

CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The study aims to understand the phenomenon of intern clinical psychologists' experience of their internship in a psychiatric training hospital. This chapter provides descriptions of the respondents' experience, as well as a qualitative analysis of the descriptions of their experience. In order to protect the respondents' confidentiality, identifying details have been omitted. The respondents are respectively referred to as respondents A, B, C and D. Several main themes are identified from each respondent's transcribed interview. Thereafter, the themes of all the respondents are debated. Research findings that confirm and disconfirm the results of this study are also put forward. The respondents' responses can be found in the appendix section of the dissertation.

4.2 RESPONDENT A

Respondent A is a white, twenty-five year-old female. At the time of the analysis she was single.

4.2.1 Themes identified

On analysis of respondent A's protocol, the following themes were extracted:¹

A A sense of excitement

On respondent A's first day of her internship she experienced a sense of excitement. She illustrated this with the comments "I was very excited during our tour on the premises..." and "Being an enthusiastic intern psychologist, I did not want to miss one of the rotations". Respondent A then decided to choose as her first rotation a unit she viewed as most challenging.

¹ The responses of respondent A have been translated from Afrikaans.

B A sense of apprehension

Another experience self-evident within this respondent was her sense of apprehension, rooted in working with difficult patients. Contact with the forensic patients and the male patients in the acute wards caused her to experience fear. Remarks such as "I experienced intense fear to work with the forensic patients", "I still experienced fear, because of the layout of the ward..." and "Except for intense fear I experienced to work with the patients (male acute)..." illustrate this. Intern evaluations also caused respondent A to experience an increased sense of anxiety. She illustrated this with the response "Evaluations attribute to an increase in stress when one experiences personal and professional stress".

C The experience of stress

On analysis of the protocols, respondent A's experience also appeared to include the experience of stress. The responses "I was extremely tired after the adolescence rotation", "... I did not know how I was going to complete the year", "There was a time when I wanted to quit", "Sometimes I felt that I did not care about this internship anymore" and "I just wanted to complete the year and I did not really care how much I contributed" are a reflection of the emotional stress she experienced. Personal stressors further added to respondent A's experience of stress. This also influenced her health. She added, "I noticed changes in my appearance. ... My skin became problematic and my hair became difficult to manage. I've been eating and smoking excessively".

The practical aspects of the internship placement also caused respondent A to experience stress. The response "The first hiccup and frustration this year was the fact that I had to travel 120 kilometers daily" illustrates this. Respondent A dealt with her frustration by using the following rationalisations: "Thousands of people travel daily; therefore I can do it as well" and "It is for a good purpose; it will announce the end of my studies". Being part of a lift club was an asset, but also had its own complications, for example, the mood of one member influenced the other members in the car, and when members did not arrive on time, it caused problems.

D The importance of support

Another experience self-evident within this respondent was her need for support during her internship. The statement "I don't think one can, I would not have been able to survive the year without support" illustrates this. The importance of external support systems became evident. She illustrated this with the remark "My support systems were friends, my boyfriend, ex-boyfriend and my parents".

Respondent A's protocol also reflects the importance of peer support and the value of peer-assisted learning during the internship year. "Two of the other interns supported me...", "I think my biggest disappointment was in terms of my intern group; I expected more group cohesion...", "... I made use of my colleagues' insights" and "Although this lift-club had its own complications, it was also a source of support..." are comments that reflect the importance of peer support and the peer group during the internship year.

Respondent A's experience was that it is essential that intern psychologists look after themselves and make time for relaxation during their internship year. The responses "One forgets how to appreciate the simple things in life because one gets so serious", "... One needs to find some balance" and "I think it is important that interns look after themselves, that they find time for relaxation" illustrate the importance of activities outside the internship context.

E The importance of supervision and mentorship

One of the most profound experiences for respondent A during her internship year was her frustration at the lack of good supervision and also absence of supervision at times. Her assumptions about training, guidance and supervision seemed to be challenged, and more significantly, shattered. "I think I missed a lot this year because of the lack of supervision, training...", "I believe that the lack of supervision and guidance influenced my growth as a therapist" and "... because of supervision obtained, I learnt a lot during this rotation" are remarks that reflect the importance of supervision during the internship year.

F A sense of not belonging

An aspect that became apparent within respondent A's experience was the importance to belong in her new social environment, the psychiatric context. Based on previous exposure to a psychiatric institution, she knew what to expect in terms of the hierarchy in the hospital. Respondent A, however, experienced a sense of not belonging. This is reflected by comments such as "... it was difficult to establish contact with the psychiatrists", "The rest did not share their knowledge with others and there was limited interaction between the psychiatrists and the psychologists", "... with such an attitude the focus is definitely not on a multi-disciplinary team" and "It was not always easy to become part of the multi-disciplinary team".

