JAMIE BRAZIL BSc Hons

AN EXPLORATION OF AUTHENTICITY: IMPLICATIONS FOR CLINICAL PSYCHOLOGISTS AND THEIR PRACTICE

Section A: A Literature Review Exploring the Relationship between Authenticity and Well-Being

Word Count: 7,929 (50)

Section B: How do Clinical Psychologists Construct Authenticity in their Professional Roles; A Discourse Analysis

Word Count: 8,000 (195)

Overall Word Count: 15,929 (245)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology

MAY 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgments

I would like to thank all of the participants who contributed to this research study and who enriched my understanding of and curiosity for authenticity. Thank you to Angela Gilchrist for providing much needed support and guidance throughout the process, as well as to Dr Ian Marsh for his advice and for helping me to gain a better understanding of discourse analysis. Finally, to my wife Amy and my son Parker for providing the inspiration needed to complete this research.

Overall Summary

A literature review was completed which explored whether there was a relationship between authenticity and well-being. This review showed that the research suggested that there was a significant positive relationship between authenticity and well-being. Furthermore, one study identified that there is a causal chain link with increased authenticity leading to higher levels of well-being. It is suggested that future research would likely benefit from a diversification of research methodology and sampling, including exploring authenticity within a critical realist epistemology. It is proposed that sampling clinical psychologists would provide an understanding of how authenticity is used within the profession.

The empirical research then explored how authenticity is constructed by clinical psychologists and asked what might be the implications of these discourses. The research used critical discursive psychology to examine twelve clinical psychologists' talk of authenticity in semi-structured interviews. It was found that authenticity was used to establish the clinical psychologist's identity, while also legitimising the need for therapeutic work with service users who were positioned in the opposite positon of being inauthentic. Limitations of the research included presenting only one interpretation of the data. Clinical implications included psychologists having a greater awareness of how authenticity is used in their professional roles.

Key Words: Authenticity, well-being, clinical psychologists.

Contents

Lists of content

Lists of tables and figures

Section A

Section B

Lists of appendices.

SECTION A: LITERATURE REVIEW

A Literature Review Exploring the Relationship between Authenticity and Well-Being

Jamie Brazil BSc (Hons)

Word Count: 7,929 (50)

April 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

ABSTRACT

There has been increasing interest in the literature on the conceptualisation of authenticity as a concept which relates to optimal human functioning. Authentic exploration has long been considered an important goal in many types of psychotherapy, with professionals such as clinical psychologists, often being encouraged to effect change through the use of their interpersonal selves. Furthermore, it has been proposed by some clinical psychologists that psychological difficulties are often representative of an underlying experience of incongruence or of not being true to one's self. The author aimed to contribute to this through systematically reviewing the empirical evidence for the relationship between authenticity and well-being. A systematic literature search was carried out with the inclusion criteria being that; studies needed to be peer-reviewed, in English, and exploring the relationship between authenticity and well-being; 17 studies were identified.

While many of the studies included in the review had similar limitations, such as the overuse of cross-sectional designs and many samples lacking diversity, it was found that the research suggested that there was a significant positive relationship between authenticity and well-being. Furthermore, one study identified that there is a causal chain link with increased authenticity leading to higher levels of well-being. However, this author proposed that future research would likely benefit from a diversification of research methodology and sampling, including exploring authenticity and well-being within a critical realist epistemology. This would require viewing these as constructs

which are continuously created and renegotiated through language which are then shaped by the possibilities and constraints inherent in the material world.

Word Count: 249

CONTENTS

Section A: Literature Review

1. Introduction

The importance of exploring the relationship between authenticity and well-being is highly relevant to the profession of clinical psychology whose principal aim is to "reduce psychological distress and enhance and promote psychological wellbeing" (British Psychological Society, 2016). This literature review examined the relationship between authenticity and well-being. The concept of authenticity or the "unobstructed operation of one's true or core self in one's daily enterprise" (Goldman & Kernis, 2002, p.294) has featured as a key characteristic of healthy individual and relationship functioning in several influential theories of human development and personality (Maslow, 1970; Rogers, 1951; Winnicott, 1960).

Similarly, the concept of well-being refers to optimal psychological functioning and has featured extensively in empirical research (Ryan & Deci, 2001). Much research (Diener, 2000; Heller, Watson & Ilies, 2004) has demonstrated that many people report achieving high levels of well-being as one of their most important goals. Studies have shown the contributions that both authenticity and well-being can have in healthy psychological and physical functioning (Kifer, Heller, Perunovic & Galinsky, 2013; Ryan & Deci, 2001).

Nearly all therapeutic orientations place emphasis on therapist authenticity or genuineness for significant progress in therapy (Lambert, 1992), and it has been proposed within clinical psychology that the strength of our interpersonal relationships with our clients, colleagues and organisations are characterized by the levels of authenticity present for both parties

involved (Schnellbacher & Leijssen, 2009). Gaining a greater understanding of the relationship between authenticity and well-being will prove highly valuable for clinical psychologists who amongst others are often encouraged to effect change through the use of their interpersonal selves.

1.1 Authenticity

Authentic functioning or the search to define who one really is, has been historically examined within the domains of philosophy, religion and the arts. Authenticity was often viewed as synonymous with people's well-being, with the assumption being that happiness or well-being were attainable through self-awareness and engaging in activities which mirrored one's own internal states (Kernis & Goldman, 2006).

Conceptualising authenticity through psychological perspectives has generated numerous psychological theories which have demonstrated the construct's richness and complexity. Self-determination theory (Deci, 1980) posits that authenticity involves people engaging in behaviours which reflect their true or core self. Similarly, it also proposes that self-determination involves a process of people facing their experiences with an openness and without distorting the experiences. Deci and Ryan (2001) have demonstrated that self-determination which involves autonomy, relatedness and competences facilitates natural growth processes including increased motivation, performance and well-being.

Within the humanist school of Psychology, clinical psychologist Carl Rogers (1961) developed his person-centred approach which explored relationships and personality. This approach provided a conceptualisation of a self-actualising or fully functioning individual. According to Rogers, this self-actualising individual is open to experiences and has a tolerance for ambiguity, they are adaptable and flexible and experience the self as fluid rather than static. This person also inherently trusts their own experiences and allows this trust to guide their own behaviours (Rogers, 1961; Mearns & Thorne, 2007). Furthermore, empirical research has demonstrated a relationship between self-actualising and ability to tolerate stress and work towards one's goals (Folkman, 1997; Masten, 2001).

Informed by self-determination theory and Roger's (1961) self-actualising approach, Kernis and Goldman's (2006) multicomponent conceptualisation of authenticity defines authenticity as "the unobstructed operation of one's true- or core- self in one's daily enterprise" (pp, 294). Kernis and Goldman (2006) propose that rather than viewing authenticity as a single unitary process, we should think of it as four separate but interrelated components; these are awareness, unbiased processing, behaviour and relational orientation.

The awareness component refers to possessing and seeking out knowledge of one's characteristics and propensities. Kernis and Goldman (2006) argue that inherent to this component is the "integration of one's inherent polarities into a coherent and multi-faceted self-representation" (pp. 295). For example an awareness that individuals are not solely introverted or extroverted but possess both aspects to some degree. Similarly, comparisons

can be made between a multi-faceted self-representation and Paulhus and Martin's (1988) concept of functional flexibility which refers to an individual's ability to express their multiple selves in various interpersonal contexts. People scoring high on functional flexibility exhibit high self-esteem and a confidence in their abilities to express their multiple selves in different situations. Paulhus and Martin (1988) propose this is because these selves are well-defined and congruent.

The second component in Kernis and Goldman's (2006) conceptualisation is the unbiased processing of self-relevant information. This involves an objectivity with regards to one's internal experiences and positive or negative self-aspects. In line with conceptualisations of ego defence mechanisms, Kernis and Goldman (2006) propose that the use of immature and/or maladaptive defence styles can contribute to reality distortions which impact on an individual's ability to process and possess accurate and relevant self-relevant knowledge. This would then negatively impact on one's abilities to engage in the third component of authenticity; behaviour. Authentic behaviour is behaviours which are congruent with one's values and needs. Kernis and Goldman (2006) acknowledge that societal factors and interpersonal interactions can limit one's ability to engage in authentic behaviours, but they argue that rather than focusing exclusively on whether one's behaviours reflect authenticity we should instead focus on the manner in which these components influence a person's behaviour.

According to Kernis and Goldman (2006), the fourth component is one's relational orientation. Relational authenticity refers to "valuing and striving for openness, sincerity

and truthfulness in one's close relationships" (pp. 300). It is argued that relational authenticity is likely to be present when the preceding three components are present. Only through an authentic awareness, an unbiased processing and behaviours which are in line with our values are we likely to engage in relational authenticity. Research by Kernis and Goldman (2006) found that relationship satisfaction is positively correlated with levels of relational authenticity, and they proposed that relational trust is built upon one's ability to engage in relational authenticity.

The conceptualisation of authenticity through psychological perspectives has generated a greater understanding of a previously nebulous construct, but it has also resulted in various theoretical ambiguities. These ambiguities are centred on whether authenticity should be best conceptualised as a trait (a stable internal structure representing the core or true self) or as a state (phenomenological experience) (Lopez & Rice, 2006), and also whether authenticity can be better understood as an individual-differences variable or as a relational construct (authentic behaviour as a property of social interactions) (Robinson, Lopez, Ramos, Nartova-Bochaver, 2012). This review will explore these theoretical ambiguities and their underlying assumptions as well as examining the relationship between authenticity and well-being.

1.2 Well-being

Conceptualising well-being has enormous theoretical and practical implications within society, with dominant narratives around well-being affecting politics, therapeutic

interventions, teaching and parenting (Ryan & Deci, 2001). While there are numerous definitions of well-being, a general theme present in most is that well-being refers to optimal psychological functioning and experience. In one definition, Dodge, Daly, Huyton and Sanders (2012) propose that well-being can be conceptualised as "the balance point between an individual's resource pool and the challenges faced" (pp. 230). It is argued that well-being is fluid and dynamic and that challenges are required so as not to allow for apathy or stagnation to occur. This definition reflects the growing awareness that negative affect is not antithetical to positive affect, and furthermore, that happiness and well-being are distinct constructs (Cacioppo & Berntson, 1999).

The empirical inquiry into well-being has revolved around two distinct philosophies; hedonism and eudaimonism (Ryff & Singer, 2008). Hedonism refers to the ultimate goal of life being the pursuit of happiness in both mind and body. Diener, Sapyta, and Suh (1998) propose that this happiness can also be derived from the achievement of goals and overcoming challenges. Hedonist research aims to gain a greater understanding of interventions which maximise happiness and as a result of this will often use subjective well-being (SWB) as its primary measure, with the underlying assumption being that SWB is synonymous with happiness (Deci & Ryan, 2001).

In contrast to hedonism, the eudaimonic perspective argues that well-being and happiness are separate concepts and that not all pleasure seeking activities or drives will lead to a subjective sense of well-being. Waterman (1993) states that eudaimonic well-being is achieved when people live their lives in accordance with their true self. This has led Kernis

and Goldman (2006) to propose that people achieve eudaimonic well-being when they are authentic.

Similarly, Sheldon and Elliot (1999) found that highly self-concordant goal strivings (goals that are congruent with true self) enhance well-being and psychological health. Furthermore, Ryff (1989) argues that psychological well-being (eudaimonic) and subjective well-being should be thought of as distinct entities, and have demonstrated that psychological well-being consists of six aspects of human actualisation; self-acceptance, autonomy, personal growth, life purpose, mastery and positive relatedness.

2. Purpose of Literature Review

2.1 Rationale

While clinical psychologists are often encouraged to effect change through the use of their interpersonal selves, there is a dearth of research exploring if and how authentic self-expression can lead to increased well-being at an individual, group, organisational and societal level. Schnellbacher and Leijssen (2009) argued that the strength of our interpersonal relationships with our clients and colleagues are characterized by the levels of authenticity in both people involved. The rationale for this literature review is that much research (Robinson, Lopez, Ramos & Nartova-Bochaver, 2012; Kernis & Goldman, 2006; Sheldon & Elliott, 1999; Masten, 2001; Deci & Ryan, 2001) has acknowledged the

significance of both authenticity and well-being as unique predictors of psychological health and functioning. However there has been less research (see this literature review) exploring the interplay and relationship between these two constructs. Furthermore, there has been no previously conducted literature review collating and critiquing this research. This literature review will allow for a comprehensive and structured review of research which has explored the complex relationship between authenticity and well-being across multiple levels and the implications for the practice of clinical psychologists.

2.2 Aims

1) To explore the relationship between authenticity and well-being.
2) To explore underlying factors which may influence the relationship between authenticity and well-being.
3) To draw conclusions as to how this can inform clinical psychology practice.

3. Methodology

3.1 Literature Search

The literature search covered: PsycINFO, Web of Science, Cochrane Database of Systematic Reviews and Google Scholar. Each database was reviewed on multiple

occasions from October 2015 up until April 2016 using the search terms: (authenticity OR authentic OR authentic functioning OR congruence OR genuineness) AND (well-being OR subjective well-being OR psychological well-being OR psychological functioning OR clinical psychologist). The keywords and references of all relevant papers were also reviewed.

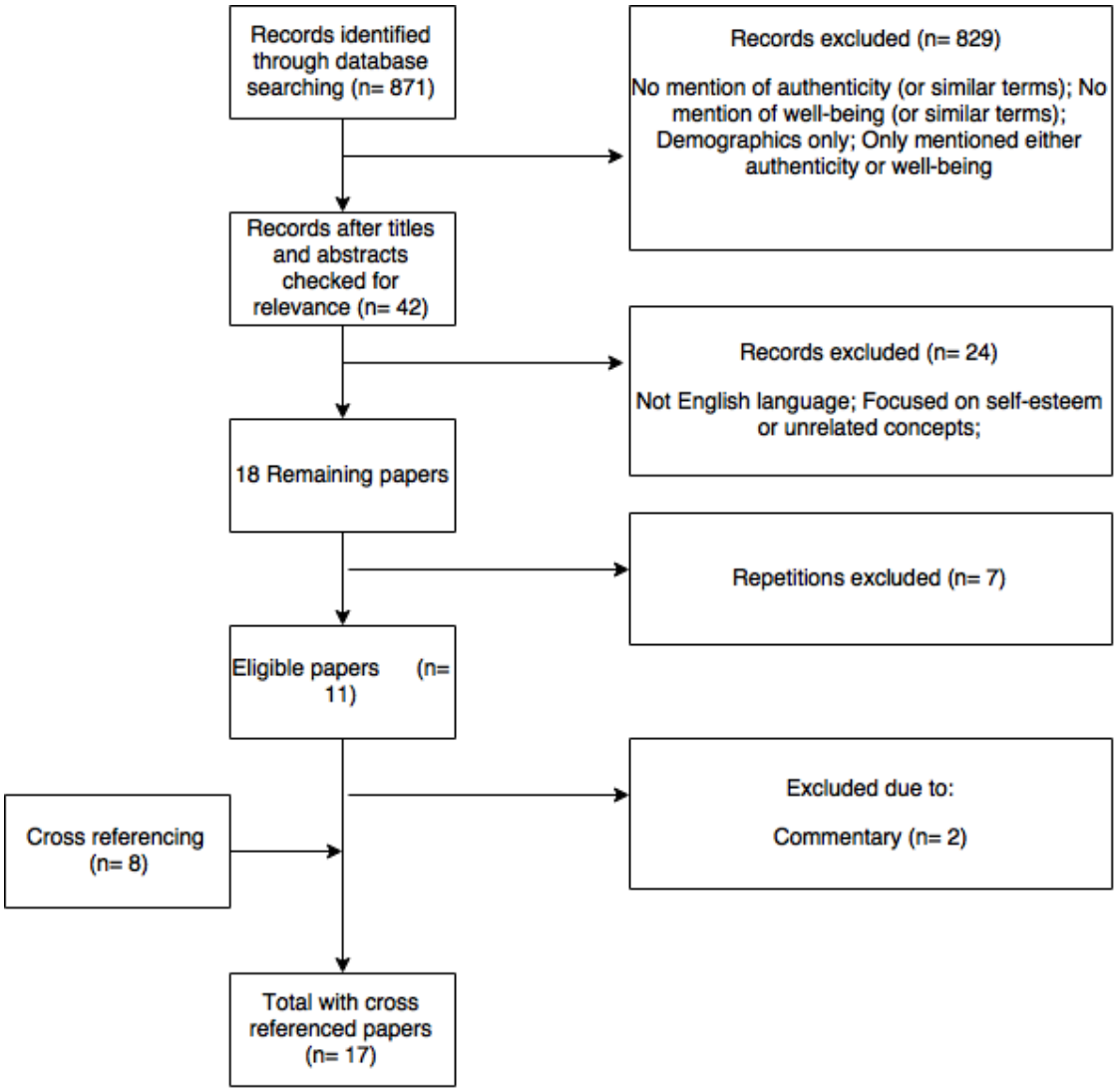
Table 1:

Search terms used for this review

Authenticity	Well-Being
Authentic	Subjective Well-Being
Authentic Functioning	Psychological Well-Being
Authentic Self-Expression	Psychological Functioning
Congruence	Psychological Distress
Genuineness	Clinical Psychologist

Papers were included if they: 1) researched the relationship between authenticity and well-being; or considered if there is a relationship between authenticity and well-being; or 2) explored relevant factors involved in the relationship between authenticity and well-being. Papers were excluded if they: 1) considered only either authenticity or well-being; or 2) were a commentary. The search was limited to papers published in English. Relevant abstracts were then screened, and articles were further explored if the title or abstract made reference to the relationship between authenticity and well-being. The reference section of all relevant papers were hand-searched for further results, leaving a total of 17 relevant papers. Please see figure 1 below for a flowchart showing the selection process for the review studies.

Figure 1: A flow chart for the search strategy used



3.2 Method for Critiquing the Literature

The quantitative research was described and evaluated based upon Vandebrouke et al. (2014) STROBE (strengthening the reporting of observational studies in epidemiology) statement (Appendix A). This statement provides a framework for systematically critiquing each section of a research paper and for exploring the reliability, validity and transferability of findings. The qualitative studies were evaluated according to Mays and Pope (2000) guideline questions (Appendix B). These guidelines provide standards for ensuring rigour in the conducting and reporting of qualitative research.

4. Results of Literature Search

Seventeen studies met the inclusion criteria and are described briefly below, with a more detailed critique appearing in the next session. The following three qualitative studies investigated people's experiences of authenticity. Kifer, Heller, Perunovic and Galinsky (2013) carried out studies exploring the impact that experiencing both power and authenticity can have on subjective well-being. A phenomenologically grounded qualitative study by Burks and Robbins (2012) aimed to explore how psychologists recognise and experience the concept of authenticity and the potential impact on their well-being. Lenton, Bruder, Slabu and Sedikides (2013) conducted interviews with people attempting to understand their motivations for experiencing authenticity and also their experiences of being authentic.

