

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter explores the nature of the internship on various levels. The content and purpose of the clinical psychology internship is outlined, followed by a discussion of the stages of intern development. Thereafter, the researcher presents an overview of the literature that discusses the psychiatric context and the multi-disciplinary team in the psychiatric hospital. The discussion then progresses to potential stressors and demands during internship and the importance of support during the internship year. Finally, the chapter concludes with a discussion of the learning experience the intern psychologist will obtain during the internship year.

2.2 THE INTERNSHIP CONTEXT

2.2.1 The purpose and content of the internship

Raimy (in Stedman, 1997) postulates that the clinical psychology internship was inaugurated in 1949 at the American Psychological Association's Boulder Conference. It was here that delegates recommended both a university experience and an internship sequence as essential in the training of clinical psychologists. The following description of the purpose of an internship was reached at the Gainesville Conference, 1987 (Belar, Bieliauskas, Larsen, Mench, Poey & Roehlke in Stedman, 1997, p. 475):

The purpose of the internship is to provide a systematic program of supervised, applied psychological training, which extends and is consistent with the prior research, didactic, and applied experience of graduate education and training. Internship training will provide for the integration of scientific, professional, and ethical knowledge, attitudes and basic skills to professional practice. The internship continues to provide for the professional socialisation and development of professional identity. The person who completes the internship training is an individual who has demonstrated the capability to function autonomously and responsibly as a practising psychologist.

During the internship, the intern is also encouraged to learn new skills and hone skills already in existence (Oehlert, Sumerall & Lopez, 1998). It is further said that new supplementary experiences such as working as a member of a multi-disciplinary team and being involved in administrative duties or developing programs, will also be gained.

The internship year thus provides the most intensive clinical training that most students receive during their post-graduate education (Barnes, 1982) and assists the student in making the transition from post-graduate training to the real world of clinical work (Tipton, Watkins & Ritz, 1991; Stedman, Hatch & Schoenfeld, 2001).

2.2.2 The stages of intern development

Lamb, Baker, Jennings and Yarris (1982) propose a developmental model for understanding the various stages of an internship. Differences in the length and content of each stage may vary as a result of the type of internship setting, characteristics and philosophy of the internship institution and the number of interns. These stages have implications for the intern's process of learning. Changes in learning style that may occur during internship will be addressed later in the chapter. The following sequences have been identified:

- ◆ Pre-entry preparation that includes application for the internship, acceptance and pre-arrival apprehension.
- ◆ Early intern syndrome, which is characterised by gathering information about the internship institution, finding a place in the institution and undergoing the initial evaluation.
- ◆ Intern identity, which focuses on the realisation of strengths and limitations, a period of self-doubt and self-confrontation, and a period of greater role differentiation.
- ◆ The emerging professional that is characterised by an increased sense of competence and independence.
- ◆ A resolution that incorporates an awareness of termination from the institution and various ways of separating from the internship institution.

According to Kaslow and Rice (1985), viewing psychology interns from a developmental perspective helps training staff to better understand the intern's experience and to suggest ways in which the staff can respond effectively, just as parents need to be sensitive to their children's developmental needs.

Kaslow and Rice (1985) characterise internship as a "professional adolescence". Adolescence is a time in the individual's life when the crisis of identity is central (Erikson in Kaslow & Rice, 1985) and when the adolescent feels torn into a variety of directions due to all the demands placed upon him/her. Post-graduate training represents the prolongation of personal adolescence for many psychologists and the internship is often perceived as a transition period from professional adolescence to professional adulthood.

The intern psychologist will need more support at the beginning of the internship; he/she may find himself/herself unable to perform previously mastered tasks as well as usual. As the year progresses, the intern psychologist will become less dependent on the training staff. He/she will acquire a better sense of self as a semi-autonomous professional together with a greater sense of his/her own identity within the internship setting. The intern may also begin to take more leading roles and to challenge and disagree with his/her supervisors. He/she will have developed to the point that relationships with staff become more collegial, although the intern will generally remain in a supervisory relationship even after the internship has been completed. This phase may, however, be a time of confusion as this is the time when many interns begin to make plans for the following year.

