AN EMPIRICAL EXAMINATION OF THE RELATIONSHIPS AMONG

AUTHENTICITY, SELF-ACTUALIZATION, AND MULTICULTURAL

COUNSELING COMPETENCY

by

KEVIN JOSTÁN PRINCE

(Under the direction of John C. Dagley)

ABSTRACT

Multiculturalism has played an important role in expanding mental health professionals' perspectives on working with people. Multicultural counseling competency has become an area of growing interest for researchers, practitioners, teachers, and clinical supervisors, as the helping professions focus more comprehensive efforts to improve the quality of counseling services for all people in the community. Unfortunately, too many efforts at enhancing multicultural counseling competencies have focused on specific knowledge variables regarding cultures and ethnic groups. Too few instructional and supervisory efforts have focused on more complex human development variables such as authenticity. Perhaps, the absence of focus on deeper personal constructs is a result of the relative paucity of knowledge about the role of authenticity in multicultural counseling competencies. Because of the depth it may add to multicultural counseling training, authenticity and a related construct, self-actualization, may serve as keystone constructs for examining core variables that may possibly be associated with multicultural counseling competency. Authenticity offers the depth needed to stretch efforts to increase multicultural counseling competency. Inauthenticity and self-actualization, which are closely related to authenticity, served as sufficient constructs to examine the relationship with multicultural counseling competency. The purpose behind the current study was to investigate the relationships among multicultural counseling competency, inauthenticity and self-actualization. The present study also examined the unique contribution of inauthenticity and the self-actualization factors (i.e., core self-actualization, autonomy, openness to experience, and comfort with solitude) to the variance explained in multicultural counseling competency after demographic variables, social desirability, and ethnic identity were controlled. Counselors-in-training and professional therapists were solicited using an email invitation to participate in the study to student and professional organizations' listserv and contacts with professionals. As designed, the test battery was administered over the Internet and 284 participants completed the test battery. There were several self-identified racial/ethnic groups. Participants' educational degree levels ranged from a bachelor's degree to

diplomate/advanced certification. Findings support the significant interrelationships among multicultural counseling competency, self-actualization, and inauthenticity. Moreover, evidence suggested that ethnic identity search and openness to experience made significant, unique contributions to the variance explained in multicultural counseling competency. Although inauthenticity had a unique contribution to the variance explained in multicultural counseling competency, when the self-actualizaton factors were entered into the equation, the contribution of inauthenticity was not significant. Results also indicated that gender, prior multicultural training, theoretical orientation, and field of professional training significantly affected differences on multicultural knowledge and awareness. These findings suggest a developmental multicultural counseling competency process, where ethnic identity search, openness to experience, and other demographic variables meaningfully affect multicultural competency. Moreover, the current study seems to suggest that one's ability to acquire multicultural knowledge would be uniquely different from receiving multicultural awareness. The current study seems to support, at least, one's acquisition of multicultural knowledge comes well before one develops a distinctive level of multicultural awareness. The later development of multicultural awareness coincides with the position that there has to be a more sophisticated level of multicultural counseling competency. Counselors-in-training and professionals early in their career may be limited in their capacity to develop multicultural awareness. Within a master or doctoral level training program, one may be limited simply as a function of one's professional or psychosocial development. Additional findings along with implications for training and research are discussed.

INDEX WORDS: Counselors, Authenticity, Multicultural Counseling Competency, Self-actualization, Ethnic Identity, Multicultural Training, Professional Development

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DEDICATION

To my wife, Yvonne Ortiz-Prince, you are "the wind beneath my wings."

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"Oh Divine One! I give thanks to You, the one who is as near as my heartbeat, and more anticipated than my next breath. Let Your wisdom become one with this vessel as I lift my voice in thanks for Your love." – Yoruban (West African/Nigerian) Prayer

To the ancestors, to the Africans who died on slave ships and walked the dusty roads to misery; and to the nameless people who sacrificed for many; I give thanks to them and all who carried the blessings bestowed upon their heads, so that I may be blessed with the burden of their sacrifice and alleviate their load for a short time. To my parents, I give thanks for your sacrifice on my behalf so that I might have a chance at something better. Only until I had children did I realize how much you must have loved me. And to my wife, Yvonne Ortiz-Prince, without your love and devotion, little of what I have done would have been accomplished for which I am deeply grateful. I carry on the blessings given to me and share them with others.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Near the end of the twentieth century, multiculturalism had become known in mental health counseling as the fourth force after psychoanalysis, behaviorism, and humanism (Pedersen, 1990). Multiculturalism has played a powerful role in shaping how mental health professionals view people. The growing acceptance of multiculturalism could not be successful outside a culture of authenticity, where people attempt to understand and discover what is personally meaningful to their lives (Taylor, 1991). Consequently, a movement to inform mental health professionals about individuals' diverse cultural experiences has been engaged in an attempt to provide increased acceptance, understanding, and meaningfulness to individuals' counseling experience. With a growing acceptance of multiculturalism, a deficit has been found when solely defining multicultural counseling competencies based on knowledge, skills, and awareness.

Research has expanded multicultural counseling competencies to include the therapeutic relationship, unique client variables and issues, and the therapeutic working alliance (Constantine & Ladany, 2000; Ladany, Inman, Constantine, & Hofheinz, 1997; Pope-Davis et al., 2002; Sodowsky, Taffe, Gutkin, & Wise, 1994). Competency pursuits have directed research toward a reductionist approach to multicultural counseling competency. Still, there needs to be a horizontal shift for more effective and competent multicultural therapists. The vertical development of competency areas is a worthwhile

and important concentration. However, the lack of depth may leave multiculturalism as a shortsighted attempt to improve therapists' competencies focusing on awareness, techniques, and knowledge, encouraging individualistic self-seeking, exclusiveness, and the view that professional development is a goal instead of a process. Authenticity may provide the depth needed to stretch our efforts to increase multicultural counseling competency (Gruba-McCallister & Levington, 1994; Skovholt & Rønnestad, 1992).

Previous Research

Although considerable research has been conducted on multicultural issues, the literature reports relatively little empirical research on the construct of authenticity, or its effect on multicultural counseling competency development (Henderson & Hoy, 1983; Kolligan & Sternberg, 1991). A comprehensive review of the literature did not reveal any studies examining the relationship between multicultural counseling competency and authenticity. Therefore, it is important to note that the paucity of empirical research examining a meaningful relationship between multicultural counseling competency and authenticity has left a void in the literature.

Research findings on inauthenticity, a similar but contrasting construct to authenticity, suggested a positive relationship to self-monitoring and self-critical components of depressive symptoms, achievement pressures, social anxiety, and distracted daydreaming styles (Kolligan & Sternberg, 1991). Additionally, self-actualization, which is a closely related construct to authenticity, has been given strong theoretical support, but only mixed empirical evidence. Various multicultural research areas have demonstrated mixed results examining the effect of self-actualization on racial identity (Parham & Helms, 1985), sex-role identity (Endo & Hashimoto, 1998), and

general identity development (Valde, 1996). In the absence of a viable measure of authenticity, inauthenticity and self-actualization were sufficient constructs to examine the relationship with multicultural counseling competency. Moreover, multicultural counseling competency and self-actualization research provide the most significant bodies of research related to counselors' professional development.

It will be important to establish a relationship among multicultural counseling competency, inauthenticity and self-actualization to provide information about the relationship, if any, between multicultural counseling competency and authenticity. Any evidence of a relationship among multicultural counseling competency, inauthenticity and self-actualization may offer information toward the development of an authenticity measure.

Purpose of Study

Authenticity is clearly an overarching and powerful force central to mental health professionals' identity development (Rubinstein, 1994; Skovholt & Rønnestad, 1992). Theoretically, authenticity has played a significant role in promoting psychological health (Gruba-McCallister & Levington, 1994; Nobles, 1986; Rahilly, 1993). However, it has been difficult to define authenticity in precise terms. An imprecise definition of authenticity has not resulted in clear and measurable characteristics (Henderson & Hoy, 1983). This imprecision has not stifled the debate on the role of authenticity. Rather, the debate has encouraged theorists to clarify the issues related to the definition of authenticity (Taylor, 1991).

Self-actualization has been examined in counselor trainees, in the supervision process, and with group therapists in efforts to determine the influence and predictive

value for mental health counselors' professional development (Bonk, Knapp, & Michael, 1978; Deming, 1980; Jansen & Garvey, 1974; Ritter, 1977; Thompson, 1986). Theorists have also struggled to develop a clear definition of self-actualization (Crandall & Jones, 1991). Several measures have been developed in an attempt to capture the complex components of the self-actualization construct that pose measurement difficulties (Sumerlin, Privette, Bundrick, & Berretta, 1994). Yet, research has not produced an instrument that effectively measures authenticity. Thus, researchers tend to use a measure of inauthenticity. There is no empirical research on the role of either authenticity or self-actualization within a developmental context for mental health professionals.

The purpose of this study was to investigate relationships among multicultural counseling competency, inauthenticity and self-actualization. What significant, unique contributions do inauthenticity and self-actualization make to the variance explained in multicultural counseling competency development after demographic variables, social desirability, and ethnic identity are controlled? The study used self-report measures to assess the relationships among multicultural counseling competency, inauthenticity and self-actualization.

Significance of the Study

There is considerable interest in multicultural counseling competency for mental health professionals (Pope-Davis et al., 2002). Attention has been given to multicultural competency assessing counselor knowledge, skills, and awareness. Research has also examined multicultural counseling competency expanding into investigations about the therapeutic relationship, unique client variables, client-related issues, and the therapeutic

working alliance (Constantine & Ladany, 2000; Ladany et al., 1997: Pope-Davis et al., 2002). Nonetheless, there continues to be a void in the literature examining multicultural counseling competency and authenticity. Although a theoretical basis has provided a rationale for assuming a relationship between multicultural counseling competency and authenticity has, there remains little empirical evidence. Thus, the present explorative study examined the relationships among multicultural counseling competency, inauthenticity and self-actualization in an effort to establish such empirical evidence.

Research Questions and Hypotheses

The present study was designed to assess mental health professionals' development through an examination of the relationship among multicultural counseling competency, self-actualization and inauthenticity. Investigating such relationships could demonstrate the importance of authenticity for mental health professionals' growth. The purpose of the current study was to examine the relationship among multicultural counseling competency, self-actualization, and inauthenticity. It would be expected that there would be significant correlations among multicultural counseling competency, self-actualization, and inauthenticity.

A social desirability measure was included to identify the possible presence of a confounding variable sometimes evident when self-report measures are used in assessing multicultural counseling and racial/ethnic identity (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002). Social desirability refers to culturally approved patterns of behavior reflecting a need to give socially acceptable answers instead of providing actual feelings or behaviors (Crowne & Marlow, 1960). In previous research,

social desirability was significantly related to multicultural counseling competency (Constantine & Ladany, 2000; Sodowsky et al., 1998) and ethnic identity (Ponterotto et al., 2002). Nonetheless, one multicultural counseling competency measure, which was used in the current study, has not demonstrated a significantly positive correlation to social desirability (Constantine, 2000; Constantine & Ladany, 2000; Ponterotto et al., 2002). A relationship may suggest a potential for overstated multicultural counseling competency self-reports (Constantine & Ladany, 2000). However, it would be expected that social desirability would not be related to multicultural counseling competency in the current study.

Social desirability could also be related to ethnic identity and self-actualization measures. A literature review revealed a relationship between social desirability and ethnic identity (Ponterotto et al., 2002). Interestingly, research has demonstrated that social desirability was not significantly related to Black or White racial identity (Constantine, Juby, & Liang, 2001; Vandiver et al., 2002). It would be expected that social desirability would be related to ethnic identity for an ethnically diverse sample. Social desirability and self-actualization have also demonstrated to have a significant relationship (Abbott & Harris, 1973; Warehime & Foulds, 1973). The reliability and validity of prior self-actualization measures makes these results questionable (Ray, 1984; Ray, 1986; Sumerlin, Privette, Bundrick, & Berretta, 1994; Wise, 1977; Wise & Davis, 1975). It would appear important to examine the relationship between social desirability and self-actualization with a more reliable self-actualization measure. Social desirability may also be correlated to self-actualization.

Significant differences in social desirability according to level of education and prior multicultural training needed to be examined. Evidence suggests that social desirability has a significant relationship to multicultural counseling competency for counselors-in-training and with various other educational levels (Constantine & Ladany, 2000; Ponterotto et al., 2002; Sodowsky et al, 1998). However, empirically, how the effect of social desirability might change due to education level and prior multicultural training has not been clearly established. It would be expected that differences on social desirability would exist among education levels and prior multicultural training due to greater comfort with multicultural issues and experience dealing with mental health concerns.

An ethnic identity measure was also included in the study. Ethnic identity refers to a general phenomenon common to all people, where one has a sense of psychological connection with a group of people who have a common history traceable to a common place of origin (Phinney, 1992). Although there is a paucity of empirical evidence demonstrating a relationship between ethnic identity and multicultural counseling competency, ethnic identity is hypothesized to be significantly correlated to multicultural counseling competency (Ponterotto et al., 2002). The researcher examined the relationship between ethnic identity and multicultural counseling competency. A literature review did not reveal a relationship between either ethnic identity and self-actualization or inauthenticity. It would be expected that ethnic identity would also be related to self-actualization and inauthenticity. The relationship between ethnic identity and self-reported multicultural counseling competency, self-actualization, and inauthenticity were examined to provide additional information.

Furthermore, the current study also focused on the developmental growth of mental health professionals. It would seem important to be able to find any significant differences based on gender, level of education, amount of prior multicultural training, theoretical orientation, and ethnic identity on factors of self-actualization and inauthenticity. It would be expected that there would be differences. Prior research has demonstrated differences according to gender on self-actualization (Sheffield, Carey, Patenaude, & Lambert, 1995; Sumerlin & Bundrick, 1998). No empirical research has indicated differences by level of education, prior multicultural training or theoretical orientation on self-actualization. It would be expected that there would be differences according to gender, with women scoring higher self-actualization than men. Similarly, differences according to level of education, prior multicultural training, and theoretical orientation would be expected due to the professional development process where self-actualization increases with more training and increased knowledge. However, it would be less certain if self-actualization would differ according to theoretical orientation. It would be expected that there would be minimal statistical differences by theoretical orientation on self-actualization.

Establishing what unique contribution self-actualization and inauthenticity make on multicultural counseling competency would provide valuable information. After controlling for social desirability, ethnic identity and other demographic variables, it would be expected that self-actualization and inauthenticity would have a significant effect on multicultural counseling competency. The present study may support the need for the development of a validated measure of authenticity potentially offering information about counselors' growth within a developmental context to assess training

needs and improve training interventions. The study investigated the following research questions and hypotheses:

Research Question 1: What are the relationships among the self-report measures of multicultural counseling competency, self-actualization, and inauthenticity?

> *Hypothesis 1.1*: It would be expected that higher multicultural counseling competency would have a significant, positive correlation to self-actualization.
>
> *Hypothesis 1.2*: It would be expected that higher multicultural counseling competency would have a significant, negative correlation to inauthenticity.
>
> *Hypothesis 1.3*: It would be expected that higher self-actualization would have a significant, negative correlation to inauthenticity.

Research Question 2: What is the effect of age, race/ethnicity, gender, theoretical orientation, or field of professional training on self-report measures of multicultural counseling competency?

> *Hypothesis 2.1*: It would be expected that there would be no statistically significant differences according to age, race/ethnicity, gender, or level of education on self-reported measures of multicultural counseling competency.
>
> *Hypothesis 2.2*: It would be expected that there would be statistically significant differences according to prior multicultural training, theoretical orientation, and field of professional training on self-reported measures of multicultural counseling competency.

Research Question 3: Do gender, prior multicultural training, and theoretical orientation relate significantly to differences on self-actualization and inauthenticity?

Hypothesis 3.1: It would be expected that there would be significant differences according to gender, prior multicultural training, and theoretical orientation on factors of self-actualization.

Hypothesis 3.2: It would be expected that there would be significant differences according to gender, prior multicultural training, and theoretical orientation on inauthenticity.

Research Question 4: Do educational level and/or prior multicultural training relate significantly to differences on social desirability?

Hypothesis 4.1: It would be expected that there would be significant differences in level of social desirability according to education level and prior multicultural training.

Research Question 5: What amount of variance in multicultural counseling competency could be explained by inauthenticity and self-actualization after controlling for social desirability, ethnic identity, and demographic variables?

Hypothesis 5.1: It would be expected that self-reported self-actualization factors and inauthenticity would account for a significant, unique amount of the variance in multicultural counseling competency after controlling for social desirability, ethnic identity, and demographic variables.