The following quantitative studies used student samples to explore the relationship between well-being and authenticity. Goldman and Kernis (2002) conducted a quantitative study which attempted to demonstrate a significant relationship between authenticity and well-being among a sample of psychology students. Similarly, Sheldon, Ryan, Rawsthorne and Ilardi (1997) carried out studies with college students examining if there is a relationship between true selfhood, authenticity, and physical and psychological well-being. Gregoire, Baron, Menard and Lachance (2014) conducted quantitative studies to measure dispositional authenticity in university students and how this is related to subjective and psychological well-being. Boyraz, Waits and Felix (2014) carried out a 2-wave panel study design which allowed them to explore the temporal relationships between authenticity and both life satisfaction and distress. Knoll, Meyer, Kroemer and Schroder-Abe (2015) through developing their integrated model of authenticity explored the relationship between well-being and authenticity.

Two studies explored relevant factors in the relationship between authenticity and well-being such as interpersonal affirmation and negative affect. Didonato and Krueger (2010) aimed to build upon Rogers's (1961) self-growth hypothesis and research if there is a pattern between interpersonal affirmation, self-authenticity and well-being. Using latent class analysis Lenton, Slabu, Bruder and Sedikides (2014) explored state authenticity and its relationship to negative affect and therefore well-being.

The next three studies explored potential cultural differences in the relationship between authenticity and well-being within relationships. Robinson, Lopez, Ramos and Nartova-Bochaver (2012) conducted a three country comparative analysis to investigate the interrelationships among trait authenticity, context-specific authenticity and well-being. Neff and Suizo (2006) also completed a comparative analysis of European American and Mexican Americans to explore possible cultural differences in the association of power, authenticity and well-being in romantic relationships. Gouveia, Schulz and Costa (2015) explored if there were associations between authenticity and both adult attachments and healthy relational functioning in long term intimate relationships. Similarly, Neff and Harter (2002) completed a survey questionnaire study which examined relationship styles of adult couples and the links between authenticity, psychological health and well-being.

Finally, three studies focused on the interplay between authenticity and well-being within the work setting. Menard and Brunet (2011) conducted a study investigating the link between authenticity at work and well-being, as well as exploring the mediating role that meaning of work may have. Van den Bosch and Taris (2014) used regression analyses on data from 685 participants to investigate the relationship between authenticity at work, well-being and work outcomes. Similarly, Toor and Ofori (2009) explored authenticity and its influence on well-being of leaders in the Singapore construction sector.

Table two summarizes the main features of the 17 papers, providing the author, year, country, study design, participants and the nature of the study.

Table 2: Main features of the reviewed studies

Authors	Year	Country	Study design	Participants	Nature of study	Main finding
Gregoire, Baron, Menard and Lachance	2014	France	Quantitative (factor analysis)	Four hundred and thirty seven university students	To explore if there was a relationship between dispositional authenticity and well-being	Authenticity significantly correlated with well-being (.36, p<.01)
Kernis and Goldman	2002	USA	Quantitative (factor analysis)	Seventy-nine university students	To explore if there were relationships between dispositional authenticity, self- esteem and life satisfaction	Authenticity significantly correlated with well-being (.47, p<.01)
Sheldon, Ryan, Rawsthorne and Ilardi	1997	USA	Quantitative (factor analysis)	Three hundred and eight university students	To explore if psychological authenticity is vital for organized functioning and health	Authenticity significantly correlated with well-being(.37, p<.01)
Didonato and Krueger	2009	USA	Quantitative (structural equation modelling)	Two hundred and forty-one university students	To explore the idea that interpersonal affirmation predicts authenticity and close relationships	Interpersonal affirmation predicts authenticity (.27, p<0.1)
Neff and Harter	2002	USA	Quantitative (survey questionnaire study)	Two hundred and fifty-one couples in long term heterosexual relationships	To examine the associations between authenticity, relationship style and psychological health	Found a main effect of relationship style on authenticity (F(2,501)=29.25, p<.001)
Kifer, Heller, Perunovic and Galinsky	2013	Israel and USA	Quantitative (survey and experimental studies)	Seven hundred and three Israeli and American participants	To explore the assumption that power increases well-being through an increased level of authenticity	Dispositional power predicted general authenticity (b=0.42, SE=0.04, p<.010

Boyraz, Waits and Felix	2014	USA	Quantitative (2 wave panel study)	Two hundred and forty university students	To examine the potential reciprocal relationships between authenticity, life satisfaction and distress	No significant difference across time between authenticity and life satisfaction (t(514)=-1.13, p>,05)
Knoll, Meyer, Kroemer and Schroder-Abe	2015	Germany	Quantitative (longitudinal study)	Eight hundred and forty-four university students	To determine the order of causality between authenticity and psychological well-being	Authenticity negatively related to self-esteem (-.26, p<0.01)
Burks and Robbins	2012	USA	Qualitative (thematic analysis)	Seventeen clinical psychologists	To explore the impact of state authenticity within clinical psychological practice	Authenticity defined as valuable and complex
Lenton, Bruder, Slabu and Sedikides	2013	USA	Quantitative (survey questionnaire)	Three hundred and seventy-eight university students	To examine the nature of state authenticity and its possible relationships with well-being	Most people experienced authenticity (94.2%)
Neff and Suizo	2006	Mexico and USA	Quantitative (comparative study)	Three hundred and fourteen university students	To explore relationship between inauthenticity and psychological health	Well-being significantly negatively related to inauthenticity (-23, p<0.01)
Gouveia, Schulz and Costa	2015	Portugal	Quantitative (survey questionnaire)	Four hundred participants in long term relationships	To explore relationship between authenticity and adult attachment	Relationship found between authenticity and attachment
Robinson, Lopez, Ramos and Nartova-Bochaver	2012	Russia, USA and England	Quantitative (comparative study)	Seven hundred and eleven participants	To investigate interrelationships among state authenticity, trait authenticity and well-being	Significant relationship between authenticity and well-being (USA=.54, p<.01; GB=.47, p<.01; Russia=.52, p<.01)
Lenton, Slabu, Bruder and Sedikides	2014	USA, multiple Asian countries	Quantitative (latent class analysis)	Five hundred and twenty-three participants	To explore state authenticity across cultures	Multiple interrelationships between authenticity and well-being

Van den Bosch and Taris	2014	Netherlands	Quantitative (regression analyses)	Six hundred and eighty-five Dutch employees	To investigate relationship between well-being and authenticity at work	Authenticity at work accounted for on average 11% of the variance of well-being
Toor and Ofori	2009	Singapore	Quantitative (regression analyses)	Thirty-two construction managers	To explore benefits of role specificity authenticity to organisations	Significant variance for role specific authenticity in work
Menard and Brunet	2011	France	Quantitative (survey questionnaire)	Three hundred and sixty managers	To examine the link between authenticity at work and well-being	Positively associated with well-being at work

5. Literature Review

The literature review will address each of the proposed research questions and be structured according to the following themes; those studies focusing on the relationship between authenticity and well-being with a distinction made between dispositional authenticity and state authenticity, those exploring cultural differences in the relationship between authenticity and well-being, and finally a review of studies measuring work based authenticity.

5.1 Dispositional Authenticity and Well-Being

Dispositional authenticity refers to a stable trait-like tendency to behave in ways that represent or reflect deeply held values and feelings irrespective of context (Lakey, Kernis, Heppner & Lance, 2008). Gregoire et al. (2014) measured well-being and dispositional authenticity using a French translation of the Authenticity scale (Wood, Linley, Maltby, Baliousis & Joseph, 2008) in 437 French university students through a confirmatory factor analysis. Using a three-factor model of authenticity which included the subscales authentic living, accepting external influence and self-alienation, it was proposed that there would be a relationship with well-being.

Gregoire et al. (2014) found that there was a significant relationship between all three authenticity subscales and both subjective and psychological well-being. Both the authentic living subscale and the accepting external influence subscale were positively correlated with psychological well-being, life satisfaction and positive affect. Notably, the self-alienation subscale appeared to have the strongest relationship with subjective well-being, which the authors argue demonstrates that when people are out of touch with their true-self they are

more likely to report low psychological well-being. The authors concluded that there would seem to be a significant relationship between dispositional authenticity and psychological and subjective well-being.

Critiquing this study it became apparent that there were good levels of construct validity, reliability and discriminant validity. Furthermore, the study demonstrated a robust three-factor model which would seem to explain individual differences in dispositional authenticity. However, despite these strengths the study was conducted with a highly homogenous sample, and also conceptualised authenticity using a novel three-factor model. It could also be argued that a low test-retest reliability coefficient over the eight-week period for the authentic living subscale demonstrates that defining authenticity as a stable trait can be problematic.

A further quantitative study conducted by Kernis and Goldman (2002) involved 79 university students who were asked to complete measures assessing self-esteem, life satisfaction, positive and negative affect and dispositional authenticity (Authenticity Inventory; Goldman & Kernis, 2002). It was found that authenticity was significantly related to each of the well-being measures, with authenticity being related to higher levels of life satisfaction ($r = .40$, $p = <0.05$), and self-esteem ($r = .33$, $p = <0.05$). The study concluded that this demonstrates empirical support that authenticity is related to positive subjective well-being and healthy psychological functioning. Despite these findings, the study did include a particularly small and homogenous sample, thus limiting the potential generalisability, as well as the correlational design of the study affecting the ability to infer causation. One could easily propose that individuals who experiences high level of subjective well-being are better able to express their authentic selves.

Sheldon, Ryan, Rawsthorne and Ilardi (1997) conducted two studies with college students and investigated the relationship between psychological authenticity and the cross-role consistency of the Big-Five personality traits within five specific life roles (student, employee, child, friend and romantic partner). It was found that cross-role variation in the Big-Five traits can be predicted by considering the relative authenticity participants felt in different roles. The authors note that it would seem that the more authentic an individual feels, the more likely they are relatively to be more agreeable, conscientious and open to experiences.

Furthermore, it was found that participants were more satisfied in roles where they felt authentic and reported higher levels of well-being. It was also found that differentiation in different roles led to negative outcomes and that this would seem to lead to cognitive dissonance and psychological strain. This study was of a particularly high standard with the authors conducting a replication of the study to ensure the reliability and validity of the study's findings. Finally, this study attempted to bridge a gap between the conceptualization of authenticity as a disposition or as a role-specific state.

Didonato and Krueger (2009) aimed to test a model based on Roger's (1961) hypothesis that affirming interpersonal relationships promote authenticity and therefore psychological health and well-being. The study included 241 undergraduate students who were all in relationships, and these participants were asked to complete measures regarding relationship satisfaction, authenticity, self-esteem, functional flexibility, and optimism. Using correlational and regression analyses it was found that interpersonal affirmation predicted authenticity and supported Rogers idea that close authentic relationships foster human growth. It was also

found that there was an association between functional flexibility and authenticity, with the authors proposing that functional flexibility is a defining feature of well-being.

Despite these findings, the authors did acknowledge that it may be hard to reliably distinguish authenticity and interpersonal affirmation and that both concepts may be mutually dependable. Furthermore, similar to previous studies, using a cross-sectional design impedes potential causal inferences and using an undergraduate sample affects the study's external validity. In concluding, the authors propose that inauthenticity has a significant effect on an individual's ability to grow and self-discover.

Similarly, a study by Neff and Harter (2002) aimed to examine the associations between authenticity, relationship style, power and psychological health in 251 couples in long-term heterosexual relationships. The majority of couples were married (72%) and had children (60%) and the age of participants ranged from 18 to 75 years (M age 38.2 for males; M age 37.1 for females). All participants completed questionnaires measuring these constructs and data were analyzed through ANOVA. The authors reported that most participants described having a mutual relationship style (75%) and that there were no apparent sex differences. It was found that authenticity was related to equality within relationships and that a mutual relationship style allowed each person to feel heard and valued. Similarly, a mutual relationship style allowed for greater levels of validation, self-esteem and less depressed affect.

Neff and Harter (2002) concluded that there was a noticeable relationship between authenticity, relationship styles and psychological well-being. However, despite these conclusions, the study did fail to control for the influence that social desirability biases may

have had on participants' responses. Furthermore, the homogeneity of the sample (86% white and 93% had college education) is likely to limit the generalisability of these findings.

Kifer et al. (2013) sought to test their hypothesis that there would be a relationship between power, authenticity and subjective well-being. Underpinning this was the assumption that power increases well-being through allowing for greater correspondence between internal states and behavior. Across four surveys and two experimental studies, including over 700 Israeli and American participants, it was consistently found that powerful individuals experience greater subjective well-being and that these effects are largely due to authenticity. Through using both correlational and causal designs, the authors were able to report that experiencing power enables authentic self-fulfillment and higher levels of subjective well-being. However, it was also found that the association between power and authenticity was dependent on context, with power being more important in certain contexts such as workplace setting and less important in contexts such as in friendships.

The strengths of this study are notable and include a large and diverse sample size from a wide range of ages and professions, as well as high levels of internal and external validity. Furthermore, through the manipulation and measurement of both authenticity and power, the authors were able to determine a causal chain and gain a greater understanding of how power can influence authentic self-expression and subjective well-being. However, the sample was limited to Western cultures and was therefore focused on the importance of independence and actualization, values which may be less important in other cultures.

Boyraz, Waits and Felix (2014) examined the reciprocal relationships between authenticity and measures of life satisfaction and distress using a 2-wave panel study design. The use of a

2-wave panel design and analysis provided notable advantages over a cross-sectional design, such as providing more accurate predictions and controlling for the effects of omitted variables. Two hundred and forty participants from two universities in the south-east United States completed questionnaires measuring authenticity, depression, anxiety and satisfaction with life at two separate time points, with the second being six weeks after the first round of data collection. The study found that authenticity had a positive relationship with life satisfaction and a negative relationship with distress. The results of the longitudinal analyses indicated that initial authenticity was significantly and positively correlated with later life satisfaction. Importantly it was found this relationship was unidirectional which implied that increased life satisfaction does not necessarily lead to an increase in authenticity.

A notable strength of the study is its longitudinal nature which allowed for a detailed exploration of the temporal relationships between authenticity and both distress and life satisfaction. However, despite this, several limitations are apparent including a non-representative sample, the use of self-report measures and a relatively short time period of 6 weeks between the data collections. Moreover, the authors failed to acknowledge potential reasons for over half of their participants failing to take part in the second round of data collection. Finally, the study rests on the assumption that psychometric measures of anxiety and depression are effective proxy measures for overall distress.

Knoll, Meyer, Kroemer and Schroder-Abe (2015) attempted to determine the order of causality between authenticity and psychological well-being through the use of their newly developed model of authenticity, which integrated both self and expression. Using a multi-sample strategy for the development of a new scale and the assessment of its content and criterion validity, the authors conducted a longitudinal study exploring the causal relationship

between well-being, health and authenticity. This sample included 844 participants from a German distance-teaching university who were all employees from a wide range of companies attending the university to take courses.

It was found that authenticity was negatively correlated with physical illness ($r = -.26$, $p<0.1$) and positively correlated with purpose in life ($r = .18$, $p<0.04$) and through cross-lagged effects that authenticity increases health and decreases psychological strain. The authors proposed that this finding provides evidence for the hypothesis that a more authentic lifestyle leads to greater physical and psychological health. Interestingly, it was found that psychological well-being does not significantly increase authenticity, and therefore one could conclude that leading a more authentic lifestyle causes individuals to experience greater psychological well-being.

This study is the first to explore whether there is a causal relationship between authenticity and psychological well-being. It demonstrated high levels of construct and criterion validity as well as controlling for responding and same-source biases. Furthermore, the authors carried out the appropriate statistical tests which allowed them to determine that there is a causal relationship between psychological well-being and authenticity. A significant strength of this study was that there was found to be a significant relationship between authenticity and self-deceptive enhancement, and that regression analyses showed that controlling for measures of self-deceptive enhancement weakened the relationship between psychological well-being and authenticity. However, despite these strengths it is important to note that the study utilized newly designed measures as well as a novel conceptualization of authenticity, therefore this does limit the comparability of these results.

5.2 State Authenticity and Well-Being

As can be seen, much research proposes that authenticity is best operationalised as a disposition or trait, however, numerous studies included in the results of this literature review (Burks & Robbins, 2012; Robison et al, 2012; Lenton et al, 2013; Neff & Suizzo, 2006; Van den Bosch & Taris, 2014; Lenton et al, 2014) have taken issue with this assumption and have argued that as people often adapt to diverse demands and roles within different life contexts, authenticity should be viewed through a situational lens.

Burks and Robbins (2012) interviewed a purposeful sample of 17 clinical psychologists in the United States and found that many emergent themes were centered upon the fluidity and context-specificity of authenticity. Many participants described authenticity as a transitory, active and ever evolving process. Regarding the relationship between authenticity and well-being, Burks and Robbins (2012) found that many psychologists in this sample felt that being inauthentic had led to compromises in their psychological well-being and physical health. However, limitations of this study do include both a lack of generalizability and ability to make causal inferences as a result of the research design. Furthermore, all participants were Caucasian and working in private practice. Despite these limitations, the authors included robust validation procedures and engaged in many strategies such as bracketing, peer debriefing and an evaluative stance.

Lenton et al. (2013) aimed to explore the nature of state authenticity and any possible relationship with well-being and motivation across three studies. In the first study, 108 online participants were asked to complete measures exploring the frequency of their experiences of both authenticity and inauthenticity as well as their motivations for these experiences. They

found that on average authenticity was experienced approximately one to two times per week (M=7.38, SD=2.29), and that motivations for seeking authenticity (M=5.83, SD= 1.21) and avoiding inauthenticity (M=5.28, SD=1.32) were strong.

In the following studies, which included 270 undergraduate students, Lenton et al. (2013) noted that this motivation would seem to be derived from participants wanting to experience positive emotions and not negative emotions. However, despite these findings it could be proposed that by not measuring what participants actually understood by the term authenticity, the authors cannot discount the possibility that participants may have been referring to different constructs. The final study which explored narratives around authenticity found that authentic narratives were most associated with higher self-esteem, greater need satisfaction and well-being.

Similarly, Neff and Suizo (2006) in their cross-cultural comparative study found that psychological health and well-being were significantly negatively affected by inauthenticity. This study included a large sample of 314 undergraduate and graduate students with approximately equal numbers of Mexican American and European Americans who were all in long term relationships. Participants were asked to complete measures assessing their perceptions of power in each relationship, authenticity, depression, self-esteem and overall well-being. It was found that there were no significant differences between the two cultural groups for gender and perceived power, however, perceived power did have a main effect on authentic expression in both groups, with subordinate partners in the relationship expressing lower levels of authentic expression.