In certain contexts of the hospital respondent A experienced better cooperation between psychology and psychiatry. Her statement "Only during my adolescent rotation I had an active role as psychologist and had the opportunity to present patients" highlights this. Respondent A attributed this to the team's possible previous experiences with psychologists.

G The value of the learning experience

Respondent A's protocol also reflects an awareness of the change in her learning style during her internship. This change seems to be rooted in her realisation that the application of psychological concepts differs from academic knowledge. Remarks such as "I soon realised that academic knowledge differs from the reality in this context...", "My learning became practical, I learnt through experimentation", "I also learnt through making mistakes and by paying attention to my growth" and "I also learnt from the psychiatrists' experiences" illustrate her awareness of the change in her way of learning.

H A sense of isolation from social contexts

Respondent A experienced a sense of isolation from social contexts during her internship. This is shown by the comment "I soon realised that my family and friends would never understand the reality of the internship". The response "One does not want to have social conversations, because people

talk nonsense" illustrates respondent A's isolation she experienced in social contexts when she felt less attracted to superficial chat than before.

I A sense of achievement

Respondent A's experience was also one of achievement. The comments "... I depended on myself to make the year worthwhile", "I have grown a lot and I am much stronger than I was", "I could even work through some issues" and "Although I experienced a lot of personal and professional growth..." show a sense of achievement.

4.3 RESPONDENT B

Respondent B is a white, thirty-one year-old divorced female.

4.3.1 Themes identified

On analysis of this respondent's protocol, the following themes were identified:

A A sense of apprehension

An aspect that became apparent within respondent B's experience was a sense of apprehension of the unknown at the beginning of her internship. For her, the unknown was the skew population she had to work with, "Skew in terms of their severe pathology and limited resources. The situation was unpredictable and the patients were unpredictable". Although she entered her internship with feelings of security and safety, the "nagging" apprehension was still in the back of her mind. She illustrated this with the comment "Secure and safe I entered my internship, yet in the back of my mind there was still this nagging apprehension".

B The experience of stress

Another aspect that became apparent within respondent B's experience is the experience of stress. "I felt tired in the first weeks, the workload was heavy and the emotional exhaustion due to intensity was high" highlights her experience within the stressful psychiatric system. Respondent B used the metaphor of a balloon floating in space when describing her internship

experience. The balloon was filled with hydrogen and ready to float off into the unknown space. Her balloon's membrane protected her from the sometimes "hostile and exhausting" environment. Exploring the likes and dislikes of her therapeutic style brought a challenge to her own psyche and internal growth process that further attributed to emotional stress. She added, "I began to discover that I have made some distorted choices in my personal life and felt like I needed to return home to myself". Extreme external perturbation coupled with radical life changes respondent B experienced caused her to experience additional stress.

C The importance of support

Respondent B also experienced a need for external support during her internship year. The comment "... support of precious people such as colleagues, friends and family and my own personal therapeutic process with an outside therapist" highlights respondent B's need for external support.

Respondent B's protocol also reflects the importance of peer support. Remarks such as "I also reached out to some of my colleagues who responded with support and understanding" and "... the support from colleagues and friends helped me cope" reflect the importance of peer support during internship.

D The importance of supervision and mentorship

The importance of supervision and mentorship became apparent on analysis of this respondent's protocol. Although supervision was a challenge for respondent B, her supervisors were mostly younger than she was. She added, "Supervision was a challenge; even though the supervisors were mature, they were mostly younger than me with less life experience". Respondent B experienced the need for guidance from an older, wiser person during the time when her personal life radically changed. The remark "I felt without the 'motherly' holding that I received when our principal psychologist in her fifties was still there" reflects this. When the guidance of a mature mentor was absent, respondent B felt as if her balloon broke from its string and that she was now floating loose in space. She illustrated this with the comment

"There was no containment and I felt that I was not even secure inside my own balloon anymore as I was falling inside it from one side to the other, uncontained and insecure, while it was floating off in space without direction".

E The value of the learning experience

The learning experience respondent B gained during her internship is reflected by responses such as "... and I put in effort to learn more and explore the likes and dislikes of my own therapeutic style", "... I realised to a certain depth what I want to do and what kinds of therapeutic work I prefer not to do", "It was very good experiential training and the academic part of it I kept up myself", "It encouraged independent working, it felt as if I was thrown into the deep end of the swimming pool at times and I learnt how to swim" and "It was a very good preparation for independent work in real life out there...".