2.2.3 The psychiatric context

Psychiatry is the dominant profession in the institutional setting (Mickel, 1982). East (1995) likens the medical world to a tribal village society where outsiders are excluded. Newcomers are often regarded with suspicion and hostility. They have to adapt to the life of the village. Kastenbaum (1982) compares the power hierarchy in the hospital system to that of the Greek city-state where

sharp distinctions among classes of citizenship exist by virtue of their responsibilities to other classes higher in the hierarchy.

Geczy, Sultanfuss and Donat (1990) support the above authors' view in reporting 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. Elfant (1984) 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. "Good patients" are those who comply with the hospital staff's rules. The psychologist, however, is ethically responsible to work autonomously, regards the patient as being influenced by a variety of sources, and non-compliance with hospital procedure is seen separate from symptomology (Weitlieb & Budman in Lucignano & Lee, 1991). This also underscores Botha (1988) who recommends further research on the role of the psychologist in the medical context where diagnoses are static and where eco-systemic contributions to symptomology are not considered.

Cole, Kolko and Craddick (1981) note that bureaucratic and political disputes between psychology and psychiatry have been found to affect interns negatively. According to Kaslow and Rice (1985), psychology interns in medical settings often feel "one down" to the psychiatry residents who may have less psychological knowledge, but more perceived power and prestige. For many interns, this is their first intensive exposure to patients in a setting where biological factors are viewed as more important (Freedheim & Overholser, 1997).

Peretz, Ben-Shach, Goldstein and Segal (2002) hold the view that the institution may be perceived as penetrative and restricting at times and young therapists may find it hard to see the institution as supportive, facilitative and a creator of structure. "Perplexity, frustration, feelings of being unsupported and unappreciated, anger and disillusionment are natural consequences for the psychologist" (Esser, 2000, p. 62) as pressure is placed on the psychologist to adhere to the medical model.

Kingsbury (1987) highlights some cognitive differences between the psychiatrist and the psychologist. The psychologist views science as a method of inquiry, while the psychiatrist views science as a body of facts. Viewing science as an approach versus viewing science as a body of facts has several ramifications. Many psychiatrists act more certain of their information than they should be. Psychologists are more tentative about their information than they need to be. This leads to a characteristic impatience in discussing issues with one another. Secondly, the psychologist tends to work more eclectically, while the psychiatrist prefers working from a singular theoretical base.

Esser (2000) is of the opinion that the seeds of difference sown in training grow into a social power division in the workplace. Formalised medical training in the hospital presents for the psychologist a hierarchical structure that determines to a large extent the psychologist's professional identity.

Wood, Rogers, McCarthy and Lewine (in Esser, 2000) suggest that a central part of training psychologists to work in public psychiatric settings should include some experience in dealing with the lack of clinical authority, negotiating responsibility and control, dealing with the medical model and understanding medical protocols. Education may help to alleviate frustrations encountered in understanding the medical milieu (Lucignano & Lee, 1991). Cole, Kolko and Craddick (1981) have found that the interns included in their study expressed a need to be trained in the effective management of bureaucratic and political concerns between psychology and psychiatry.

2.2.4 The multi-disciplinary team

The culturally valued position of biomedicine provides medical practitioners with the status to claim expertise over the entire bio-psychosocial spectrum patient care (Miller & Swartz in Esser, 2000). One concern the psychologist working in the hospital setting thus faces involves role delineation (Lucignano & Lee, 1991). The difficulty with defining the role of the psychologist, possibly stemming from the difficulties with defining psychotherapy and the diversity in the discipline, has the effect of keeping other members of the multi-

disciplinary team mostly in the dark about what the psychologist does (Esser, 2000).

Geczy, Sultenfuss and Donat (1990) imply that it is the task and responsibility of the psychologist to deal with inter-professional issues in a therapeutic way. The fostering of clear and open communication channels and clearly defining roles and responsibilities is of paramount importance. Respect for the practices of other team members is important as each of the participants' contributions to the team is of equal value (Lowe & Herranen in Miller, 1988).