The relationship between authenticity and adult attachment was explored by Gouveia, Schulz and Costa (2015). Four hundred Portuguese participants (aged 23-71 years old) in long term intimate relationships completed authenticity measures and romantic attachment measures and it was found that individuals scoring high on state authenticity were more likely to have secure romantic attachments and healthy relational functioning. The authors noted that authenticity in relationships plays an important role in facilitating interactions, because it helps partners to respond sensitively to each other's needs. It is suggested that couple therapy interventions which emphasise authentic self-expression are likely to influence intimacy and greater closeness.

In terms of mental health, Neff and Suizo (2006) found that authenticity and power were significantly associated with relational well-being and self-esteem within relationships. The authors conclude that authenticity was strongly associated with well-being and that it was also a mediator for power and well-being. Interestingly, authenticity had a particularly significant association with well-being in Mexican Americans, so strong that the authors reported being unable to differentiate the two constructs in this sample. Research has found that cultures which de-emphasize self-determination often cause individuals within these cultures to place greater value on authentic self-expression (Helwig, Arnold, Tan & Boyd, 2003).

A further comparative analysis study conducted by Robinson et al. (2012) investigated interrelationships among state authenticity (with partner, friends or family), trait authenticity and well-being in three samples drawn from Russia (192 participants), the United States (196 participants) and England (240 participants) with a mean age of 27 years (range= 18-56). The study found that the Russian sample scored lower levels of both trait and state authenticity

than the US or English samples. The authors hypothesize that this is a result of differences between individualistic and collectivist cultures, and how conducive these types of cultures are to authentic self-expression. Furthermore, across all three samples, state and trait authenticity both correlated significantly with well-being, as well as significantly and uniquely predicted well-being.

Notable strengths of this study included a large diverse sample of participants, an exploration of both dispositional and state authenticity (across numerous contexts) and the use of measures with high levels of reliability and validity. However, despite these strengths it is important to acknowledge that the authors report a demographic difference with all participants from the US and Russia being students as opposed to the English sample which included professionals. This is significant as research has found that authenticity is a developmental construct and one which is fluid across the lifespan (Roberts & Donahue, 1994). The single-time-point design of the study also prevents causal inferences from being made, which could have been overcome through the use of a longitudinal design.

Lenton et al. (2014) aimed to explore state authenticity across cultures through conducting a latent class analysis, using a large cross-cultural sample. Latent class analysis attempts to uncover unobserved heterogeneity in a population and create new subgroups within that population (Nylund, Asparouhov & Muthen, 2007). Lenton et al. (2014) proposed that authenticity would seem to be more closely related to the Western conceptualization of self and that other cultures may experience authenticity in a slightly different manner. They go on to argue that if this is true, then authenticity may facilitate well-being for different reasons in different cultures.

The study included 523 participants from four cultural groups; Western, English-speaking countries, South-Asian countries, East-Asian countries and South-East Asian countries. Participants were asked to either describe a time when "they felt most like their true self" or a time when "they felt least like their true self." Participants then rated that event on numerous scales, including positive and negative affect scale, a self-esteem scale and an ideal-self scale. The authors found that positive affect, need satisfaction and self-esteem strongly distinguished authenticity from inauthenticity throughout all of the cultural groups in the study, which suggests a cross-cultural significant relationship between factors associated with psychological well-being and authenticity.

Furthermore, the authors reported that while East Asians and South Asians were less likely to report extraordinary authenticity, all cultures were represented in every class of both authenticity and inauthenticity. However, the authors argue that the different cultures in the study did seem to have different conceptualizations of what being authentic felt like. Limitations of this study include an inability of the design to distinguish between differences in personality and types of authentic experiences. Some participants may be more likely than others to report certain types of authentic experiences. It is also possible that the findings were influenced by the retrospective nature of the methods, with the authors acknowledging that reconstructive memory is subject to distortion. Despite these limitations, the study was well carried out, included a large diverse sample, and provided a greater understanding of the complexities surrounding state authenticity across cultural groups.

5.3 Work-Based Authenticity and Well-Being

Van den Bosch and Taris (2014) used a work-specific state conceptualization of authenticity to investigate the potential relationship between well-being and authenticity at work. The authors hypothesized that the current economic climate which involves uncertainty for organizations is likely to have a notable effect on employees' ability and willingness to engage with their authentic selves while at work. Using data from 685 Dutch employees and conducting hierarchical regression analyses, the authors aimed to explore this hypothesis. It was found that authenticity at work was more important for employees and their well-being than for any other construct measured, with authenticity at work accounting for a significant amount of variance in predicting well-being (11.5% on average). Employees who feel able to express their authentic selves at work are more engaged, have higher work outcomes and perceive higher levels of in-role performance.

However, despite the notable findings of this study, the authors do mention that the use of a cross-sectional design impeded exploring the long-term or causal effects of authenticity at work and well-being. As well as this, the study did have limited generalizability as a result of the homogeneity of the sample, with all participants having a BA or MA degree in business, and currently working in business services. Although these limitations are present, the study was well carried out and does provide a notable amount of evidence for associations between authenticity at work and well-being.

Toor and Ofori (2009) attempted to provide empirical evidence of the benefits of role-specific authenticity to organizations. The study used the Authenticity Inventory (Kernis & Goldman, 2005) to measure authenticity and Ryff's (1989) psychological well-being scale to

measure well-being. Participants included 32 managers within the Singapore construction industry and the data were analyzed through ANOVA and T-tests. The study reported that their findings strengthen the notion that there is a significant association between high authenticity and better psychological functioning.

Regression analyses showed that authenticity is both positively and significantly correlated to well-being and successfully predicts psychological well-being. Limitations of this study include the cultural specificity of the sample and the cross-sectional design of the study. Furthermore, a small sample size and the possibility of social desirability factors in respondents is likely to limit the study's statistical power and clinical significance. The study also failed to include the role of mediating factors such as organizational size, structure and meaning of work.

Menard and Brunet (2011) attempted to investigate the link between authenticity at work and well-being, while also exploring the mediating role of meaning of work. Three hundred and sixty French managers were asked to complete questionnaires which measured authenticity, meaning of work, and subjective well-being at work. The study found that authenticity of managers was positively associated with well-being at work, and that this relationship is mediated by the managers understanding of their work.

The authors concluded that when managers are more authentic, they experience less negative affect and more positive affect. Regarding the mediating role of meaning of work, it is proposed that authenticity allows someone to find meaning at work which, in turn, leads to happiness and well-being. While this study did include a large sample size with robust

measures, it is limited by its cross-sectional nature, potential response biases and social desirability effects as a result of the use of self-report measures.

6. Discussion

This paper set out to review the evidence for a relationship between authenticity and well-being. A systematic search revealed 17 studies, all of which explored this relationship and any factors associated with it. Overall the research studies reviewed in this literature review generally support the hypothesis that there is some relationship between authenticity and well-being. Despite the contention regarding whether authenticity is best conceptualised as a stable trait or as a flexible state, the research reviewed has suggested that there is a significant association between both dispositional and state authenticity with well-being. Furthermore, various studies have shown that authentic living and authentic expression seem to be positively correlated with life satisfaction, positive affect and healthy psychological functioning.

While it would seem that there is much empirical support for the existence of an association between authenticity and well-being, it is important to note that there is limited research (Knoll, Meyer, Kroemer and Schroder-Abe, 2015) exploring the causal link between these two concepts. Furthermore, it is not possible to determine whether there are other factors which mediate or are involved in this relationship. Neff and Suizo (2006) support this with their finding that power is significantly associated with both authenticity and well-being. Perhaps having power allows individuals to express their true selves and/or increases their psychological well-being. Didonato and Krueger (2009) have also proposed that it is hard to reliably distinguish authenticity from interpersonal affirmation and relationship satisfaction.

It has also been demonstrated that authenticity is related to healthy relationship styles, interpersonal communication and greater levels of validation in many relational contexts.

Similarly, while well-being can be seen through a hedonistic perspective which privileges the achievement of goals and overcoming challenges, it can also be understood through a eudaimonic lens which posits that well-being is a way-of-being, whereby not all pleasure-seeking activities will lead to well-being. Most research in this review utilises a hedonistic paradigm when defining well-being, which is likely to have had an impact on the current findings. It could be argued that hedonism would seem to be closely aligned with Western culture and its focus on individualism.

While some research in this review has posited that authenticity is best understood as an individual disposition, there would seem to be notable empirical evidence which suggests that authenticity is best conceptualised as a relational and interpersonal construct. This review has taken a realist epistemological position in conceptualising authenticity and well-being as concepts which exist 'out there' and within an objective reality. However, the inherent assumption that language provides us with a way of labelling both internal states and external realities is both problematic and limiting in its scope. Within a critical realist epistemology, one could view these constructs as continuously created and renegotiated through language which are then shaped by the possibilities and constraints inherent in the material world (Sims-Schouten & Riley, 2007). Furthermore, this stance would allow for the problematising of authenticity as a taken-for-granted value as well as an understanding of the richness and variety of potential authenticity constructions available.

Similarly, a further area which requires discussion is that of cultural norms and their influences on how people in those cultures experience and construct authenticity and well-being. For example, Neff and Suizo (2006) found that within a Mexican-American population it was difficult to differentiate between authenticity and well-being with many respondents describing them as the same construct, while Robinson et al. (2012) found that individuals within collectivist cultures self-reported lower levels of authenticity and were less likely to engage in authentic expression. It would seem that further research is needed to explore the multiple ways in which authenticity and well-being are constructed throughout different cultures as well as the effects of these constructions and how they are constrained by extra-discursive factors.

7. Limitations

The majority of studies included in this review are affected by similar limitations. Most studies were cross-sectional in design and therefore limited to commenting on the correlational relationship between authenticity and well-being. However, it is important to note that a few of the studies included did use longitudinal designs and were able to provide causal findings. A further limitation is concerned with the lack of diversity of the samples included, many studies recruited from specific populations such as students or business managers and most samples were drawn from Western cultures. This homogeneity is likely to have impacted the possible conclusions derived from this literature review. Vannini and Williams (2009) propose that authenticity and self- attainment are likely to be conceptualised and experienced in many different ways in collectivist cultures.

Furthermore, most studies were constrained by their definition of well-being as hedonism with an underlying assumption that well-being can be achieved through the achievement of goals and overcoming challenges. This assumption resulted in many studies using subjective well-being as their primary measure of well-being, and therefore proposing that subjective well-being is synonymous with happiness.

Altogether this required many studies to use self-report measures for measuring authenticity and well-being which, although often well validated and reliable, allowed for potential biases such as the social desirability bias. It can be hypothesised that most people will assume that authenticity and well-being are socially desirable and will potentially be more likely to report higher levels for both measures. Most notably this seemed to be present for authenticity measures, with some authors reporting on the particularly high levels of authenticity in their samples.

Similarly, a further limitations is the over-reliance on quantitative methodology and data collection for the concept of authenticity. It could be argued that the term qualia is highly relevant to authenticity, for example is my understanding of what authenticity is the same as yours? As much research throughout this review has demonstrated, not only do cultural groups differ in their understanding of authenticity, but also in the value that they place on it as a construct and also how readily accepted it is for an individual to be authentic and true to themselves. The question ‘who am I, when I am not projecting an image of myself to others, or to myself’ is highly limited by, and also dependent on, the dominant discourses available within a certain culture.

8. Clinical Implications and Future Research

Given the current directions in the research base with a predominance of quantitative methodology and cross-sectional designs, future research in this area should include qualitative methodology and longitudinal designs. Qualitative methodology would allow for an exploration of the qualia of both authenticity and subjective well-being, while longitudinal designs would provide rich data on patterns of change over time and interaction with context. Furthermore, more research is needed to determine whether there is causality between authenticity and well-being, and if so, what is the nature of the causal chain? Do high levels of authenticity cause someone to experience higher levels of well-being, or vice-versa?

Further investigations using the diverse conceptualisations available for both authenticity and well-being would provide a more holistic and complete understanding of the relationship between the two concepts. Using more diverse samples in future research would increase the overall generalisability of the findings, and allow for an exploration into factors which may influence the relationship between authenticity and well-being such as, cultural norms, age, gender and role-specificity.

As much research in this literature review has demonstrated a significant relationship between authenticity and well-being, future research should explore this relationship with professionals such as clinical psychologists, counselling psychologists and psychotherapists. Clinical psychologists amongst others are often encouraged to effect change through the use of their interpersonal selves, however, professional roles and certain contexts are likely to impact on one's ability to relate in an authentic manner (Jourard, 1971). This is likely to raise highly salient questions for the profession of clinical psychology, including, is my ability to

engage with others in an authentic and relationally deep way related to my effectiveness as a psychologist?

Lambert (1992) has proposed that nearly all therapeutic orientations place emphasis on therapist genuineness or authenticity for significant progress in therapy. Furthermore, Schnellbacher and Leijssen (2009) argued that the strength of our interpersonal relationships with our clients and colleagues are characterized by the levels of authenticity in both people involved. This is relevant for the profession of clinical psychology which works towards decreasing distress and increasing well-being at the individual, group, organisational and societal levels.

Despite the growing number of studies which have suggested that authenticity is a highly effective relational tool for affecting therapeutic change, there has been a lack of research exploring how clinical psychologists negotiate and construct authenticity within their different professional contexts. Research suggests that meaningful therapeutic change is dependent on the client feeling connected and heard within an authentic therapeutic relationship. However, as previously discussed, theorising and analysing authenticity as a fixed object can be seen as increasingly problematic especially within a critical realist epistemology.

Research has suggested that the discursive worlds that clinical psychologists inhabit are likely to impact on how they may construct authenticity and that this may result in a dissonance in the interface between their personal identity and professional role (Jourard, 1971). Therefore, it can be seen that it would be of value to critically examine clinical psychologists' accounts of being authentic within their professional roles and to explore the ways in which

authenticity is constructed, together with the effects of these constructions and how they are constrained or influenced by extra-discursive factors. Gaining a greater understanding of how practicing clinical psychologists construct authenticity will allow for an understanding of how authenticity is used within clinical psychology practice and within the profession as a whole.

9. Conclusions

The research indicated that there does seem to be a significant positive relationship between authenticity and well-being. Much research has suggested that higher levels of both state and dispositional authenticity predict higher levels of psychological and physical well-being. However, it has been proposed that conceptualising authenticity and well-being within a realist epistemology raises notable difficulties, including the inherent assumption that language provides us with a way of labelling both internal states and external realities. Using a critical realist epistemology allows for these concepts to be thought of as constructs which are continuously created and renegotiated through language, which are then also shaped by the possibilities and constraints inherent in the material world.

10. References

Boyraz, G, Waltz, J. B., & Felix, V. A. (2014). Authenticity, life satisfaction, and distress: a longitudinal analysis. Journal of Counselling Psychology, 61(3), 498-505. http://dx.doi.org/10.1037/cou0000031

British Psychological Society. (2016). Psychological Terms. Retrieved from http://www.bps.org.uk/psychology-public/psychological-terms/psychological-terms

Burks, D. J., & Robbins, R. (2012). Psychologists' authenticity: Implications for work in professional and therapeutic settings. Journal of Humanistic Psychology, 52(1), 75-104. http://dx.doi.org/10.1177/0022167810381472

Cacioppo, J. T., & Bernston, G. G. (1999). The affect system: architecture and operating characteristics. Current Directions in Psychological Science, 8, 133-137.

Deci, E. L. (1980). The psychology of self-determination. Lexington, Massachusetts: Heath.

Deci, E. L., & Ryan, R. M. (2001). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11, 227-268. http://dx.doi.org/10.1207/S15327965PLI1104_01

Didonato, T. E., & Krueger, J. (2010). Interpersonal affirmation and self-authenticity: A test of Roger's self-growth hypothesis. Self and Identity, 9(3), 322-336. http://dx.doi.org/10.1080/15298860903135008

Diener, E., Sapyta, J. J., & Suh, E. (1998). Subjective well-being is essential to well-being. Psychological Inquiry, 9, 33-37. http://dx.doi.org/10.1207/s15327965pli0901_3

Diener, E. (2000). Subjective well-being: The science of happiness, and a proposal for a national index. American Psychologist, 55, 34-43.

Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenges of defining wellbeing. International Journal of Wellbeing, 2,(3), 222-235. http://dx.doi.org/10.5502/ijw.v2i3.4

Folkman, S. (1997). Positive psychological states and coping with severe stress. Social Science and Medicine, 45, 1207-1221.

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.

Gouveia, T., Schulz, M. S., & Costa, M. E. (2015). Authenticity in relationships: Predicting caregiving and attachment in adult romantic relationships. Journal of Counselling Psychology. Advance online publication. http://dx.doi.org/10.1037/cou0000128

Gregoire, S., Baron, L., Menard, J., & Lachance, L. (2014). The authenticity scale: Psychometric properties of a French translation and exploration of its relationship with personality and well-being. Canadian Journal of Behavioral Science, 46(3), 346-355. http://dx.doi.org/10.1037/a0030962

Heller, D., Watson, D., & Ilies, R. (2004). The role of person vs. situation in life satisfaction: A critical examination. Psychological Bulletin, 130, 574-600. http://dx.doi.org/10.1037/0033-2909.130.4.574

Helwig, C. C., Arnold, M. L., Tan, D., & Boyd, D. (2003). Chinese adolescents' reasoning about democratic and authority-based decision making in peer, family, and school contexts. Child Development, 74, 783-800. http://dx.doi.org/10.1111/1467-8624.00568

Jourard, S. M. (1971). The Transparent Self. Berkshire, England: Van Nostrand Reinhold Company.

Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. Advances in Experimental Social Psychology, 38, 283-357. http://dx.doi.org/10.1016/S0065-2601(06)38006-9

Kifer, Y., Heller, D., Perunovic, W. Q. E., & Galinsky, A. D. (2013). The good life of the powerful: The experience of power and authenticity enhances subjective well-being. Psychological Science, 24(3), 280-288. http://dx.doi.org/10.1177/0956797612450891

Knoll, M., Meyer, B., Koemer, N. B., Schroder-Aber, M. (2015). It takes two to be yourself: An integrated model of authenticity, its measurement, and its relationship to work-related variables. Journal of Individual Differences, 36(1), 38-53. http://dx.doi.org/ 10.1027/1614-0001/a000153

Lakey, C. E., Kernis, M, H., Heppner, W. L., & Lance, C. E. (2008). Individual differences in authenticity and mindfulness as predictors of verbal defensiveness. Journal of Research in Personality, 42(1), 230-238. http://dx.doi.org/10.1016/j.jrp.2007.05.002

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), Handbook of psychotherapy integration (pp. 94-129). New York: Basic Books.