Limitations

Collecting data using the Internet may provide several economical and practical advantages. However, those interested in participating the study may already have interest in multicultural issues or authenticity, possibly reflecting a difference from those not interested in participating. The participants in this study also were not randomly

selected, so caution should be used in generalizing any results. The reliability of self-report measures has also been called into question because self-report measures may not provide the most accurate information due to inherent limitations (Schwarz, 1999).

Definitions

Authenticity is finding the design of one's life against the demands of external conformity. It is an idea of freedom, involving creation, destruction, discovery, originality, frequently opposes the rules of society and sometimes may include what is recognized as morality. It requires finding meaningfulness and self-definition in communion with others (Taylor, 1991).

Africentric framework emphasizes the needs and interests of African descended people, allowing one to draw upon African cultural practices to maintain self-preservation and self-determination with the goal of gaining mental, physical, social, and spiritual liberation (Utsey, Bolden, & Brown, 2001).

Culture is defined as "a construct that captures social transmitted systems of ideas that shape behavior, categorize perceptions, and gives names to selected aspects of experience" (Locke, 1998, p. 3).

Ethnicity is a general phenomenon common to all people, where one has a sense of psychological connection within a group of people who have a common history traceable to a common place of origin (Phinney, 1992).

Inauthenticity refers to the degree to which a person's self-perception has an increased level of fraudulent thoughts, feelings, and actions supported by several deceptive tendencies, which would be a reflection of normative responses to situational

factors and environmental constraints rather than a pervasive syndrome or personality disorder (Kolligan & Sternberg, 1991).

Multiculturalism "is a dynamic perspective that values and includes the role of culture in creating knowledge and storing memories. A multicultural perspective assumes culture has a significant bidirectional relationship with biological, characterological, familial, and societal systems" (Berg-Cross, Craig, & Wessel, 2001, p. 849).

Multicultural Counseling Competency refers to the various attitudes and beliefs, knowledge, and skills used in therapeutic work with individuals from a variety of cultural backgrounds (Sue, Arredondo, & McDavis, 1992).

Self-actualization refers to the state of an individual who has their basic needs satisfied, is free of illness, and uses their capacity to the fullest extent (Maslow, 1962, 1970).

Social Desirability refers to culturally approved patterns of behavior reflecting a need to give socially acceptable answers instead of providing actual feelings or behaviors (Crowne & Marlow, 1960).

CHAPTER II

REVIEW OF THE LITERATURE

Review of the literature provided substantial information on authenticity, self-actualization, and multicultural competency. Background information and available measurements of the aforementioned constructs are reviewed.

Authenticity. Heidegger (1962) has often been credited with expanding the discourse on authenticity in the philosophical literature. He suggested a concept called Being-there or "Dasein" that can be expressed in several fashions. The five modes of Dasein described are authenticity, inauthenticity, everydayness, averageness, and publicness. Authenticity represented a choice of self and achievement, while other modes represented a failure to embrace one's individuality available to all people. Inauthenticity resulted from being preoccupied, excitement, and other external forces. One who was being inauthentic worked to fit the definitions of others.

Averageness referred to an individual who no longer attempts to achieve and accepts a loss of individuality. Although an individual might still be different from others, everydayness represented a person no longer changing, developing, or making choices. Individuals who are achievement-oriented characterize everydayness when they do not attempt to excel and grow. Finally, publicness connotes a complete loss of self in exchange for a public image, where the individual conforms to others' preconceptions and opinions. This individual repeats the same single achievement repetitively;

consequently withdrawing from independence, creativity, and individuality (Heidegger, 1962).

Although Heidegger (1962) and other theorists provide a substantive dialogue on the significant role of authenticity, they have been criticized for their individualistic emphasis, which may not be consistent with the long-term goals of multiculturalism (Rubinstein, 1994). Self-determinism has also been related to authenticity and most closely related to Heidegger's (1962) concept of authenticity. Yet, Taylor (1991) suggests that self-determined freedom is a temptation and default solution to authenticity. Self-determined freedom alone has been inadequate when tensions arise between opposing ideals. In attempt to avoid anxiety associated with conflict, people consequently conform to the expectations of more powerful figures. Under these circumstances, privileges abound for people who conform. Allowing tension and resolution of conflict to manifest in relationships is consistent with fundamental tenets of multiculturalism. Through authentic relationships, tensions are allowed and privileges cannot be afforded to one group at the expense of another for favoring one ideal. Other shortsighted goals of authenticity include individualistic self-seeking, viewing authenticity as an achievement only for an elite few, and viewing authentic professional development as a goal instead of a process (Gruba-McCallister & Levington, 1994).

Taylor (1991) offered an alternative definition. Authenticity as an idea of freedom, involving creation, destruction, discovery, originality, frequently opposes the rules of society and sometimes may include what is recognized as morality. It requires finding meaningfulness and self-definition in communion with others. Authenticity is finding the design of one's life against the demands of external conformity. The

individual must be true to her or his originality, which can only be articulated through self-discovery. A dynamic definition of authenticity is an idea and way of living that allows flexibility, inclusion, discovery, patience, and acceptance of diverse perspectives encouraging transformation and growth within a contextual environment. It also challenges relativistic precepts that suggest that one is defined only by social conditions and accepts that individuals have a role in transforming their lives. Self-awareness, increased knowledge, and developing practical skills to manage everyday life become a part of a process of growth that is neither static nor erratic (Taylor, 1991).

There are three assumptions that accompany Taylor's (1991) definition of authenticity. First, authenticity must be viewed as a valid ideal. Moreover, authenticity must be a realistic construct, which need not be indescribable. As an ideal, authenticity is a debatable construct; however, one's behavior should be able to be consistent with it. It also does not require a rigid definition to quell debate or be left to limitless subjectivity due to inarticulate debate. Consequently, authenticity is an ideal that can make a difference in people's lives. Together in communion with others, socially or intimately, people are less likely to feel powerless against an overwhelming system (Taylor, 1991).

Significance to Therapists. Existential philosophy was found to have an influence on all the major forces in psychology (Pedersen, 1991). The common precept among the theoretical orientations was the therapist's authenticity, trustworthiness, or genuineness. Rubinstein (1994) identifies an individual-other continuum that helps to clarify the differing perspectives on the role of authenticity in the varied theoretical schools of psychology. One can find a distinction among the orientations when one focuses on 1) the ability to live in harmony with social environment and finding self-fulfillment

through social involvement, while 2) the other perspectives viewed the social person as artificial where one is very cautious in finding self-fulfillment through social involvement.

An additional aspect distinguishes between being real with oneself and being genuine with others (Rubinstein, 1994). Without self-deception and disillusion, being real with oneself requires one to have a genuine attitude. It also assumes there is an internal truth that cannot be truly conveyed to others. Therefore, judgment directed at others must be avoided, which seems to support relativism, because one can only know their own internal truth. Although being genuine with others also assumes there is a unique internal truth that cannot be conveyed to others, truth can be communicated through observations of another individual's behavior.

Taylor's (1991) definition of authenticity supports the ideal that one must be genuine with others and oneself. There also is an acknowledgment that there is an internal truth. However, internal truth can only be communicated to others when one can witness their behaviors. The truth of one's behaviors cannot be understood unless one has a cultural context to provide meaning and significance. For therapists, a meaningful understanding of an individual's behavior seems to be better realized in authentic social interactions and involvement, where there is open communication, mutual respect, and an understanding of the cultural context.

Developmental Authenticity. It is important to consider authenticity from a developmental context. Although authenticity models provide substantive perspectives (Henderson & Hoy, 1983; Kolligan & Sternberg, 1991; Taylor, 1991), instruments have not given attention to the nature of an individual's growth along a particular stage of

development. Instead, they define and measure particular dimensions along a continuum, which would not provide a sequence along a developmental context. As with racial identity models, it is fully expected that the developmental process will have some cyclical properties, where individuals revisit different themes (Cross & Vandiver, 2001; Parham, 1989). There also must be a qualitative distinction among the developmental stages with significant differences in features along the lifespan. It is debatable whether uncovering a more authentic self will go beyond a small number of people (Rahilly, 1993). The researcher would argue that authenticity is not for a select few, but it is a process of developmental growth, where people learn through social experiences and self-awareness to live more authentically. Understanding the possible challenges and obstacles to being authentic may help in encouraging therapists' professional growth. Moreover, when approached from a developmentally appropriate training modality, counselor educators and trainers may be able to transform multicultural issues to be more meaningful and personally relative experiences.

A comprehensive model of counselors' professional development (Skovholt & Rønnestad, 1992) suggests that an emerging authenticity is the central task during the latter stages of counselors' development. Moreover, it connotes a willingness to harness therapeutic skills by developing a comfortable and consistent style, while continually exploring and challenging oneself toward deeper authenticity. Developmentally, the present study is attempting to provide a supplemental perspective to the authenticity literature and to develop empirical research investigating the role of authenticity in counselors' professional development while not replacing other models of authenticity. If authenticity is considered a later stage developmental task, one may question to what

extent can there be authentic multicultural counseling competency that can be obtained within a master or doctoral level training program. It may emphasize the importance of continued multicultural counseling training or symposia at the post-doctoral level or continuing education. Moreover, it may speak to the limitations of master and doctoral level training programs to encourage increased multicultural counseling competence or at least consider training, research, and theory to concentrate on authentic multicultural research, training, and practice.

Kuhnert (2001) presented authenticity within a developmental context and suggested that authenticity is a dynamic, phenomenological process. There are four stages of developmental authenticity: Pretense, Sincerity, Accuracy, and Authenticity. Pretense refers to a false showing of something or alleging falsely, such as pretending to listen or making unwarranted or false claims. An individual would be manipulative and calculating in the way one manages relationships. Telling the truth would be a cautious endeavor, since information is managed in such a way to provide an advantage for personal interests. One tends to also blindly devote their energies into meeting the expectations of the other people or authority figures. When seeking support for ideas or projects, one invokes the authority of high-level individuals, institutions, or other authorities.

An internalized form of oppression and denial of dignity may exist relative to the Pretense stage. Freire (1970) proposed that fear of freedom is the psychological process where oppressed individuals are restricted by bounds superimposed on the oppressed by the oppressor. Under a fear of freedom, there can be no dignity. Taylor (1991) argues that denial of dignity is a form of oppression. Fear of freedom is a noteworthy addition as

it identifies societal restrictions imposed on individuals to conform and the anxiety that motivates people to avoid social penalties for being different. There is a neurotic guilt that helps to maintain an inauthentic identity where people have a feeling of remorse, self-criticism, and self-attack for moving toward goals and pursuing one's wants. Pursuing one's goals and wants is viewed as selfish and people attempt to maintain an idealistic sense of selflessness (Firestone & Catlett, 1999). However, there is also an existential anxiety that motivates people to avoid or escape inauthentic identities because being so leads to feelings of self-estrangement, personal unrest, and depression (Gecas, 1991; Kierkegaard, 1974). Firestone and Catlett (1999) suggested that individuals who find themselves turning away from their goals, retreat from life, and seek gratification in isolation also experience existential guilt. It is the feeling of loss and guilt experienced in not fulfilling personal wants and goals. Inevitably, feelings of self-estrangement, personal unrest, and depression motivate people toward developing more realistic and authentic identities.

For counselors, developmentally, it would be appropriate to rely on authority figures due to their experience, expertise, and knowledge. It would not be prudent to arbitrarily give advice and attempt new techniques without a supervisor's guidance, encouragement, and support. However, one needs also to be willing to engage in a certain level of self-awareness to recognize one's inauthenticity. Indicative of the Pretense stage is as a lack of awareness of the behaviors, attitudes, and beliefs that perpetuate inauthentic expressions. Consequently, therapeutic techniques and information are used to substantiate a sense of power and control to manipulate with little consideration or ability to include others. Counselors would be understandably

uncomfortable with new ideas and techniques requiring one to rely on the expertise of seasoned professionals for encouragement and support. However, the unsettling feeling of not knowing oneself or having to be challenged to develop greater self-awareness can be a difficult process.

As Heidegger (1962) suggested, individuals may be more preoccupied with fitting the definitions of others, particularly those of esteemed theorists and other authority figures. People may become exhausted or inured, no longer attempting to achieve. With lack of purpose, one accepts a loss of their individuality. Similarly, counselors could find themselves burned out or overly stressed due to the numerous issues encountered resulting in feeling they are no longer changing, developing, or making choices. A sense of powerlessness may develop due to societal norms, educational modalities, or institutional policies that seem to encumber, devalue, or subjectively oppress one's sense of creativity, individuality, or social involvement. Individuals may also become achievement-oriented or task-oriented in an attempt to excel and grow but do not develop in ways that encourage meaningfulness or personal investment in their activities.

As previously mentioned, people sometimes exchange their personal identity for a public or external image. In the case of therapists, one may expend energy focusing on fulfilling an idealized image of a competent therapist without involving themselves in activities and experiences that include accepting real limitations, making mistakes, and acknowledging fears. Consequently, the individual conforms to others' preconceptions and opinions eventually repeating the same single achievement and withdrawing from healthy independence, creativity, and effective collaboration. If individuals are also challenged in an environment where there is little or no trust, respect, or open

communication with little appreciation for culture, counselors will overly rely on the authority figures and depend heavily on "natural gifts" due to the discomfort that accompanies taking on new behaviors and digesting new ideas.

Sincerity indicates an individual who tries to be free of deceit, hypocrisy, or falseness (Kuhnert, 2001). By providing a sincere apology or attempting to avoid being false to one's self, one attempts to develop a purity of intent. Unfortunately, individuals tend to be sincere with no consideration of the facts or opposing views. They often make the mistake of reporting honest feelings, but they tend to be petty reactions and prejudices that are unlikely to produce results. These petty reactions oftentimes produce candid responses from others that develop into defensive behavior. Sometimes one's purity of intent will continue to serve manipulative goals to persuade or control others. While there is the potential for some resolution, ultimately, one's sincerity only reflects what is important to the individual without incorporating others' perspectives.

Within Kuhnert's (2001) sincerity stage, the researcher proposes that there is an authentic conversation experience consistent with an identity conversion experience in the Nigrescence theory of Black racial identity development (Cross, 1971; Cross & Vandiver, 2001). Parham and Helms (1981) refer to the conversion experience as "a startling personal or social event (that) challenges the old frame of reference and causes the person to be receptive to a new interpretation" (pg. 251). Likewise, an authentic conversation experience is a personal or social event that calls into question one's internally recited deceptive messages and perceptions that disguise one's true intent. The event is powerful enough that the individual attempts to be more self-aware and receptive

to new interpretations of their behavior, beliefs, and attitudes. One's inauthentic expressions are brought to increased awareness.

Accuracy refers to a commitment to make the distinction between personal observations and potential explanations (Kuhnert, 2001). In formulating an agreement and common understanding of the facts, a foundation for discussing the explanation is provided. As a result, mutually observable occurrences become the basis of formulating facts, which allows greater opportunity for connections. This allows people to create alignments with a shared perspective on reality. It reveals valuable opportunities and solutions, while allowing more creative, engaging, and less threatening interactions. Resolution of problems permits examination of systematic challenges instead of applying personal blame.

For example, a therapist may consider external factors (e.g., societal, familial, and historical events) that create challenges in people's lives and go beyond conventional focus on internal factors. Moreover, the perspective of the client may be given more importance by discovering a common understanding through dialogue and construction of reality. One may begin to consider Martin Buber's (1965; Friedman, 1976) conditions for a genuine dialogue, where one is "seeing the other side" or "experiencing the other side" and expanding one's personal identification and empathy to create a "concrete imagining of the other side" without losing one's perspective (pg. 188). Alschuler (1986) also offers practical applications in counseling based on Freire's (1970) six attitudes in developing a genuine dialogue. In realizing and attempting to actualize the aforementioned conditions, the nature of the therapeutic relationship reflects attention to internal and contextual conditions allowing for greater awareness.

The distinction may be better illustrated in the self-discovery process for many White Americans. It is hard to first acknowledge the role of Eurocentric perspectives that encourage White supremacy, male privilege, racism, and oppression, which has been documented throughout the history of the US. As a White American, it may be difficult to acknowledge that one has a role by consciously or unconsciously accepting White privilege acquired through sordid means. However, there is a distinction between acknowledging one's role in the White privilege and one's own personal worth or goodness. White Americans can acknowledge and accept that they have a role in perpetuating White privilege, while simultaneously recognizing that they are fundamentally worthwhile, culturally rich, stalwart people with a long history that need not be ignored or disrespected. One acknowledges the challenges and injustices of the past and present while affirming White Americans' positive contributions within a cultural context without disillusion or pretense.