Another interesting learning experience that became evident on analysis of the protocols was the impact the life changes respondent B experienced had on her therapeutic style. She illustrated this with the remarks "I discovered what it meant to have empathy and to get a glimpse of the uncertainty that most of the patients must find themselves in" and "I discovered how much I could learn from my patients and find strength in their strength".

F A sense of isolation from social contexts

Respondent B's responses also reflect a sense of isolation. Her experience was that her internship took a lot of time out of her close relationships. This is shown by the comments "I began to isolate myself in order to cope better" and "I realised that I was isolated from the world around me". In reporting that she felt "whole" when making deep contact with those people precious to her towards the end of her internship, respondent B illustrates the sense of isolation she experienced during the internship year.

G A sense of achievement

Respondent B's experience of her internship year also includes a sense of achievement. She discovered strength in herself. Her balloon did not explode, but landed safely somewhere. She pierced the balloon's membrane towards

the end and got out. The comments "It was tough, at times I didn't know if I was going to make it, but I did", "And now it feels rewarding" and "... I looked back and felt it was worthwhile, hard and I survived" reflect respondent B's sense of achievement.

H Time limitations of training

Respondent B experienced the four-month rotational system in the hospital as "slightly fragmenting", both to the patients and to herself. Comments like "The rotation every four months felt as if my balloon just bumped into a rock and then dislodged itself quickly again before I could tie it up or get out" and "There was little time for follow through and containment" reflect one time limitation of the internship. Respondent B, however, also attributed some advantages to the four-month rotations. She added, "The advantage of this four-month rotational system was that I realised to a certain depth what I want to do and what kinds of therapeutic work I prefer not to do". Respondent B mentioned that the foreseeable problem with six-month rotations would be that she would only get exposure to two rotations, a variable that would limit her growth, exposure and further training.

4.4 RESPONDENT C

Respondent C is a black, twenty-seven year-old female. At the time of the investigation she was single.

4.4.1 Themes identified

The following themes were extracted in analysing this respondent's protocol:

A A sense of apprehension

On analysis of the protocols it became evident that respondent C experienced a sense of apprehension, rooted in her experience of supervision. The comments "It was anxiety-provoking for me..." and "My first one-way supervision was like a nightmare" illustrate respondent C's sense of apprehension.

B The importance of support

Respondent C's protocol also highlights the importance of the peer group during internship. She illustrated this with the responses "The essence of the intern psychologist group sessions was mainly for personal growth..." and "Interaction with fellow interns was good...".

C The importance of supervision and mentorship

Another aspect that became self-evident within respondent C's experience is the importance of supervision and mentorship during the internship year. The comment "For the first time in my internship period I received such formal, well-organised and intensive supervision" reflects this. Although respondent C's experience of supervision reflects a sense of anxiety, she described the feedback she received as "motivating and insight-oriented". She realised that supervision would contribute to her growth as a therapist. She added, "... I came to realise that that was the only way that would help me grow".

D A sense of belonging

Respondent C's experience also includes a sense of belonging that seems to be rooted in her realisation of her role as therapist in the institution. The remark "... to know that I also have a say or voice among the psychiatric team members" illustrates her sense of belonging. The psychiatrists and psychiatric registrars in the multi-disciplinary team, showing consideration for her opinion, added to her experience of feeling confident in the medical context.

E The value of the learning experience

Respondent C realised that she was continuously learning during her internship. Her comments "My skills in individual therapy were redefined and polished", "New strategies and techniques were learnt", "I also learnt to conceptualise", "My assessment skills and report writing skills were also improved", "I met different professionals with whom different opinions and ideas were shared" and "I learnt more about neuro-psychology, forensic psychology and psychiatry" are an illustration of respondent C's awareness of her learning. Her internship context thus promoted a culture of learning.

F The challenges concerning culture

On analysis of respondent C's protocol it appeared that she also experienced cultural challenges. "My worst challenge was language and culture issues" and "I found it very challenging to see a white person in therapy" are a reflection of this. She expected ninety five percent of the patients to be black and only five percent to be white, which was not the case. She added, "I never thought that someday I would have to sit in with a white patient and share feelings". For the first two months her self-esteem was low when in therapy with a white patient. Respondent C further added, "... they made me think that they know it all, things that our black patients are not familiar with". The patients also gave her the feeling of being manipulated and belittled. Her statement "Firstly, the patients made me feel like I'm being manipulated and belittled" illustrates this.

Respondent C also experienced frustration rooted in her therapy experiences when language became a barrier to the therapeutic process. She explained that she got frustrated when working with patients who were not able to understand English, Afrikaans or her language, Setswana. The response "I felt like I am not communicating, hence I cannot send my point home or carry the message across" reflects her sense of frustration. She dealt with this by using an interpreter, but felt that this influenced the therapeutic process negatively.

