants expressed it,

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, 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 participants also discussed similar benefits of discussing their inauthentic feelings or reactions during sessions with their clients. They included the following: (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. A few other participants stressed that if therapists could not be completely open or authentically expressive with their clients, then consultation with a friend, colleague, supervisor, or mentor might be a valuable aid to reclaiming a sense of authenticity or further engaging in exploring the inauthenticity. 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).

*Theme 10: Therapist level of expressed authenticity dependent on the client.* Whereas connections with some clients allow for authenticity, connections with others do not. Several participants discussed being less authentic around clients diagnosed with specific personality disorders, such as borderline, histrionic, and narcissistic 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. On the other hand, a few participants wondered if adolescents might be more apt to question a therapist's realness if some authentic therapist disclosure did not take place but also wondered if too much self-disclosure might reduce their credibility. Additionally, a few participants indicated that they might not always need to be authentic depending on the type of therapy, the length of therapy, and specific client needs or goals. For example, they suggested that longer-term therapy with "soul-searching" issues might require more therapist authenticity, especially related to therapist self-disclosure. Other types of therapy, such as short-term cognitive-behavioral therapy or techniques for specific phobias, could be used independently of the therapist's level of authenticity.

Authentic therapist expression of spirituality, religion, and faith was a common theme in the interviews. As long as clients' and therapists' belief systems were complementary, authenticity was not as problematic. However, when therapists' beliefs were dissimilar to their clients' religious beliefs, authenticity became a challenge. According to a participant,

Religion . . . 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. (P-12)

Another participant admitted,

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)

A few participants argued that they were trained not to let their own values and beliefs impede on their clients' values and self-exploration, yet their faith and spirituality are central to their core selves. And inevitably, some clients have passionate beliefs. Some participants described how their faith is a part of them and not something they can easily dismiss as a superficial value or idea even 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 that their faith as well as client characteristics intertwine to influence them in therapeutic sessions. Thus, they reported that engaging in awareness, being cognizant of these influences, and sometimes direct discussion of religious and spiritual views help maintain both the therapist's and the client's authenticity.

*Theme 11: Effects of inauthenticity on therapy work and the therapist.* Most of the participants felt that inauthenticity would be damaging to their effective therapy work with clients. One participant said, "Without authenticity, 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). According to another 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)

Several participants felt that their inauthenticity would cost the clients the unarmored, genuine encounter that allows clients to open up, expand their selves, and grow. Some clients could be harmed in the process, and others would quit therapy altogether. On a microlevel, the client might give up on psychotherapy and never seek help again. The participants reported that a therapist's practice could also suffer as negative word spread about her or him from clients. On a macrolevel, the participants worried that the field of

psychotherapy could suffer from gaining a bad reputation due to inauthentic therapists.

The participants described inauthenticity as not only affecting clients and the therapeutic relationship but also affecting the therapist. Some felt that being inauthentic would compromise the therapist's health and psychological well-being. Other effects that the participants reported included loss of identity, increased anxiety, and a sense of failure. Several participants described that being inauthentic implied that the therapist could be lying to herself or himself, leading to issues of repression, use of defense mechanisms, and countertransference. One participant suggested that inauthentic therapists might deny being "burned out" and be prone to impairment, such as personal and psychological issues, or substance abuse. Other participants worried that inauthenticity might be linked to lack of awareness and ethics violations.

*Summary of inauthenticity in the therapeutic relationship.* To summarize, the 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. An inauthentic therapist may appear as phony, insincere, or only pretending to care or be interested, and clients may quickly sense this. Some participants felt that their level of authenticity might depend on the client and that therapy work with certain clients may necessitate more or less authenticity but not inauthenticity. Suggested ways to resolve inauthentic moments included individual exploration on the part of the therapist, mutual exploration and discussion with the client, or consulting with a colleague. Additionally, some participants believed that their spirituality or religion provided benefits as well as challenges in the therapeutic relationships. They suggested that although 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 strategically, rather than disconnecting from parts of themselves or disregarding their spirituality or religion.

The participants also believed that inauthenticity could cause a therapist's psychological well-being and happiness to be at risk. This may manifest as denial, therapist burnout, and ethics violations. Professional and personal relationships would suffer, and people would not want to be in the presence of a therapist who 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. Last, the field of psychotherapy, overall, could also be harmed and could gain a negative reputation if therapists were generally believed to be inauthentic.