During the accuracy stage, limitations experienced may include not being able to effectively translate the conditions for dialogue into concrete changes. This may reflect a lack of commitment or naïve reforming by inappropriately blaming others and oneself for lack of change, accepting shortsighted explanations of problems, continually denying or avoiding one's personal role to encourage change, providing passive support of change without action, or having a paucity of knowledge to turn philosophical ideas into reality (Alschuler, 1986; Ivey, 1995). There has not been a resolution of conflicts between one's self-perception through the lenses of training, supervision, and literature and identifying a meaningful realization of one's self-defined professional identity. An individual may find himself or herself returning to authorities looking for concrete resolution of problems

instead of approaching consultation or supervision from a collaborative perspective. A counselor may be more concerned with what he or she should be doing or what an authority figure would do. Instead, one should also consider the importance of what is the best fit for who they are, what they have to offer, and how to make it applicable to the circumstances of others.

Finally, authenticity deals with awareness of knowing who you are, what you offer to others, and how to make what you offer relevant (Kuhnert, 2001). Figure 2.1 summarizes the contrast between pretense and authenticity. It is having the courage to genuinely be oneself, which means owning up to mistakes and knowing your limitations and fears. This awareness allows individuals to be accountable and confront difficult challenges for one's self and others. One is able to discern, seek, and live into trust as a person collaboratively working within a larger community. Consideration is given to the historical, societal, and contextual forces influencing people's circumstances. As a result, there is a commitment to making practical and effective change through genuine dialogue transforming philosophical ideas into critical transformation (Aschuler, 1986; Friedman, 1976). The counselor reflects an inclusive, genuine dialogue within a personalized context of theory, research, and personal experience and translates the therapeutic relationship into a more meaningful dialogue. Consequently, the authentic multicultural competent therapist uses psychotherapy to encourage liberation (Ivey, 1995).

Authenticity and Self-Actualization. A large body of research exists on the role of self-actualization focusing on core conditions to develop a therapeutic relationship (Maslow, 1968; Rogers, 1951). Authenticity and self-actualization have been used synonymously because of the common influence from existential philosophy. The

Figure 2.1

Summary of the Differences between Pretense and Authenticity (Kuhnert, 2001)

Pretense	Authenticity
Just getting by	Purpose
Control	Openness
Fear	Trust
Self-interest	Compassion
Avoidance	Courage
Exclusion	Inclusion
Winning at all costs	Creating value
Distraction	Balance
Resistance to Change	Fluidity
Uneasy Presence	Peaceful Presence
Gossip and Rumors	Being truthful

distinction between self-actualization and authenticity has to do with authenticity being

more closely associated with the existential philosophical debate, while self-actualization

theorists, have found more familiarity within psychological research (Maslow, 1999). It

would be easier to find several dissimilarities if authenticity was more closely defined

from an individualistic perspective on the authenticity individual-other continuum. More

commonalties can be found when viewing authenticity as living in harmony with the

social environment and finding self-fulfillment through social involvement (Phillips,

1996; Rubinstein, 1994; Taylor, 1991).

One criticism of self-actualization theorists has been the lack of emphasis on practical change and overuse of verbal interventions. When social conditions often shape one's contextual difficulties, one requires active intervention instead of passive reflections (Alschuler, 1986; Freire, 1970; Ivey, 1995). Finding the balance between self-determined freedom, which seems more like an intellectual exercise, and the social norms of conformity provides a palpable form of authenticity useful for the multicultural therapist.

Authenticity also has long been viewed from the perspective that "existence precedes essence," (Borcher, 1996, pg. 49) indicating no predetermined self, essence, core character, or nature should be realized when making choices. If there was a predetermined self, failures in life may be inaccurately attributed to some fundamental or core essence that is contaminated, immoral, or malicious. Self-actualization theory emphasizes the importance of inherent potentialities (Maslow, 1968; Rogers, 1959, 1963, 1980) as an essential inner nature that has a "flow of movement toward constructive fulfillment" (Rogers, 1980, pg. 117). This may imply that there is an essence prior to existence. An African-centered, humanist perspective would clearly make a similar distinction (Akbar, 1999; Nobles, 1986; Phillips, 1996). Likewise, it would suggest that there is a spiritual essence or divinity, which makes an individual significant, meaningful, and powerful. The distinction between authenticity and self-actualization does not discount the importance of essence preceding existence or existence preceding essence. Challenging one to engage in redefining one's pre-destined existence or awareness of inherent potentialities may aid in facilitating a meaningful understanding of how one engage oneself in the changing process. Additionally, accepting that ultimately one is

responsible for defining one's existence and engaging in a process of self-discovery apart from social prescribed classification can aid in developing greater personal empowerment. The ends of each theoretical perspective are comparable. They are attempts to engage people to live actively in a process of meaningful and advantageous change.

Multiculturalism and Authenticity. In an attempt to adequately provide services to a more diverse community, multicultural competencies were developed to identify and provide guidelines to ensure theoretical orientations and techniques were culturally sensitive (Sue, Arredondo, & McDavis, 1992). Reviewing the limitations in mainstream psychology, broad rationales support the significant role of multiculturalism (Fowers & Richardson, 1996).

As a science of human behavior to promote human welfare, psychology has neglected to give adequate attention to cultural factors influencing the human condition. Universalism and color blindness, for example, biased psychology as a science. In an attempt to reconcile conflicts among core cultural values, universal multicultural standards have been suggested to evaluate an effective counselor (Patterson, 1996). In spite of this, universalism undermined the goal to promote human welfare. Universal standards unavoidably transposed other cultural values on to another often leading to cultural imperialism. The simple act of evaluating cultures could be seen as undermining the inherent value and equality of cultures. By using external standards or categories, one culture used its cultural standards to simplify another culture leading to viewing everyone's culture the same (Fowers & Richardson, 1996; Taylor, 1994).

In contrast, culture may be evaluated devoid of any universal standard potentially transforming multiculturalism into cultural neutralism, radical relativism, or homogenizing so not to risk cultural imperialism. Still, color blindness perpetuated racism, discrimination, and minimized the daily experiences of many groups, allowing people to undervalue the real differences among people. Even if multiculturalism relies on principles of tolerance, respect, equality, and authenticity, it allows action to be taken based on some criteria without acknowledging there is a cultural basis for interpretation and accepting even these basic principles (Fowers & Richardson, 1996; Taylor, 1994). Multiculturalism allows mental health professionals to broaden psychology's perspective, encouraging cultural respect and equality. Mental health professionals have to consider whether they will be handmaidens to inequality through inaction and blindness, or use their resources to oppose inequality. By using multiple cultural resources, the promise of psychology can be best supported through nurturing diversity and enriching better understanding to oppose inequalities and oppression (Fowers & Richardson, 1996).

Multicultural Limits. There are some proposed limitations and common errors of multiculturalism (Fowers & Richardson, 1996; Pedersen, 1996). Without defending the failures of mainstream psychology, multiculturalism oftentimes demands recognition and respect without providing the same respect and acknowledgement for mainstream (i.e., European American) groups. Additionally, in reaction to the excesses of Eurocentric, assimilationist ideology, some facets of multiculturalism have supported separatism and self-protection. This excessive self-protection reaction is an example of overemphasizing differences, which is the first error of multiculturalism. The first error leads to disregarding the need to find a common ground. To protect the meaningful characteristics

of one's culture, sometimes people assume their culture must form in isolation from others. Cultural isolation is contrary to the premise of multiculturalism, which acknowledges that various cultures have an interwoven historical context. Excessive self-protection and isolation encourages and perpetuates stereotypes and hostile disengagement (Fowers & Richardson, 1996; Pedersen, 1996).

A second error would be to overemphasize similarities, which leads to generalizations allowing people to trivialize cultural identities. People de-emphasize the importance of cultural issues to highlight common concerns, simultaneously impeding attempts to be culturally affirming because culturally sensitive issues are minimized. It is akin to color blindness and universalism, where differences among people are not given adequate consideration (Fowers & Richardson, 1996; Pedersen, 1996). For example, in an attempt to be culturally familiar, one may be knowledgeable about a particular culture but lack the awareness or an amount of cultural investment to translate the knowledge into respect and understanding (e.g., Constantine & Gainor, 2001). People may lack cultural humility or have cultural arrogance where people put in a realistic context the role of culture and do not respect the significance of other cultures.

Lastly, when contrasting views lead to violence or serious offenses, it is not clear how multiculturalism will provide a means to reconcile significant differences among cultures. Taylor (1991) suggests that conflict can result from inarticulate debate. When a cultural conflict arises, dialogue must be embraced. Unfortunately, even when dialogue is pursued, where there is a lack of open communication and appropriate risk-taking, oftentimes inarticulate debate exacerbates problems between conflicting views. Inarticulate debate and less sophisticated understanding of multicultural disciplines has

led to the aforementioned errors. Consequently, multiculturalism has had its basic principles seemingly confounded. The predicament to find a simple solution to complex problems may contribute to the third error, which assumes one needs to emphasize either the differences or similarities (Fowers & Richardson, 1996; Pedersen, 1996).

To proactively prevent the occurrence of these errors, multicultural counseling competency must be viewed as complicated with practical models available to help understand their complexities (Pedersen, 1996). Taylor (1994) suggests that authenticity goes beyond cultural imperialism and cultural neutralism. It ensures multicultural counseling competency reaches beyond the aforementioned limitations. Although multicultural counseling competency sheds light on the contextual, social, and cultural conditions that shape people's reality and behaviors, consideration may need to be given to transforming knowledge, skills, and awareness into a meaningful professional development. Authenticity demands a balanced recognition of cultural equality with appropriate ethnocentric value. By relating to people through authenticity, healing can be facilitated to encourage social liberation (Rose, 1995).

Previous Measures

Multicultural Counseling Competency. The multicultural movement is a relatively recent phenomenon with a few measurements focusing on the three core multicultural counseling competency areas (Sue, Arredondo, McDavis, 1992). The Cross-Cultural Counseling Inventory – Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) was the first assessment for multicultural counseling competency. As a performance measure, the CCCI-R required an evaluator to appraise counselors' multicultural competency. In contrast, three measures were developed to avoid the use of an evaluator.

The Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002) and the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) were developed as self-report measures. From multicultural counseling training literature, the assessments were formulated on multiple concepts and constructs based on proposed multicultural counseling competencies (Pope-Davis & Dings, 1994; Sue et al., 1992).

Strengths and Limitations. There are some significant limitations found in attempts to measure multicultural counseling competency. Pope-Davis and Dings (1994) suggest that the MCI (Sodowsky, Taffe, Gutkin, & Wise, 1994) differs from the earlier version of the MCKAS (i.e., Multicultural Counseling Awareness Scale – Form B, MCAS-B; Ponterotto et al., 1996) due to slight variations on the developers' focus. The MCAS-B concentrates on beliefs, while the MCI focuses on behaviors. Additionally, Ponterotto et al. (2002) suggested that there needed to be multicultural awareness construct clarification and validation between the MCKAS and MCI due to unrelated relationships found, which also suggest that they measure different constructs.

The MCI and MCKAS may be valuable to the extent mental health professionals can assess their multicultural behaviors and attitudes. The focus on behaviors reflected in the MCI provides components researchers can more readily measure However, the MCKAS, MCI, and MAKSS instruments are limited measures of multicultural counseling competency, because they measure behaviors and beliefs that counselors anticipate to engage in rather than actual behaviors. One's self-perceptions of behaviors or beliefs may not relate meaningfully to actual behaviors or beliefs (Pope-Davis &

Dings, 1994). In contrast, Bandura (1977) suggests that people tend to act in accordance with their stated beliefs.

Self-report multicultural counseling competence measures have several inherent limitations (Schwarz, 1999). Social desirability attitudes may also partially influence multicultural counseling competence self-reports. Self-report measures of multicultural competence may not provide accurate information about therapists' true multicultural counseling competence. For example, Constantine and Ladany (2000) found that after social desirability was controlled, no relationship was found between any multicultural counseling competence measure and multicultural case conceptualization ability. However, multicultural awareness did have a significant, negative relationship to social desirability suggesting high multicultural awareness may result in low need to appear socially desirable. In contrast, Ponterotto et al. (2002) found that multicultural knowledge had a negative correlation to social desirability, but similarly indicating more internally secure and low need to appear socially desirable.

It is not clear how multicultural counseling competency can translate into effective multicultural case conceptualization ability, but developing multicultural awareness may require ignoring social desirability behaviors and beliefs. A more accurate evaluation of multicultural counseling competency may include professional evaluations because supervisees tend to overestimate or be overconfident of the multicultural counseling abilities (Constantine & Ladany, 2000; Ladany, Inman, Constantine, & Hofheinz, 1997). Moreover, ignoring socially desirable behaviors is one aspect of authenticity in the process of self-discovery, developing flexibility, and increased self-awareness related to multicultural awareness. The relationship between multicultural

awareness and ignoring socially desirable behaviors may suggest further investigation of relationship between multicultural counseling competency and authenticity.

Additionally, the inaccurate self-appraisal of multicultural counseling competency may also be a function of inauthentic beliefs and behaviors. Professionals and students alike desire to be confident in their counseling skills; however, inauthentic beliefs and behaviors (i.e., overconfidence) can perpetuate high reliance on multicultural knowledge and skills without recognizing the value and personal investment needed to actualize and integrate multicultural values into practice. Moreover, certain unique challenges result in developing greater multicultural awareness of oneself and others. This may require accepting unpleasant aspects of one's culture, which may not be seen favorably. Acknowledging the pleasant and objectionable aspects of one's culture and others may involve more sophisticated interventions to encourage professional development into meaningful information about the counseling process.

Beyond multicultural counseling competency being about techniques, skills, and knowledge, an authentic multicultural awareness may provide a meaningful understanding and functional application of multicultural values in research, training, and practice. Even if one has a strong investment in multicultural counseling competency, being aware of how a zeal for multiculturalism may limit one's effectiveness in therapy is also significant. Each multicultural competency measure has its shortcomings, but each provides substantive information about counselor self-perceptions and opinions of professional evaluators.

There has been an expansion of Sue et al.'s (1992) three core areas, which include client-related perspectives (Pope-Davis et al., 2002) and a relationship component

(Sodowsky et al., 1994). Moreover, Constantine and Ladany (2000) suggest the addition of the counselor's understanding of unique client variables and establishing an effective working alliance. With the evolution of multicultural training, research, and practice, there will continue to be advances in multicultural counseling competency. This researcher would suggest that authentic multicultural counseling may strengthen the vital role in linking the matrix of multicultural counselors' skills, knowledge and awareness along with client-related perceptions, and the working alliance to be translated into more effective multicultural counseling.

Authenticity Measures. A paucity of empirical research on authenticity was revealed in the literature. Advances have been made to evaluate leader authenticity in principals and teachers in educational settings (Henderson & Hoy, 1983; Hoy & Henderson, 1983), but a literature review did not reveal empirical research on the role of authenticity with mental health professionals. Some research has been conducted on the role of inauthenticity as a personality characteristic (Kolligan, 1990; Kolligan & Sternberg, 1991). As a result of a literature review and confirmatory factor analysis, the Perceived Fraudulence Scale (PFS; Kolligan, 1990; Kolligan & Sternberg, 1991) was developed, measuring the private sense of being an imposter or fraud due to situational factors and environmental constraints. It is important to note that the imposter phenomenon and perceived fraudulence share several qualities and may refer to similar constructs (Kolligan & Sternberg, 1991). Unlike the imposter phenomenon, perceived fraudulence is a self-perception with both cognitive and affective components that may be viewed as normative responses to situational factors and environment constraints rather than a pervasive syndrome or personality disorder (Kolligan & Sternberg, 1991).

Inauthenticity and Self-Deprecation subscales came as result of a confirmatory factor analysis. The Inauthenticity subscale reflects the degree of fraudulent thoughts, feelings, and actions supported by several deceptive tendencies, while the Self-Deprecation subscale determines the degree of self-critical and perfectionist tendencies focusing on negative self-evaluations. Inauthenticity correlated with higher self-monitoring and self-critical components of depressive symptoms, achievement pressures, social anxiety, and distracted daydreaming styles (Kolligan & Sternberg, 1991). There has been no empirical research uncovered that examines the role of inauthenticity in mental health professionals or student trainees in counseling programs. Moreover, there is no empirical research demonstrating the developmental growth identifying changes in beliefs and attitudes that may facilitate one discarding inauthentic expressions and experiencing an identity conversion experience toward a greater sense of authenticity.

A limitation with Henderson and Hoy's (1983) leader authenticity model may have to do with their assumption that people have the ability to be authentic or inauthentic depending on complex situational roles. Inconsistency of authentic behavior is contrary to Taylor's (1991) and Africentric (Phillips, 1996) definitions of authenticity and may reflect the influence of cultural expectations. Inconsistency of behavior may be perceived as manipulative and may be better accounted for by considering certain growth needs within a developmental framework that transcends cultural conditions.