Although respondent C experienced feelings of disillusion, working with patients from different cultural and socio-economic backgrounds brought a challenge. Respondent C got a new perspective on culture during her internship. She illustrated this with the statement "In the past, I was made to believe that whites are and will always be superior. Only to find that this was just a myth".

G A sense of achievement

The responses of this respondent also highlight a sense of achievement. The comment "I am proud today, I feel more confident and oozing with zest" illustrates this sense. The feedback she received from supervision and from

clients contributed to her confidence. Although respondent C was struggling at times, she had the experience that she had "conquered".

4.5 RESPONDENT D

Respondent D is a white, twenty-nine year-old male. He was single at the time of investigation.

4.5.1 Themes identified

On analysis of this respondent's protocol, the following themes were identified:

A A sense of apprehension

An aspect that became self-evident within respondent D's experience was a sense of apprehension. After six years of training respondent D felt pressurised to be an expert. He added, "I also often felt that I should know and contribute more than I found I could. ... I was simply not able to live up to these implies and often subjective challenges".

B A sense of hopelessness

Respondent D experienced a sense of hopelessness, rooted in his experience with psychiatric patients. He illustrated this with the comment "People who just seem to be going nowhere, the hopelessness of psychiatric patients". He had the sense that one could not achieve much with these patients, based on the fact that intern psychologists switch between rotations after a certain period and that the interns leave at the end of each year. Another aspect adding to his sense of hopelessness was the hopelessness of the system. Remarks such as "And a system that is barely floating" and "A system that is understaffed and poorly financed" reflect this sense.

C The experience of stress

An aspect that became apparent within respondent D's experience of his internship is the experience stress. The remarks "... pressure from all kinds of people, all with their own agendas", "It was hard to find out how to manage all these pulls, and I often felt overwhelmed and confused" and "Stimulus

overload" reflect this. Respondent D attributed these feelings to pressure from various people, namely members of the multi-disciplinary team, family members of patients who wanted definite explanations and patients who wanted down-to-earth things.

D The value of the learning experience

Respondent D attributed some value to the learning experience gained during his internship. He added, "Putting theory into practice gives you a strength you did not experience before".

E A sense of achievement

Respondent D's protocol also highlights a sense of achievement he experienced for having survived in the end. He stated, "However, I feel that I discovered a strength in me that I did not feel in the past".

In the next section the researcher will present the common themes that have emerged from the qualitative analysis of the data, together with research findings, supporting and opposing the proposed themes.

4.6 THEMES

The following common themes have emerged from the qualitative analysis of the data. Each respondent did not necessarily experience each of the following themes. The themes are as follows:

- ◆ The value of the learning experience
- ◆ A sense of apprehension
- ◆ The experience of stress
- ◆ The importance of support
- ◆ A sense of isolation from social contexts
- ◆ The importance of supervision and mentorship
- ◆ A sense of not belonging
- ◆ The challenges concerning culture
- ◆ A sense of achievement

4.6.1 The value of the learning experience

It is important to note that the learning experience during the internship year and the change in learning style played an important role for all the respondents in this study. The internship year thus provides a context for learning. This is reflected by comments such as "I soon realised that academic knowledge differs from the reality in this context...", "My learning became practical, I learnt through experimentation", "I also learnt through making mistakes and by paying attention to my growth", "It was very good experiential training...", "It encouraged independent working, it felt as if I was thrown into the deep end of the swimming pool at times and I learnt how to swim", "My skills in individual therapy were re-defined and polished", "New strategies and techniques were learnt", "My assessment skills and report writing skills were also improved" and "Putting theory into practice gives you a strength you did not experience before".

Findings of this study are in accordance with Hecker et al. (1995) who highlight that many endorse the value of experiential learning in the development of clinical skills. Respondent A reported that she learnt through experimentation, while respondent B mentioned that learning during her internship was very good experiential training. The findings also underscore Alred (1999). The intern psychologist will take into the therapy session a heightened sense of practice as a central arena for learning.

The results of this study also correlate with Wozencraft's (1997) and Nefale's (1998) views. These authors put forward the view that with the shift from thinker to doer, the intern psychologist may realise that theory can be different from practice. Respondent A added, "I soon realised that academic knowledge differs from the reality in this context...".

The results of this study also correlate with Oehlert, Sumerall and Lopez (1998) who postulate that the intern is encouraged to learn new skills and hone skills already in existence during the internship. Respondent C reported that her skills in individual therapy were "re-defined and polished" and that new strategies and techniques were learnt.