Educating others about the contributions by the psychologist in a non-confrontational way might be necessary (Papadopoulos & Cross, 1999). The institution and staff from various professions should get to know the analytical way of thinking and get better acquainted with the processes of psychotherapy and supervision (Peretz et al., 2002). The role of the psychologist should be well understood in order to make effective referrals and for the maintenance of efficient work within the mental health team (Van Den Berg in Wagner, 1986). East (1995) cites that the psychologist can affect the culture of the medical setting, enabling the development of a trusting environment and reciprocal support between colleagues by sensitising other staff members to the emotional aspects of problems.

2.3 POTENTIAL STRESSORS AND DEMANDS DURING INTERNSHIP

Several authors consider the internship experience a potentially stressful event (Kaslow & Rice, 1985; Solway, 1985; Stedman, 1997). According to Solway (1985), the transition from post-graduate training to the professional internship provokes unexpected turmoil in the lives of interns. This transition leads to professional and interpersonal changes that are emotionally hazardous. In this section, potential stressors, or rather challenges that may be encountered during the internship year will be discussed.

Many intern psychologists often have to relocate during the internship year; adjustment to a new environment may be stressful (Kaslow & Rice, 1985; Solway, 1985; Cushway, 1991). During the transition from post-graduate

education to internship, the intern psychologist will encounter a period of separation and loss when he/she is leaving university (Solway, 1985). Lamb et al. (1982) hold the view that most people experience difficulty with terminations and that they often feel lost and lonely upon leaving.

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 (Solway, 1985). Personality conflicts with fellow interns or training staff, dissatisfaction with the internship programme and personal issues may present additional stresses (Goplerud in Kaslow & Rice, 1985). According to Glenwick and Stevens (1980), being formally and informally evaluated is an added stress for most interns, especially at a time when the intern psychologist feels vulnerable.

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). There is also the emotional strain of continuously and voluntarily offering oneself to the inner suffering of people (Coltart, 1993). During this period, the intern psychologist may question his/her competence as therapist when assessing his/her strengths and weaknesses (Kaslow & Rice, 1985).

Taking risks to learn new skills with different patient groups can also be potentially stressful. Patient suicide is another serious stressor for interns (Kleispies in Stedman, 1997; Kleispies, Penk & Forsyth in Stedman, 1997). These researchers found that twenty five percent of their sample had to deal with suicidal behaviour in patients, and that eleven percent of these interns had to cope with a completed suicide. Higher degrees of shock, disbelief, failure, sadness, self-blame, shame and depression were found in these interns.

Cushway (1991) found in a study that additional stressors reported by trainees were poor supervision, travelling, deadlines, amount of academic work, too

much to do and changing placements. Plante (1988) holds the opinion that low salaries and few insurance and professional benefits not only contribute to the stress and strain of the internship, but that these may also adversely affect the intern's professional self-confidence at a time when his/her professional identity and confidence may be vulnerable. It is further said that it is important for psychology interns to develop early in their careers the identity of a competent and valued professional with skills that are worthy of respect and compensation.

Another source of stress during the internship is the completion of the dissertation. Krieshok, Lopez, Somberg and Cantrell (2000) state that once the intern psychologist has started the internship, his/her ability to manage extraordinary competing demands will dictate any progress made on the dissertation. It has been found that students who start the internship with a completed proposal more often make dissertation progress while on internship than those in the pre-proposal stages.

The intern psychologist may also experience a change in his/her personal relationships that may be potentially stressful. Alred (1999) notes that trainees can expect relationships outside the training context to change. An introspective attitude and greater psychological understanding of the self and others may attribute to the intern psychologist's new perspective on his/her personal life. What the intern psychologist values in relationships is likely to become deeper and more mature. He/she may experience conversations to be boring and superficial compared to patients (Guy, 1987). One intern describes the change she experienced in her relationships as follows:

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).

Guy (1987) discusses possible influences of the vocational role of the psychotherapist on his/her private life and personal relationships. The therapeutic encounter requires the psychotherapist to set aside personal concerns, feelings and preoccupations as much as possible and as a result creates a sense of emotional isolation in the therapist. He/she may find it difficult to set aside the professional role outside the office. This may cause the therapist to be distant from others.

Guy (1987) further says that the need for patient confidentiality contributes to the fact that the therapist's family and friends often know few details about the work he/she encounters. This may attribute 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. This may cause him/her to feel defensive and uncomfortable, making it difficult to be open and vulnerable.

