

Summary

The Mediator Role of Psychological Need Satisfaction on the Relationship between Authenticity and Psychological Symptoms

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The construct of authenticity includes various cognitive and behavioral processes explaining how individuals discover, improve and constitute their sense of self (Kernis & Goldman, 2006). Kernis and Goldman describe authenticity as the operation of core or true self of the individual in everyday life. As a multidimensional construct, authenticity covers the understanding of self, autonomous behaviors reflecting values, acceptance of features of core-self in an objective way and the tendency toward others. In this sense, authenticity is composed of four different but related dimensions. These dimensions are awareness, unbiased processing, authentic behavior and relational orientation (Goldman & Kernis, 2002; Kernis, 2003; Kernis & Goldman, 2005).

Self-Determination Theory (SDT) posits three innate basic needs for ideal functioning (Deci & Ryan, 2000). These are the needs of autonomy, relatedness and competence. In this theory, authenticity means behaving consistently with the basic needs (Deci & Ryan, 2000). SDT emphasizes that individuals become authentic if their acts reflect true or core self; that is, if they are autonomous (Deci & Ryan, 2000). Being in line with the postulates of SDT, Goldman and Kernis (2002) state that authentic people regulate their self in a satisfying way of basic psychological needs (autonomy, relatedness and competence). This view reflects that one way of being authentic is through satisfying basic psychological needs. Empirical studies that examine authenticity in the context of need satisfaction supported the view that authenticity promotes well-being (Heppner et al., 2008; Kernis & Goldman, 2002; Ryan et al., 2005; Sheldon et al., 1997).

In summary, the literature points to the satisfaction of psychological needs as a way of being authentic. This kind of study which assesses psychological symptoms within the context of authenticity and need satisfaction did not draw the attention of authors in the Turkish literature. The purpose of this study was to examine au-

thenticity, psychological need satisfaction and psychological symptoms within a model. In this regard, it was aimed to assess the mediator role of need satisfaction on the relationship between authenticity and psychological symptoms.

Method

Participants

This study was composed of 223 university students 55.7% of them were female while remaining were male. Participants were from different departments and classes of Hacettepe University. The mean age of sample was 21.60 ($SD = 3.35$). Preparatory school constituted 0.9% of the sample while 33.5% of the participants was first year students, 24% second year, 18.6% third year, 14.9% fourth year and 8.1% continue their graduate education. The majority of participants were from middle-class families (87.6%).

Measures

Personal Information Form. The researchers of the study designed a form to collect information on socio-demographic characteristics of the sample (e.g., age, gender, education level).

Authenticity Scale-Short Form. This scale was developed by Kernis and Goldman (2006) to measure the construct of authenticity and components of it. The original form of the scale was composed of 45 items and 4 subscales (authentic behavior, awareness, unbiased processing and relational orientation). In the present study, 27-itemed short form of authenticity adapted to Turkish by İmamoğlu et al. (2011) was used. The Cronbach alpha values of reliability were reported as .77 for unbiased processing, .77 for relational orientation, .76 for awareness, .66 for authentic behavior and .84 for general authenticity scale. Results indicated that Authenticity Scale was a reliable and valid measure (İmamoğlu et al., 2011).

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Need Satisfaction Scale. This scale was developed by Deci and Ryan (1991). It is a self-report measure with 3 subscales and 21 items that participants rate from 1 (*not true at all*) to 7 (*completely true*) and evaluates the satisfaction of needs. The Turkish version of the scale was adapted by Bacanlı and Cihangir-Çankaya (2003). The Cronbach alpha coefficient of reliability was .71 for autonomy, .60 for competency, .74 for relatedness and .83 for whole scale. Additionally, Confirmatory Factor Analysis supported three-factor structure of the scale and the loadings of factor were between .30 and .77 (Bacanlı & Cihangir-Çankaya, 2003).

Symptom Check List 90 (SCL 90). This scale checking psychological problems and symptoms of psychopathology was developed by Derogatis (1977). Symptom Check List includes 90 short items. Individuals are required to evaluate the degree of their distress on the statements from 1 (*never*) to 5 (*to the highest degree*) during the last week. The Turkish version of the scale was adapted by Dağ (1991). Cronbach alpha reliability coefficient of Turkish version was .97 and test-retest reliability coefficient of general symptom index was .90. Findings indicated that the Turkish version of SCL-90 was a reliable and valid scale (Dağ, 2000).