Leary, M. R. (2003). Interpersonal aspects of optimal self-esteem and the authentic self. Psychological Inquiry, 14, 52-54. Retrieved from http://www.jstor.org/stable/1449041

Lenton, A. P., Bruder, M., Slabu, L., & Sedikides, C. (2013). How does "Being Real" feel? The experience of state authenticity. Journal of Personality, 81(3), 276-289. http://dx.doi.org/10.1111/j.1467-6494.2012.00805.x

Lenton, A. P., Slabu, L., Bruder, M., & Sedikides, C. (2014). Identifying differences in the experience of (in)authenticity: a latent class analysis approach. Frontiers in Psychology, 5, 770. http://dx.doi.org/10.3389/fpsyg.2014.00770

Lopez, F, G., & Rice, K. G. (2006). Preliminary development and validation of a measure of relationship authenticity. Journal of Counselling Psychology, 53, (3), 362-371. http://dx.doi.org/10.1037/0022-0167.53.3.362

Maslow, A. (1970). Motivation and Personality. (2nd ed). New York: Harper and Row.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56, 227-238.

Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. British Medical Journal, 320.

Mearns, D., & Cooper, M. (2011). Working at Relational Depth in Counselling and Psychotherapy. London: Sage Publications Limited.

Mearns, D., & Thorne, B. (2007). Person-centred counselling in action. (3rd ed.). London: Sage Publications Limited.

Menard, J., & Brunet, J. M. L. (2011). Authenticty and well-being in the workplace: a mediation model. Journal of Managerial Psychology, 26(4), 331-346. http://dx.doi.org/10.1108/02683941111124854

Neff, K. D., & Harter, S. (2002). The role of power and authenticity in relationship styles emphasising autonomy, connectedness, or mutuality among adult couples. Journal of Social and Personal Relationships, 19(6), 835-857.

Neff, K. D., & Suizzo, M. A. (2006). Culture, power, authenticity and psychological well-being within romantic relationships: A comparison of European American and Mexican Americans. Cognitive Development, 21, 441-457. http://dx.doi.org/10.1016/j.cogdev.2006.06.008

Nylund, K. L., Asparouhov, T., & Muthen, B. O. (2007). Deciding on the number of classes in latent class analysis and growth mixture modelling. Structural Equation Modelling, 14, 535-569. http://dx.doi.org/10.1080/10705510701575396

Paulhus, D. L., & Martin, C. L. (1988). Functional flexibility: A new conceptualisation of interpersonal flexibility. Journal of Personality and Social Psychology, 55, 88-101.

Roberts, B. W., & Donahue, E. M. (1994). One personality, multiple selves: Integrating personality and social roles. Journal of Personality, 62(2), 199-218.

Robinson, O. C., Lopez, F. G., Ramos, K., & Nartova- Bochaver, S. (2012). Authenticity, social context, and well-being in the United States, England and Russia: A three country comparative analysis. Journal of Cross-Cultural Psychology, 44, (5), 719-737. http://dx.doi/org/10.1177/0022022112465672

Rogers, C. (1951). Client-centred therapy: Its current practice, implications, and theory. Oxford, England: Houghton Mifflin.

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

Rogers, C. (1980). A way of being. Boston: Houghton Mifflin

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-166

Ryff, C. D., (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57, 1069-1081.

Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. Journal of Happiness Studies, 9, 13-39. http://dx.doi.org/10.1007/s10902-006-9019-0

Schnellbacher, J., & Leijssen, M., (2009). The significance of therapist genuineness from the client's perspective. Journal of Humanistic Psychology, 49, 207-228. http://dx.doi.org/10.1177/0022167808323601

Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. Journal of Personality and Social Psychology, 76(3), 482-497.

Sheldon, K. M., Ryan, R. M., Rawsthorne, L. J., & Llardi, 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(6), 1380-1393.

Sims-Schouten, W., & Riley, S. C. E. (2007). Critical realism in discourse analysis. Theory and Psychology, 17(1), 101-124. http://dx.doi.org/10.1177/0959354307073153

Toor, S., U., R., & Ofori, G. (2009). Authenticity and its influence on psychological well-being and contingent self-esteem of leaders in Singapore construction sector. Construction Management and Economics, 27(3), 299-313. http://dx.doi.org/10.1080/01446190902729721

Vandenbroucke, J. P., von Elm, E., Altman, D. G., Gotzsche, P. C., Murlow, C. D., Pocock, S. J., . . . Egger, M. (2014). Strengthening the reporting of observational studies in epidemiology (STROBE): Explanation and elaboration. International Journal of Surgery, 12, 1500-1524. http://dx.doi.org/10.1016/j.ypmed.2011.08.007

Van den Bosch, R., & Taris, T. W. (2014). The authentic worker's well-being and performance: The relationship between authenticity at work, well-being, and

work outcomes. The Journal of Psychology: Interdisciplinary and Applied, 148(6), 659-681. http://dx.doi.org/10.1080/00223980.2013.820684

Vannini, P., & Williams, P. (2009). Authenticity in Culture, Self, and Society. Ashgate Publishing Limited: Farnham, England.

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. Journal of Personality and Social Psychology, 64, 678-691.

Winnicott, D. W. (1960). Ego distortion in terms of true and false self. In Winnicott, D. W. (Ed). The maturational process and the facilitating environment (pp. 140-152). New York: International Universities Press.

Wood, A. M., Linley, P. A., Maltby, J., Baliousis, M., & Joseph, S. (2008). The authentic personality: A theoretical and empirical conceptualization and the development of the authenticity scale. Journal of Counselling Psychology, 55, 385-399. http://dx.doi.org/10.1037/0022-0167.55.3.385

SECTION B: EMPIRICAL RESEARCH

How do Clinical Psychologists Construct Authenticity in their Professional Roles: A Discourse Analysis

Jamie Brazil BSc (Hons)

Word Count: 8,000 (195)

April 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Section B: How do Clinical Psychologists construct Authenticity within their Professional Roles; A Discourse Analysis

Abstract

Objectives: The present study explored how authenticity is constructed by clinical psychologists and asked what might be the implications of these discourses. This study is concerned with offering a focus on the making of authenticity in discourse as well as providing an understanding of the complexity of authenticity within clinical psychology.

Design: The study used a discourse analytic approach known as critical discursive psychology to examine clinical psychologists' talk of authenticity in semi-structured interviews.

Methods: Participants included twelve qualified clinical psychologists working in adult mental health services, who took part in semi-structured interviews with the lead author.

Results: Following a detailed critical discursive analysis of the texts, four discourses were identified with regard to the construction of authenticity. These discourses were commonly used to construct authenticity in extremely positive terms, however, some participants did draw attention to an ideological dilemma of authenticity versus professionalism. Participants used authenticity to establish their identity and manage their relationships with service users, colleagues and institutions. Drawing upon psychotherapeutic and professional discourses positioned participants as having power and being more authentic than others. Authenticity was problematised in relation to the participants' need for professional boundaries.

Conclusions: It is suggested that psychologists internalise dominant discourses of authenticity from the profession of clinical psychology, which is influenced by wider societal discourses around what it means to be authentic or inauthentic. Extra-discursive factors including institutions and embodiment were found to influence and constrain available discourses. The limitations of this study's research findings are discussed, as well as implications for future research and clinical psychology practice.

Word Count: 247

Key Words: Authenticity, clinical psychologists, discourse analysis, critical discursive psychology, professional roles.

1. Introduction

In this section I will explore the literature relevant to the construction of authenticity within clinical psychology, with the aim being to contextualise this present study. Furthermore, this study will detail the variety of authenticity constructions available, as well as problematising authenticity as a taken-for-granted value within clinical psychology. Clinical psychologists, like all human beings, inhabit a variety of social roles, but societal discourses of mental distress and the profession are likely to influence and affect how psychologists construct authenticity within their professional roles. While authenticity can be seen as a broad concept with multiple definitions, within a critical realist epistemology, one could view the construct of authenticity as continuously created and renegotiated through language which is then shaped by the possibilities and constraints inherent in the material world (Sims-Schouten & Riley, 2007, p.102).

Dominant discourses surrounding mental health, clinical psychology, and ways-of-being are likely to be internalised by clinical psychologists (Hong, Morris, Chiu & Benet-Martinez, 2000). This can be problematic when the socially desired or accepted role for psychologists and other mental health professionals often involves being seen as a paragon of mental health (May, 2010). This may lead to tensions for clinical psychologists who do not view themselves as fitting into this role. Research has suggested that the discursive worlds that clinical psychologists inhabit are likely to impact on how they may construct authenticity and that this may result in a dissonance in the interface between their personal identity and professional role (Kroger & Marcia, 2011). Similarly, Jourard (1971) explored how social systems require their members to take certain roles; these professional roles, while entirely appropriate for specific contexts, can impede certain parts of one's identity. It has also been

proposed that authenticity is highly dependent on the interface and congruency between our professional roles and personal roles (Kraus, Chen & Keltner, 2011).

Similarly, professional socialisation refers to an acculturation process during which the values, norms and symbols of a profession are internalised (Du Toit, 1995). This is highly relevant to the discussion of authenticity, as it is probable that clinical psychologists will adopt the discourses which are most prevalent within their profession. This professionalisation of clinical psychology has a number of implications for how authenticity is constructed by clinical psychologists, particularly through the positioning of the clinical psychologist as an expert. Further discourses within clinical psychology which are dominant include an evidenced-based practice discourse and a medicalised discourse. Implications of these discourses may include a distinction between normality and abnormality being made, as well encouraging talk of authenticity in terms of the authentic 'self' needing to be discovered.

Lambert (1992) has proposed that nearly all therapeutic orientations place emphasis on therapist genuineness or authenticity for significant progress in therapy. Furthermore, much research has demonstrated the role of authenticity in therapeutic change (Asay & Lambert, 1999; Barrett-Lennard, 2005), as well as showing that the quality of the therapeutic relationship is the most significant predictor of change in clients (Webb, DeRubeis & Barber, 2010; Horvath, Del Re, Fluckiger & Symonds, 2011). Gergen (1992) theorises that the perception of authenticity is the product of social interactions in particular social contexts rather than persons. Cross-cultural empirical studies into authenticity and its impact on psychological well-being support this and have shown that authentic expression is impeded when role demands become incongruous (Robinson, Lopez, Ramos & Nartova-Bochaver, 2012). Mearns and Thorne (2007) propose that our current societal discourses around mental

wellbeing and authenticity are representative of a collective pathology of incongruence, which while being beneficial in some social settings, can also limit human connectedness.

However, despite this, it can be argued that most therapeutic approaches are informed by the individualistic notion of an authentic self. Cushman (1990) has proposed that a possible implication of this is that psychotherapists will focus on an individual's inauthentic 'self' whilst neglecting the social context. Furthermore, while the discourse of an individualised repertoire of authenticity may be prevalent, there is also a competing discourse which positions authenticity as constructed through ever changing and evolving interpersonal contexts. This discourse negates the dominant discourse of authenticity being the expression of a pre-existing self and instead proposes that it is an on-going and lived process.

Furthermore, it is important to problematize authenticity within the various therapeutic approaches, as well as acknowledge the ways that each approach contributes to authenticity discourse. Psychoanalytic therapies, as with humanism, propose an internal authenticity, suggesting that authenticity is synonymous with expression of the 'id' (Lemma, 2003). Similarly, the humanistic model proposes that many psychological difficulties are often representative of an underlying experience of incongruence or of not being true to one's self (Rogers, 1980). It can be seen that the humanistic model assumes that there is a core, unitary self which is synonymous with authenticity and that the therapist's task is to facilitate an exploration of this fragmented self (Donaghy, 2002). From a social constructionist epistemology, it can be seen that the notion of an innate authenticity is highly problematic.

In contrast to this, existential psychotherapy and philosophy proposes that there is no stable self and that the self is always evolving, therefore though we may have a self-concept, this is

best seen as a construct. Heidegger (1962) proposed that authenticity requires an anxiety-provoking awareness that one has complete freedom in one's life as well as an understanding that human existence is always a 'being-in-the-world-with-others.' Thompson (2005) argues that authenticity occurs in a specific moment when the context of a situation has provided the conditions for that person to choose to be authentic. Examples like these move authenticity discourse away from essentialism towards a more intersubjective position.

"Discourse analysis involves tracing the historical evolution of language practices and examining how language shapes dynamic social practices" (Starks & Trinidad, 2007, p.1374). Through this it is possible to identify the 'conditions of possibility' which have enabled people to speak of authenticity in different ways (Foucault, 1980). Authenticity or the search to define who one really is has historically been examined within the domains of philosophy, religion and the arts. Authenticity was often viewed as synonymous with people's well-being, with the assumption being that happiness or well-being was attainable through self-awareness and engaging in activities which mirrored one's own internal states (Kernis & Goldman, 2006). This would seem to suggest that the concept of authenticity can be linked to the rise of individualism and the notion of personal identity. Potter (2010) claims that over time, the discourse of authenticity shifted from the individual pursuit of working towards becoming a better person, to the endeavour of becoming in touch or reclaiming a self that already existed.

In summary, this current study aims to explore the discourses which clinical psychologists use when constructing authenticity, as well as the discursive resources available to them. Drawing from a critical-realist epistemology, this study will also attempt to address the non-discursive, for example how is authenticity constrained by embodiment, materiality and

institutional practices. As well as often working with highly distressed and vulnerable client groups and systems, clinical psychologists and psychotherapists are constructed as being distinctive in their use of self to facilitate the process of recovery and healing in others (Walker & Rosen, 2004). Furthermore, while research has long constructed authenticity as being important within the therapeutic relationship, there has been a dearth of research exploring how clinical psychologists discursively construct their own authenticity.

2. Rationale

Clinical psychologists amongst others are often encouraged to effect change through the use of their interpersonal selves; however, professional roles and certain contexts are likely to impact on one's ability to relate in an authentic manner. This raises highly salient questions for the profession of clinical psychology, including, 'is my ability to engage with others in an authentic and relationally deep way related to my effectiveness as a psychologist?' Despite the growing number of studies which have suggested that authenticity is a highly effective relational tool for effecting therapeutic change, there has been a lack of research exploring how clinical psychologists construct authenticity within different professional contexts. Research suggests that meaningful therapeutic change is dependent on the client feeling connected and heard within an authentic therapeutic relationship. However, theorising and analysing authenticity as a fixed object can be seen as increasingly problematic, especially within a critical realist epistemology.

This study is concerned with offering a focus on the making of authenticity in discourse, as well as providing an understanding of the complexity of authenticity within clinical psychology. Furthermore, this study aims to demonstrate the variety of potential authenticity

constructions available, as well as problematizing authenticity as a taken-for-granted value. Given the importance of authenticity, it is interesting that the construct has been underexplored. Therefore, it can be seen that it would be of value to critically examine clinical psychologists' accounts of being authentic within their professional roles and to explore the ways in which authenticity is constructed, together with the effects of these constructions and how they are constrained or influenced by extra-discursive factors.

3. Research Questions

Drawing on the DA approach by Parker (1992) and Willig (2008), the study addressed the following research questions;

1) How does a sample of clinical psychologists discursively construct authenticity?
2) How do these discourses influence the actions and social positions available to clinical psychologists, and why are these discourses drawn upon?
3) How are these discourses shaped and/or constrained by extra-discursive factors?
4) What possible ways-of-being are offered to clinical psychologists as a result of these discourses?

4. Methodology

Silverman (1993) suggests a distinction between methodology and method, whereby methodology refers to the general approach to studying research topics and method refers to the specific research design. This study is firmly positioned within a critical realist paradigm, and takes the position that language constructs social realities, but that these constructions are constrained by the possibilities inherent in the material world (Burr, 2015). An implication of critical realism is it rejects humanism and instead proposes that there is not a unified agent waiting to be explored (Burr, 2015).

This research utilised Critical Realist Discourse Analysis (CRDA) which is a multi-level analysis which draws upon Discursive Psychology (DP), Foucauldian Discourse Analysis (FDA) and an examination of the extra-discursive i.e. embodiment, materiality and institutional practices (Riley, Sims-Schouten & Willig, 2007). CRDA shares its epistemological position with other discourse analytic approaches in that access to reality is achieved through language (Burr, 2003). It is assumed that there is no single 'truth' and that 'knowledge' is created and sustained through social processes. Importantly, CRDA does not deny that there exists a material reality; it merely suggests that physical objects gain their meanings through discourse (Gergen, 2009).

An underlying assumption of discourse analytical research is that language is productive rather than reflective (Edley, 2001). The rationale for using CRDA was that this would allow for an amalgamation of both micro and macro social constructionism (Burr, 2015). The inclusion of FDA allowed for both an exploration of the relationship between power, symbolic systems and human subjectivity (Potter & Wetherell, 1995; Willig, 2008), as well

as a mapping of the discursive worlds that clinical psychologists inhabit and their possible ways-of- being regarding authenticity. The use of DP also permitted for an understanding of how constructs such as authenticity and professional roles are given meaning by clinical psychologists (Wetherell, 1998). Finally, identifying extra-discursive factors allowed for a tentative acknowledgment of how discourses are affected by personal, psychological and social mechanisms.

5. Method

5.1 Participants

The study included twelve participants; five male, seven female; eleven White British and one South African. The inclusion criteria were that all participants were qualified clinical psychologists who were all currently working with adults with mental health difficulties in the NHS either on a full time or part time basis. Three participants worked partly in the NHS and partly in independent practice. All participants were required to have been qualified for at least three years (participant range 3-25 years). All participants met the inclusion criteria.

5.2 Ethics

The study received ethical approval from the Canterbury Christ Church University (CCCU) Ethics Committee (Appendix C). All participants and the CCCU ethics panel were provided with a summary of this study's findings (Appendix D and Appendix E). A prize draw of a £150 internet voucher for books was offered to potential participants as an incentive for taking part in the study. Ethical procedures included; obtaining informed consent (Appendix F), outlining confidentiality, appropriate storage and a debriefing conversation to explore any potential issues following each interview.

5.3 Design

Discourse analysis allowed for a detailed exploration of the discourses available to, and used by, clinical psychologists when constructing authenticity within their professional roles. Semi-structured interviews provided participants with space to allow for complex information and diverse forms of expression to be gathered. The approach to analysing the interviews was to focus on the interview as a place where authenticity is constructed by participants.

5.4 Interviews

The process for all interviews involved gaining written consent (Appendix F), conducting the interview following the semi-structured interview schedule (Appendix G) and debriefing participants. The interview schedule was developed using interview guidelines (King, 2009), through discussions with project supervisors and the University Research Panel and then piloted. Interview topics included questions concerned with authenticity, professional roles, and how participants talk about authenticity within other contexts. All interview recordings were transcribed and analysed using DA.