An awareness of the above stressors and demands may not necessarily lead to a decrease in stress in psychology interns. Awareness of potential stressors and demands may, however, lead to the enhancement of the training experience. It is possible that some stress may be beneficial to clinical psychology interns by increasing their motivation and productivity, but it is also possible that there are thresholds for stress that, if crossed, could be detrimental to adequate psychological and physical functioning (Cushway, 1991). In the next section, the researcher will discuss support systems the intern psychologist may utilise during the internship.

2.4 SUPPORT SYSTEMS

2.4.1 Supervision

At the Gainesville Conference in 1987 it was concluded that training staff should pay attention to trainee stress and to the professional needs of interns throughout the training sequence (Belar et al. in Stedman, 1997). Lamb, Cochran and Jackson (1991) propose a model to identify and respond to impairment in interns. Issues to consider range from the least drastic

procedure (for example, early identification of concerns) to the most drastic (for example, steps to be taken in terminating the internship of a student).

Cole, Kolko and Craddick (1981) report that internships were rated more favourably by interns who felt that their internships provided a great deal of support. If intern psychologists feel from the commencement of the internship year that they are in a secure environment and that they can trust the training staff, they are likely to adjust more easily (Kaslow & Rice, 1985).

Winnicott's (1965) concept of a holding environment seems significant during this period. Internship faculty members may be helpful in providing a good "hold" in which there is a nurturant and warm environment with appropriate limits set (Kaslow & Rice, 1985). It is further postulated that this will foster the development of trusting relationships and a sense of safety, security, respect and acceptance for the individual. Cushway (1991) found in a study on stress in clinical psychology trainees that the nature of the supervisory relationship was clearly felt to be important, since "talking to supervisor" was rated among the top five coping strategies.

Solway (1985) refers to the importance of supervisors considering the unique and combined stresses of each new intern psychologist. Supporting trainees in a personal sense should, however, not be confused with undertaking psychotherapy (McCann, 1999; Netherton & Mullins, 1997). The supervisor-supervisee relationship is primarily that of teacher and student, not therapist and patient (Cohen & De Betz, 1977). Trainees should, however, be assisted to become aware of the influence of personal issues or biases on their ability to work with clients (Netherton & Mullins, 1997).

"To the trainee starting out on the long, winding road toward therapeutic wisdom, supervisory experiences are critical steps" (Berger & Buchholz, 1993, p. 86). According to Netherton and Mullins (1997), it is a giant step from understanding psychological principles to putting them into practice in order to effect change in the lives of clients. The supervisor thus has to develop the skills that the student lacks (Malouf, Haas & Farah, 1983). He/she functions

as a “gatekeeper” to those individuals entering the profession (Bernard & Goodyear in Matthews & Walker, 1997).

Arkowitz (in Stedman, 1997) considers the perfectionist strivings of intern-level trainees. The transitional nature of the intern's professional identity and the supervision situation itself stimulate these perfectionist strivings. Although the intern psychologist may be anxious to appear competent in the eyes of the supervisor (Cohen & De Betz, 1977), anxiety and feelings of apprehension about being supervised should not become a barrier to the supervisory process (Netherton & Mullins, 1997).

The intern psychologist has to be aware of what the process of supervision entails. Yogev (in Berger & Buchholz, 1993) and Netherton and Mullins (1997) note the importance of discussing certain aspects with the supervisor. Issues relevant to discussion are, for example, boundary limitations, expectations of the supervisor, goals of the supervisory relationship, the supervisor's theoretical orientation, the medium that will be used for supervision, the evaluation process, anticipated levels of competency and consequences for failure to achieve training goals.

Rodenhauser, Rudisill and Painter (in Berger & Buchholz, 1993) report several supervisee attributes that supervisors commonly consider to be conducive to learning, namely psychological-mindedness and openness, motivation and initiative, interpersonal curiosity, flexibility (personal, theoretical and clinical), empathy, intellectual openness, minimal defensiveness, and introspection. The supervisee's involvement in the process and the supervisee's willingness to change are also of paramount importance (Pickering in Berger & Buchholz, 1993).