## **Essence of Authenticity**

In returning to this study's initial questions, the researchers and, most important, the participants, believed that the emerging themes and essences satisfactorily addressed those questions. As conceptualized by the participants, authenticity involves consciously and mindfully striving for an awareness of one's values, beliefs, thoughts, and feelings, followed by maintaining consistency (or exploring the inconsistency) of those inward concepts with one's outward expressions and behaviors. Significant unconscious processes, social forces, nonverbal behaviors, and the fluidic properties of authenticity necessitate the importance of such a conscious effort.

In a professional context, the therapist's values, beliefs, thoughts, and feelings should be tactfully expressed with alternations of transparency and opaqueness, especially when working with clients of dissimilar beliefs. The therapist may consider these strategies, along with constant mindful awareness, rather than ignoring or disconnecting from parts of the self and other inward concepts. If the client perceives the therapist as genuine, open, real, and authentic, a reciprocal process involving trust, safety, connection, and authentic exploration may result. On the other hand, if the client perceives the therapist as phony, he or she may reciprocate the process or cease therapy altogether. Associated with a negative therapy experience and possible harm to the client, inauthenticity on the part of the therapist could result in burnout or ethics violations and might negatively affect the therapist's well-being, happiness, and other relationships. Unconscious forces aside, therapists can still strive to be aware of inauthentic moments, which may originate from the therapist, the client, or the interaction. If inauthenticity seems to present, therapists may consider individual exploration, mutual exploration with the client, or consulting with a colleague.

## **Discussion**

This study contributes to a deeper understanding of psychologists' experiences with authenticity in the context of the therapeutic relationship. At the beginning of this study, the researchers were guided by Kernis and Goldman's (2006) abstract definition of authenticity: "the unobstructed operation of one's true or core self in one's daily enterprise." However, before the study was completed, the practicing psychologist participants, who discussed concrete situations in which they claimed to experience authenticity with their clients, had constructed an expanded and altered meaning of the definition. This not only offered material thickness to the definition but also sheared it of its individualistic, mechanical, and business connotations (with its references

to “the core self,” “operation,” and “enterprise,” respectively) and gave it human breath. For example, extracting from participant ideas, the researchers were presented with the idea that isolated individual selves expressing authenticity may not exist at all, and if they do, they have permeable boundaries that are intricately interconnected to others and to the world.

The participants almost unanimously argued that authenticity, as it is expressed in the real world, is not a fixed state that anyone attains. Instead, it comes and goes in different spaces and times and always exists in varying degrees. This is corroborated in Miller et al.’s (1999) view that authenticity is a “process in movement—we move in and out of more or less authenticity as a consequence of relational dynamics” (pp. 5-6). The notion of varying degrees of authenticity also contrasts with the dichotomous view of authenticity and inauthenticity as mutually exclusive (e.g., Derrida, 1976; Trilling, 1972). Moreover, the discussion of inauthenticity, or “less authenticity,” which emerged from the participants’ initial conceptualizations of authenticity, was not always framed negatively. Rather, it was described by some as providing an opportunity for exploration and growth in therapeutic work, counselor development, and other relational encounters. To offset or confront inauthentic moments, the participants emphasized the importance of examining oneself, such as through mindful awareness (e.g., see Brown & Ryan, 2003), and refusing to make judgments about clients.

The participants conveyed that the signs of authenticity they see in session are deep reciprocal attunement and collaboration. They explained that they created a space for authenticity by being humble; allowing their feelings to come to the foreground, accompanied by reason; demonstrating to the client that they are there for them; and not *trying* to be authentic but allowing authenticity to emerge naturally. It seems unusual for some clients to initially present to therapy with the goal of becoming more authentic. According to a participant in this study, “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 not that therapists force authentic exploration or a search for authenticity on the client but rather that they provide a safe atmosphere and therapeutic relationship should the client decide to engage in authentic exploration.

As restated from this study’s introduction, historical conceptualizations of authenticity were typified by nonconformance to societal, cultural, and external rules, or anything untrue to a person’s core self or own makeup. Whereas this nonconformance may fit the worldview of some, it may be culturally insensitive to others. For example, some individuals and cultures value a group orientation and cultural traditionalism rather than an autonomous,

individualistic self-orientation (Sue & Sue, 2008). It is particularly important that therapists recognize that they may hold ethnocentric, monocultural worldviews (Sue, 2004). By engaging in their own authentic exploration and mindfulness, therapists may achieve a greater awareness of hidden biases, agendas, or such worldviews that could obstruct their work with clients.