5.5 Procedure

Participants were recruited through the lead researcher sending an e-mail (Appendix H) inviting participants to consider taking part in the study. E-mail addresses were acquired from the British Psychological Society's register of chartered members. Participants were asked screening questions in order to ensure that they met the inclusion criteria, were provided with participant information (Appendix I) and given instructions for the response required if they would like to participate in the study. Interviews were conducted at participants' places of work and lasted on average 56 minutes (range 26-75 minutes). All were conducted in line

with specified protocols approved by the Salomons ethics panel (Appendix J). Initially, participants were invited to re-read the study information and discuss any queries they may have. Written consent was obtained and all interviews were audio recorded. Interview questions were designed to be as open as possible to allow participants to use available discursive resources when responding. Participants were offered the opportunity to debrief after the interview.

5.6 Data Analysis

The transcripts were analysed using the following methodology (Willig, 2008) (Appendix K);

1) Find the discursive objects in the text- Transcripts were read twice in order to find the discursive object in the text, i.e. times when the participants spoke about authenticity.
2) Explore the discursive object's construction- Constructions of authenticity were explored to see how they were formed and in which contexts.
3) Situate the discursive constructions within wider discourses- Once an authenticity construction had been identified, they were then situated within wider societal discourses.
4) Explore the functions, consequences and implications of the discourse- For each authenticity construction, the following questions were asked: Is this way of talking achieving something in terms of social actions? What does it/does not allow, and how does it position them in relation to others?
5) Explore the relationship between the discourse and the subjective experience- Attention was paid to how the participant might subjectively experience their world as a result of the discourse

6) Identify extra-discursive factors and explore how these may shape possible and available discourses

5.7 Quality Assurance

It is necessary to note that the analysis represents one interpretation of the data and that there are alternative ways in which it could be read. The quality assurance standards used in this study were those stipulated by Mays and Pope (2000). Reflexively engaging in an early bracketing interview (Ahern, 1999; Rolls & Relf, 2006) allowed for an exploration of some of the researcher's assumptions of authenticity and their expectations of the research. These assumptions were explored and challenged within supervision and held in mind throughout the research. An academic supervisor, experienced in DA, reviewed data coding and came up with similar thoughts on discourses identified. Similarly, particular attention was paid to data which contradicted initial impressions or challenged dominant discourses. Furthermore, the researcher kept a reflexive research diary (Appendix L) as well as providing a clear and transparent audit trail (Appendix M). Codings were systematically expanded on using a coding book (Appendix N) to develop over-arching discourses (Appendix O). Providing an example interview transcript (Appendix P) and extensive quotes from all transcripts allows for a transparency and coherence which will allow the reader to make their own conclusions from the data (Graham, 2011).

6. Results

Participants constructed authenticity in their professional contexts in many different ways. A wide range of discursive resources allowed for various dominant and subjugated discourses to be presented, as well as enabling and limiting certain subject positions. While the analysis did

adhere to Willig's (2008) framework, this section reports only findings that were most relevant in answering the research questions. Each major discourse will be described individually, with extracts from the texts provided. While each of these discourses will be presented separately, it is likely that they are interconnected, as well as having related clinical implications (Wetherell, 1998), which will be further explored in the discussion section.

Table 1: A table listing the main discourses identified

Main discourses identified
1. Authenticity as originating within the self
2. Authenticity as necessary and achievable
3. Authenticity as inter-related with mental health
4. Authenticity as malleable and contextual

6.1 Authenticity as originating within the self

Definition. The first discourse concerns emphasis on authenticity originating within the self and being something that can be drawn upon. There this also this notion that authenticity is measurable with some clinical psychologists being more or less authentic than others. Authentic awareness and expression are also viewed as involving conscious decision. This discourse was voiced by many of the participants and is illustrated below.

> I was discussing this in supervision with somebody and the theory that there are different types of psychologists and some psychologists choose to present themselves in a more formal manner …… and I suggested that some psychologists

> choose to not be authentic…… but maybe they think they are being authentic to their way of working (Jane).

> Then I'm encouraged to say why did I choose not to be authentic then (John).

The above quotes construct authenticity as highly individualised and measurable, as illustrated by the positioning of some clinical psychologists being more or less authentic than others. It can also be seen that qualia is highly relevant with authenticity being constructed and understood in multiple ways by different participants. Discursively this also constructs clinical psychologists as individuals who are encouraged or allowed to reflect on their experiences of authenticity. Participants also engaged in the discursive resource of establishing their identity through their inner self-awareness and authenticity.

> Something like authenticity which is an elusive concept and trying to operationalise it into a discrete quantitative or qualitative variable …… and it is very hard …… it is an interesting concept because many things go into it and if you did a factor analysis you would find many things loading on this thing we call authenticity, honesty, truth, genuineness, credibility (Frank).

Through this discourse, clinical psychologists are positioned as capable of gaining a further understanding and knowledge of authenticity. This is quite likely related to the epistemology of clinical psychology as a profession which is predicated on an ability to describe, measure and change variables and concepts. This places clinical psychologists in an active and powerful social position, whereby the 'truth' of authenticity can be understood. From a

professional context, it is assumed that the 'true' way to measure authenticity is to be found through a scientific approach.

Alternative discourses

An alternative discourse, which was voiced by three participants, constructed authenticity and inauthenticity as a felt experience or way of being for the individual. Some participants constructed authenticity as an unscientific and immeasurable concept akin to spirituality or personal development.

> Yes, because I have said I have experienced an experience which feels completely off and uncomfortable and you can't quantify that, the relating is just experienced as completely wrong. So yeah the experience of inauthenticity is golden, it is a jewel, it's a way of getting that authenticity back (John).

> Yeah and authenticity may represent something which is spiritual or neurological in itself and we don't have the capacity to measure it (Frank).

> Why should people try to be authentic? If you have to try to be authentic then there is definitely a difficulty, I would question that, it has to be a felt process (Owen).

In the above quotes the clinical psychologist is discoursed as a passive recipient who is affected and shaped by their experiences of both authenticity and inauthenticity. Discoursing authenticity as a nebulous concept alters the discursive resources available to the speaker, as well as positioning the speaker as privileged. Social actions include communicating the

fallacy of attempting to quantify or research authenticity, as it is a highly subjective and personal experience.

6.2 Authenticity as necessary and achievable

Definition. The second discourse involved talking about authenticity as being highly necessary for practising clinical psychologists and that it is achievable. Most participants discursively constructed authenticity as something that should be worked towards through various developmental processes including supervision, personal therapy and reflective practice.

> Being authentic is an important part of the role and that you can't be a psychologist just skin deep and be someone else, you can't work with clients that you don't like….. and I think that people will find you out as well if you are not authentic in your clinical work (Clive).

> I think colleagues need to get a sense of who you are and know they can trust you ….. if you are able to achieve that then you have the opportunity to be authentic but only if other things are in place such as a respectful working arrangement, supervision, personal therapy…. you need to feel safe (Celine).

> I think in therapy authenticity is essential, especially the client group I work with (people diagnosed with borderline personality disorder) …… being authentic with colleagues I have much better working relationships with the team as a result and I am much happier working that way …… having those authentic relationships leads to greater support and understanding (Sarah).

In the quotes above, authenticity is constructed as facilitating interpersonal relationships and enabling clinical psychologists to practise effectively. This discourse positions clinical psychologists as having much to contribute in their clinical work and through their working with teams. It also positions authenticity as needing to be nurtured through positive developmental processes which are interpersonal in nature. There was also the assumption that other people know when someone is being authentic and that inauthenticity is perceived negatively by others. This has the social action of encouraging others to be authentic lest they be found out and subjected to others' negative feelings. Furthermore, a similar discourse which emerged was of authenticity being impeded by professional roles.

> Yeah absolutely because there are times when you think you would like to relate to them with your own experiences and be able to connect to them with your feelings …… but we can't be like that because of our role (Peter).

> I think that sense of authenticity and the tension between professional roles and authenticity it gets harder. There are moments like with colleagues working in a multidisciplinary team, psychologists have to straddle across maintaining our autonomy and being collaborative, so we move in and out and it feels inauthentic (Barbara).

> I guess the idea of being authentic with the client is a strong one …. but there is also a sense of maintaining a professional role, a corporate role and I think there can be a lot of tensions there in balancing them (Barbara).

Constructing authenticity as being incompatible with working in an organisation, such as the NHS, positions the speaker in notable ways. The speaker may subjectively experience themselves as being an 'underdog' or as someone who has had to take a stand against an uncompromising organisation. The speaker is also aware that the researcher is a trainee clinical psychologist who is likely to be contemplating securing employment in the NHS. This discourse also positions the service user as being denied an authentic therapeutic relationship with a clinical psychologist within the NHS.

6.3 Authenticity as inter-related with mental health

Definition. The third discourse concerns the claim that inauthenticity is synonymous with mental health difficulties (Rogers, 1980; Mearns & Cooper, 2011). This discourse was constructed by nearly all participants. Inauthenticity is linked to negative psychological consequences because forcing oneself to behave in an unnatural manner leads to distress and a lack of fulfilment (Leary, 2003).

> If somebody is living according to their right mind, or their true mind which is completely in alignment with authenticity, then they are sane. Somebody experiencing mental health issues is also experiencing inauthenticity most of the time and they need somebody to help them remember what it means to be authentic (John).

> I think that if you are trying to be someone different then who you authentically are then it is going to be really stressful, I think you have to find a way of feeling comfortable to some degree in this work (Nicole).

The above quotes construct inauthenticity as being emotionally and mentally taxing and potentially leading to mental health problems. This position privileges focusing on authenticity as a result of its direct impact on mental health. This legitimises certain ways of working, which may require the clinical psychologist to have an adequate understanding of their own authenticity, as well as encouraging the service user to do the same.

> I work client centred and so if you are working in that way with people then authenticity is the thing and it is very important and you expect the client to learn to be more authentic with you (Robert).

In this quote, clinical psychologists are constructed as able to facilitate the process of increasing authenticity within a person, and the assumption is that this will lead to learning and greater insight. Discursively constructing authenticity as synonymous with mental health privileges a particular type of therapeutic work for the speaker, one which requires the clinical psychologist to explore their own authenticity and use this in their work. This discourse positions service users as lost and out of touch with their true self and requiring guidance to reclaim this essential part of themselves. It would seem as well that participants utilised psychotherapeutic language as a way of distancing themselves from the normalising discourse which positions service users as less authentic.

Alternative discourses. Achieving authenticity was discoursed as being central to effecting change in service users, however, this was contradicted by a discourse that emphasised optimal mental health allowing for authentic self-expression. One participant proposed that increasing mental well-being led to a subsequent increase in authenticity. Similarly, an

alternative discourse was concerned with psychologists being led by the service user and working towards their goals.

> When actually what was needed was to be myself and have a genuine reaction to what the client was bringing, I needed to be led by them in their journey (Anna).

This discourse enables the social action of empowering service users to take responsibility for therapeutic change, as well as positioning clinical psychologists needing to express their authentic selves, while allowing for their service users to take control of the direction of therapy.

6.4 Authenticity as malleable and contextual

Definition: The fourth dominant discourse was around authenticity being constructed as highly malleable and something which can change over time and in different contexts. This would lend support for the anti-humanism and intersubjective way of talking about authenticity, which argues that authenticity is ever changing and evolving (Lenton, Bruder, Slabu & Sedikides, 2013). This discourse was voiced by most participants.

> Authenticity for me is something that never ends; it's something that just continually grows and develops and err you know like let's say fifteen years ago in that moment I may have experienced myself as being pretty authentic in that moment but now looking back it was different, the authenticity has changed (John).

> Has my authenticity changed over time? Yes I think now it is more about connecting with other people and their ideas of authenticity and more subtle changes in conscious and unconscious behaviours (Frank).

> I am more authentic now I think. When I was younger I felt a bit more defensive and a bit less willing to be authentic ……. So I think as I have got older my authenticity has changed…… I think that is because of all my experience and more confidence (Clive).

As can be seen in the above quotes, participants discursively construct authenticity as an ever evolving intersubjective entity which is shaped and changes over time. Many participants use the discursive resources of equating authenticity with experience, greater levels of skills and confidence. This positions the speaker as someone who was only able to achieve authenticity through experiencing a journey which involved overcoming trials and challenges. It could be argued that a social action associated with this discourse is persuading the reader that authenticity is the reward for an experienced and substantial career.

> I suppose as time goes on then you feel a bit more settled in who I am and my identity and what I stand for and what I value in my life and I had my own therapy and I think that because of that authenticity evolves over time and maybe in the future I will have even different views around it (Wendy).

In the above quote, the speaker constructs authenticity as the direct outcome of successful personal development. Authenticity is seen as evolving alongside changes in identity and as a result of feeling settled and exploring issues through various processes, such as personal

therapy. The implications of this may be that clinical psychologists who are having difficulties with their own authenticity, are likely to perceive themself as having not reached an adequate level of personal and professional development.

Participants also discursively constructed authenticity as being influenced and dependent on professional contexts. Authenticity was constructed as relational and involving interpersonal communication operating at multiple levels.

> I think authenticity very much depends on your model, the service setting and the quality of supervision that you are getting. If I am doing CBT then I am probably not thinking about authenticity ……. People bring out different things in different people and that happens in all places (Stacey).

> That got me thinking about being me and I particularly enjoy being in different groups and sometimes it felt more congruent or authentic or less me and how I liked to work and that got me thinking about authenticity ….. in the way that in every relationship we show parts of ourselves, nobody knows all of us in every context do they? I had an example of this where a close friend got a job in this team and she was like you are so different at the school gates than when you are at work (Nicole).

> In this setting (forensic service) we have to maintain strict boundaries so the focus becomes much more a different authenticity, one on the feeling state and the kind of emotions that is something that I can connect with me because I am a fellow human being and for me the focus is authenticity (Peter).

> I guess in a sense you can be more or less authentic depending on who you are being authentic with, I think of it in a very interpersonal way ….. I think there is a consistent thread I don't think I am very different. If one of my clients saw me with my friends they wouldn't say oh my god she is so different (Wendy).

Constructing authenticity as contextual allows for participants to normalise the expression of different levels of authenticity in different contexts, as well as legitimising the social requirements of their different roles. This discourse positions clinical psychologists as being active participants in a process of monitoring and reflecting on their sense of self as well as the social implications for whether they choose to express it or not.

6.5 Extra-discursive factors

This study which is situated within a critical realist epistemology was also interested in the materiality that clinical psychologists may have to negotiate when constructing particular versions of authenticity. Analysing the data it became apparent that institutions such as clinical psychology training courses and the NHS may play a role in permitting or limiting the particular forms of authenticity discourse that are available for clinical psychologists to produce. It was also found that embodiment may act as a further extra-discursive factor. Both of these extra-discursive factors will be illustrated below.

Institutions and authenticity

As discussed previously, the professional socialisation process refers to an acculturation process during which the values, norms and symbols of a profession are internalised (Du Toit, 1995). It was found that this process shaped acceptable authenticity discourse significantly.

> I had a career before clinical training in a different area and I found that the process of training it did feel like I was processed on reflection and came out a bottled clinical psychologist …… I lost a big part of my authenticity and it took a long time to reengage with that and begin the integration (Barbara).

The above quote suggests that the process of clinical psychology training can have a direct impact on a person's sense of their authenticity. The participant constructs the process of professional socialisation as being changed from who they were into a person who is a 'bottled clinical psychologist.' This quote proposes that clinical psychologists can be produced and that being a clinical psychologist involves being a certain type of person. The participant's subjective experience is that they were unaware that this oppressive practice would occur and that it took a significant period of time for this institutional action to be reversed.

Furthermore, many participants spoke about the restrictions placed on their practice as a direct result of being employed within the NHS, as well as authenticity being incompatible with the values of the NHS.

> We are grappling with it all the time, how to be honest, genuine and authentic with people and at the same time being clinical and professional as clinical psychologists…… I think it is quite political actually and I am thinking at a wide level sometimes being authentic causes a lot of problems….. this organisation on one hand want you to be authentic but on the other hand they don't…. that is a big reason why I don't work in the NHS full time because I need to be real with people (Jessica).

> Yeah I think that it is a big reason why I don't work in the NHS full time because erm from a clinical point of view I like to give people a choice about their treatment ….. and in the NHS setting you get into a hopeless place where your hands are tied and I don't think this is healthy over the long time (Wendy).

Participants constructed the NHS as having particular values and goals which can be incompatible with those of clinical psychologists and possibilities for authenticity. It is suggested that working within an organisation such as the NHS limits how clinicians are able to work with service users, for example, by being able to offer different therapeutic approaches. Participants position the NHS as lacking a human quality and being quite rigid in the practices that it encourages. It is proposed that this has a direct impact on clinical psychologists' practice as it prevents them from helping their clients from becoming more authentic. It can be seen how this demonstrates some of the material ways that an institution may constrain the authenticity discourse.

Embodiment and authenticity

Some participants spoke about authenticity as if it was embodied which, is illustrated in the following quote.

> And I know when I am not authentic, I can feel it and it is like ooooh, and then I say what was going on there and then I can usually feel whatever it was that was showing me and it is really hard to describe (John).

The participant discursively constructs authenticity as embodied while also acknowledging that this is distinctive from the cognitive aspect of authenticity (Gendlin, 2003). It could be argued that the notion of authenticity being seen as an embodied entity is similar to the psychoanalytic discourse which constructs counter-transference as something which is felt and used by the therapist to aid the therapeutic work. Furthermore, this finding is in line with Gendlin (2003) who proposes that bodily experience is a concrete sensing which informs the words that people choose to express it.

7. Discussion

The results section has shown that participants constructed authenticity in their professional contexts in multiple ways. Furthermore, a wide range of discursive resources allowed for various dominant and subjugated discourses to be presented, as well as enabling and limiting certain subject positions. This section will first consider how the results of this study relate to the research questions and the literature referred to in the introduction. It then allows for a discussion of the limitations of the study and how these are likely to have impacted the

findings, followed by the implications for future research and clinical practice. The paper finishes with closing remarks through a summarising conclusion.

Following a detailed critical discursive analysis of the texts, five discourses were identified with regard to the construction of authenticity. These discourses were commonly used to construct authenticity in extremely positive terms, however, some participants did draw attention to an ideological dilemma of authenticity versus professionalism. Many discourses were used to establish the clinical psychologist's identity as someone who is authentic, while also legitimising the need for therapeutic work with service users who were positioned in the opposite positon of being inauthentic. It could be argued that this provides justification for the therapeutic work that most clinical psychologists engage in with service users.

Discursively constructing authenticity as synonymous with the 'self' allowed for a hierarchical approach to be used, which positioned individuals as being more or less authentic than others. Similarly, authenticity was constructed as a chosen way-of-being. It was implied that while there are individual differences in authenticity, being authentic in one's professional roles was the result of a conscious decision. This is in line with Wood et al. (2008) who proposed that authenticity involves two components; a conscious awareness of one's own internal experience and then a possible communication of this experience.