The intern psychologist may experience supervisory conflicts. Wulf and Nelson (2000) and Cole, Kolko and Craddick (1981) conducted studies in which they found that inadequate supervision had an impact on the overall internship experience. Moskowitz and Rupert (1983) surveyed 158 interns regarding supervisory conflicts. Three areas of conflict were identified, namely

theoretical orientation or therapeutic approach, style of supervision and personality issues. Conflict resolution depended on the type of conflict. Issues of supervisory style were easier to resolve than personality conflicts. When conflicts were not resolved, interns attempted to be compliant with the supervisor, sought support from others or altered their behaviour to conceal difficulties. The significance of a good working relationship may, however, be considered one of the most important variables in supervision (Reichelt & Skjerve, 2002).

Personal psychotherapy may serve both a didactic and supportive function to the intern psychologist. According to Norcross and Guy (1989), one of the most firmly held and cherished beliefs among psychotherapists is that personal psychotherapy is a desirable, if not a necessary prerequisite for clinical work. Legg (1999) maintains that the goals of psychotherapy for the training student can be divided into three categories, namely personal growth, gaining empathic understanding and extending experience of types of therapy. Guy (1987) notes that students in psychology should be encouraged to regard personal psychotherapy as a preventive measure as well as an intervention for potential emotional distress and impairment, since it was found in a survey that few practising psychologists who experienced episodes of high distress entered their own therapy. The next section discusses the importance of peer support during the internship year.

2.4.2 Peer support

In characterising the internship period as a "professional adolescence" (Kaslow & Rice, 1985), it is important to take cognizance of the importance of belonging and being part of a group during adolescence (Cotterell, 1996). The central characteristic of the peer group is an attachment relation; the group is an emotionally supportive structure. The intern group will thus play an important role as support system to the intern psychologist during the internship year (Oehlert, Sumerall & Lopez, 1998).

Topping and Ehly (1998) define peer-assisted learning as the acquisition of knowledge and skill through active helping and supporting among status

equals or matched companions. Through group discussions with fellow interns, interns will be exposed to a wider variety of diagnostic and treatment issues (Riva & Erickson Cornish, 1995). Interns will also be given the opportunity for peer feedback through which they may gain personal insight into interpersonal behaviour.

Berger and Buchholz (1993) hold the view that the opportunity to discuss supervision with fellow trainees can also serve a supportive function when supervisees may experience heightened dependency needs. Krieschok et al. (2000) recommend that interns meet weekly to support one another's dissertation progress. This can reduce the stress experienced by many interns completing their dissertations.

Cherniss (1983) outlines the following functions of peer support:

- ◆ Discussion of work problems with colleagues can be a cathartic experience that reduces emotional tension and helps the worker acquire better perspective and understanding.
- ◆ Through group discussions frustrated workers may see that their reactions and problems are not unique and this in itself may help in reducing emotional strain.
- ◆ Colleagues are an invaluable source of technical information and practical advice.
- ◆ Colleagues provide a frame of reference and feedback by which the staff member may gauge the impact and quality of his/her work.
- ◆ Colleagues can be an important source of stimulation for discussion of work experiences.
- ◆ Colleagues can provide a "united front" in conflicts with the organisation.

McCarley (in Guy, 1987) notes that therapists have a unique ability to understand the needs of other therapists. Alred (1999, p. 259) writes about one intern psychologist who recalls the importance of relationships with fellow

trainees and how these stimulated learning about an important theme in her professional development:

My overwhelming impression about relationships I formed with other trainees is one of diversity. I moved from not knowing where to place myself with the group to developing incredibly close friendships with some of my fellow trainees, while still feeling I only had surface understanding of other people. It has been important for me to reflect on my role within the group, both while on the course and now. A huge question for me has been, and still is, am I caring enough? How can I balance caring for others with caring for myself?

The peer group or intern group thus does not only serve as supportive structure to the intern psychologist, but also stimulates personal growth and provides a context for learning through relationships.

2.4.3 External support

Jensen (in Bor & Watts, 1999), Cherniss (1983) and Oehlert, Sumerall and Lopez (1998) refer to the importance of supportive relationships for people in training. Coping strategies reported in a few studies of trainee health professionals include 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).