4.6.2 A sense of apprehension

Another phenomenon that became evident on analysis of the data is a sense of apprehension, reported by all four respondents. For respondent A, this experience was rooted in working with difficult patients. The responses "I experienced intense fear to work with the forensic patients", "I still experienced fear, because of the layout of the ward..." and "Except for intense fear I experienced to work with the patients (male acute)..." reflect this sense. From the analysis it thus appears that the psychiatric context is a difficult context for the female psychotherapist.

Intern evaluations also caused respondents A and C to experience a sense of apprehension. The statements "Evaluations attribute to an increase in stress when one experiences personal and professional stress", "It was anxiety-provoking for me..." and "My first one-way supervision was like a nightmare" reflect this.

This finding is in accordance with Glenwick and Stevens (1980) who report that being formally and informally evaluated is an added stress for most interns, especially at a time when the intern psychologist feels vulnerable.

Respondent B's sense of apprehension was rooted in "the unknown", the psychiatric population. She added, "Skew in terms of their severe pathology and limited resources. The situation was unpredictable and the patients were unpredictable". Although she entered her internship with feelings of security and safety, the "nagging" apprehension was still in the back of her mind.

On analysis of respondent D's protocol it became apparent that his sense of apprehension was rooted in feelings of inadequacy as a therapist. He illustrated this with the remarks "I also often felt that I should know and contribute more than I found I could" and "I was simply not able to live up to these implies and often subjective challenges".

This echoes Kaslow and Rice (1985) who put forward that the intern psychologist may question his/her competence as a therapist when assessing his/her strengths and weaknesses.

4.6.3 The experience of stress

A significant aspect that arose in analysing the protocols was the experience of stress during the internship year. Three of the respondents' responses reflect a sense of emotional, as well as physical stress. Responses such as "I was extremely tired after the adolescence rotation", "... I did not know how I was going to complete the year", "There was a time when I wanted to quit", "Sometimes I felt that I did not care about this internship anymore", "I just wanted to complete the year and I did not really care how much I contributed", "... my skin became problematic and my hair became difficult to manage", "I've been eating and smoking excessively", "I felt tired in the first weeks, the workload was heavy and the emotional exhaustion due to intensity was high", "... hostile and exhausting environment", "... pressure from all kinds of people, all with their own agendas", "It was hard to find out how to manage all these pulls, and I often felt overwhelmed and confused" and "Stimulus overload" reflect the respondents' experience of stress.

Personal stresses further added to two of the respondents' feelings of exhaustion. Respondent A also experienced stress, associated with the practical aspects of her internship placement. The comment "The first hiccup and frustration this year was the fact that I had to travel 120 kilometers daily" illustrates this. The lift club respondent A was part of was an asset, but also had its own drawbacks, for example, members not being on time.

It is important to recognise that the results of this study correspond with the views of Kaslow and Rice (1985), Solway (1985) and Stedman (1997) who consider the internship experience a potentially stressful event. According to Solway (1985), the transition from post-graduate training to professional internship provokes unexpected turmoil in the lives of interns; this transition leads to professional and interpersonal changes that are emotionally hazardous. He further adds that the transition from university to the internship

setting is a challenge, considering the goals of the organisations and the sources of authority within each institution.

Other sources of anxiety and stress include learning new psychodiagnostic techniques, confronting forensic and psychopharmacological issues, responding to different supervisors and supervisory styles and using different clinical skills consecutively during a day (Solway, 1985). One of these sources of anxiety correlates with respondent A's experience with forensic patients. She illustrated this with the comment "I experienced intense fear to work with the forensic patients".

The results of this study are also similar to those obtained by Cushway (1991) who found that traveling was one of the stressors reported by trainees. For respondent A, it was a "hiccup and frustration" to travel one hundred and twenty kilometers daily.

The results of this study also confirm Coltart's (1993) view that there is also the emotional strain of continuously and voluntarily offering oneself to the inner suffering of people. Respondent B reported that she felt tired in the first weeks; the workload was heavy and the emotional exhaustion due to intensity was high. She described the environment as "hostile and exhausting".

4.6.4 The importance of support

On analysis of the protocols, the importance of support during the internship year became evident. The remark "I don't think one can, I would not have been able to survive the year without support. No ways" reflects this. The need for external support, as well as peer support and activities outside the internship context was highlighted.

Respondents A and B illustrated the importance of external support by comments such as "My support systems were friends, my boyfriend, ex-boyfriend and my parents" and "... support of precious people such as colleagues, friends and family and my own personal therapeutic process with an outside therapist".