As an index, the Inauthenticity subscale is used to investigate the presence or absence of inauthenticity with little consideration for the developmental formation of inauthenticity and how to transform one's identity toward growth (Kolligan & Sternberg, 1991). If authenticity and inauthenticity are viewed as a process instead of a state of

mind, the development of training, research, and practical skills in mental health counselors can be directed toward encouraging and facilitating meaningful maturation. How one develops an understanding of being authentic in the context of self-discovery with a healthy dose of uncertainty can be a challenging experience. Engaging in and articulating a dialogue about being authentic and reflecting on all the information therapists need to be attentive to permits one to develop a meaningful translation of theory into practice.

  Self-actualization. Theorists of self-actualization and authenticity share similar difficulties in finding a precise definition, which adds to the confusion and debate (Crandall & Jones, 1991; Henderson & Hoy, 1983). The lack of clarity can arguably be attributed to the abstract framework of authenticity and self-actualization. The abstract components often deal with principles and belief systems that do not always easily translate into measurable characteristics. Although mental health professionals are provided training to develop, for example, self-awareness and empathy, it has not been clear how the overarching role of authenticity and self-actualization can influence professional development.

  With mental health professionals and student trainees, a literature review did not reveal research examining the role of authenticity. However, there has been research on the role of self-actualization with counselors-in-training and professional therapists. Students increased in level of self-actualization after participating in comprehensive, full-time counselor training program (Ritter, 1984; Wehler & Hoffman, 1978). Supervisors' self-actualization and participation in practicum was not significantly related to counseling students' development of self-actualization, suggesting counseling students

gaining in self-actualization regardless of practicum experience or supervisor's level of self-actualization (Deming, 1980). In contrast, with a significantly larger sample, students who participated in practicum had higher self-actualization scores than counseling students not participating in practicum and non-counseling students (Osborne & Steeves, 1982).

In addition, social worker and counselor education students' and professional counselor's self-actualization was positively correlated to level and communication of empathy, warmth and genuineness (Fischer & Knapp, 1977; Foulds, 1969a; Foulds, 1969b; Selfridge & Vander Kolk, 1976; Thompson, 1986). Drug abuse counselors with higher self-actualization had better prognostic indicators for their clients (Payne, 1981), while higher self-actualizing school counselors had better approval ratings with student involved in the guidance program (Weinrach & Knapp, 1976). Counselors participating in a group counselor workshop also increased level of self-actualization over a 3-week period and maintained it over one-year period (Maynard, 1976). Although Self-actualizing, Existentiality, and Present-orientation were not significantly related, self-acceptance was positively correlated to spiritual well-being in chemical dependency counselors (Brooks & Matthews, 2000). These studies suggest support of self-actualization as a tool to measure professional development among a variety of professional therapists and counselors-in-training with some conflicting results. Moreover, all of the aforementioned studies used a self-actualization measure (i.e., Personal Orientation Inventory) with questionable reliability and with the exception of the latter study predated the development of more reliable and economical self-actualization measures.

There are relatively few instruments measuring self-actualization. The 150-item Personal Orientation Inventory (POI; Shostrom, 1964, 1974) has been the most widely used instrument (Corsini, 1984). POI major scales focus on present-orientation with incorporation of past experiences and future expectations (Time ratio), while Support ratio refers to the relative autonomy based on an other-directedness and inner-directedness continuum. Self-actualizers tend to find balance and transcend both dimensions by integrating an optimal ratio. Subsidiary scales include Self-Actualizating Value, Existentiality, Feel Reactivity, Spontaneity, Self-Regard, Self-Acceptance, Nature of Man, Synergy, Acceptance of Aggression, and Capacity for Intimate Contact (Knapp, 1976).

Shostrom, Knapp, and Knapp (1976) intended to expand and refine the work first started on the POI (Shostrom, 1964) when they introduced the Personal Orientation Dimensions (POD; Shostrom, Knapp, & Knapp, 1976). The POD is 260-item instrument with 13 scales divided into four areas: Orientation, Polarities, Integration, and Awareness. Similar to POI, a forced-choice response structure was used with the POD. It is important to recognize that the POI and POD are theoretically identical and the addition of the POD did not offer any substantial improvement to the POI (Hattie, Hancock, & Brereton, 1984). Although the focus of the instruments has been on self-actualization offered by Maslow and Rogers, the POI and POD incorporate Humanist, Existentialist, and Gestalt schools of therapy (Knapp, 1976; Shostrom, 1964; Shostrom, 1974; Shostrom, Knapp, & Knapp, 1976). Fundamental problems with both the POI and POD has been the length and reliability (Jones & Crandall, 1986; Ray, 1984; Ray, 1986).

Jones and Crandall (1986) developed the 15-item Short Index of Self-Actualization (SISA) as a reliable and economical alternative to the POI (Shostrom, 1964) and POD (Shostrom, Knapp, & Knapp, 1976) measuring self-actualization. SISA is based on modified items from the POI and POD. As with the POI and POD, Jones and Crandall (1986) approached the construction focused on providing an index, but utilizing a one-dimensional self-actualization framework to discriminate solely between self-actualizers and non-self-actualizers. SISA had an acceptable 12-day test-retest reliability of .69 and an initial correlation of .67 between the POI and SISA was found. Crandall and Jones (1991) warned against use of SISA subscales due to an overlap of constructs which as a whole form self-actualization. However, a review of several SISA factor analyses provided between four to six possible factors (Sumerlin, Privette, Bundrick, & Berretta, 1994). Additional positive correlations between SISA and creativity (Runco, Ebersole, & Mraz, 1991), purpose in life (Ebersole, 1991), and negative relationship with boredom proneness (McLeod & Vodanovich, 1991) were found. SISA was changed to utilize a Likert format to reduce response sets (Jones & Crandall, 1986). SISA distinguished between self-actualizers and non-self-actualizers similarly to the POI in a research environment (Sumerlin, Berretta, Privette, & Bundrick, 1994).

As previously mentioned, attempting to measure self-actualization has presented several challenges. Self-actualization is a dynamic construct and validating the multidimensional components has been difficult. Reliability coefficients for the POI and SISA have consistently ranged below common standards when conducting diagnosis or research (Ray, 1984; Ray, 1986; Sumerlin, Privette, Bundrick, & Berretta, 1994; Wise, 1977; Wise & Davis, 1975). Oftentimes, self-actualization measures had also been tested

with a predominantly White sample. Relatively few studies have been used with a

significant multicultural sample (Sumerlin & Bundrick, 1996; Sumerlin, Privette,

Bundrick, & Berretta, 1994; Tucker & Dyson, 1991).

In an attempt to develop an economical and more reliable self-actualization

measure, the 65-item Personal Attitude Survey (PAS; Sumerlin, 1995) was developed

with an ethnically diverse homeless men sample written with items that describe

attributes of a self-actualizing person expressly from Maslow's (1954,1968,1970,1971)

writings. In constrast, the previously mentioned measures were based theoretically on

humanistic, existential, or gestalt therapy (Shostrom, 1964, 1974). Item construction

focused on autonomy, movement toward capacity, self-acceptance, purpose in life,

comfort with solitude, courage, democratic character, curiosity, openness to experience,

time integration, and fear of one's own greatness characteristics. Sumerlin (1995)

reported an alpha of .80 and a correlation of .62 with the SISA. PAS had negative

relationships with depression and loneliness.

Further factor analysis with a predominantly Black (49%) and White (40%)

college student sample provided a shorter and more reliable measure renamed the Brief

Index of Self-Actualization (BISA; Sumerlin & Bundrick, 1996). PAS factor analysis

extracted 65-items and eleven factors compared to 40-items and seven factors for BISA.

Results indicated a Pearson correlation of .71 between BISA and SISA with a higher

Cronbach's alpha of .87 and test-retest reliability of .89 over a two-week internal.

Recalculations of Sumerlin's (1995) study using BISA resulted in similar negative

relationships with depression and loneliness. BISA also had a positive relationship to

measures of hope (Sumerlin, 1997).

The remaining seven factors of BISA included Core Self-actualization, Jonah's Complex, Curiosity, Confort with Solitude, Openness to Experience, Democrtic Character, and Life Meaning and Purpose. Acceptable coefficient reliabilities were calculated for Core Self-actualization (.82), Jonah's Complex (.77), Curiosity (.75), and Democrtic Character (.80), while Comfort with Solitude (.69), Openness to Experience (.64), and Life Meaning and Purpose (.44) had low internal consistency. Although BISA offers an alternative measure of self-actualization with high internal consistency and a distinct measure of self-actualization, several items overlapped and multiple subscales had low internal consistency (Sumerlin & Bundrick, 1996).

The Revised Brief Index of Self-Actualization (BISA-R; Sumerlin & Bundrick, 1998) was developed to reduce the number of items and eliminate assignment of items to multiple factors. The research participants (N=620) were predominantly African American (n=242) and European American (n=275) with 84 indicating other racial identities from undergraduate and graduate college students at two universities. As a result of factor analysis, the 32-item, four-factor BISA-R (Sumerlin & Bundrick, 1998) was developed with a comparable Cronbach's alpha of .86. The remaining four factors included Core Self-Actualization, Autonomy, Openness to Experience, and Comfort with Solitude. No coefficient reliabilities were reported for the subscales. Core Self-Actualization refers to an individual moving toward fulfilling their potential by being prepared for the future, making a contribution to society, ability to face the future, having a commitment to learning and pride in their accomplishments, and being happy. Autonomy connotes a willingness to live up to one's potential, trusting in others' motives, and acceptance of responsibility for one's growth. Openness to Experience

refers to a willingness to be vulnerable, being sensitive to others' needs, and curiosity about aspects of the world around them. Lastly, Comfort with Solitude suggests a willingness to be take private time with one's introspective thoughts to construct plans, which includes having an outlook on life toward one's potential.

The present study is an attempt to provide empirical evidence and support about the relationship between multicultural counseling competency and authenticity. There is no empirical evidence of a relationship between multicultural counseling competency and authenticity. In the absence of a viable measure of authenticity, a validated measure of authenticity will be needed to investigate the relationship with multicultural counseling competency. Self-actualization is a closely related construct with substantial research. However, there is limited information on the meaningfulness of self-actualization for mental health counselors due to the lack of developmental context to facilitate multicultural counseling competency. Multicultural counseling competency and self-actualization provide the most significant bodies of research related to counselors' professional development. Prior to developing an authenticity measure, inauthenticity and self-actualization were sufficient constructs to examine the relationship with multicultural counseling competency. Establishing a relationship among multicultural counseling competency, inauthenticity and self-actualization can provide information about the relationship, if any, between multicultural counseling competency and authenticity. Any evidence of a relationship among multicultural counseling competency, inauthenticity and self-actualization may offer information toward the development of an authenticity measure.

        Development and validation of a developmental authenticity scale can provide

training and research tools to advance the goals of developing multicultural competent

counselors. It is an attempt to transform multicultural skills, knowledge, and awareness

to deepening counselors' professional development. It is also an effort to shift the

dialogue to include a horizontal expansion of multicultural counseling competency. By

engaging people as a multicultural competent therapist, the meaningfulness of increased

knowledge, greater awareness, and skill adaptation can be lost without a horizontal

expansion.

CHAPTER III

METHODOLOGY

Sample

Counselors-in-training and professional counselors were solicited to participate in the study. During the month of January 2003, a total of 330 individuals volunteered by Internet to participate in the study. Out of 328 volunteers who completed the data collection process, 45 were removed from the study due to incomplete questionnaires. It was not possible to leave out any missing data due to the structure of the Internet survey. Participants may have chosen to stop participating before they completed the test battery or had difficulties with the Internet software. Difficulties were dealt with immediately in collaboration with PsychData.net customer service manager. The final sample consisted of compete data sets from 283 Internet participants. Two participants requested that hard copies of the questionnaires be sent to their respective mailing addresses to complete and return to the researcher using the US Postal Service. Only one participant returned the hard copy to the researcher to include in the study. A combined total of 284 participants comprised the full sample. Forty-one participants requested that their names be included in the raffle for one of four Amazon.com gift certificates. All participants requesting their names to be included in the raffle were contacted using email to inform them when the raffle winners were selected. The gift certificate information was emailed to each raffle winner as directed using the Amazon.com web site directions to allow raffle winners to use their gift certificate.

The final sample, $N = 284$, consisted of 72 males (25.4%) and 212 females (74.6%) with a range in age from 21 to 65, $M = 35.02$, $SD = 9.97$, $Mdn = 25$. There were several self-identified racial/ethnic groups, which resulted in 21 Asians or Asian Americans (7.4%), 29 Black or African Americans, (10.2%), 18 Hispanic Americans or Latino/as (6.3%), 177 White, Caucasian, Anglo, European Americans; not of Hispanic origin (62.3%), 2 Native American or American Indians (.7%), 28 Mixed with parents from two different groups (9.9%), and 9 Others (3.2%). All participants ranged in educational degree levels from a bachelor's degree to diplomate or other advanced certification. There were 50 with a bachelor's degree (17.6%), 108 with a master's degree (38%), 22 Licensed Counselors/Social Workers (7.7%), 42 with a doctoral degree (14.8%), 21 in Post-Doc positions (7.4%), 38 Licensed Psychologists (13.4%), and 3 with Diplomates/Advanced Certification (1.1%).

There was a diversity of theoretical orientations represented in the sample. Multiple options were made available to participants. Out of the 284, participants identified themselves as Cognitive-Behavioral ($n = 62$, 21.8%), Eclectic ($n = 56$, 19.7%), Feminist ($n = 5$, 1.8%), Humanistic/Existential ($n = 27$, 9.5%), Integrative ($n = 35$, 12.3%), Multicultural ($n = 20$, 7%), Psychodynamic/Psychoanalysis ($n = 35$, 12.3%), Social Construction/Narrative ($n = 8$, 2.8%), Systems ($n = 11$, 3.9%), Other ($n = 9$, 3.2%), and Undecided/Unsure ($n = 16$, 5.6%). There was one participant who self-identified as Behavioral only and was placed with the Cognitive-Behavioral group. Two self-identified as Transpersonal and they were placed with Humanistic/Existential. The "Other" group represented participants who self-identified as Non-Western and other disciplines.

The participants in the sample also came from diverse fields of professional training. A majority came from counseling psychology (n = 121, 42.6%) and clinical psychology (n = 59, 20.8%) with several out of community counseling (n = 14, 4.9%), counselor education (n = 14, 4.9%), school counseling (n = 13, 4.6%), marriage and family counseling (n = 9, 3.2%), mental health counseling (n = 9, 3.2%), clinical social work (n = 8, 2.8%), and school psychology (n = 6, 2.1%). However, there were several other fields of professional training represented with 4 from educational psychology (1.4%); 3 from either child psychology (1.1%), clinical health psychology (1.1%), developmental psychology (1.1%), social work (1.1%), or combined programs (1.1%); 2 either from health psychology (.7%) or pastoral counseling (.7%); and 1 from either behavioral psychology (.4%), general psychology (.4%), industrial/organizational psychology (.4%), or sports psychology (.4%). The remaining 4 participants came from other fields not listed (1.4%).

<div align="center">Instruments</div>

Multicultural Counseling Competency. The Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) is a 32-item inventory designed to assess multicultural competencies: Knowledge and Awareness. Participants use a 7-point Likert scale ranging from 1 (not at all true) to 7 (totally true). Knowledge and Awareness scores are calculated by adding the ratings selected for each item in each subscale. The subscales demonstrated adequate coefficient alpha reliabilities of .85 for each subscale (Ponterotto et al., 2002). Cronbach's alpha for the full scale was .89 (Constantine & Ladany, 2000).

The Revised MCKAS developers placed greater emphasis on beliefs instead of behaviors (Pope-Davis & Dings, 1994). An advantage also has been the developers' focus on subtle Eurocentric bias and counselor's knowledge of issues outside the counseling relationship. The distinction between the Revised MCKAS and other multicultural competency measures suggests a need for definition clarity and construct validity (Ponterotto et al., 2002).

Inauthenticity. The Perceived Fraudulence Scale (PFS; Kolligan, 1990; Kolligan & Sternberg, 1991) is a 51–item measure with a 7-point Likert scale from strongly disagree (1) to strong agree (7) reflecting greater inauthenticity with higher scores. A full-scale Cronbach's alpha for the initial analysis was .94. Two separate studies provided different reliability coefficients. For 50 college students, Cronbach's alphas for Inauthenticity and Self-Deprecation were .95 and .85, respectively. In the second study with 100 college students, reliability coefficients for Self-Deprecation and Inauthenticity were .92 and .86, respectively. No additional full-scale reliability coefficients were provided.