According to Guy (1987), the need for psychologists to have friends is one that is widely recognised. Guy and Liaboe (in Guy, 1987) are of the opinion that the therapist's circle of friends should include individuals outside the profession. Storr (1979) is in agreement with Guy and Liaboe's (1987) views. Storr (1979) postulates that it is important that therapists have as normal a social life as possible, in which they meet friends from entirely different walks of life who pursue entirely different vocations. Farber (in Guy, 1987) maintains 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 to develop relationships uncontaminated by factors related to the role of the psychotherapist.

Coltart (1993) 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) found in a study on psychiatrists in the transitional phase of training to career posts that play and recreation, vacation and time off, reading, creative activities, hobbies and exercise were used as coping mechanisms apart from attachment to peers and loved ones.

2.5 LEARNING EXPERIENCE

2.5.1 The change in roles

The atmosphere created by the clinical placement is very different from the atmosphere in the academic institution. To function effectively in the professional environment, the intern psychologist has to learn to integrate student, professional and practitioner roles (Wozencraft, 1997).

Many intern psychologists may have had a well-established position in their university programmes where people knew and respected them (Kaslow & Rice, 1985). Once the internship programme has started, interns will have to prove themselves again (Kaslow & Rice, 1985; Solway, 1985) as they are often perceived as being unseasoned and relatively unskilled (Rosencrantz & Holmes in Solway, 1985). Lamb et al. (1982) note that most intern psychologists will experience a special kind of status within their internship institution, although this status may be unclear and that students will be searching for an identity during the early stage of internship. He/she will no longer be student, but neither professional.

Wozencraft (1997) clarifies this unclear status. The intern psychologist will be partially assuming the role of a mental health professional; he/she will have the opportunities and responsibilities of a trainee rather than a full-fledged professional. This may influence the intern psychologist's therapeutic self-

image. One intern describes the tension between being both learner and helper as follows:

With my first clients I felt I should really try to address the fact that I was a trainee counsellor. I was anxious not to be seen as the expert but this often tipped over into denying that I had any knowledge whatsoever. I was so worried about taking responsibility away from the client, that I often gave away my own presence. I feel that this is an issue of balancing the power in a therapeutic relationship, and one that is still present for me now. Initially I felt that if I didn't explain that I was a trainee-counsellor then I was misrepresenting myself. However, simultaneously I didn't want my clients to think that I was a complete novice. I took this dilemma to supervision and focused on my own lack of self-confidence (Alred, 1999, p. 263).

The training staff in the internship institution will not only play an important role in the supervisory process. Kaslow and Rice (1985) report that the training staff, serving as role models, can help the intern psychologist to integrate academic psychology and clinical work to enable the intern to feel more a complete identity as a scientist or professional psychologist.

2.5.2 The change in learning style

"There has been a tendency to perceive learning as something that others do to us rather than as something we do for ourselves" (Whitaker, 1995, p. 1). Dennison and Kirk (1990) assert that most of what we learn comes from doing. Learning can thus be defined as "the process whereby knowledge is created through the transformation of experience" (Kolb, 1984, p. 38). In experiential learning, the learner directly encounters the phenomenon being studied (Tate, 1992).

According to Saddington (1992), the intrinsic tendency of people to draw upon their own experience for both knowledge and skills, and the vast accumulation of experience that an adult has compared to a child, make learner experience an important concept in adult education theory and practice. Many endorse

the value of experiential learning in the development of clinical skills (Hecker et al., 1995). Experiential learning is widely regarded as empowering learners (Griffin, 1992).

Considering the amount of experiential learning taking place during the internship year, the student's learning process in the classroom differs from the learning process during the internship year (Wozencraft, 1997). Learning in the classroom encourages conceptual growth, whereas during the internship, interns will be expected to apply concepts at a nearly continuous pace. The intern psychologist will take into the therapy session a heightened sense of practice as a central arena for learning (Alred, 1999). Kaslow and Rice (1985) put forward the view that the opportunity to experiment with new ways of doing psychotherapy is exciting for most interns.