The existing literature points to the importance of supportive relationships for people in training (Jensen in Bor & Watts, 1999; Cherniss, 1983; Oehlert, Sumerall & Lopez, 1998). Findings of this study also correspond with a few studies of trainee health professionals in which support systems reported included emotional support from spouse or loved one, informal support from colleagues and talking with friends (Ivancevich & Matteson in Cushway, 1991; Margison & Germany in Cushway, 1991; Thompson in Cushway, 1991).

Respondent A's protocol reflects the importance of activities outside the training context that may also serve a supportive function. The comments "One forgets how to appreciate the simple things in life because one gets so serious", "... One needs to find some balance" and "I think it is important that interns look after themselves, that they find time for relaxation" illustrate the importance of activities outside the internship context.

The findings of this study are in accordance with Coltart (1993) who stresses the importance of stimulation, change, refreshment and expansion of the spirit in a job as absorbing and demanding as that of the psychotherapist. Looney et al. (in Payne & Firthcozens, 1987) support this trend in their study on psychiatrists in the transitional phase from training to career posts. Play and recreation, vacation and time off, reading, creative activities, hobbies and exercise are used as coping mechanisms apart from attachment to peers and loved ones. The importance of activities outside the internship context is also in accordance with Storr's (1979) view. He is of the opinion that it is essential that therapists have as normal a social life as possible, in which they meet people in entirely different walks of life who pursue entirely different vocations.

Three of the four respondents referred to the role of fellow interns during their internship. This is reflected by the following comments: "Two of the other interns supported me...", "I think my biggest disappointment was in terms of my intern group; I expected more group cohesion...", "Although this lift-club had its own complications, was it also a source of support...", "Interaction with fellow interns was good...", "... the support from colleagues and friends helped me cope" and "I also reached out to some of my colleagues who

responded with support and understanding". Two of the protocols reflect the importance of peer-assisted learning. The responses "... I made use of my colleagues' insights" and "The essence of the intern psychologist group sessions was mainly for personal growth..." illustrate this.

Oehlert, Sumerall and Lopez (1998) note that the intern group plays an important role as support system to the intern psychologist during the internship year. McCarley (in Guy, 1987) reports that therapists have a unique ability to understand the needs of other therapists. Berger and Buchholz (1993) hold the view that the opportunity to discuss supervision with fellow trainees can serve as supportive function when supervisees may experience heightened dependency needs. The concept of peer-assisted learning that became evident in this study also underscores Riva and Erickson Cornish (1995) who report that interns will be exposed to a wider variety of diagnostic and treatment issues through group discussions.

4.6.5 A sense of isolation from social contexts

On analysis of the protocols a sense of isolation was reflected in respondent A and respondent B's protocols. Both respondents A and B experienced feelings of isolation during their internship year. The comments "I soon realised that my family and friends would never understand the reality of the internship", "One does not want to have social conversations, because people talk nonsense", "I began to isolate myself in order to cope better" and "I realised that I was isolated from the world around me" reflect this sense.

Respondent A's experience of not wanting to have social conversations because of the shallowness of the interaction corresponds with Alfred's (1999) view. Alfred (1999) states that trainees can expect relationships outside the training context to change. What the intern psychologist values in relationships is likely to become deeper and more mature. Findings of this study seem to correlate with another intern's experience of the change in relationships:

My training has, perhaps inevitably, influenced my way of relating to others outside the counselling room. I find I most enjoy time with others who want to talk on a relatively deep and personal level, and am less attracted to superficial chat. That makes me sound more serious and intense than I think I am, since having fun is important to me too (Alred, 1999, p. 264).

The sense of isolation reported in this study can also be linked to Guy's (1987) views. He discusses possible influences of the vocational role of the psychotherapist on his/her private life and personal relationships. According to Guy, the therapeutic encounter requires the psychotherapist to set aside personal concerns, feelings and preoccupations as much as possible. This may, as a result, create a sense of isolation in the therapist. He/she may find it difficult to set aside the professional role outside the office, resulting in aloofness.

Guy (1987) further notes that the need for patient confidentiality may contribute to the fact that the therapist's family and friends often know few details about the work he/she encounters. This may further add to the psychotherapist's sense of isolation. Family and friends being suspicious and critical of the therapist's profession will also influence his/her relationships. It may cause him/her to feel uncomfortable, making it difficult to be open and vulnerable.

Feelings of isolation could be reduced by participation in activities outside the internship context and support from external systems. Farber (in Guy, 1987) reports that involvement in hobbies and interests outside the field of psychotherapy may reduce feelings of isolation and loneliness often experienced by the psychotherapist. This will provide opportunities for him/her to develop relationships uncontaminated by factors related to the role of the psychotherapist.