Kolligan (990) reported that inauthenticity correlated with higher self-monitoring and self-critical components of depressive symptoms, achievement pressures, social anxiety, and distracted daydreaming styles. Although Self-deprecation had a positive relationship to self-criticism, dependent aspects of depressive symptoms, and negative relationship to self-esteem, it did not share a significant relationship with self-monitoring and achievement pressures. PFS results for the full scale and two subscales demonstrated substantial discriminate validity when compared to depression, social evaluative anxiety, and self-monitoring. The 12-item Inauthenticity subscale (PFS-IS) resulting from the

second factor analysis was used due to the use of a larger sample size (Kolligan, 1990; Kolligan & Sternberg, 1991). For the purposes of this study, the Self-Deprecation scale was not used.

Self-actualization. The Revised Brief Index of Self-Actualization (BISA-R; Sumerlin & Bundrick, 1998) is a 32-item, four-factor measure of self-actualization with a 6-point scale ranging from strongly agree (1) to strongly disagree (6). The total scores range from 32 to 192 indicating greater self-actualization as scores get higher. BISA-R (Sumerlin & Bundrick, 1998) has a reported Cronbach's alpha of .86. The four factors include Core Self-Actualization, Autonomy, Openness to Experience, and Comfort with Solitude. Review of the reported factor analysis indicated overlap of only two items and the need to eliminate eight items (Sumerlin & Bundrick, 1998). The reversed item "I feel uneasy when I am alone" loaded higher with Comfort with Solitude than Autonomy. Due to the higher factor loading of the aforementioned item, it would be plausible to include it with Comfort with Solitude since the item also is more consistent with its definition. Studies with the previous versions of BISA-R suggested a positive relationship to hope, subjective health, and SISA, while demonstrating a negative association to loneliness and depression (Sumerlin, 1995; Sumerlin, 1997; Sumerlin & Bundrick, 1996).

Social Desirability. The Marlow-Crowne Social Desirability Scale (MCSDS; Crowne & Marlow, 1960) is made up of 33 items providing a forced-choice true or false format. The MCSDS measures an individual's need to present oneself in a favorable light. Research suggests that a social desirability measure should be included with self-report measures examining social desirability as a response tendency (Crowne & Marlow,

1964). For the purposes of this study, the 13-item short form (Form C) had the strongest

comparable reliability using the Kuder-Richarson formula 20 ($r_{KR20}=.76$), higher

correlation with original MCSDS, and concurrent validity when considering number of

items (Reynolds, 1982). In contrast, Fischer and Fick (1993) demonstrated that the 10-

item Form X1 (Strahan & Gerbasi, 1972) had a shorter length, stronger internal

consistency, and higher correlation with the standard 33-item original scale. There were

comparable and conflicting results on which short form would be most suitable.

However, Fischer and Fick (1993) based their study on a Canadian sample, while

Reynolds (1982) used a much larger American sample. Form C was used since a sample

primarily from the United States was expected for this study.

Ethnic Identity. The Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992)

is a 14-item Likert style scale from 1 (strongly disagree) to 4 (strongly agree) to assess

ethnic identity as a general phenomenon across groups. Ethnic identity is a general

phenomenon common to all people, where one has a sense of psychological connection

within a group of people who have a common history traceable to a common place of

origin (Phinney, 1992). MEIM (Phinney, 1992) assesses ethnic behaviors, affirmation

and belonging, ethnic identity achievement, and other-group orientation.

The Revised MEIM (MEIM-R; Roberts, Phinney, Masse, Chen, Roberts, &

Romero, 1999) was developed using a multiethnic sample of 5,423 male and female

middle school students from sixth to eighth grades. Through factor analysis, the

developers eliminated two items and made a few minor modifications to the original

MEIM (Phinney, 1992). Two factors emerged including a) ethnic identity search and b)

affirmation, belonging, and commitment. The MEIM-R does not include other-group

orientation, which was developed with the original MEIM, but it is a separate construct. For the purposes of this study, other-group orientation was not used, although, it can be used in conjunction with the MEIM-R.

For a randomly selected multi-group (i.e., African America, European American, and Mexican American) sample of 200 students, the correlations between the two factors (i.e., ethnic identity search and affirmation, belonging, and commitment) were .74 (European Americans), .70 (African Americans), and .75 (Mexican Americans). Cronbach's alpha for the full scale across ethnic groups ranged from .81 to .89. The reliability coefficients were .85 for the full scale, 70 for ethnic identity search, and .84 for affirmation, belonging, and commitment (Roberts et al., 1999).

Demographics Sheet. A demographic information sheet asked subjects to identify gender, age, racial/ethnic background, primary counseling theoretical orientation, highest level of education attained, number of college level multicultural classes and/or training seminars, and area of study or field of professional training. Three items from the MEIM-R were included in the demographic information sheet asking for identification and categorization of one's ethnicity and that of each parent.

Procedures

Data Collection. Using the G*power program (Cohen, 1988; Erdfelder, Faul & Buchner, 1996), a power analysis for a two-tailed Pearson Product-Moment correlation analysis with an effect size equal to .20, alpha equal to .05, and power equal to .80 identified the needed sample size ($N = 191$). Counselors-in-training and professional counselors were solicited to participate in the study.

As designed, the test battery was administered over the Internet. A hard copy of the test battery was offered upon request. Information provided on the Internet and hard copies were identical. Although there has been some reluctance to conduct Web-delivered experiments, present technology has been adequate and comparable to lab-based studies in social and cognitive psychology studies (McGraw, Tew, & Williams, 2000).

The researcher emailed an invitation to participate in the study with the web site link. Students in counseling-related programs and professional therapists were solicited using email to student and professional organizations' listserv, announcements to student organizations, and contacts with professionals (faculty, training directors, and department heads). The email provided information about the study including the principal investigator's name and contact information, the website address to access the internet questionnaire, a brief description of benefits to participants in the study, and anticipated time to complete the questionnaires. All participants were invited to submit their name and address electronically to a private e-mail address or in writing to be included in a raffle for four Amazon.com gift certificates each equal to $50.00 as an incentive to participate in the study.

The web site link included a click-through button to the 'Welcome' page, which was the first phase. The Welcome page included a click-through button to the Informed Consent, which was the second phase. The Informed Consent included the statement: "If you have read and understand the above statements, please click on the 'Continue' button below to indicate your consent to participate in this study." The Informed Consent included the implied consent with a click-through button to the test battery, which was

the final phase. The Informed Consent was provided prior to viewing or completing any questions to clearly indicate informed consent. An opportunity to ask the researcher specific questions was made available. Participants completed a total of six appraisal instruments and a demographic information sheet. The testing lasted approximately 30 minutes. The test battery included MCKAS, PFS-IS, BISA-R, MCSDS-Form C, MEIM-R, and a demographic information sheet. An opportunity was provided for all participants to have the option of giving their name and mailing address to be included in a raffle for one of four $50.00 Amazon.com gift certificates. Self-addressed stamped envelope was provided for hard copies that were mailed and returned through the United States Postal Service. No questionnaires were administered in person. Completed test battery protocols were kept separately from informed consent sheets.

Several privacy and confidentiality issues were identified and accounted for in the study's research design. There was the risk that participants would have less privacy if they used a computer in a common area (i.e., lecture hall, classroom, computer lab). Therefore, participants were allowed to complete the battery on their own computer, and thus enjoyed more privacy at their personal computer than in a lecture hall, classroom, or other common area where there may have been free access to a computer. Several features were built into the online process to counter the risk that third parties would be able to view one's responses if participants did not close the survey window. To eliminate the small risk of someone else viewing previously entered data, a pop-up window automatically closed upon completion of a survey. To ensure confidentiality, a small locked icon at the bottom of the survey window indicated that the contents of a window, and any data entered, are encrypted for secure transmission. There also was no

'Back' button at the top of the survey windows and the right mouse Back function is disabled. When a survey was completed, the survey window automatically closed, so a third party could not access previously entered data. All participants were instructed to close their browser window at the completion of the survey.

Another risk, though highly unlikely, is that participant's responses could be intercepted when transmitted from the Internet browser to the database. If interception of encrypted data occurred, the data could not be decoded without a unique encryption key that was held only by a third party company. A third party company (PsychData.net) hosted the present study using a unique encryption technology to encrypt test battery responses. Thus, when the 'submit' button was depressed, all responses were instantly encrypted for confidentiality, and remained so until they were received at the database.

Data Analyses. Pearson product-moment correlation analyses were computed to identify the relationships among multicultural counseling competency, self-actualization, inauthenticity, social desirability, and ethnic identity. Univariate analysis of variance (ANOVA) were calculated to determine whether age, gender, race/ethnicity, and education significantly effected multicultural counseling competency. A univariate ANOVA was also conducted to determine if there were any differences on social desirability due to level of education and/or prior multicultural training. Multivariate analyses of variance (MANOVA) were performed to determine if there were any significant mean differences by gender, prior multicultural training, theoretical orientation, and field of professional training on multicultural knowledge and awareness. Additionally, a MANOVA series was conducted to identify potentially any significant differences on self-actualization factors and inauthenticity according to gender,

educational level, prior multicultural training, and theoretical orientation. Post-hoc analyses were performed to examine significant differences among groups.

Multivariate multiple regression analyses were also performed to identify ethnic identity scales and self-actualization factors that significantly contributed to the variance explained by multicultural knowledge and awareness. Hierarchical multiple regression analysis was also employed to determine the unique effect of social desirability, ethnic identity (ethnic identity search and affirmation, belonging, and commitment), and demographic variables on multicultural counseling competency. After controlling for the effects of the previous variables, the researcher also ascertained what the unique contribution of inauthenticity and self-actualization was to multicultural counseling competency.

CHAPTER IV

RESULTS

From the present study, Cronbach's alphas were .92 for the full Multicultural

Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002), .91 for

the Knowledge scale, and .82 for the Awareness scale. Reliability coefficient was .87 for

the Perceived Fraudulence Scale – Inauthenticity subscale (PFS-IS; Kolligan, 1990),

while the alphas were .85 for full scale Revised Brief Index of Self-Actualization (BISA-

R; Sumerlin & Bundrick, 1998), .75 for Core Self-Actualization, .83 for Autonomy, .58

for Openness to Experience, and .70 for Comfort with Solitude. Cronbach's alpha for the

Marlowe-Crowne Social Desirability Scale – Form C (MCSDS-Form C; Reynolds, 1982)

was .67. The Revised Multigroup Ethnic Identity Measure (MEIM-R; Roberts et al.,

1999) full scale coefficient was .92, while ethnic identity search was .78, and affirmation,

belonging, and commitment was .92.

Table 4.1 shows the sample's means and standard deviations for multicultural

counseling competency, self-actualization, inauthenticity, ethnic identity, and social

desirability. Comparable means and standard deviations were found in previous research

on self-report measures of multicultural counseling competency (Constantine & Ladany,

2000; Ponterotto et al., 2002). There have been no cutoff scores established to indicate

satisfactory multicultural counseling competency. Table 4.2 provides a summary of the

Pearson Product-Moment intercorrelations of the various measures ($\alpha = .05$).

The potential for socially desirable responses to effect multicultural counseling

Table 4.1

Means and Standard Deviations of Multicultural Counseling Knowledge and Awareness

Scale – Revised, Revised Brief Index of Self-Actualization, Inauthenticity, Social

Desirability, and Multigroup Ethnic Identity Measure – Revised (N = 284)

	M	*SD*
Inauthenticity	34.70	12.45
Social Desirability	17.37	2.69
Multicultural Counseling Knowledge and		
Awareness Scale – Revised		
Knowledge	111.31	16.25
Awareness	73.99	7.78
Total	185.30	21.49
Revised Brief Index of Self-Actualization		
Core Self-Actualization	67.45	6.86
Autonomy	50.79	7.64
Openness to Experiences	15.97	1.51
Comfort with Solitude	18.54	2.96
Total	151.07	14.07
Multigroup Ethnic Identity Measure – Revised		
Ethnic Identity Search	12.26	2.61
Affirmation, Belonging, Commitment	19.29	3.79
Total	34.01	6.30

Table 4.2

Summary of the Pearson Product-Moment Intercorrelations of the Various Measures

	2	3	4	5	6	7	8
Multicultural Counseling Knowledge and Awareness Scale – Revised							
1. Knowledge	.54*	.95*	.36*	.23*	.39*	-.14*	.31*
2. Awareness	--	.77*	.23*	.25*	.28*	.02	.28*
3. Total		--	.36*	.27*	.39*	-.10	.34*
Revised Brief Index of Self-Actualization							
4. Core Self-Actualization			--	.54*	.51*	.11	.86*
5. Autonomy				--	.29*	-.04	.85*
6. Openness to Experiences					--	.01	.51*
7. Comfort with Solitude						--	.23*
8. Total							--

*p < .05.

Table 4.2 (continued)

	9	10	11	12	13
Multicultural Counseling Knowledge and					
Awareness Scale – Revised					
1. Knowledge	.47*	.40*	.46*	-.25*	.08
2. Awareness	.20*	.12*	.16*	-.12*	-.11
3. Total	.43*	.35*	.40*	-.24*	.02
Revised Brief Index of Self-Actualization					
4. Core Self-Actualization	.21*	.21*	.22*	-.38*	.17*
5. Autonomy	-.02	.11	.06	-.46*	.27*
6. Openness to Experiences	.14*	.22*	.20*	-.20*	.13*
7. Comfort with Solitude	.06	.04	.05	.04	-.11
8. Total	.19*	.21*	.18*	-.46*	.24*
Revised Multigroup Ethnic Identity Measure					
9. Ethnic Identity Search	--	.73*	.89*	-.11	-.09
10. Affirmation, Belonging, and Commitment		--	.96*	-.13*	.04
11. Total			--	-.13*	-.10
12. Inauthenticity Subscale				--	-.34*
13. Social Desirability					--

*$p < .05$.

competency, self-actualization, inauthenticity, and ethnic identity was first examined

before examining the first research question. Pearson Product-Moment correlation

analyses were conducted. Social desirability was found to have a significant, negative correlation to inauthenticity, $r = -.34$, $p < .000$, and a positive relationship to self-actualization, $r = .24$, $p < .000$, with no significant relationship to multicultural counseling competency, $r = .02$, $p = .722$, or ethnic identity, $r = -.01$, $p = .876$. Results suggest that social desirability has significant associations to inauthenticity and self-actualization, but no meaningful relationship to multicultural counseling competency and ethnic identity.

Pearson Product-Moment correlation analyses were also conducted to examine the relationship of ethnic identity to multicultural counseling competency, inauthenticity, and self-actualization. Overall, ethnic identity had a significant, positive relationship to multicultural counseling competency, $r = .40$, $p < .000$, and to self-actualization, $r = .18$, $p = .002$, and a negative correlation to inauthenticity, $r = -.13$, $p = .026$. It is, however, important to note that ethnic identity search was not significantly related to autonomy, $r = -.02$, $p = .690$, and comfort with solitude, $r = .06$, $p = .347$, while affirmation, belonging, and commitment were not associated to autonomy, $r = .11$, $p = .066$, and comfort with solitude, $r = .04$, $p = .515$. Although ethnic identity had a significant relationship to multicultural counseling competency, self-actualization and inauthenticity, further examination revealed that there was not a significant unique relationship with two self-actualization factors: autonomy and comfort with solitude.

Authenticity, Self-Actualization, and Multicultural Competency. The first research question was: "What are the relationships among the self-report measures of multicultural counseling competency, self-actualization, and inauthenticity?" First, the relationship between multicultural counseling competency and self-actualization was examined.

Overall multicultural counseling competency was significantly correlated to overall self-actualization including core-self-actualization, autonomy, and openness to experiences. It followed that multicultural knowledge also was positively related to overall self-actualization together with core self-actualization, autonomy, and openness to experiences. In contrast, multicultural knowledge was negatively correlated to comfort with solitude. Multicultural awareness was similarly positively related to overall self-actualization, core-self-actualization, autonomy, and openness to experiences. Neither overall multicultural counseling competency nor multicultural awareness were significantly associated to comfort with solitude.

The present study subsequently examined the associations between multicultural counseling competency and inauthenticty. As noted in Table 4.2, full scale multicultural counseling competency was negatively correlated to inauthenticity, while multicultural knowledge and awareness similarly had significant, negative relationships to inauthenticity. Lastly, the researcher examined the relationship between self-actualization and inauthenticity. Results suggested a significant, negative relationship between overall self-actualization and inauthenticity. Inauthenticity was also inversely associated to core self-actualization, autonomy, and openness to experiences. Inauthenticity did not have a significant correlation with comfort with solitude. These findings supported the hypotheses that significant relationships exist among multicultural counseling competency, self-actualization, and inauthenticity.