This view of an authentic self reflects the current Western culture and the value it places on individualism (Guigon, 2004). However, this would seem to evoke tensions for some clinical psychologists, whose ontological values emphasise the relational nature of human experience. This conflict was further evidenced by participants discursively constructing authenticity as

malleable and operating within a context, which offered an alternative ontological perspective of authenticity as something which occurs in the presence of another person.

The positioning of a person as authentic or inauthentic implies that there is a fixed inner self which has the potential to either be expressed or withheld. Russell (1999) criticises this viewpoint, arguing that this assumption privileges individualism and essentialism while neglecting context and intersubjectivity. This viewpoint is also challenged by the notion of qualia, whereby an action which is authentic for one person is inauthentic for another. Furthermore, positioning a service user as less authentic than a psychologist raises notable problems, including providing clinical psychologists with considerable power and a moral authority. It could be argued that this positioning encourages the use of psychological knowledge and practice as a way of externally regulating individuals' selves (Heenan, 2006). However, despite this, it is also possible that service users may position themselves in this way, as a way of obtaining help and support, as well as in order to communicate distress.

Authenticity was also constructed by participants as being highly relevant and necessary for their clinical practice. The notion that clinical psychologists and service users should strive to be authentic featured as an explicit and implicit assumption throughout most of the interviews. Discursive resources used by participants included vivid descriptions and coherent narratives, allowing for the researcher to be persuaded of the transformative potential of authenticity in clinical practice. Furthermore, the assumed desirability of authenticity may have stemmed from it being an alternative discourse to the culturally dominant discourse of the medical model. This alternative would allow for clinical psychologists to be positioned as having something unique to offer, as well as allowing for

the notion that clinical psychology is a plausible alternative to other more medically orientated professionals.

Similarly, an ideological dilemma (Billig et al. 1988) between authenticity and professionalism was highly present throughout most of the participants' talk. Participants constructed their professional roles as something which had been imposed upon them and that they were required to adhere to. Participants spoke about their identities as involving a balancing act between how they would like to relate to others in their clinical practice and how they believe various organisations require them to act. It could be proposed that the authenticity discourse encourages the clinical psychologist to authentically relate to a service user, while also being tempered by the knowledge that they are a state regulated expert operating within an organisation with its own policies, guidelines and protocols.

Discursive resources used by participants which challenged these constraints included empiricist accounting, whereby psychological language was used to increase the power of working in an authentic way. It was found that this repertoire legitimised certain ways of working and permitted clinical psychologists to be authentic, so that they could model this behaviour to their service users. Burks and Robbins (2011, 2012) found this in a thematic analysis study, with a prevalent theme being the importance of psychologists modelling to their clients an authentic curiosity towards oneself, which then allowed for interpersonal changes in other relationships.

Constructing authenticity as contextual allowed for participants to normalise the expression of different levels of authenticity in different contexts, as well as legitimising the social requirements of their different roles. This discourse positioned clinical psychologists as being

active participants in the process of monitoring and reflecting on their sense of self, as well as the social implications for whether they choose to express it or not. Discursive resources used included extreme case formulation, which involved participants increasing the effectiveness of their examples through highlighting potential extremes, such as feeling required to leave employment in the NHS.

Most participants in this study spoke about the challenges of balancing authenticity with the demands of institutions such as clinical psychology training courses and the NHS. Some also spoke of their experiences of authenticity as an embodied experience. Within a critical realist epistemology these can be seen as having an extra-discursive influence upon the available discourses (Cromby & Nightingale, 1999). It could be suggested that organisations such as the NHS increase the likelihood of a discourse which encapsulates the ideological dilemma between authenticity and professional boundaries. This may occur through top-down funding and government initiatives, which affect how the NHS operates. Constructing the NHS as an extra-discursive factor does acknowledge the constraints that this institution is likely to have on available discourses, but, this does also fail to take into account that the NHS is a socially constructed institution which has undergone significant changes throughout its relatively short lifespan. Furthermore, it can also be suggested that clinical psychology training courses exert a powerful influence upon authenticity discourses, through encouraging particular ways of discussing authenticity and through excluding individuals who do not fit into the authentic psychologist ideal. Professional socialisation (Du Toit, 1995) may have a role in solidifying this process throughout clinical psychologists' careers.

7.1 **Limitations**

The current study has limitations, including this paper offering one perspective on authenticity when there are multiple possible interpretations. Furthermore, Harper (1995; 2003) has suggested that discourse analysis is at risk of 'over-interpreting' data and that discourse analysis should not be thought of as being situated outside of discourse, as all accounts draw on rhetorical devices to privilege a particular stance. A further limitation is that there may have been a tendency to present discourses and alternative discourses as opposites rather than existing on a continuum. However, this limitation was allowed as a result of space constraints and to highlight the various discourses present.

As a result of participants being self-selecting, it is likely that only clinical psychologists who had a prior interest in authenticity would come forward to take part in the study. This may have skewed the data and excluded different discourses which may have had a less favourable stance towards the role of authenticity within clinical psychology. Moreover, Potter and Hepburn (2005) have criticised the use of interview data for discourse analysis, as the researcher actively co-constructs the interview by selecting and asking the questions, so therefore it cannot be thought of as pure discourse. Finally, it is important to acknowledge that participants were interviewed by a trainee clinical psychologist who, as the lead researcher in this study, may be assumed to have a certain stance towards authenticity as well as occupying a specific position. It is possible that this may have impacted on the data collected.

7.2 Future Research

Future research may wish to explore further how clinical psychologists construct authenticity within their professional roles, and explore how they manage any dissonance or tensions which may occur as a result of this process. Exploring how these discursive constructions of authenticity may affect clinical psychologists at a professional level would be highly valuable. In addition, understanding what the implications for possible ways-of-being are, would allow for an exploration of how clinical psychologists' personal and professional identities are shaped by their constructions of authenticity. Finally, research which explored how service users discursively construct their own authenticity and how they perceive their psychologists' authenticity would provide rich data.

7.3 Clinical Implications

The clinical implications of this study's findings are varied and far-reaching. While authenticity has long been taken-for-granted as a core therapeutic technique within multiple therapeutic approaches, this study has suggested that authenticity is co-constructed within relationships. Advocating that psychotherapeutic change involves gaining an understanding of the true nature of oneself is highly questionable, and raises ethical questions for clinicians and the profession. Positioning service users as inauthentic perpetuates the discourse of 'us vs. them' and affords clinical psychologists who claim to be authentic as having a moral agency. Striving for authenticity within groups, teams and organisations may have the inadvertent effect of overemphasising the value of the self while minimising the significant role that society and culture have in the construction of values such as authenticity. Promoting a discourse of self-contained individualism emphasises that there is a truth waiting

to be found and limits discussions around the culturally assigned meaning afforded to authenticity.

8. Conclusions

This study has problematised authenticity as a taken-for-granted value, as well as situating it as originating from multiple perspectives. In critiquing realist assumptions, I have opened up the concept to different ways of thinking about it, e.g. as relational and intersubjective. This study has suggested that the concept of authenticity is much more complex and context-specific than previously thought. It would also seem that the authenticity discourse has far reaching implications for how subjectivity is constructed and the effects this has on both service users and clinical psychologists. A main way that authenticity is used is to encourage individuals to be honest with themselves and others, whilst striving towards their true potential. While this would seem to be in line with the values of clinical psychology as a profession, there is also the risk that striving for authenticity overemphasises the value of the self whilst neglecting the wider societal impact.

This study has suggested that certain discursive constructions of authenticity can empower psychologists as well as disempowering service users. Furthermore, positioning a service user, group or organisation as inauthentic can have the inadvertent effect of pathologising them as abnormal. However, it is important to acknowledge that participants' talk about authenticity is consistent with a range of theoretical guidelines for therapeutic practice, and therefore critique should not be placed on the individuals but on the wider society, which constructs and reinforces these discourses. It was also suggested that psychologists internalise dominant discourses of authenticity from the profession of clinical psychology,

which is itself influenced by wider societal discourses around what it means to be authentic or inauthentic.

Moreover, it is important to note that this study has mainly focused upon how authenticity is co-constructed within the therapeutic relationship. However, it could be proposed that these authenticity discourses are likely to shape interactions within other professional relationships that clinical psychologists manage. Finally, extra-discursive factors including institutions and embodiment were found to shape the available discourses for clinical psychologists.

The notion of a 'bottled clinical psychologist' is an interesting one, and has vast implications for clinical psychology training courses and institutions such as the NHS. Are we in fact stripping people down to a set of norms and behaviours that prohibits or immobilises authenticity? If so, what can we do about it? This study calls for greater reflexivity regarding the values that underpin clinical psychology practice.

9. References

Ahern, K. J. (1999). Ten tips for reflexive bracketing. Qualitative Health Research, 9(3), 407-411.

Asay, T. P., & Lambert, M. J. (1999). Therapist relational variables. In D. J. Cain & J. Seeman (eds), Humanistic Psychotherapies: Handbook of Theory and Practice (pp. 531-557). Washington, DC: APA.

Barrett-Lennard, G. T. (2005). Relationship at the Centre: Healing in a Troubled World. London: Whurr.

Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, D. & Radley, A. (1988). Ideological dilemmas: a social psychology of everyday thinking. London: Sage Publications Limited.

Burks, D. J., & Robbins, R. (2011). Are you analysing me? A qualitative exploration of psychologists' individual and interpersonal experiences with authenticity. The Humanistic Psychology, 39, 348-365. http://dx.doi.org/10.1080/08873267.2011.620201

Burks, D. J., & Robbins, R. (2012). Psychologists' authenticity: Implications for work in professional and therapeutic settings. Journal of Humanistic Psychology, 52(1), 75-104. http://dx.doi.org/10.1177/0022167810381472

Burr, V. (2003). Social Constructionism. London: Routledge.

Burr, V. (2015). Social Constructionism. London: Routledge.

Cromby, J. & Nightingale, D. (1999). What's wrong with social constructionism? In D. Nightingale & J. Cromby (Eds.), Social constructionist psychology: a critical analysis of theory and practice, pp. 1-21. Buckingham/Philadelphia, Pennsylvania: Open University Press.

Cushman, P. (1990). Why the self is empty- towards a historically situated psychology. American Psychologist, 45(5), 599-611.

Donaghy, M. (2002). Authenticity: A goal for therapy? Practical Philosophy. Retrieved from http://www.society-for-philosophy-in-practice.org/journal/pdf/5-2%2040%20Donaghy%20-%20Authenticity.pdf

Du Toit, D. (1995). A sociological analysis of the extent and influence of professional socialisation on the development of a nursing identity among nursing students at the universities in Brisbane, Australia. Journal of Advanced Nursing, 21(1), 164-171.

Edley, N. (2001). Unravelling social constructionism. Theory & Psychology, 11(3), 433-441.

Edley, N. (2001). Analysing masculinity: interpretative repertories, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor & S. Yates (Eds.), Discourse as data: a guide for analysis, pp. 189-228. London: Sage Publications Limited.

Foucault, M. (1980). Power/knowledge. Selected interviews and other writings 1972-1977. Brighton: Harvester Press.

Gendlin, E. (2003). Beyond postmodernism: From concepts through experiencing. In R. Frie (Ed.), Understanding experience: Psychotherapy and postmodernism, pp.100-115. East Sussex: Routledge.

Gergen, K. J. (1992). The Saturated Self. New York: Basic Books.

Gergen, K. (2009). An Invitation to Social Construction. (2nd Ed.). London: Sage Publications Limited.

Graham, L. J. (2011). The product of text and 'other' statements: Discourse analysis and the critical use of Foucault. Educational Philosophy and Theory, 43, 663-674. http://dx.doi.org/10.1111/j.1469-5812.2010.00698.x

Guigon, C. (2004). On being authentic. London: Routlede Publishing.

Harper, D. J. (1995). Discourse analysis and 'mental health.' Journal of Mental Health, 4, 347-357.

Harper, D. (2003). Developing a critically reflexive position using discourse analysis. Reflexivity: A practical guide for researchers in health and social sciences, 78-92.

Heenan, C. (2006). Psychotherapy research in a postmodern world: discourse analysis and psychoanalysis. In Loewenthal, D. & Winter, D. (Eds.)., What is psychotherapeutic research? London: Karmac Books.

Heidegger, M. (1962). Being and Time. Translated by: J. Macquarrie & E. Robinson. San Francisco: Harper Publications.

Hong, Y., Morris, M. W., Chiu, C., & Benet-Martinez, V. (2000). Multi-cultural minds: A dynamic constructivist approach to culture and cognition. American Psychologist, 55(7), 709-720.

Horvath, A. O., Del Re, A. C., Fluckiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. Psychotherapy, 48(1), 9-16. http://dx.doi.org/10.1037/a0022186

Jourard, S. M. (1971). The Transparent Self. (Rev ed.) New York: Van Nostrand Reinhold.

Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. Advances in Experimental Social Psychology, 38, 283-357.

King, N. (2009). Interviews in qualitative research. London: Sage Publications Limited.

Kraus, M. W., Chen, S., & Keltner, D. (2011). The power to be me: Power elevates self-concept, consistency, and authenticity. Journal of Experimental Social Psychology, 47, 974-980. http://dx.doi.org/10.1016/j.jesp.2011.03.017

Kroger, J., & Marcia, J. E. (2011). The identity statuses: Origins, meaning and interpretations. In Schwartz, S. J., Luyckz, K., & Vignoles, V. L. (eds). Handbook of Identity Theory and Research (pp. 31-55).

Lambert, M. J. (1992). Psychotherapy Outcome Research: Implications for Integrative and Eclectic Therapists. In J. C. Norcross & M. R. Goldfried (Eds.), Handbook of Psychotherapy Integration. New York: Basic Books.

Leary, M. R. (2003). Interpersonal aspects of optimal self-esteem and the authentic self. Psychological Inquiry, 14, 52-54. Retrieved from http://www.jstor.org/stable/1449041

Lemma, A. (2003). Introduction to the practice of psychoanalytic psychotherapy. West Sussex: Wiley Publications

Lenton, A. P., Bruder, M., Slabu, L., & Sedikides, C. (2013). How does "Being Real" feel? The experience of state authenticity. Journal of Personality, 81(3), 276-289. http://dx.doi.org/10.1111/j.1467-6494.2012.00805.x

May, R., (2010). Creative approaches to training budding clinical psychologists. Psychology Learning and Teaching, 9, 42-45. http://dx.doi.org/10.2304/plat.2010.9.2.42

Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. British Medical Journal, 320, 50-52.

Mearns, D., & Cooper, M. (2011). Working at Relational Depth in Counselling and Psychotherapy. London: Sage Publications Limited.

Parker, I. (1992). Discourse dynamics: Critical analysis for social and individual psychology. London: Routledge.

Potter, A. (2010). The authenticity hoax: how we got lost finding ourselves. New York: Harper Collins.

Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: Problems and possibilities. Qualitative Research in Psychology, 2, 281-307. http://dx.doi.org/10.1191/1478088705qp045oa

Potter, J., & Wetherell, M. (1995). Discourse analysis. In J. Smith., R Harre & R. Van Lamhemhove (Eds.), Rethinking methods in psychology. London: Sage Publications Limited.

Riley, S. C. E., Sims-Schouten, W., & Willig, C. (2007). The case for critical realist discourse analysis as a viable method in discursive work. Theory & Psychology, 17(1), 137-145. http://dx.doi.org/10.1177/0959354307073156

Robinson, O. C., Lopez, F. G., Ramos, K., & Nartova-Bochaver, S. (2012). Authenticity, social context, and well-being in the United States, England and Russia: A three country-comparative analysis. Journal of Cross-Cultural Psychology, 44(5), 719-737. http://dx.doi.org/10.1177/0022022112465672

Rolls, L., & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. Mortality, 11(3), 286-305. http://dx.doi.org/10.1080/13576270600774893

Rogers, C. (1980). Way of Being. Boston: Houghton Mifflin.

Russell, J. (1999). Counselling and the social construction of self. British Journal of Guidance & Counselling, 27(3), 339-352.

Silverman, D. (1993). Interpreting qualitative data: methods for analysing talk, text and interaction. London: Sage Publications Limited.

Sims-Schouten, W., & Riley, S. C. E. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. Theory & Psychology, 17(1), 101-124. http://dx.doi.org/10.1177/0959354307073153

Starks, H., & Trinidad, S. (2007). Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory. Qualitative Health Research, 17(10), 1372-1380.

Thompson, M. (2005). The way of authenticity and the quest for personal integrity. European Journal of Psychotherapy, Counselling and Health, 7(3), 143-157. http://dx.doi.org/10.1080/13642530500248151

Walker, M., & Rosen, W. (eds.) (2004). How Connections Heal. New York: Guildford Press.

Webb, C. A., DeRubeis, R. J., & Barber, J. P. (2010). Therapist adherence/competence and treatment outcome: A meta-analytic review. Journal of Consulting and Clinical Psychology, 78(2), 200-211. http://dx.doi.org/10.1037/a0018912

Wetherell, M. (1998). Positioning and interpreting repertoires: Conversation analysis and post-structuralism. Discourse and Society, 9, 387-412.

Willig, C. (2008). Introducing Qualitative Research in Psychology. Maidenhead: McGraw-Hill Open University Press.

Wood, A. M., Linley, P. A., Maltby, J., Baliousis, M., & Joseph, S. (2008). The authentic personality: A theoretical and empirical conceptualization and the development of the authenticity scale. Journal of Counselling Psychology, 55, 385-399. http://dx.doi.org/10.1037/0022-0167.55.3.385

Section C: Appendix of Supporting Material

Contents

Lists of appendices.

Appendix A: STROBE Statement

STROBE Statement—Checklist of items that should be included in reports of **cohort studies**

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up
		(b) For matched studies, give matching criteria and number of exposed and unexposed
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding
		(b) Describe any methods used to examine subgroups and interactions
		(c) Explain how missing data were addressed
		(d) If applicable, explain how loss to follow-up was addressed
		(e) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram

Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) Summarise follow-up time (eg, average and total amount)
Outcome data	15*	Report numbers of outcome events or summary measures over time
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(b) Report category boundaries when continuous variables were categorized
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Appendix B: Mays and Pope (2000) Guideline Questions

Some questions about quality that might be asked of a qualitative study

• Worth or relevance—Was this piece of work worth doing at all? Has it contributed usefully to knowledge?

• Clarity of research question—If not at the outset of the study, by the end of the research process was the research question clear? Was the researcher able to set aside his or her research preconceptions?

• Appropriateness of the design to the question—Would a different method have been more appropriate? For example, if a causal hypothesis was being tested, was a qualitative approach really appropriate?

• Context—Is the context or setting adequately described so that the reader could relate the findings to other settings?

• Sampling—Did the sample include the full range of possible cases or settings so that conceptual rather than statistical generalisations could be made (that is, more than convenience sampling)? If appropriate, were efforts made to obtain data that might contradict or modify the analysis by extending the sample (for example, to a different type of area)?