4.6.6 The importance of supervision and mentorship

Analysing the protocols, three of the four respondents highlighted the importance of and the need for supervision and mentorship during the internship year. It appears that supervision played an important role in both the respondents' growth as therapists, and as supportive function. The responses "I think I missed a lot this year because of the lack of supervision, training ...", "I believe that the lack of supervision and guidance influenced my growth as a therapist", "... because of supervision obtained, I learnt a lot during this rotation", "Supervision was a challenge; even though the supervisors were mature, they were mostly younger than me with less life experience", "I deeply missed the guidance of an older, wiser person...", "Criticisms were there, but were more polite, motivating and insight or awareness oriented" and "... I came to realise that that was the only way that would help me grow" reflect the importance of supervision during the internship year.

Berger and Buchholz (1993) confirm the importance of supervision during the internship year. These authors report that supervisory experiences are critical steps in the training of the psychotherapist. Malouf, Haas and Farah (1983) write that the supervisor has to develop the skills that the student lacks. He/she functions as a "gatekeeper" to those individuals entering the profession (Bernard & Goodyear in Matthews & Walker, 1997).

It also became evident that one of the respondents experienced supervision as "anxiety-provoking". She described her first one-way mirror supervision as "a nightmare". This respondent's experience may be rooted in the perfectionist strivings, often experienced by the intern-level trainee (Arkowitz in Stedman, 1997). The transitional nature of the trainee's professional identity and the supervision situation itself stimulate these perfectionist strivings.

Another aspect that arose from the analysis of the data in this study is the supportive function supervision has. The remark "I felt without the 'motherly' holding that I received when our principal psychologist in her fifties was still there" reflects this. According to Solway (1985), it is essential that supervisors

consider the unique and combined stresses of each new intern psychologist. In addition, the results also correlate with Cushway's (1991) study on stress in clinical psychology trainees. The nature of the supervisory relationship was clearly felt to be important, since "talking to supervisor" was rated among the top five coping strategies. This phenomenon also correlates with Cole, Kolko and Craddick's (1981) findings. Interns who felt that their internships provided a great deal of support rated their internships more favourably.

4.6.7 A sense of not belonging

On analysis of the protocols, conflict between psychology and psychiatry in the psychiatric context became evident in one of the protocols. Respondent A experienced a sense of not belonging in the psychiatric context. Comments such as "... it was difficult to establish contact with the psychiatrists", "The rest did not share their knowledge with others and there was limited interaction between the psychiatrists and the psychologists", "... with such an attitude the focus is definitely not on a multi-disciplinary team" and "It was not always easy to become part of the multi-disciplinary team" reflect this sense.

Respondent A, however, experienced better cooperation between psychology and psychiatry in certain contexts of the hospital where she was respected and where she had an active role as psychologist. She illustrated this with the comment "Only during my adolescent rotation I had an active role as psychologist and had the opportunity to present patients". She attributed this to the team's previous positive experiences with psychologists.

Respondent C, however, experienced a sense of belonging in the psychiatric context. Her remark "... to know that I also have a say or voice among the psychiatric team members" reflects her sense of belonging. She felt confident in the medical context where her opinion was taken seriously. This was different from her experience in a previous psychiatric institution. The difference between respondent A and respondent's C experience may be rooted in the fact that they were placed in different units during their internship.

Respondent A's experience corresponds with the views of East (1995) who likens the medical world to a tribal village society where outsiders are excluded and have to adapt to the life of the village. The results are also in accordance with Kastenbaum (1982) who compares the power hierarchy in the hospital system to that of the Greek city-state in which different classes exist by virtue of their duties and responsibilities to other classes higher in the hierarchy. In addition, the findings correspond with Geczy, Sultanfuss and Donat (1990) who report that one of the first realisations a new psychologist practising in a state mental hospital will have, is that the medical model is alive and well.

The findings also concur with Elfants' (1984) view. Elfant asserts that the traditional medical model implies that the physician is the expert; the patient is seen as having "diseased organs" that can be repaired. The findings further correlate with Botha (1988) who reports that further research is important on the role of the eco-systemic psychologist working in the medical context where diagnoses are static and where different causes of symptomology are not considered.

Another explanation for the findings can be linked to Cole, Kolko and Craddick (1981) who found that bureaucratic and political disputes between psychology and psychiatry have been found to affect interns negatively. For many interns, the internship year is their first intensive exposure to psychiatric inpatients in a setting where biological factors are viewed as more important (Freedheim & Overholser, 1997). According to Esser (2000), frustration, perplexity, feelings of being unsupported and unappreciated, anger and disillusionment are natural consequences for the psychologist as pressure is placed on him/her to adhere to the medical model. It is also important to link the results to Miller and Swartz 's (in Esser, 2000) who highlight that the culturally valued position of biomedicine provides medical practitioners with the status to claim expertise over the entire bio-psychosocial spectrum patient care.