Relationship of Demographics and Multicultural Competency. The second research question examined the effect of age, race/ethnicity, gender, theoretical orientation, and field of professional training on self-report measures of multicultural

counseling competency. A univariate ANOVA was conducted to determine whether age, gender, race/ethnicity, and education level significantly differed on multicultural counseling competency. The ANOVA indicated no significant interactions and there were no significant differences according to age, $F_{(41, 62)} = 1.03$, $p = .447$, partial $\eta^2 = .41$, race/ethnicity, $F_{(6, 54)} = 1.11$, $p = .365$, partial $\eta^2 = .10$, or education, $F_{(6, 54)} = 1.34$, $p = .254$, partial $\eta^2 = .12$. Partial η^2 is the univariate effect size. However, there was a main effect difference according to gender, $F_{(1, 62)} = 4.31$, $p < .042$, partial $\eta^2 = .065$. The researcher did not expect any signficant differences by age, race/ethnicity, or education. As expected, results indicated a signficant difference according to gender. Gender was added to the main hierarchical multiple regression analysis to identify the unique and signficant variance accounted for in mutlicultural counseling competency.

Four MANOVAs were conducted to determine the differences according to gender and prior multicultural training, theoretical orientation, and field of professional training on multicultural knowledge and awareness. In the first MANOVA, gender and prior multicultural training were the predictor variables to determine the effect on multicultural knowledge and awareness. Significant differences were found between women and men on the dependent measures, Pillai's Trace = .05, $F_{(2, 281)} = 8.087$, $p < .000$, $\eta^2 = .05$. Gender differences according to amount of prior multicultural training was also significant, Pillai's Trace = .17, $F_{(8, 558)} = 6.647$, $p < .000$, $\eta^2 = .09$. Analysis of variance (ANOVA) on each dependent variable was conducted as follow-up tests to the MANOVA. There were significant differences according to gender for multicultural knowledge, $F_{(1, 282)} = 15.07$, $p < .000$, $\eta^2 = .05$, and multicultural awareness, $F_{(1, 282)} = 8.16$, $p = .003$, $\eta^2 = .03$. Women on average scored higher multicultural knowledge and

awareness than men in this sample. Significant differences existed in multicultural knowledge, $F_{(4, 279)} = 13.61$, $p < .000$, $\eta^2 = .16$, and awareness, $F_{(4, 279)} = 2.552$, $p = .039$, $\eta^2 = .04$, due to varying degrees of prior multicultural training, suggesting women with greater levels of multicultural training had higher multicultural knowledge and awareness. Post-hoc analyses to the univariate ANOVA for pairwise comparisons was performed to find the amount of prior multicultural training that affected multicultural knowledge and awareness. Using Tukey HSD ($p < .05$), having a range from 4 to 6, 7 to 9, or 10 or more multicultural training courses/seminars was significantly better than having no prior training or fewer than three units on multicultural knowledge scores. Multicultural awareness scores were only significantly higher for those with 10 or more courses than those with no prior multicultural training.

Another MANOVA was performed to distinguish differences in multicultural knowledge and awareness by amount of prior multicultural training examining men and women separately. For women, significant differences in multicultural knowledge and awareness were found by amont of prior multicultural training, Pillai's Trace = .26, $F_{(8, 414)} = 7.750$, $p < .000$, partial $\eta^2 = .13$. There were no significant differences according to amount of prior multicultural training for men, Pillai's Trace = .10, $F_{(8, 134)} = .912$, $p = .509$, partial $\eta^2 = .05$. An analysis of variance (ANOVA) was conducted as follow-up tests to the MANOVA with women and men separately on each dependent variable. For women, there were significant differences according to amount of prior multicultural training on multicultural knowledge, $F_{(4, 207)} = 16.84$, $p < .000$, partial $\eta^2 = .25$, and multicultural awareness, $F_{(4, 207)} = 4.54$, $p = .002$, partial $\eta^2 = .08$. Women with ranges from 1 to 3, 4 to 6, 7 to 9, and 10 or more prior courses in multicultural training, on

average, scored higher multicultural knowledge and awareness than those with no prior multicultural training. Women having a range from 1 to 3 courses had lower multicultural knowledge scores than women in ranges of 4 to 6, 7 to 9, or 10 or more courses in multicultural training. No other differences in multicultural awareness were found according to amount of prior multicultural training for women.

The next MANOVA included theoretical orientation as the predictor variable. Significant differences were found by theoretical orientation, Pillai's Trace = .23, $F_{(20, 546)}$ = 3.501, $p < .000$, $\eta^2 = .11$ in multicultural knowledge and awareness. There were significant differences in multicultural knowledge, $F_{(10, 273)} = 5.651$, $p < .000$, $\eta^2 = .17$, and awareness, $F_{(10, 273)} = 4.667$, $p = .000$, $\eta^2 = .15$, due to theoretical orientation. Pairwise comparisons by theoretical orientation were conducted and results indicated that self-identified Multicultural counselors scored significantly higher scores on multicultural knowledge than individuals who self-identified as Cognitive-Behavioral, Eclectic, Humanistic/Existential, and Systems-oriented therapists. Self-identified Social Construction/Narrative therapists also had significantly higher multicultural knowledge scores than Cognitive-Behavioral and Systems therapists. The Cognitive-Behavioral group had significantly lower multicultural awareness scores than Integrative, Multicultural, Social Construction/Narrative, and Undecided/Unsure groups, while Humanistic/Existential and Systems groups had significantly lower multicultural awareness scores than the Social Construction/Narrative group. No other pairwise comparisons were statistically significant.

A follow-up ANOVA was performed to examine any differences in prior multicultural training according to theoretical orientation. Prior multicultural training was

the dependent variable and theoretical orientation was the independent variable. Significant differences were found by theoretical orientation on amount of prior multicultural training. However, the only significant difference was found with Cognitive-Behavioral therapists on average having less prior multicultural training than therapists from the Other category. The disproportionate larger number of Cognitive-Behavioral therapists ($n = 62$) and smaller Other category ($n = 9$) in the sample may explain the significant difference found. Consequently, no significant difference in amount of prior multicultural training was found for any other pairwise comparisons.

The fourth MANOVA was conducted with multicultural knowledge and awareness as the criterion to examine the differences according to field of professional training. Significant differences were found by field of professional training, Pillai's Trace = .22, $F_{(34, 532)} = 1.884$, $p = .002$, $\eta^2 = .11$. Multicultural knowledge, $F_{(10, 273)} = 5.651$, $p < .000$, $\eta^2 = .17$, and awareness, $F_{(10, 273)} = 4.667$, $p < .000$, $\eta^2 = .15$, had significant differences according to field of professional training. Pairwise comparisons were conducted finding individuals from counseling psychology scored significantly higher multicultural knowledge than persons from mental health counseling and school counseling programs, while individuals from clinical social work also had significantly higher multicultural knowledge scores than individuals from mental health counseling programs. The only significantly different pairwise comparison on multicultural awareness was found for persons from counseling psychology programs, who had significantly higher scores, as compared to persons from school counseling programs.

Selected Variables Relationship to Self-Actualization and Inauthenticity. The third research question for this study focused on the relationship of gender, prior multicultural

training, education level, and theoretical orientation to differences on self-actualization and inauthenticity. Differences according to gender, educational level, prior multicultural training, and theoretical orientation on factors of self-actualization and inauthenticity were examined using MANOVA. Significant differences were found by gender, Pillai's Trace = .04, $F_{(5, 278)}$ = 2.270, p = .048, η^2 = .04, and level of education, Pillai's Trace = .17, $F_{(30, 1385)}$ = 1.620, p = .019, η^2 = .03. Women scored significantly higher on core self-actualization (Factor 1), $F_{(1, 282)}$ = 6.866, p = .009, η^2 = .02, and openness to experiences (Factor 3), $F_{(1, 282)}$ = 6.394, p = .012, η^2 = .02 than men in this sample. No significant gender differences existed for autonomy and comfort with solitude. Only autonomy (Factor 2) had a significant difference according to level of education, $F_{(6, 277)}$ = 4.259, p < .000, η^2 = .08. Pairwise comparison analysis revealed that licensed psychologists scored significantly higher on autonomy than individuals who had bachelor's or master's degree and licensed counselors/social workers. The doctoral level group only scored higher than people who received a bachelor's degree. In the final MANOVA, There were no significant differences by either prior multicultural training, Pillai's Trace = .07, $F_{(20, 1112)}$ = .987, p = .475, η^2 = .02, or theoretical orientation, Pillai's Trace = .219, $F_{(50, 1365)}$ = 1.251, p = .115, η^2 = .04, on factors of self-actualization and inauthenticity.

Relationship of Social Desirability to Select Variables. The fourth research question examined educational level and prior multicultural training; "What significant differences are there in social desirability?" An ANOVA was performed to determine if there were any significant differences due to education level and prior multicultural training on social desirability. There was no significant interaction effect. Results also

indicated no significant differences either by prior multicultural training, $F_{(4, 253)} = .345$, $p = .847$, partial $\eta^2 = .01$, or level of education, $F_{(6, 253)} = 1.160$, $p = .328$, partial $\eta^2 = .03$, on social desirability.

Contribution of Inauthenticity and Self-Actualization. The final research question examined the amount of variance in multicultural counseling competency explained by inauthenticity and self-actualization after controlling for social desirability, ethnic identity, and demographic variables. Two multivariate multiple regression analyses were conducted to determine the unique contribution of ethnic identity scales and self-actualization factors to the variance accounted for in multicultural knowledge and awareness. In the first mulivariate multiple regression analysis, the ethnic identity scales were entered as the predictors with the multicultural competency scales as the criterion variables. Ethnic identity search, Pillai's Trace = .08, $F_{(2, 280)} = 12.639$, $p < .000$, partial $\eta^2 = .08$, and affirmation, belonging, and commitment, Pillai's Trace = .05, $F_{(2, 280)} = 2.922$, $p = .055$, partial $\eta^2 = .02$, made a significant contribution to multicultural knowledge and awareness. Multiple regression analyses on each dependent variable were conducted as follow-up tests to the multivariate multiple regression analysis. A significant contribution of the variance was explained by ethnic identity search and affirmation, belonging, and commitment for multicultural knowledge, $F_{(2, 281)} = 42.08$, $p < .000$, $R^2 = .23$, (adjusted $R^2 = .23$), and multicultural awareness, $F_{(2, 281)} = 6.34$, $p = .002$, $R^2 = .04$, (adjusted $R^2 = .04$). Only ethnic identity search made a significant, unique contribution to both the variance explained by multicultural knowledge, $t_{(281)} = -5.03$, $p < .000$, and awareness, $t_{(281)} = -2.88$, $p = .004$. Results suggested that the ethnic identity search and affirmation, belonging, and commitment significantly accounted for 23% of

the variance in multicultural knowledge and 4% of the variance in multicultural awareness. However, ethnic identity search alone made a contribution to the variance accounted for in multicultural knowledge and awareness.

Similarly, the second multivariate multiple regression was conducted to reduce the number of scales included in the third hierarchical multiple regression analysis and determine the unique contribution of self-actualization factors to the variance accounted for in multicultural knowledge and awareness. The self-actualization factors were the predictors and the criterion variables were multicultural knowledge and awareness. Core self-actualization, Pillai's Trace = .05, $F_{(2, 278)}$ = 6.784, p = .001, partial η^2 = .05, autonomy, Pillai's Trace = .03, $F_{(2, 278)}$ = 4.146, p = .017, partial η^2 = .03, openness to experiences, Pillai's Trace = .07, $F_{(2, 278)}$ = 9.794, p < .000, partial η^2 = .07, and comfort with solitude, Pillai's Trace = .05, $F_{(2, 278)}$ = 7.596, p = .001, partial η^2 = .05, made significant contributions to multicultural knowledgeand awareness. Multiple regression analyses on multicultural knowledge and awareness were conducted as follow-up tests. Higher multicultural knowledge and awareness had significantly positive correlations to the self-actualization factors overall. A significant contribution of the variance was explained by the self-actualization factors for multicultural knowledge, $F_{(4, 279)}$ = 19.21, p < .000, R^2 = .22, (adjusted R^2 = .21), and multicultural awareness, $F_{(4, 279)}$ = 6.34, p < .000, R^2 = .11, (adjusted R^2 = .10).

Core self-actualization, $t_{(279)}$ = 3.37, p = .001, openness to experiences, $t_{(279)}$ = 4.26, p < .000, and comfort with solitude, $t_{(279)}$ = -3.15, p = .002, made unique contributions to the variance explained by multicultural knowledge. Although autonomy did not have significant contribution to the variance explained in multicultural

knowledge, $t_{(279)} = .33$, $p = .744$, there was a unique contribution to the variance

explained in multicultural awareness, $t_{(279)} = 2.65$, $p = .009$. Moreover, openness to

experiences explained a significant, unique amount of the variance in multicultural

awareness, $t_{(279)} = 3.19$, $p = .002$. Nonetheless, there was no significant contribution of

core self-actualizatin, $t_{(279)} = .38$, $p = .705$, or comfort with solitude, $t_{(279)} = .44$, $p = .660$,

to the variance was explained in multicultural awareness. Self-actualization factors

uniquely effected scores on multicultural knowledge and awareness in different ways.

Only openness to experience contributed to both multicultural knowledge and awareness.

The self-actualization factors significantly accounted for 22% of the variance in

multicultural knowledge and 11% of the variance in multicultural awareness. However,

openness to experiences alone made a contribution to the variance accounted for in

multicultural knowledge and awareness.

As a result of the preceeding two multivariate multiple regression analyses, ethnic

identity search and the four self-actualization factors were included with demographic

information and other scales in the hierarchical multiple regression analysis to control for

their affect on multicultural counseling competency. The researcher excluded affirmation,

belonging, and commitment scale because there was not a significant contribution to the

variance explained by multicultural knowledge or awareness. It was expected that ethnic

identity search would have had a significant contribution over and above affirmation,

belonging, and commitment in multicultural counseling competency. Although openness

to experiences was not the only factor that uniquely explained the variance in

multicultural knowledge and awareness, it was the sole contributor to both multicultural

knowledge and awareness. It was expected that openness to experiences would

contribute a significant amount of the variance explained in multicultural counseling competency. However, the other self-actualization factors were not excluded due to the mixed contributions each made to either multicultural knowledge or awareness. Even though each did not significantly contribute to both multicultural competency scales, each was entered due to the possibility that one or more factors would significantly account for scores in multicultural counseling competency.

A hierarchical multiple regression analysis was conducted included seven scales and demographic variables. Table 4.3 illustrates a summary of the hierarchical multiple regression analysis for variables predicting the full scale multicultural counseling competency scores. Social desirability was entered first, followed by ethnic identity, gender, prior multicultural training, theoretical orientation, field of study, inauthenticity, and overall self-actualization in the eighth and final step. No significant relationship was found between social desirability and overall multicultural counseling competency, $F_{(1, 282)} = .127$, $p = .722$, $R^2 = .00$, (adjusted $R^2 = -.00$). Nonetheless, after controlling for the addition of prior multicultural training with the three other variables, results revealed that theoretical orientation had a significant, unique contribution to the variance in multicultural counseling competency, R^2 change $= .022$, $F_{(1, 278)}$ change $= 8.72$, $p = .003$, $R^2 = .30$, (adjusted $R^2 = .29$). After social desirability, ethnic identity, gender, prior multicultural training, and theoretical orientation were controlled, multicultural counseling competency had a significant amount of variance accounted for by field of professional training, R^2 change $= .010$, $F_{(1, 277)}$ change $= 4.14$, $p = .043$, $R^2 = .31$, (adjusted $R^2 = .29$). Inauthenticity was also entered in the seventh step, which resulted in a significant amount of variance in multicultural counseling competency accounted for by

Table 4.3

Summary of the Hierarchical Multiple Regression Analysis for Variables Predicting

Multicultural Counseling Competency Scores (N = 284)

Variables	B	SE	β
Step 1			
Social Desirability	.169	.476	.021
Step 2			
Social Desirability	.480	.431	.060
Ethnic Identity Search	3.603	.444	.437*
Step 3			
Social Desirability	.304	.426	.038
Ethnic Identity Search	3.414	.440	.414*
Gender	-8.905	2.637	-.181*
Step 4			
Social Desirability	.181	.413	.023
Ethnic Identity Search	2.769	.447	.336*
Gender	-9.020	2.548	-.183*
Prior Multicultural Training	4.411	.962	.246*

*$p < .05$.

Table 4.3 (continued)

Variables	*B*	*SE*	ß
Step 5			
Social Desirability	.284	.409	.036
Ethnic Identity Search	2.750	.441	.334*
Gender	-7.878	2.543	-.160*
Prior Multicultural Training	4.096	.955	.229*
Theoretical Orientation	.960	.325	.152*
Step 6			
Social Desirability	.345	.408	.043
Ethnic Identity Search	2.619	.444	.318*
Gender	-8.333	2.539	-.169*
Prior Multicultural Training	3.938	.952	.220*
Theoretical Orientation	.987	.324	.156*
Field of Professional Training	-.448	.220	-.104*

*$p < .05$.