Procedure

After receiving approval from the Hacettepe University Ethics Committee, Informed Consent Form, Authenticity Scale, Need Satisfaction Scale and SCL-90 were administered to undergraduate, master or doctorate students who were volunteer to participate. All questionnaires were administered during the course hours as groups.

Data Analysis

Data was analyzed by using SPSS 20.0 and AMOS 16.0. Analysis of Structural Equation Model (SEM) was run to test the mediator role of need satisfaction on the relationship between authenticity and psychological symptoms. Observed variables were the total scores of subscales for authenticity and need satisfaction latent constructs and the mean scores of subscales of symptom checklist for psychological symptoms.

Results

Before analyzing the mediator role of psychological need satisfaction between authenticity and psychological symptom level with SEM, the fit indices of measurement model showed the model did not have an acceptable fit [$\chi^2(116, N = 223) = 418.64, p < .000, RMSEA = .10, GFI = .80, AGFI = .74, CFI = .88, NFI = .84, IFI = .88$]. Therefore, modification indices of the measure-

ment model were examined. When the observed variables of scales were examined, some overlaps between the contents of indicator variables (authentic behavior and awareness, relational orientation and relatedness, authentic behavior and unbiased processing, paranoia and interpersonal sensitivity, anxiety and interpersonal sensitivity, obsessive compulsive symptoms and phobic anxiety) were identified, and then the correlation between errors of these variables was decided to be fixed. After that, the structural model was tested. According to the results of the SEM, it was seen that the model had an acceptable fit [$\chi^2(110, N = 223) = 278.40, p < .001, RMSEA = .08, GFI = .87, AGFI = .82, CFI = .94, NFI = .90, IFI = .94$]. In structural model, the need satisfaction was predicted by authenticity ($\beta = .69, p < .001$), and authenticity explained 48% of the variance in the need satisfaction. Also the need satisfaction predicted psychological symptom level negatively ($\beta = -.54, p < .001$). Both authenticity and need satisfaction explained 30% of variance in general symptom level. When need satisfaction was included in the model as a mediator variable, the decrease in β value from $-.40 (p < .001)$ to $-.01$ showed that the need satisfaction had a full mediator role in the relationship between authenticity and psychological symptom level.

Discussion

Results of the SEM analysis indicated that need satisfaction has a full mediator role between authenticity and psychological symptom level. In this regard, the model is consistent with the results coming from literature and the theoretical background. This study parallel to the results of study by Ryan and his colleagues (2005) indicated that when people's authentic behavior increase, their psychological symptom level decrease. The other point highlighted by literature is that authentic people behave to satisfy their basic needs. Hence, authentic people regulate themselves to satisfy their basic psychological needs (Goldman & Kernis, 2002). Authentic behavior is possible when the basic needs, such as autonomy and relatedness, were met and to make authentic choices freely from others' pressure is fundamental necessity for people's health and well-being (Deci & Ryan, 2000; 2004). Consistent with the literature, the present model shows behaving authentically provides decrease in psychological symptom level via satisfying psychological needs.

Although results from this study indicate an acceptable model, there are some limitations. The data of tested model was collected from university students, which is the most important limitation of our study. Testing the model with the data from larger and different samples is recommended for future studies. The other limitation is the use of self-report measures. Especially, when mea-

asuring psychological symptom level, instead of using a short symptom checklist, an extensive evaluation can strengthen the results. Also, implementing the self-report measures in a class setting may have caused some biases. In addition, all analyses were run with the total scores of variables. Adding the components of authenticity and need satisfaction to the model predicting psychological symptom level is recommended for future studies.

To sum up, our model is informative for indicating the importance of authenticity and need satisfaction to promote psychological health. Another important con-

tribution of this study is that it highlights the need of supporting the authentic behavior and evaluating whether the psychological needs (such as autonomy, competence, relatedness) are satisfied in psychotherapy research whose main aim is promoting general health and well-being. Although many research focus on the direct relationship between need satisfaction and psychological symptoms, the findings of the present study direct attention to examining these constructs with authenticity which is a broader construct than psychological need satisfaction.