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 humanistic and relational-cultural, also require the therapist to be authentic, which then facilitates an authentic connection and subsequent authentic process within the client. The relational-cultural model, a modern theory of psychological development and psychotherapy, builds its foundations on the primacy of growth through authentic connection and active relationships with one another (Walker & Rosen, 2004). In the present study, authenticity was considered by nonhumanistic therapists to be as valuable as it is to humanistically inclined therapists. This finding serves to reinforce common-factors research pertaining to therapeutic effectiveness and the significance of contextual elements, such as the working alliance and individual therapist effects (e.g., Norcross, 2002; Wampold, 2001). Moreover, humanistic and person-centered orientations, which call for genuineness and congruence in the therapist, have “become central to many in the field” (Ivey, Ivey, & Simek-Morgan, 1997, p. 31).

Contradicting common assumptions, this study’s participants believed that authenticity is not necessarily characterized by total openness; instead, it can be opaque or hidden from others. Furthermore, in counseling situations, the overt expression of feelings, thoughts, and honest challenges, which some might think is characteristic of authentic therapy, may not be appropriate with some clients—for instance, those who might have difficulties with ego observation. Most of the current study’s participants believed that at least some therapist self-disclosure will add to the therapist’s authenticity; however, they indicated that self-disclosure should be used sparingly, cautiously, and for the benefit of the client. These ideas are substantiated in the work of other researchers (e.g., Hill & Knox, 2002) who suggest that therapists disclose infrequently, avoid disclosure based on their own needs, and generally disclose to normalize, model alternative expressions, or reinforce the therapeutic alliance.

## **Conclusions, Limitations, and Future Directions**

The catalogued findings from this study, construed from dialogues with 17 psychologists, may not be as important as the real-time explorations that the



participants engaged in regarding themselves and their interactions with their clients. Nonetheless, it is hoped that this study can reflect a portion of the sincere offerings of the participants to its readers. Within this study, no ultimate conclusions or truths were found, only general themes, experiences, and differences among the participant data. Similarly, the discourse that emerged from the data may open up new avenues for and inform future research on this topic.

A limitation of this study is part of the nature of qualitative research, that is, the problem of generalizability of the study to the overall population of clinical psychologists. 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 the participants' experiences, with emphasis on commonalities, unique differences, and variation within the data. It is important to keep in mind that qualitative research strives for applicability rather than generalizability (Heppner, Kivlighan, & Wampold, 1999). Heppner et al. (1999) contended that qualitative research holds important implications particularly for the participants involved because it is developed from their ideas and perspectives. Furthermore, consumers of qualitative research may vicariously experience the topic under study and consequently gain new understanding, appreciation, and knowledge.

Most of the participants in this study were Caucasian and were located in traditionally politically conservative areas of the country; the participants were all 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. Additionally, the lack of racial diversity among the participants mirrors the underrepresentation of racial minorities in all levels of psychology training programs as well as in the utilization of mental health services (American Psychological Association, 2002; Ridley, 2005). Future studies on authenticity would likely benefit from the inclusion of a racially and culturally diverse sample of therapists. 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. Individuals born of minority cultures and living within a majority culture may often be faced with issues of assimilation and acculturation, and various other dilemmas. This may challenge them to follow their own values, being in a position to perceive the values, rules, and ways of life placed on them by an alien majority culture. Moreover, some minority therapy clients may consider factors such as authenticity, realness, and sincerity as indicative of the therapist's trustworthiness

and as important as the therapist's training and credentials (Sue & Sue, 2008); however, this should not be automatically assumed by the therapist.

The participants in this study cautioned that therapists should never blindly assume that they are being authentic or perceived as authentic. This relates to an additional limitation of this study being that it included only therapist perspectives of authenticity. Clients and their own perspectives—an ingredient crucial to therapeutic effectiveness—could provide essential information on the therapeutic salience of authenticity. Klein, Kolden, Michels, and Chisholm-Stockard (2002) discussed the discrepancies between 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. Moreover, if the client does not perceive authenticity, or perceives it differently than the clinician, then many of the findings in this study must be held up as suspect.

This study presents findings that may pave the way for future work on authenticity and therapists' professional experiences, through both qualitative and quantitative research. A potential outcome of the study may involve increased qualitative accounts of authenticity, studied independently or alongside self-report measures and other quantitative research, such as the Authenticity Inventory (AI:3; Kernis & Goldman, 2006). This will allow for increased holistic measurement, depth of study, 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.

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