4.6.8 The challenges concerning culture

It is important to note that only one of the respondents reported a challenge experienced in working with patients from different cultural groups. One would expect that the white intern psychologist could experience working with black patients as a challenge, considering the difference in cultures and variety of languages spoken. An important theme in this investigation is the cultural challenge experienced by a black intern psychologist.

Remarks such as "My worst challenge was language and culture issues", "I found it very challenging to see a white person in therapy", "... the patients made me feel like I'm being manipulated and belittled", "I never thought that someday I would have to sit in with a white patient and share feelings" and "... they made me think that they know it all, things that our black patients are not familiar with" illustrate the cultural challenge respondent C was faced with. Respondent C also reported that she was made to believe in the past that whites are and will always be superior. She got a new perspective on culture when discovering during her internship that this was just a myth. She illustrated this with the statement "In the past, I was made to believe that whites are and will always be superior. Only to find that this was just a myth".

The responses "I also used to get frustrated when working with a patient who does not understand English, Afrikaans or my language, Setswana" and "I felt like I'm not communicating, hence I cannot send my point home or carry the message across" are a further illustration of the challenges respondent C was faced with. Although respondent C made use of an interpreter at times, this had a negative impact on therapy.

Wozencraft (1997) highlights that working effectively with people different from one's own group is an important part of professional development. Findings of this study highlight the importance of cultural awareness and support Dunston's (in Stedman, 1997) study. Over half of the internship directors included in the study affirmed the need for ethnic minority training.

The challenges concerning working with different cultural groups are confirmed in the literature. This phenomenon is in accordance with Nefale (1998) who realised during her internship that cultural and ethnic factors, together with outside factors contribute to the choice of an effective therapeutic intervention. Hickson and Christie (1989) believe that mental health professionals should acquire knowledge, awareness and skills for helping across cultures and be more sensitive to the effects that differences in culture may have on the therapeutic relationship, process and outcome. Freeman (in Jampies, 1998) supports this view in reporting that psychologists can no longer be trained to deal mainly with persons similar to themselves.

Patel (2002), however, postulates that while the knowledge about a particular culture equips one with some tools to manage the cultural context, its effective management requires more than just this. "One also needs to maintain a continual reflexivity, to sustain a constant awareness of one's own cultural and epistemological constructions, as well as that of the client" (Patel, 2002, p. 128). Falicov (in Patel, 2002) holds the view that any amount of prior knowledge of a particular culture does not necessarily mean one actually knows the culture of that specific client. It will only generate road markers for pursuing relevant pathways; where these may lead to could result in an encounter with entirely uncharted terrain.

4.6.9 A sense of achievement

A common theme that emerged on analysis of the protocols is a sense of achievement. All four respondents in the study experienced this. This is illustrated by responses such as "... I depended on myself to make the year worthwhile", "I have grown a lot and I am much stronger than I was", "I could even work through some issues", "Although I experienced a lot of personal and professional growth...", "It was tough, at times I didn't know if I was going to make it, but I did", "And now it feels rewarding", "... I looked back and felt it was worthwhile, hard and I survived", "I am proud today, I feel more confident and oozing with zest" and "... I feel that I discovered a strength in me that I did not feel in the past".

The findings of this study correlate with Alred (1999) who puts forward the view that the internship year provides a context for growth. The findings also concur with Rosenkrantz and Holmes' (1974) study in which it was found that interns felt that they made a significant degree of achievement in the area of personal growth during their internship year.

4.7 CONCLUSION

In analysing the protocols, several themes were identified. All respondents did not necessarily experience each theme. The learning experience during the internship year was a significant theme in all the respondents' protocols. All four respondents experienced a sense of apprehension, rooted in working with difficult patients, intern evaluations, the "unknown" at the beginning of the internship year, and feelings of inadequacy as therapist. The respondents also reported a sense of achievement, experienced at the end of the internship year.

Considering the emotional demands the internship places on the intern psychologist, three of the respondents' protocols highlighted their experience of physical, as well as emotional stress. The importance of external, as well as peer support became apparent. Another theme reported by two of the respondents was a sense of isolation experienced from the world outside the training context. This theme also underscores the importance of external support systems and activities outside the internship context.

An important phenomenon that became evident from the analysis is the importance of supervision and mentorship. Three of the respondents made reference of this. Supervision appeared to have served both a didactic and supportive function. In terms of the respondents' relationship with the psychiatric context, one of them experienced that she did not belong in the psychiatric context, whereas another felt confident in the medical context.

The next chapter addresses the limitations of the study and concluding remarks and recommendations are put forward.