• Data collection and analysis—Were the data collection and analysis procedures systematic? Was an "audit trail" provided such that someone else could repeat each stage, including the analysis? How well did the analysis succeed in incorporating all the observations? To what extent did the analysis develop concepts and categories capable of explaining key processes or respondents' accounts or observations? Was it possible to follow the iteration between data and the explanations for the data (theory)? Did the researcher search for disconfirming cases?

• Reflexivity of the account—Did the researcher self consciously assess the likely impact of the methods used on the data obtained? Were sufficient data included in the reports of the study to provide sufficient evidence for readers to assess whether analytical criteria had been met?

Appendix C: Ethical approval

This has been removed from the electronic copy

Appendix D: Letter regarding completion of research and summary report

Research Summary Report

Research Project: **How do clinical psychologists construct authenticity in their professional roles; A discourse analysis**

Overview and Aims

This research project was a qualitative discourse analysis study. The study aimed to explore:

1. How does a sample of clinical psychologists discursively construct authenticity?
2. How do these discourses influence the actions and social positions available to clinical psychologists, and why are these discourses drawn upon?
3. How are these discourses shaped and/or constrained by extra-discursive factors?
4. What possible ways-of-being are offered to clinical psychologists as a result of these discourses?

The findings were analysed using critical discursive psychology, using six-step guidance (Willig, 2008).

Participants

Participants were twelve clinical psychologists working with adults with mental health difficulties. Interviews were audio recorded and transcribed by the author.

Summary of findings

Overall, four discourses were identified in the transcripts. Authenticity was constructed as 'originating within the self,' as 'necessary and achievable,' as inter-related to mental health and finally as 'malleable and contextual.' These discourses were commonly used to construct authenticity in extremely positive terms, however, some participants did draw attention to an ideological dilemma of authenticity versus professionalism. Many discourses were used to establish the clinical psychologist's identity as someone who is authentic, while also legitimising the need for therapeutic work with service users who were positioned in the opposite positon of being inauthentic. Discursively constructing authenticity as synonymous with the 'self' allowed for a hierarchical approach to be used which positioned individuals as being more or less authentic than others. Similarly, authenticity was constructed as a chosen way-of-being, it was implied that while there are individual differences in authenticity, being authentic in one's professional roles was the result of a conscious decision.

Authenticity was also constructed by participants as being highly relevant and necessary for their clinical practice. The notion that clinical psychologists and service users should strive to

be authentic featured as an explicit and implicit assumption throughout most of the interviews. Furthermore, the assumed desirability of authenticity may have stemmed from it being an alternative discourse to the culturally dominant discourse of the medical model. This alternative would allow for clinical psychologists to be positioned as having something unique to offer, as well as allowing for the notion that clinical psychology is a plausible alternative to other more medically orientated professionals.

Similarly, an ideological dilemma (Billig et al. 1988) between authenticity and professionalism was highly present throughout most of the participants talk. Participants constructed their professional roles as something which had been imposed upon them and that they were required to adhere to. Participants spoke about their identities as involving a balancing act between how they would like to relate to others in their clinical practice and how they believe various organisations require them to act. It could be proposed that the authenticity discourse encourages the clinical psychologist to authentically relate to a service user while also being tempered by the knowledge that they are a state regulated expert operating within an organisation with its own policies, guidelines and protocols.

Constructing authenticity as contextual allowed for participants to normalise the expression of different levels of authenticity in different contexts, as well as legitimising the social requirements of their different roles. This discourse positioned clinical psychologists as being active participants in the process of monitoring and reflecting on their sense of self as well as the social implications for whether they choose to express it or not.

Extra-discursive factors including institutions such as the NHS and clinical psychology training courses and embodiment were found to influence and constrain available discourses. Many participants in this study spoke about the challenges of balancing authenticity with the demands of institutions such as clinical psychology training courses and the NHS. Some also spoke of their experiences of authenticity as an embodied experience. Most participants in this study spoke about the challenges of balancing authenticity with the demands of institutions such as clinical psychology training courses and the NHS. Some also spoke of their experiences of authenticity as an embodied experience.

<u>Clinical and research implications</u>

A number of implications are suggested including:

1. Practitioners to give more consideration given to the underlying assumption that psychotherapeutic change involves gaining an understanding of the true nature of oneself.
2. Awareness of how dominant authenticity discourses influence inherent power differences
3. Clients should be supported to generate their own ideas around what authenticity means to them and if this is something they wish to explore
4. Enlisting service users as participants in future research could offer a different way of ‘knowing’ about authenticity.
5. An acknowledgment that authenticity is co-constructed and that they ways in which it is constructed are likely to have implications for all parties involved.
6. The findings suggest that constructing authenticity through individual language may obscure social inequalities as well as minimise societal influences.

7. Further research exploring how authenticity discourse shapes relational interactions within mental health services.

Dissemination

It is intended that the author will disseminate the findings of the study through publication in Psychology, Psychotherapy: Theory, Research and Practice.

Contact details

Researcher: Jamie Brazil (Canterbury Christ Church University)

Email: j.l.brazil435@canterbury.ac.uk
Address: Salomons Centre for Applied Psychology
Canterbury Christ Church University
Runcie Court
Broomhill Road
Tunbridge Wells
TN3 0FT

Supervised by: Angela Gilchrist (CCCU)
Dr Ian Marsh (CCCU)

Appendix E: Feedback for ethics panel

Dear Canterbury Christ Church Ethics Panel

This letter is to inform you that the research project entitle: "**How do clinical psychologists construct authenticity in their professional roles; A discourse analysis"** has been completed and submitted for marking. Please find below a brief summary of the research project.

Many thanks,

Jamie Brazil

Trainee Clinical Psychology
Salomons Centre for Applied Psychology

Overview and Aims

This research project was a qualitative discourse analysis study. The study aimed to explore:

1. How does a sample of clinical psychologists discursively construct authenticity?
2. How do these discourses influence the actions and social positions available to clinical psychologists, and why are these discourses drawn upon?
3. How are these discourses shaped and/or constrained by extra-discursive factors?
4. What possible ways-of-being are offered to clinical psychologists as a result of these discourses?

The findings were analysed using critical discursive psychology, using six-step guidance (Willig, 2008).

Participants

Participants were twelve clinical psychologists working with adults with mental health difficulties. Interviews were audio recorded and transcribed by the author.

Summary of findings

Overall, four discourses were identified in the transcripts. Authenticity was constructed as 'originating within the self,' as 'necessary and achievable,' as inter-related to mental health and finally as 'malleable and contextual.' These discourses were commonly used to construct authenticity in extremely positive terms, however, some participants did draw attention to an ideological dilemma of authenticity versus professionalism. Many discourses were used to establish the clinical psychologist's identity as someone who is authentic, while also legitimising the need for therapeutic work with service users who were positioned in the

opposite positon of being inauthentic. Discursively constructing authenticity as synonymous with the 'self' allowed for a hierarchical approach to be used which positioned individuals as being more or less authentic than others. Similarly, authenticity was constructed as a chosen way-of-being, it was implied that while there are individual differences in authenticity, being authentic in one's professional roles was the result of a conscious decision.

Authenticity was also constructed by participants as being highly relevant and necessary for their clinical practice. The notion that clinical psychologists and service users should strive to be authentic featured as an explicit and implicit assumption throughout most of the interviews. Furthermore, the assumed desirability of authenticity may have stemmed from it being an alternative discourse to the culturally dominant discourse of the medical model. This alternative would allow for clinical psychologists to be positioned as having something unique to offer, as well as allowing for the notion that clinical psychology is a plausible alternative to other more medically orientated professionals.

Similarly, an ideological dilemma (Billig et al. 1988) between authenticity and professionalism was highly present throughout most of the participants talk. Participants constructed their professional roles as something which had been imposed upon them and that they were required to adhere to. Participants spoke about their identities as involving a balancing act between how they would like to relate to others in their clinical practice and how they believe various organisations require them to act. It could be proposed that the authenticity discourse encourages the clinical psychologist to authentically relate to a service user while also being tempered by the knowledge that they are a state regulated expert operating within an organisation with its own policies, guidelines and protocols.

Constructing authenticity as contextual allowed for participants to normalise the expression of different levels of authenticity in different contexts, as well as legitimising the social requirements of their different roles. This discourse positioned clinical psychologists as being active participants in the process of monitoring and reflecting on their sense of self as well as the social implications for whether they choose to express it or not.

Extra-discursive factors including institutions such as the NHS and clinical psychology training courses and embodiment were found to influence and constrain available discourses. Many participants in this study spoke about the challenges of balancing authenticity with the demands of institutions such as clinical psychology training courses and the NHS. Some also spoke of their experiences of authenticity as an embodied experience. Most participants in this study spoke about the challenges of balancing authenticity with the demands of institutions such as clinical psychology training courses and the NHS. Some also spoke of their experiences of authenticity as an embodied experience.

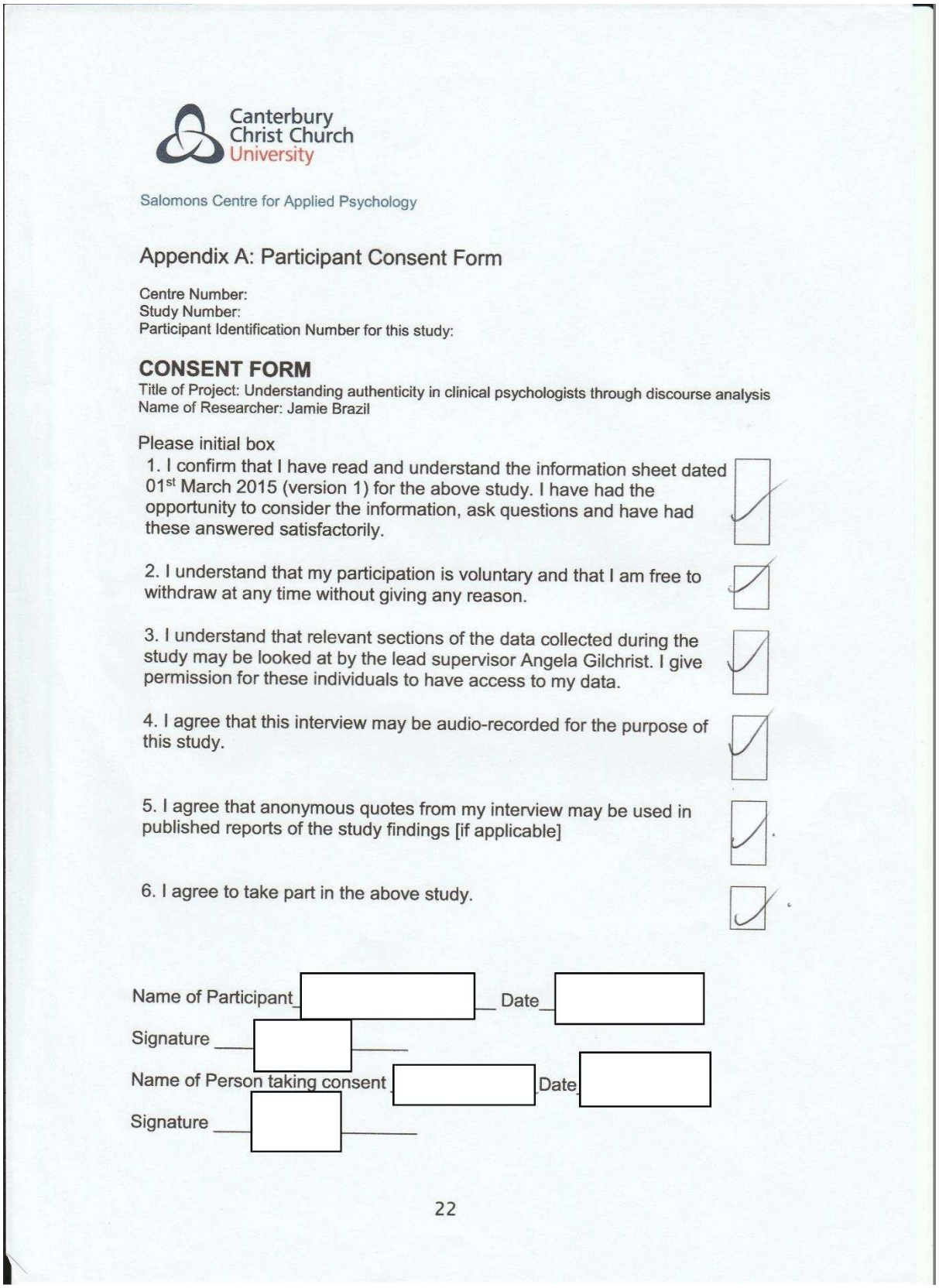
<u>Clinical and research implications</u>

A number of implications are suggested including:

1. Practitioners to give more consideration given to the underlying assumption that psychotherapeutic change involves gaining an understanding of the true nature of oneself.
2. Awareness of how dominant authenticity discourses influence inherent power differences

3. Clients should be supported to generate their own ideas around what authenticity means to them and if this is something they wish to explore
4. Enlisting service users as participants in future research could offer a different way of 'knowing' about authenticity.
5. An acknowledgment that authenticity is co-constructed and that they ways in which it is constructed are likely to have implications for all parties involved.
6. The findings suggest that constructing authenticity through individual language may obscure social inequalities as well as minimise societal influences.
7. Further research exploring how authenticity discourse shapes relational interactions within mental health services.

Appendix F: Research consent form



Canterbury Christ Church University

Salomons Centre for Applied Psychology

Appendix A: Participant Consent Form

Centre Number:
Study Number:
Participant Identification Number for this study:

CONSENT FORM

Title of Project: Understanding authenticity in clinical psychologists through discourse analysis
Name of Researcher: Jamie Brazil

Please initial box

1. I confirm that I have read and understand the information sheet dated 01st March 2015 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☑

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☑

3. I understand that relevant sections of the data collected during the study may be looked at by the lead supervisor Angela Gilchrist. I give permission for these individuals to have access to my data. ☑

4. I agree that this interview may be audio-recorded for the purpose of this study. ☑

5. I agree that anonymous quotes from my interview may be used in published reports of the study findings [if applicable] ☑

6. I agree to take part in the above study. ☑

Name of Participant _____ Date _____

Signature _____

Name of Person taking consent _____ Date _____

Signature _____

22

Appendix G: Interview Schedule

Appendix II: Interview Schedule

Introduction

1. Could you tell me a little about your current professional role and your journey into the profession?
2. Can I ask what drew you to take part in this study?

Authenticity

3. What do you understand by the term authenticity?
4. How do you understand authenticity in the professional context of clinical psychology?

   Prompt: Is there a conflict?
5. Is it possible for psychologists to be authentic?

   Prompt: If so, how authentic?
6. Have you ever held different views around authenticity during your life?

   Prompt: What led to this change in your view?
7. Should psychologists try to be authentic in their professional role?
8. In general, how much do we need to know about each other to be authentic?
9. What are some of the barriers towards being authentic?

   Prompt: Internal or External
10. Is there anything that you think would make it easier for psychologists to be authentic?

Appendix H: Advertisement for research

Dear Dr …….

Psychologists, like all human beings inhabit a variety of social roles. However, this can sometimes lead to certain expectations which are likely to constrain or influence how psychologists understand authenticity, in both their professional roles and personal identities.

I am writing to ask you to consider participating in my research project which I am completing as a trainee clinical psychologist for my doctorate in clinical psychology at Salomons.

I am recruiting local chartered psychologists who are currently working with adults with mental health problems or difficulties.

My research is aiming to explore psychologists understanding of authenticity.

If you would be interested in taking part in my research, then this will involve a semi-structured interview which will take roughly 1 hour with me at your place of work or if you would prefer at Salomons. All participants will be entered into a prize draw with the chance of winning a £150 Amazon voucher.

My research has received full ethics approval from the university.

If you are interested in taking part or would like further information I have attached the participant information sheet and look forward to your reply.

Kind Regards

……

Appendix I: Participant information sheet

Appendix B: Participant Information Sheet (Version 1) (01/03/15)

Information about the research

Understanding authenticity in psychologists

Hello. My name is [redacted] and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide it is important that you understand why the research is being done and what it would involve for you.

Talk to others about the study if you wish.
(Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study).

What is the purpose of the study?
The purpose of this study is to gain a greater understanding of authenticity in psychologists working within adult mental health services. Psychologists, like all human beings inhabit a variety of social roles, however, certain ways of talking about mental distress and the profession can sometimes lead to certain expectations which are likely to affect psychologists' understanding of authenticity. A further purpose of this study is that it is a part of my major research project which is a component of my doctorate in clinical psychology.

Why have I been invited?
You have been invited to take part in this study as it is hoped that you have an interest in authenticity or feel constrained in your ability to be authentic in your professional role. I am asking clinical psychologists who are currently practising and have been qualified for at least five years to take part in my study. There will be 8-10 participants.

Do I have to take part?
It is up to you to decide to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?
If you agree to take part in this study I would like you to take part in an interview with myself which will last roughly an hour. This interview will be audio taped so that I am able to transcribe what we speak about. This interview can either take place at the Salomons campus in Tunbridge Wells in a private interview room or at your place of work. If you choose to visit Salomons campus then travel expenses will be provided.

What will I have to do?
During the interview, I will ask you some questions to help me understand your views on your own authenticity.

What are the possible disadvantages and risks of taking part?
There are no immediate risks involved in taking part in this study. You will be asked to talk about your understanding of authenticity which some people may find distressing.

What are the possible benefits of taking part?
Taking part in this research will help us to understand authenticity in psychologists in more detail. We hope to use the information we gather from this research to find new ways of thinking about authenticity within psychologists. Some people find it beneficial to talk about their understanding of authenticity, and we hope you enjoy taking part, however, we cannot promise that you will experience any direct benefit yourself.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2.

This completes part 1.
If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?
If you choose to no longer take part in the study, all data we collected during your interview will be destroyed and not used in the study.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. In the first instance, please contact Dr. Angela Gilchrist, Lecturer and Clinical Psychologist, Department of Applied Psychology, Canterbury Christ Church University (email: angelagilchrist@canterbury.ac.uk, or telephone 0333 011 7076).
If you remain unhappy and wish to complain formally, you can do this via the Canterbury Christ Church University's Department of Applied Psychology complaints procedure. Please contact Professor Paul Camic on 03330117114, or paulcamic@canterbury.ac.uk.

Will my taking part in this study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential, and any information about you which leaves the interview site will have your name and address removed so that you cannot be recognised.
Participants have the right to check the accuracy of data held about them and correct any errors.

The data will be collected on a memory encrypted recorder and will be anonymously secured. Data will only be used for the purpose of this study. Only the researchers involved in this study will have access to the data. The Salomons centre for Applied Psychology at Canterbury Christ Church University stores research data for 10 years in a locked filing cabinet in the main office. The office is in a building with 24hour security. The custodian is Debbie Chadwick, a member of the administrations staff. We store only anonymised data on a CD and this will consist of the transcribed interviews. We will not store paper copies.