With the shift from thinker to doer, the intern psychologist may realise that theory can be different from practice. Nefale (1998) realised this while running a psychotherapeutic group in a psychotherapy unit during her internship. It became evident to her that running a psychotherapeutic group in a psychiatric hospital was not as smooth as the principles of psychotherapy sound. The techniques Nefale had in mind for the psychotherapeutic group were not functional. The cultural context of the ward was structured in such a way that applying her theoretical skills was not only going to become ineffective, but could also be harmful to patients.

According to Kaslow and Rice (1985), one sentiment expressed frequently by interns is that they feel so busy and inundated with new information and experiences that they do not have time to integrate what they are learning. Therefore, it is important that the intern psychologist is aware of his/her learning style and approach to learning during the internship year. He/she should assess learning resources and self-direct, as well as self-evaluate learning that is taking place (McAllister, Lincoln, McLeod & Maloney, 1997). It is also important that beginning trainees do not put too many other mental demands on themselves in the first weeks of the internship, because of the

energy that it takes to learn in a new way and at an accelerated pace (Wozencraft, 1997).

Many intern psychologists will be surprised about the self-instruction that is required of them during the internship year (Wozencraft, 1997). The intern will participate in his/her own training by reading documentation and literature, by observing service provision and by providing services. Self-instruction will, however, not only occur during the internship year. McAllister et al. (1997) and Freedheim and Overholser (1997) comment on the importance of lifelong learning in clinical settings. Papadopoulos and Cross (1999) support this view in stating that it would be unhelpful if trainees and accomplished practitioners ever reached a point in practice where they felt that they knew it all. Ongoing appreciation of learning and excitement about the field is important (Freedheim & Overholser, 1997).

2.5.3 Exposure to cultural diversity

During the internship year, the intern psychologist will be exposed to clients from various socio-cultural groups. Wozencraft (1997) puts forward the view that working effectively with people different from one's own group is an important part of professional development.

Vontress (in Jampies, 1998) mentions six possible racial barriers to the therapeutic process, namely racial attitudes, ignorance of the client's background, language, the client's unfamiliarity with therapy, the client's low self-disclosure, sex and race taboos. Nefale (1998) reports that she realised during her internship that cultural and ethnic factors together with outside factors contribute to the choice of an effective therapeutic intervention.

Dunston's (in Stedman, 1997) study showed that over half of the internship directors included in the study affirmed the need for ethnic minority training, but that little formal instruction was being offered. According to Hickson and Christie (1989), mental health professionals should acquire knowledge, awareness and skills for helping across cultures and being more sensitive to the effects 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 them.

Jampies (1998) recommends that priority must be given to the training of therapists in the newly democratised South Africa who will be able to work with persons of all cultural groups. Patel (2002), however, holds the view 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) maintains 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.

2.5.4 Enrichment and personal growth

Although preparation for a career in clinical psychology can be time-consuming and emotionally draining, the internship year provides a context for personal growth (Freedheim & Overholser, 1997). One challenge the intern psychologist faces is to attend to self, to get to know oneself better and to acquire a capacity for honest self-reflection and evaluation (Alred, 1999). It is further postulated that he/she will discover his/her resources and limitations as a human being, as well as his/her potential as a therapist. Rosenkrantz and Holmes (1974) conducted a 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.

The intern psychologist may also experience personal enrichment during the internship year, as working with clients provides a certain amount of enrichment and satisfaction (Guy, 1987). This is illustrated in Bloomfield's and Heppner's autobiographical essays on the theme "On becoming a psychotherapist" (Dryden & Spurling, 1989). For Bloomfield it is very

rewarding to see people change, grow and mature in the course of therapy. Heppner says that he finds it rewarding to join forces with another person, to become a team in a way, and to be part of another's genuine struggle to have a better life. Although the intern psychologist may initially experience stress, vulnerability and confusion when working with clients, this may go hand in hand with joy and triumph when seeing clients mature in the course of therapy.

2.6 CONCLUSION

In conclusion this chapter explored the internship in clinical psychology on various levels. The content and purpose of the clinical psychology internship has been outlined, followed by a discussion of the stages of intern development. Thereafter, the researcher presented an overview of the literature that discusses the psychiatric context and the multi-disciplinary team in the psychiatric hospital. The researcher then discussed potential stressors and demands during internship and support systems during the internship year. Finally, a discussion of the learning experience that can be obtained during the internship year was provided.