Table 4.3 (continued)

Variables	B	SE	ß
Step 7			
Social Desirability	-.119	.432	-.015
Ethnic Identity Search	2.453	.441	.298*
Gender	-8.473	2.505	-.172*
Prior Multicultural Training	3.931	.940	.219*
Theoretical Orientation	.819	.324	.129*
Field of Professional Training	-.429	.218	-.100*
Inauthenticity	-.273	.093	-.158*

*$p < .05$.

Table 4.3 (continued)

Variables	B	SE	ß
Step 8			
Social Desirability	-.463	.410	-.058
Ethnic Identity Search	2.298	.427	.279*
Gender	-6.321	2.360	-.128*
Prior Multicultural Training	3.408	.888	.190*
Theoretical Orientation	.728	.309	.115*
Field of Professional Training	-.389	.205	-.090
Inauthenticity	-.094	.096	-.055
Core Self-Actualization	.286	.200	.091
Autonomy	.262	.171	.093
Openness to Experiences	3.301	.768	.232*
Comfort with Solitude	-.674	.344	-.093

*$p < .05$.

inauthenticity, R^2 change = .021, $F_{(1, 276)}$ change = 8.65, p = .004, R^2 = .33, (adjusted R^2 = .31), after all previous variables were controlled. The four factors of self-actualization were the final variables entered. All prior demographic variables and scales were controlled for. As a result, the four factors accounted for a significant amount of the variance in multicultural counseling competency, R^2 change = .099, $F_{(4, 272)}$ change = 11.72, $p < .000$, R^2 = .43, (adjusted R^2 = .41). Still, only openness to experience (Factor 3) made a significant, unique contribution to multicultural counseling competency, $t_{(271)}$ = 4.30, $p < .000$. As expected, only openness to experiences made a significant

contribution over and above that accounted for in multicultural counseling competency. When the four self-actualization factors were entered, inauthenticity, $t_{(272)} = -.98$, $p = .329$, and field of professional training, $t_{(272)} = -1.89$, $p = .059$, did not make a significant contribution to the equation. Self-actualization may have accounted for the contribution over and above what inauthenticity and field of professional training made in the previous step. It would also be noteworthy to mention that field of professional training, $t_{(272)} = -1.89$, $p = .059$, and comfort with solitude, $t_{(272)} = -1.96$, $p = .051$ made contributions to the variance, but the contributions were not statistically significant. The entire regression model accounted for 43% of the variance in multicultural counseling competency scores consisting of social desirability, ethnic identity search, gender, prior multicultural training, theoretical orientation, field of professional training, inauthenticity, and the four self-actualization factors.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS,

RECOMMENDATIONS, AND SYNERGY

Multiculturalism has played an important role in expanding mental health professionals' perspectives on how to work with people. Without a culture of authenticity, multiculturalism could not be successful (Taylor, 1991). However, there is a scarcity of knowledge about the role of authenticity in developing multicultural counseling competency. As a result, a vacuum of information shifting from the vertical dialogue about multicultural counseling competencies and expanding to a horizontal dialogue considering the depth of multicultural competencies needs consideration.

The evolution of multicultural counseling competencies included a broader definition of culture and expanded the competencies to include understanding client-related issues, the therapeutic relationship, unique client variables, and the working alliance (Constantine & Ladany, 2000; Fuertes, 2001; Ladany, Inman, Constantine, & Hofheinz, 1997; Pope-Davis et al., 2002; Sodowsky, Taffe, Gutkin, & Wise, 1994). The vertical development of multicultural competencies has extended mental health professionals' perspective on worthwhile and important concentrations. Though, there seems to be a lack of depth. The risk is that multiculturalism may be viewed as a limited attempt to improve therapists' competency. Consequently, a distorted multicultural view may encourage individualistic self-seeking and exclusiveness. In such a perspective, professional development may be perceived as a goal instead of a process. The very act

of pursuing multicultural competency may encourage inauthenticity. Pursuit of competency can move the pendulum toward a reductionist, mechanical approach to multiculturalism. The data from the current study suggests that a deeper, more holistic approach is also needed. Authenticity may offer the depth needed to stretch our efforts to increase multicultural counseling competency (Gruba-McCallister & Levington, 1994; Skovholt & Rønnestad, 1992). As central construct, authenticity may allow a deeper understanding and richer training in multicultural competency development.

Extensive research has been conducted on multicultural issues. Yet, few empirical research studies on authenticity have been reported (Henderson & Hoy, 1983; Kolligan & Sternberg, 1991). There is a paucity of empirical research examining the relationship between multicultural counseling competency and authenticity. Research on inauthenticity and self-actualization, constructs closely related to authenticity, have shown that inauthenticity has a positive relationship to self-monitoring, depressive symptoms, achievement pressures, social anxiety, and distracted daydreaming styles (Kolligan & Sternberg, 1991). Empirical evidence is mixed regarding a relationship of self-actualization with racial identity (Parham & Helms, 1985), sex-role identity (Endo & Hashimoto, 1998), and general identity development (Valde, 1996). An authenticity measure is needed to investigate the relationship with multicultural counseling competency. Inauthenticity and self-actualization are sufficient constructs to examine the relationship with multicultural counseling competency prior to developing an authenticity measure. It is important to establish a relationship among multicultural counseling competency, inauthenticity and self-actualization to offer information about the development of an authenticity measure.

Summary

The purpose behind the current study was to investigate relationships among multicultural counseling competency, inauthenticity and self-actualization. The researcher also examined the unique contribution of inauthenticity and self-actualization to the variance explained in multicultural counseling competency after demographic variables, social desirability, and ethnic identity were controlled. The study used self-report measures to assess the relationship among multicultural counseling competency, inauthenticity, and self-actualization.   The research questions that guided this study were:

- *Research Question 1*: What are the relationships among the self-report measures of multicultural counseling competency, self-actualization, and inauthenticity?

- *Research Question 2*: What is the effect of age, race/ethnicity, gender, theoretical orientation, or field of professional training on self-report measures of multicultural counseling competency?

- *Research Question 3*: Do gender, prior multicultural training, and theoretical orientation relate significantly to differences on self-actualization and inauthenticity?

- *Research Question 4*: Do educational level and/or prior multicultural training relate significantly to differences on social desirability?

- *Research Question 5*: What amount of variance in multicultural counseling competency could be explained by inauthenticity and self-actualization after controlling for social desirability, ethnic identity, and demographic variables?

The sample included 284 counselors-in-training and professional counselors from diverse racial/ethnic and professional backgrounds, educational levels, and theoretical orientations. An emailed invitation with the web site link was sent to volunteers requesting their participation in the study. Invitations were emailed to students in counseling-related programs and professional therapists using email to student and professional organizations' listserv, announcements to student organizations, and contacts with professionals. A raffle for four Amazon.com gift certificates each equal to $50.00 were provided as an incentive to participate in the study. All participants were invited to submit their name and address electronically to a private e-mail address or in writing to be included in the raffle. The web site link provided a click-through button to the 'Welcome' page, which included a click-through button to the Informed Consent. The Informed Consent, which was provided prior to viewing or completing any questions to clearly indicate implied consent, included another click-through button to the test battery. Participants completed a test battery, which included a total of five appraisal instruments and a demographic information sheet. The testing lasted approximately 30 minutes.

The test battery used self-report measures, which included the Revised Multicultural Counseling Knowledge and Awareness Scale (MCKAS-R; Ponterotto et al., 2002), Perceived Fraudulence Scale – Inauthenticity subscale (PFS-IS; Kolligan, 1990), Revised Brief Index of Self-Actualization (BISA-R; Sumerlin & Bundrick, 1998), Marlow-Crowne Social Desirability Scale – Form C (MCSDS-Form C; Reynolds, 1982), the Revised Multigroup Ethnic Identity Measure (MEIM-R; Roberts et al., 1999).

Preliminary Interrelationships. Prior studies have focused on the effect of social desirability and racial identity on multicultural counseling competency (Constantine,

Juby, & Liang, 2001; Ottavi, Pope-Davis, & Dings, 1994). Social desirability was not correlated to overall multicultural counseling competency or either of the multicultural knowledge or awareness scales. The current study supported previous findings suggesting that social desirability does not significantly effect multicultural counseling competency (Constantine & Ladany, 2000; Ponterotto et al., 2002).

Social desirability was related to inauthenticity and self-actualization in the present study. As expected, social desirability was negatively associated to inauthenticity, suggesting that it would not be socially desirable to admit to inauthentic traits. There was positive correlation between social desirability and self-actualization as expected, supporting previous research (Abbott & Harris, 1973; Warehime & Foulds, 1973). However, previous self-actualization measures had questionable reliability (Ray, 1984, 1986; Sumerlin et al., 1994; Wise, 1977; Wise & Davis, 1975). With a more reliable measure, social desirability was meaningfully related to core self-actualization, autonomy, and openness to experience, but there was not a significant relation to comfort with solitude. Self-actualization factors are socially desirable traits, but may indicate that individuals overstated their level of self-actualization. Comfort with solitude's relationship, which has a slightly negative relationship to social desirability, indicates that an important aspect of self-actualization may not be socially desirable.

As expected, ethnic identity had a positive relationship to multicultural counseling competency and self-actualization, whereas there was a negative correlation to inauthenticity. Ethnic identity search had correlations to multicultural knowledge and awareness, core self-actualization, and openness to experiences. Ethnic identity search was not related to autonomy and comfort with solitude. It would be reasonable to

conclude that the search for and identifying with one's ethnic group would be related to greater multicultural knowledge and awareness across racial/ethnic groups. The relationship of ethnic identity search to core self-actualization and openness to experiences provided substantive information. The ethnic identity search process seems to be related to being available to different experiences and utilizing self-actualizing behaviors and beliefs. Ethnic identity search was not related to autonomy or comfort with solitude, suggesting that ethnic identity search was not associated to isolating behaviors.

Affirmation, belonging, and commitment similarly had relationships to multicultural knowledge and awareness, core self-actualization, and openness to experience. Developing connections and support from one's ethnic group also has a relationship with increased cultural information and awareness about the cultural issues. Belonging and commitment to one's ethnic group may require information about cultural norms, traditions, and customs, while also having an insight behind the meaning in different cultural norms. Affirmation, belonging, and commitment were also linked to ability to fundamentally use skills and knowledge to their fullest extent while exposing oneself to enriching experiences. The findings seemed to suggest one could feel affirmed, belong and have a commitment to an ethnic group while also having a readiness to explore different experiences. Affirmation, belonging, and commitment were not related to autonomy or comfort with solitude, which indicates that individualistic tendencies particular to self-actualization would not be associated to the closeness and encouragement experienced as a member of an ethnic group.

Affirmation, belonging, and commitment was negatively related to inauthenticity, indicating that closeness within one's ethnic group would be conversely associated to fraudulent thought processes. Taylor's (1991) ideal that one must be genuine with others requires a meaningful understanding of an individual's behavior. The findings in the current study suggest that affirmation, belonging, and commitment would be contradictory to maintaining such affiliation when one is being disingenuous. These findings support Taylor's (1991) presumption that there needs to be an appreciation of open communication, mutual respect, and understanding within a cultural context if one wants to encourage affiliation within a group. Moreover, it seems deceitfulness and fraudulent thought processes may undermine closeness and affiliation within groups. As noted earlier, one's ability to live in harmony with social environment contrasts with the view that the social person is artificial questioning the usefulness of social involvement was an important distinction (Gruba-McCallister & Levington, 1994). Part of living in harmony with others would presumably require effective communication, open-mindedness, and a diminished role of inauthentic behavior.

Selected Variable Interrelationships. The first research question and related hypotheses were fully supported. There were statistically significant interrelationships among multicultural counseling competency, self-actualization, and inauthenticity. Empirical evidence indicated that multicultural counseling competency was inversely related to inauthenticity and positively correlated with self-actualization. Multicultural knowledge and awareness were positively related to core self-actualization, autonomy, and openness to experiences. Although multicultural awareness was not related to comfort with solitude, multicultural knowledge was negatively associated to comfort with

solitude, signifying that cultural information most probably needs to be experienced contextually and not in a vacuum. Many multicultural courses encourage having events outside the classroom that expand beyond textbook readings and discussions. The current study provides evidence people who do not venture out to have immediate contact with different cultures most probably cannot receive substantive cultural knowledge. Higher multicultural knowledge and awareness were related to self-actualizing behaviors, a healthy sense of independence and self-sufficiency, and a willingness to engage in different experiences. However, higher multicultural knowledge was related to decreased comfort with solitude indicating that greater information and facts about multicultural issues may require a willingness to generally develop contacts, be appreciative and open-minded with people. One may also consider the importance of support networks under stressful circumstances to buffer against alienation and isolation. Although comfort with solitude has an important role in self-actualization development, one may discern when involvement with others would be beneficial when developing greater multicultural knowledge.

Multicultural knowledge and awareness each had a significant, negative correlation to inauthenticity, as did core self-actualization, autonomy, and openness to experience. Mental health professionals with greater multicultural knowledge and awareness had fewer fraudulent cognitive, affective, and behavior patterns. Moreover, they had increased self-care and utilized information well, enjoyed healthy independence and self-sufficiency, and were more willing to engage in a variety of situations.

Differences Among Groups and Multicultural Competency. Substantial support was found for the second research question and subsequent hypotheses. Women tended

to score higher on multicultural knowledge and awareness than men in the sample; individuals with more multicultural training also tended to score higher on multicultural knowledge and awareness. These findings support earlier research (Sumerlin & Bundrick, 1998). The significantly larger number of women in the sample may account for some of the difference. However, results indicated that women who had significantly higher prior multicultural training had higher multicultural knowledge and awareness. Women with at least one prior course in multicultural training had higher multicultural knowledge than those with no prior multicultural training. Incrementally, with increased prior multicultural training, women increased multicultural knowledge. However, there was no difference in multicultural knowledge beyond seven or more course/seminars. Likewise, incremental increases in multicultural awareness were found for women with higher amounts of prior multicultural training, indicating that at least one or more multicultural courses/seminars was better than no prior multicultural training at all for women. Yet, for women, there were no other significant differences in multicultural awareness among groups with varying amounts of prior multicultural training. For men, there were no significant differences found in multicultural knowledge or awareness according to amount of prior multicultural knowledge.

Interestingly, for the entire sample, having a minimum of four multicultural training courses/seminars was better than having no training, or less than four multicultural courses/seminars. These findings suggest that fewer than four courses in multicultural issues did not make any difference. The desired affect of increased multicultural knowledge did not seem meaningful until training went beyond at least four multicultural courses. There were no significant differences in multicultural knowledge

among groups with more than four multicultural courses. However, results suggested that significant differences in multicultural awareness were not apparent except between those with no multicultural training and 10 or more multicultural training courses/seminars. It seemed that there were no differences in multicultural awareness for groups regardless of level of prior multicultural training. Yet, those with 10 or more multicultural training courses/seminars had higher multicultural awareness than those with no prior multicultural training. There were no other significant differences in multicultural awareness.

There were also significant differences according to theoretical orientation on scores in multicultural knowledge and awareness. Self-identified multicultural and social construction/narrative therapists had higher multicultural knowledge than cognitive-behavioral and systems-oriented therapists. Furthermore, self-identified multicultural therapists also had higher multicultural knowledge than those who self-identified as eclectic and humanistic/existential. Interestingly, cognitive-behavioral therapists had lower multicultural awareness scores than self-identified integrative, multicultural, and social construction/narrative therapists, including those who were undecided/unsure about their primary counseling theoretical orientation. Humanistic/Existential therapists also had lower multicultural awareness scores than social construction/narrative therapists. Results suggested that there were differences in multicultural knowledge and awareness depending on their theoretical orientation. Of special note, those self-identified as cognitive-behavioral consistently had lower scores on multicultural knowledge and awareness than several other theoretical orientations. Initially, upon review of mean differences, one may believe that cognitive-behavioral therapists simply

were taking lower amounts of prior multicultural training. However, cognitive-behavioral therapists had comparable amounts of prior multicultural training.

Differences according to field of professional training on multicultural knowledge and awareness were also significant. Counseling psychology and clinical social work therapists had higher multicultural knowledge scores than mental health counseling, while only counseling psychology had higher scores than therapists from school counseling programs. Only counseling psychology therapists had higher multicultural awareness scores than school counseling trained therapists. This may suggest that therapists from particular training programs had been provided more effective multicultural training than others. Although no generalization should be made about the effectiveness of any multicultural training program, it may suggest increased attention to multicultural issues the each program serves, particularly school counseling and mental health counseling programs. There would seem to be some overlap, and a clear distinction may be difficult to ascertain among counseling psychology, clinical social work, and mental health counseling. Several training programs offer master's degrees in mental health counseling, clinical social work, and counseling psychology, while there would be a relatively low number of doctoral level mental health counseling or clinical social work programs. The differences among multicultural training programs would be hard to distinguish. It would be less difficult to distinguish the differences between counseling psychology and school counseling programs due to the traditional populations they each serve. Although counseling psychology trained professionals work in school settings, how to work and what to look for in schools would have a greater focus in school counseling than counseling psychology, generally. In some states, school

counselors may not actually conduct therapeutic services due to the state and local school district policies. However, it would not be clear from the data collected in the current study because participants were not asked to determine the settings or states where they currently or planned to work in.