What will happen to the results of the research study?
The results of the study will be disseminated to research and practitioner communities through publication in Psychology and Psychotherapy: Theory, Research and Practice and through presenting findings at a relevant conference.
I also plan to disseminate my findings to my participants through providing them with copies of my projects findings once it has been completed.

You will not be identified in any report/publication and all quotes from interviews will be anonymised.

Who is organising and funding the research?

This research is being funded by Canterbury Christ Church University.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by Salomons Research Ethics Committee.

Further information and contact details
If you would like to speak to me and find out more about the study or have questions about it answered, you can leave a message for me on a 24-hour voicemail phone line at 01892 507673. Please say that the message is for me {Jamie Brazil] and leave a contact number so that I can get back to you.

Appendix J: Study protocol

Study Protocol

Measures
The following measures will be required for the procedure:
• Information sheet
• Consent form
• Interview schedule

Before the interview
• Participants will be guided through information sheet
• Participants will be guided though the interview prompts but are advised that it is hoped the interview will be an opportunity to have conversation about the matters they feel are relevant to the topic area.
• Participants will be asked to read and sign the consent form.
• Advised that interviews will be recorded (if consent is provided) or notes will be taken if preferred.
• Participants will be advised of the procedures related to confidentiality and their rights as a participants i.e. that they have the right to withdraw at any time etc.
• Participants will be advised that they will be debriefed at the end of the interview.
• Participants will be offered the opportunity to ask any questions

During the interview
• If participants consent to participation they will be invited to take part in the interview.
• It is anticipated that the interview will last 50 – 60 minutes.
• The researcher will use an interview schedule with open-ended questions and prompts to facilitate exploration of suicide.
• The researcher will also explore the participant's interest and motivation in participating in the research as appropriate.
• Participants will be encouraged to only answer questions they feel comfortable with.

After the interview
• There will be an opportunity to debrief and discuss the experience of the interview after completion to ensure that there are no lasting negative or unforeseen consequences of the study.
• Participants will be given the opportunity to ask any further questions
• Participants will be asked whether they would like to receive a summary of the findings once the project has been submitted for marking to Canterbury
Christ Church University
• The researcher will ask whether the participant is still consenting to the material recorded and its use within the analysis and write-up will be sought.

• The researcher will explain next steps and offer advice about sources of ongoing support (if required).

Appendix K: Procedural guidelines for the discourse analysis (Willig, 2008)

1. Discursive constructions: Highlight all instances (explicit and implicit) of the discursive objects (DO) in the transcripts (what the person is talking about). After repeated re-readings of the texts authenticity was defined as the discursive object. The different ways in which this discursive object was described was then explored.

2. Discourses: Once the different discursive objects had been highlighted, the difference between these objects were explored and located within wider discourses, which is useful for showing what might be taken-for-granted within a particular culture (Potter & Wetherall, 1987).

3. Action: Next the author explored the possible functions of these constructs and how these may relate to other constructs within the surrounding text and what these various constructions may be achieving (or limiting) within the text.

4. Subject positions: Following this the author explored what particular subject positions are offered or limited by the constructs?

5. Institutional practices: What practices are seen as legitimate behaviours or actions as a consequence of these positions and constructs?

6. Subjectivity: Explore what effects these subject positions have upon the speaker subjective experience i.e. what may be thought, felt and experienced. How does the subject position of a clinician or a service-user allow individuals to speak about authenticity? How does this subject position offer a perspective from which to view reality and moral location?

Appendix L: Abridged reflective diary

Before receiving ethics approval

I will be so pleased when I receive my ethics approval, I feel like I have a really good proposal for this study and hope that they don't make me change it too much. It feels like my initial ideas have changed so much already through discussions with my supervisor, however, it does feel like my project is much more streamlined and clearer now.

I have been thinking quite a lot about why I am interested in authenticity and what that says about me as a person. I'm pretty sure that my family history has led me to view authenticity as highly important and I have seen first-hand the damage that can be caused by inauthenticity. I do worry that these assumptions won't influence my research too much. I was discussing this with another trainee who said that we all choose research for personal reasons and that as long as you are aware of your assumptions then this is ok. I feel reassured that I have chosen discourse analysis because this approach rests on the assumption that there are multiple truths and this makes me feel better.

After interview one

That was pretty interesting but not for the reasons I thought it would be. My participant began the interview by saying that they only agreed to take part so as to help me out as they could remember what it was like to be doing research. This put a bit of a downer on my enthusiasm but it turned out that they did have a lot to think about and talk about regarding authenticity. I was also really conscious about the ways that I may be influencing or co-constructing the interview. I didn't want to bias the interview by steering the participant in a certain way.

Completing section A and finishing interviews

I have completed section A to an acceptable standard and it has been really useful for thinking about my interviews. Conceptualising authenticity within a realist framework is highly problematic and I am so glad that decided to problematise authenticity and approach it through a social constructionist perspective. I've done all my interviews now and I feel really in the swing of it, all of the participants have been really interesting and some have had quite different perspectives to mine which is great for the research and for my learning.

Analysing the data

There is so much to analyse, I am starting to wish that I had chosen to do less interviews as transcribing and analysing twelve interviews is taking so long. It is also quite difficult to be selective as there is so much here, however, I have found that sticking to the framework helps to streamline the process. Amazed by what is emerging from the data, had not thought about

all of the ways that authenticity can be used by people. Really interested in discursive approaches and the power of language. Meeting with my supervisor has helped understand how you do discourse analysis as it felt like such a hard to grasp approach

Writing section B

I am finally writing section B and it feels like the end is approaching. While I have enjoyed exploring authenticity through a different lens I feel like my understanding of it has massively changed and that has been surprising. Sending drafts to supervisors can be frustrating as it feels like everything is always being tuned and altered.

I have now finished writing section B and was 2,000 words over the word limit, removing these words has been one of the most difficult processes in the whole of the research. I feel like I am losing so many useful points but at least will have extra for the viva.

Appendix M: Audit trail

The following audit trail outlines the course of development of the completed analysis. Lincoln and Guba (1985) have suggested six elements to be included in an audit trail. These are outlined in the table below

Audit Trail Element	Location of 'evidence'
Raw Data	• Interviews were conducted • Relevant notes were made during each interview • Notes were made in a reflective diary (appendix L) immediately after the interview • All interviews were audio recorded and stored on a password protected USB stick • Interviews were transcribed by the author • Transcripts were carefully read
Data Reduction and Analysis Products	• Transcripts were re-read and initial codings were recorded for initial thoughts • Initial codings from transcrips were reviewed with academic supervisor, experienced in DA. • Codings were expanded upon using a coding book (appendix N) • Sections of coding book were reviewed and discussed with academic supervisor
Data Reconstruction and Synthesis Products	• Similar codings were grouped together to form initial constructs (appendix O)
Process Notes	• Reflective diary kept throughout research process • Reflective interview completed with a colleague to explore the researchers own assumptions
Materials relating to Intentions and Dispositions	• Reflective diary kept throughout research process
Instrument Development	• Interview questions discussed with supervisors, colleagues and with

	Salomons Advisory Group of Experts (SAGE)

Appendix N: Example segment of coding book

Discursive constructs (stage 2) **What is the object constructed?**	**Action orientation/function of the construct (stage 3)** **What is the language doing?** **(MICRO)**	**Subject positions (stage 4)** **How does this position clinician, service user, external and me?** **(MESO)**	**Practices (stage 5)** **How does this impact clinical practice?** **(MACRO)**	**Ways of understanding made legitimate/illegitimate (stage 6)** **What wider perspectives does this legitimise?** **(MACRO)**	**Example quotes (Transcript)**
Authenticity as highly individualised. Authenticity as measurable.	Suggests that authenticity is innate or inherent to differing degrees in different people. Suggests that authenticity can measured using objective measures.	Positions the clinician as having a good scientific understanding of authenticity. Positions authenticity as something which is waiting to be researched or measured.	Perhaps legitimises authenticity to be viewed within a scientific discourse. Legitimises humanism discourse	Prioritises a humanism discourse which privileges individualism and neglects societal issues	I was discussing this in supervision with somebody and the theory that there are different types of psychologists and some psychologists choose to present themselves in a more formal manner …… and I suggested that some psychologists choose to not be authentic…… but maybe they think they are being authentic to their way of working (Jane).

Authenticity as a nebulous or elusive concept.	Suggests that we are unable to fully grasp or understand authenticity as a concept.	Positions the researcher and clinician as passive recipients or impotent. Positions authenticity as having power	Legitimises a spiritual discourse and limits empirical research	Prioritises subjugated authenticity discourse which have previously been neglected.	Yeah and authenticity may represent something which is spiritual or neurological in itself and we don't have the capacity to measure it (Frank).
Authenticity as highly necessary for clinicians. Authenticity as being achievable.	Suggests that authenticity is something that can be used. Suggests that authenticity involves a process.	Positions authenticity as having significant value. Positions clinical psychologists as having much to contribute in their clinical work. Positions service users as passive	Impacts clinical practice through privileging the clinical psychologist's voice over that of the service user.	Prioritises expert position and privileges professional discourse in society.	Being authentic is an important part of the role and that you can't be a psychologist just skin deep and be someone else, you can't work with clients that you don't like….. and I think that people will find you out as well if you are not authentic in your clinical work (Clive).
Authenticity as the main component of certain therapies. Authenticity as relational.	The language functions to focus on the relational aspect involved in psychotherapy and authenticity	Positions both service user and clinician as active and necessary for therapeutic growth	Encourages clinicians to think about authenticity and engage in practices which develop it.	Privileges client-centred discourse and humanism.	Working in that way with people then authenticity is the thing and it is very important and you expect the client to learn to be more authentic with you (Robert).

Appendix O: Progression of theme development

Constructing authenticity

- **Authenticity as a measurable individual construct**

Authenticity is something that exists
Authenticity can be measured and some people are more or less authentic than others
We know when we are being authentic
We know when others are being authentic
Authenticity is intrapsychic
Authenticity is genetic or develops through environment

- **Authenticity involves conscious choice**

Being authentic is a choice
Everyone can make that choice
Inauthentic people have chosen to be inauthentic
Authenticity is something that people want but that it does not come naturally

- **Authenticity as a necessary and/or important milestone or goal that is worked towards by clinicians**

Everyone can be authentic but clinicians choose to work on it
Authenticity is synonymous with therapeutic change
Authenticity can be a goal in itself
Clinicians are not naturally authentic, they have to work towards it
Authenticity involves milestones rather than finality
No mention of service user, authenticity is something that clinicians use
Authenticity is an unspoken goal

- **Authenticity as related to mental health operating at multiple levels (interpersonal/intrapersonal, individual/societal/organisational) (impeded or limited by professional role and/or context)**

Assumption that good mental health involves authenticity
If authenticity is a choice then people may be blamed for being inauthentic and this can lead to mental health difficulties
Concepts or constructs can operate at multiple levels
Clinicians have a professional role which can be enhanced or limited by other constructs

Authenticity is moved away for individual to more relational contexts
People can have different degrees of authenticity in different contexts and with different people
Society can be authentic
Organisations can impede people from being authentic

- **Authenticity as malleable and contextual**

Authenticity can be moulded by experience and others
People are affected by the contexts that they inhabit
There may be benefits to shaping a person's authenticity

- **Authenticity as a relational tool**

Authenticity is a communication
Authenticity as a strong feeling or experience
Authenticity is different from inauthenticity
Authenticity evokes feelings in both parties

- **Authenticity as a way of legitimising certain psychological treatments and ways of working**

There are different ways of working available to clinicians
Power dynamics are present in psychological work
Authenticity can be used to persuade or convince
Authenticity has power and bestows power upon those who claim to be authentic
Authenticity can also disempower others

Appendix P: Example of an interview transcript

This has been removed from the electronic copy

Appendix Q: Author guidelines for Psychology and Psychotherapy: Theory, Research and Practice

Author Guidelines

Psychology and Psychotherapy: Theory Research and Practice (formerly The British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

All papers published in Psychology and Psychotherapy: Theory, Research and Practice are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

All articles submitted to PAPT must adhere to the stated word limit for the particular article type. The journal operates a policy of returning any papers that are over this word limit to the authors. The word limit does not include the abstract, reference list, figures and tables. Appendices however are included in the word limit. The Editors retain discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length (e.g., a new theory or a new method). The authors should contact the Editors first in such a case.

Word limits for specific article types are as follows:

- Research articles: 5000 words
- Qualitative papers: 6000 words
- Review papers: 6000 words
- Special Issue papers: 5000 words

3. Brief reports

These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

4. Submission and reviewing

All manuscripts must be submitted via Editorial Manager. The Journal operates a policy of anonymous (double blind) peer review. We also operate a triage process in which submissions that are out of scope or otherwise inappropriate will be rejected by the editors without external peer review to avoid unnecessary delays. Before submitting, please read the terms and conditions of submission and the declaration of competing interests. You may also like to use the Submission Checklist to help you prepare your paper.

5. Manuscript requirements

• Contributions must be typed in double spacing with wide margins. All sheets must be numbered.

• Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details. A template can be downloaded here.

• The main document must be anonymous. Please do not mention the authors' names or affiliations (including in the Method section) and refer to any previous work in the third person.

• Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript but they must be mentioned in the text.

• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi. All figures must be mentioned in the text.

• For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, Results, Conclusions. Review articles should use these headings: Purpose, Methods, Results, Conclusions.

• All Articles must include Practitioner Points – these are 2-4 bullet points, in addition to the abstract, with the heading 'Practitioner Points'. These should briefly and clearly outline the relevance of your research to professional practice.

• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide DOI numbers where possible for journal articles.

• SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.

• In normal circumstances, effect size should be incorporated.

• Authors are requested to avoid the use of sexist language.

• Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.

• Manuscripts describing clinical trials must be submitted in accordance with the CONSORT statement on reporting randomised controlled trials (http://www.consort-statement.org).
• Manuscripts describing systematic reviews and meta-analyses must be submitted in accordance with the PRISMA statement on reporting systematic reviews and meta-analyses (http://www.prisma-statement.org).
For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.
6. Multiple or Linked submissions

Authors considering submitting two or more linked submissions should discuss this with the Editors in the first instance.

7. Supporting Information

PAPT is happy to accept articles with supporting information supplied for online only publication. This may include appendices, supplementary figures, sound files, videoclips etc. These will be posted on Wiley Online Library with the article. The print version will have a note indicating that extra material is available online. Please indicate clearly on submission which material is for online only publication. Please note that extra online only material is published as supplied by the author in the same file format and is not copyedited or typeset. Further information about this service can be found athttp://authorservices.wiley.com/bauthor/suppmat.asp
8. Copyright and licenses

If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an email prompting them to login into Author Services, where via the Wiley Author Licensing Service (WALS) they will be able to complete the license agreement on behalf of all authors on the paper.

For authors signing the copyright transfer agreement
If the OnlineOpen option is not selected the corresponding author will be presented with the copyright transfer agreement (CTA) to sign. The terms and conditions of the CTA can be previewed in the samples associated with the Copyright FAQs.
For authors choosing OnlineOpen
If the OnlineOpen option is selected the corresponding author will have a choice of the following Creative Commons License Open Access Agreements (OAA):

- Creative Commons Attribution Non-Commercial License OAA

- Creative Commons Attribution Non-Commercial -NoDerivs License OAA

To preview the terms and conditions of these open access agreements please visit theCopyright FAQs and you may also like to visit the Wiley Open Access and Copyright Licence page.
If you select the OnlineOpen option and your research is funded by The Wellcome Trust and members of the Research Councils UK (RCUK) or Austrian Science Fund (FWF) you will be given the opportunity to publish your article under a CC-BY license supporting you in complying with your Funder requirements. For more information on this policy and the Journal's compliant self-archiving policy please visit our Funder Policy page.
9. Colour illustrations

Colour illustrations can be accepted for publication online. These would be reproduced in greyscale in the print version. If authors would like these figures to be reproduced in colour in print at their expense they should request this by completing a Colour Work Agreement form upon acceptance of the paper. A copy of the Colour Work Agreement form can be downloaded **here**.

10. Pre-submission English-language editing

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. A list of independent suppliers of editing services can be found athttp://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

11. OnlineOpen

OnlineOpen is available to authors of primary research articles who wish to make their article available to non-subscribers on publication, or whose funding agency requires grantees to archive the final version of their article. With OnlineOpen, the author, the author's funding agency, or the author's institution pays a fee to ensure that the article is made available to non-subscribers upon publication via Wiley Online Library, as well as deposited in the funding agency's preferred archive. For the full list of terms and conditions,
see http://wileyonlinelibrary.com/onlineopen#OnlineOpen_Terms
Any authors wishing to send their paper OnlineOpen will be required to complete the payment form available from our website at:https://onlinelibrary.wiley.com/onlineOpenOrder
Prior to acceptance there is no requirement to inform an Editorial Office that you intend to publish your paper OnlineOpen if you do not wish to. All OnlineOpen articles are treated in the same way as any other article. They go through the journal's standard peer-review process and will be accepted or rejected based on their own merit.

12. Author Services

Author Services enables authors to track their article – once it has been accepted – through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. The author will receive an e-mail with a unique link that enables them to register and have their article automatically added to the system. Please ensure that a complete e-mail address is provided when submitting the manuscript. Visithttp://authorservices.wiley.com/bauthor/ for more details on online production tracking and for a wealth of resources including FAQs and tips on article preparation, submission and more.

13. The Later Stages

The corresponding author will receive an email alert containing a link to a web site. A working e-mail address must therefore be provided for the corresponding author. The proof can be downloaded as a PDF (portable document format) file from this site. Acrobat Reader will be required in order to read this file. This software can be downloaded (free of charge) from the following web site: http://www.adobe.com/products/acrobat/readstep2.html. This will enable the file to be opened, read on screen and annotated direct in the PDF. Corrections can also be supplied by hard copy if preferred. Further instructions will be sent with the proof. Hard copy proofs will be posted if no e-mail address is available. Excessive changes made by the author in the proofs, excluding typesetting errors, will be charged separately.

14. Early View

Psychology and Psychotherapy is covered by the Early View service on Wiley Online Library. Early View articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, rather than having to wait for the next scheduled print issue. Early View articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors' final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The

nature of Early View articles means that they do not yet have volume, issue or page numbers, so they cannot be cited in the traditional way. They are cited using their Digital Object Identifier (DOI) with no volume and issue or pagination information. E.g., Jones, A.B. (2010). Human rights Issues. *Human Rights Journal*. Advance online publication. doi:10.1111/j.1467-9299.2010.00300.x

Further information about the process of peer review and production can be found in this document. What happens to my paper?