Differences on Self-Actualization and Inauthenticity. The current study found partial evidence that gender, educational level, prior multicultural training, and theoretical orientation relate significantly to differences on self-actualization and inauthenticity. Women tended to score significantly higher on core self-actualization and openness to experiences than men. There were no gender differences on autonomy or comfort with solitude. These findings interestingly suggest that women and men on average had similar levels of autonomy and comfort with solitude. The current study's findings would be consistent with research on autonomy, which included insights from gender identity literature (Bekker, 1993).

A revised measure of autonomy included measures of self-awareness, sensitivity to others, and capacity for managing new situations. Findings suggested no differences by gender in self-awareness and capacity for managing new situations but women did score higher on sensitivity to others (Bekker, 1993). Consequently, the current study supported previous autonomy research when consideration had been to de-emphasize independence and isolation while promoting self-awareness and ability to negotiate new situations. Higher scores in core self-actualization and openness to experiences may suggest that women had experiences or training which allow greater ability to utilize information, develop healthy independence and self-sufficiency, while remaining receptive to new situations, being flexible in their approach to situations.

Results indicated that licensed psychologists tended to have higher autonomy than individuals with bachelor's or master's degrees and licensed counselors/social workers. Evidence indicates that licensed psychologists would have greater self-perceived independence beyond what would be experienced at the doctoral or post-doc level. Doctoral level therapists without a license would also have greater autonomy than bachelor's degree counselors-in-training. It might be assumed that master's degree counselors and licensed counselors/social workers would have greater autonomy than bachelor's degree counselors, but the current study does not support the difference. Rather, results suggest no difference in autonomy among bachelor's and master's degree counselors, and licensed counselors/social workers. There was no evidence that education level effected other self-actualization factors or inauthenticity. There were also no significant differences by either prior multicultural training or theoretical orientation on the four self-actualization factors and inauthenticity.

It is interesting to find that education level, prior multicultural training, and theoretical orientation did not have any meaningful effect on inauthenticity. These findings suggest that inauthenticity may be a construct that can effect mental professional professionals differently at any level of education, prior multicultural training, or theoretical orientation. Likewise, although autonomy differed depending of education level, core self-actualization, openness to experience, and comfort with solitude were not effected by differences in education, prior multicultural training, or theoretical orientation. Regardless of education level, prior multicultural training, or theoretical orientation, each self-actualization factor has to potential to have a contrasting presence during mental health professionals' development.

The pairwise comparison results should be interpreted with caution due to the mixed results from the homogeneity tests of covariance matrices and the unequal group sizes. The violation of homogeneity of covariance matrices may be due to the disproportionate number from the sample in each group discussed above. The violation of homogeneity did not automatically invalidate these results, but provided a warning about the unequal group sizes. Avoiding a Type I error could not be guaranteed.

Social Desirability Differences. The current study examined whether educational level and/or prior multicultural training significantly effected differences in social desirability. No significant differences according to education level or prior multicultural training were found on social desirability. The purpose of this research question was to explain the relationship between social desirability and multicultural counseling competency by possibly finding differences among groups. No correlation was found between social desirability and multicultural counseling competency. Even without a relationship, finding possible differences might explain why there was no relationship possibly due to potential differences between individuals with a bachelor's degree and licensed psychologists. However, there were no differences according to prior multicultural training or education level on social desirability.

Contribution to Multicultural Counseling Competency. Evidence partially supported that inauthenticity and self-actualization explained a significant amount of the variance in multicultural counseling competency after controlling for social desirability, ethnic identity, and demographic variables. Only openness to experience (Factor 3) significantly contributed to the variance in multicultural counseling competency after all other variables were controlled. Ethnic identity search, gender, and prior multicultural

training also made significant, unique contributions to the amount explained in multicultural counseling competency. The weight of ethnic identity search and openness to experience demonstrated their greatest influence over all other variables in developing multicultural counseling competency. Gender and prior multicultural training also had significant influence on multicultural counseling competency. However, evidence suggests that the process of self-discovery and identification with one's ethnic group along with a willingness to engage in varied experiences influence multicultural counseling competency most positively. Together with multicultural training and gender socialization, a meaningful understanding of one's ethnic identity and engaging experiences impacts mental health professionals to develop greater multicultural counseling competency.

Conclusions and Implications

The current study supported the relationships among multicultural counseling competency, self-actualization and inauthenticity. Moreover, ethnic identity search and openness to experience seemed to have meaningful effect on multicultural counseling competency development. Affirmation, belonging, and commitment to one's ethnic group does not have to preclude one from exploring and being available to different experiences with others. Multicultural counseling competency seemed to require having a healthy sense of independence and self-sufficiency, and a willingness to engage in different experiences. Counselors with greater multicultural knowledge and awareness also had fewer fraudulent cognitive, affective, and behavior patterns.

Multicultural counseling competency has a significant part to do with one's willingness to engage in self-discovery. Self-awareness becomes a function to utilize

knowledge and skills purposefully to facilitate counseling rather than to censure, chastise, or demoralize. Although, oftentimes, the focus of training has been about exploring the culture of other groups, it seems evidence suggests cultural exploration (i.e., ethnic identity search) has an important role in developing multicultural counseling competency. Self-discovery as a member of an ethnic group seemed to be related to increased self-actualization and inversely related to inauthenticity. Training may need to focus on counselors' ethnic identity development by emphasizing greater cultural knowledge in one's own culture and find ways to appreciate, connect, and commit oneself to meaningful understanding of the importance of being a member of an ethnic group. For ethnic identity to be meaningful, mental health professionals will need to confront difficulties and challenges of one's ethnicity, while acknowledging the strengths inherent in each ethnic group.

It is important to note the distinction between multicultural knowledge and awareness. Multicultural knowledge refers to specific information about one's racial and cultural heritage, about the particular group one works with, and explicit information and understanding of the generic therapeutic characteristics. Multicultural awareness refers to individual's active process of "becoming aware of their own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth" (Sue et al., 1998). The current study seems to suggest one's ability to acquire multicultural knowledge would be uniquely different from receiving multicultural awareness. Skovholt and Rønnestad (1992) discussed an "emerging authenticity," which required developing a comfortable and consistent style with the ability to explore and challenge oneself during the latter stages of a mental health professional's development. The

current study seems to support that one's acquisition of multicultural knowledge comes well before one develops a distinctive level of multicultural awareness. The later development of multicultural awareness coincides with the position that there has to be a more sophisticated level of multicultural counseling competency. Counselors-in-training and professionals early in their career may be limited in their capacity to develop multicultural awareness. Within a master or doctoral level training program, one may be limited simply as a function of one's psychosocial or professional development. As mentioned earlier, it would be prudent to look to the experience of seasoned professionals for guidance and mentoring, especially early in one's training. Nonetheless, it seems there may be developmental limitations that need to be understood to encourage growth, while also emphasizing the importance of the continued maturation beyond formal training that requires guidance and self-awareness to direct one's efforts in a meaningful way.

Recommendations

The current study provided substantive information about the role of authenticity in multicultural counseling competency. Inauthenticity, a contrasting construct to authenticity, and self-actualization, a closely related construct to authenticity, were used in the current study. Although an authenticity measure was not available, evidence does support that the closely related constructs are empirically valid ideals and have a meaningful effect on multicultural counseling competency. As noted by Taylor (1991), although these constructs have been difficult to measure and describe, these constructs demonstrated that they can be measured adequately and be sufficiently described for the purposes of research. It seemed to support the proposal that an authenticity measure

should be developed to further examine the relationship with multicultural counseling competency. The researcher would suggest examining differences among gender, age, field of professional training, education level, or theoretical orientation, so they can be better understood in the authenticity development. Research may need to focus on the role of gender socialization. Gender significantly affected multicultural counseling competency; however, there has been little on what role gender roles has with multicultural counseling competency. Consideration may also need to be given to the developmental aspects associated with authenticity and how distinct needs can be dealt with according to stage of authenticity. An authenticity measure will be needed that reflects the dynamic properties proposed in the literature to examine the potential role in multicultural counseling competency. The evidence would suggest that an understanding of being an authentic multicultural therapist will require a meaningful amount of self-discovery, healthy independence, and a willingness to engage in challenging experiences outside the confines of one's textbook or encapsulated experience.

<div align="center">Synergy</div>

From the current study, significant findings pertinent to mental health professionals are summarized. Preliminary findings suggest that social desirability was not correlated to overall multicultural counseling competency or either of the multicultural knowledge or awareness scales as in previous studies. However, social desirability was related to inauthenticity and self-actualization. As expected, social desirability was negatively associated to inauthenticity, suggesting that it would not be socially desirable to admit to inauthentic traits. With a more reliable measure, social

desirability was meaningfully related to core self-actualization, autonomy, and openness to experience, but there was not a significant relation to comfort with solitude.

As expected, ethnic identity had a positive relationship to multicultural counseling competency and self-actualization, whereas there was a negative correlation to inauthenticity. Ethnic identity search had positive correlations with multicultural knowledge and awareness, core self-actualization, and openness to experience. Ethnic identity search was not related to autonomy or comfort with solitude. Affirmation, belonging, and commitment similarly had relationships to multicultural knowledge and awareness, core self-actualization, and openness to experience. Affirmation, belonging, and commitment was negatively related to inauthenticity.

Research Question 1: What are the relationships among the self-report measures of multicultural counseling competency, self-actualization, and inauthenticity? The first research question was supported. Multicultural counseling competency was inversely related to inauthenticity and positively correlated with self-actualization. Multicultural knowledge and awareness were related to core self-actualization, autonomy, and openness to experience. Multicultural knowledge was negatively associated to comfort with solitude.

Research Question 2: What is the effect of age, race/ethnicity, gender, theoretical orientation, or field of professional training on self-report measures of multicultural counseling competency? Women tended to score higher on multicultural knowledge and awareness than men in the sample; individuals, in general, with more multicultural training also tended to score higher on multicultural knowledge and awareness.

Women who had significantly higher prior multicultural training had higher multicultural knowledge and awareness. Women with at least one prior course in multicultural training also had higher multicultural knowledge and awareness than those with no prior multicultural training. Incrementally, increased prior multicultural training related to increased multicultural knowledge and awareness. No difference in multicultural knowledge beyond seven or more multicultural courses could be found among women. There were no other significant differences in multicultural awareness among women with varying amounts of prior multicultural training. For men, there were no significant differences found in multicultural knowledge or awareness according to amount of prior multicultural training.

Interestingly, for the entire sample, fewer than four courses in multicultural issues did not make any discernable difference in multicultural knowledge. Results also suggested that significant differences in multicultural awareness were not apparent except between those with no multicultural training and 10 or more multicultural training courses/seminars. Of special note, even with comparable amounts of prior multicultural training, cognitive-behavioral therapists consistently had lower scores on multicultural knowledge and awareness than several other theoretical orientations. Counseling psychology and clinical social work therapists had higher multicultural knowledge scores than mental health counseling, while only counseling psychology had higher scores than therapists from school counseling programs. Only counseling psychology therapists had higher multicultural awareness scores than school counseling trained therapists.

Research Question 3: Do gender, prior multicultural training, and theoretical orientation relate significantly to differences on self-actualization and inauthenticity?

Women tended to score significantly higher on core self-actualization and openness to experience than men. There were no gender differences on autonomy or comfort with solitude.

Licensed psychologists had higher autonomy than individuals with bachelor's or master's degrees, licensed counselors/social workers, and unlicensed doctoral or post-doc level therapists. Doctoral level therapists without a license would also have greater autonomy than bachelor's degree counselors-in-training.

Research Question 4: Do educational level and/or prior multicultural training relate significantly to differences on social desirability? There was no evidence that education level effected other self-actualization factors or inauthenticity. There were also no significant differences by either prior multicultural training or theoretical orientation on the four self-actualization factors and inauthenticity. No significant differences according to education level or prior multicultural training were found on social desirability either.

Research Question 5: What amount of variance in multicultural counseling competency could be explained by inauthenticity and self-actualization after controlling for social desirability, ethnic identity, and demographic variables? Inauthenticity and self-actualization explained a significant amount of the variance in multicultural counseling competency after controlling for social desirability, ethnic identity, and demographic variables. Only openness to experience (Factor 3) significantly contributed to the variance in multicultural counseling competency after all other variables were controlled. When the self-actualization factors were entered into the equation, inauthenticity did not significantly explain the amount of variance in multicultural

counseling competency. Ethnic identity search, gender, and prior multicultural training each made significant, unique contributions to the amount of variance explained in multicultural counseling competency. The weight of ethnic identity search and openness to experience demonstrated the greatest influence over all other variables in developing multicultural counseling competency.

In conclusion, the current study provided substantive information about the role of authenticity in multicultural counseling competency. Although an authenticity measure was not available, evidence does support that the closely related constructs are empirically valid ideals and have a meaningful effect on multicultural counseling competency. One's willingness to engage in self-discovery has a significant part to do with multicultural counseling competency development. Self-discovery as a member of an ethnic group seemed to be related to increased self-actualization and inversely related to inauthenticity. Self-awareness becomes a function to utilize knowledge and skills purposefully to facilitate counseling. Although the focus of training has been about exploring the culture of other groups, it seems cultural exploration (i.e., ethnic identity search) has an important role in developing multicultural counseling competency. Training may need to focus on counselors' ethnic identity development by emphasizing greater cultural knowledge in one's own culture and find ways to appreciate, connect, and commit oneself to meaningful understanding of the importance of being a member of an ethnic group. For ethnic identity to be meaningful, mental health professionals will need to confront difficulties and challenges of one's ethnicity, while acknowledging the strengths inherent in each ethnic group. The current study also seems to support that one needs to have a mastery of the explicit multicultural information before becoming

skillfully aware of one's assumptions, biases, and preconceived notions effecting the therapeutic relationship. Counselors-in-training and professionals early in their career may be limited in their capacity to develop multicultural awareness as a function of one's psychosocial and professional development.

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APPENDIX

A. DEMOGRAPHIC INFORMATION SHEET

Please answer the following questions:

1. How old are you?   Age _____

2. Gender: Female   Male

3. My ethnicity is

    1) Asian or Asian American
    2) Black or African American
    3) Hispanic or Latino/a
    4) White, Caucasian, Anglo, European American; not Hispanic
    5) Native American or American Indian
    6) Mixed; Parents are from two different groups
    7) Other (specify): _____

4. My father's ethnicity is:

    1) Asian or Asian American
    2) Black or African American
    3) Hispanic or Latino/a
    4) White, Caucasian, Anglo, or European American; not Hispanic
    5) Native American or American Indian
    6) Mixed; Parents are from two different groups
    7) Other (specify): _____

5. My mother's ethnicity is:

    1) Asian or Asian American
    2) Black or African American
    3) Hispanic or Latino/a
    4) White, Caucasian, Anglo, or European American; not Hispanic
    5) Native American or American Indian
    6) Mixed; Parents are from two different groups
    7) Other (specify): _____

6. Your highest level of education attained:

    1) Bachelor's degree
    2) Master's degree

3) Licensed Counselor/Social Worker (i.e., clinical, mental health, pastoral)
4) Doctoral degree
5) Post-Doc
6) Licensed Psychologist
7) Diplomate/Advanced Certification (e.g., ABPP, AAPC)

7. Area of study or field of professional training: (Choose only one)

1) Behavioral Psychology
2) Clinical Psychology
3) Clinical Health Psychology
4) Clinical Social Work
5) Community Counseling
6) Counseling Psychology
7) Counselor Education
8) Developmental Psychology
9) Educational Psychology
10) General Psychology
11) Health Psychology
12) Industrial/Organizational Psychology
13) Marriage and Family Therapy/Family Psychology
14) Mental Health Counseling/Professional Counselor/Master level
15) Pastoral Counseling
16) Rehabilitation Counseling
17) School Counseling
18) School Psychology
19) Social Work
20) Sports Psychology
21) Combined: specify _____
22) Other: specify _____

8. Which is your primary counseling theoretical orientation? (Choose only one)

1) Behavioral
2) Cognitive-Behavioral
3) Eclectic
4) Humanistic/Existential
5) Integrative
6) Multicultural
7) Non-Western
8) Psychodynamic/Psychoanalytic
9) Social Construction
10) Systems
11) Transpersonal
12) Undecided/Not Sure
13) Other: specify _____

9. How many college level multicultural classes and/or training seminars (e.g., CEU) have you participated in:
How many? _____