

**THE INTERNSHIP YEAR: THE EXPERIENCE OF CLINICAL  
PSYCHOLOGY INTERNS**

by

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## SUMMARY

Title: **The internship year: the experience of clinical psychology interns**

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The internship year is of paramount importance in the vocational training of clinical psychologists. This event assists the student in making the transition from trainee to professional. During the internship year intern psychologists undergo various transitions, for example a change in roles and a change in learning style.

The motivation for this study arose from the researcher's own experience of the internship year in a psychiatric training hospital. The study aims at investigating other intern clinical psychologists' experience of their internship year. The intention of this study is to present descriptions of these experiences.

The research design of this study is qualitative, using a phenomenological approach. A phenomenological approach has been followed to return to the phenomenon *internship* in an attempt to reach the lived world of the respondents. Emphasis is placed on the respondents' perceptions of their experience of the internship year.

An informal, unstructured interview was conducted with each research participant. Audio tape recordings of the interviews were transcribed. On analysis of the protocols, several themes were extracted. Each **respondent**

did not necessarily experience each of the identified themes. The themes are discussed in chapter four and linked to the existing literature. The following themes have been identified: the value of the learning experience, a sense of apprehension, the experience of stress, the importance of support, the importance of supervision and mentorship, a sense of not belonging, a sense of isolation from social contexts, the challenges concerning culture, and a sense of achievement.

The researcher hopes to make a contribution towards the understanding of intern clinical psychologists' experience of the internship year. It is also hoped that through this study, further research in this field will be encouraged.

**Key words**

intern psychologist

qualitative research

internship

phenomenology

psychiatric context

supervision

multi-disciplinary team

peer group

learning experience

support systems

## **OPSOMMING**

**Titel: Die internskapjaar: die belewenis van kliniese sielkunde interns**

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Die internskapjaar is van primêre belang in die beroepsopleiding van kliniese sielkundiges. Hierdie gebeurtenis ondersteun die student in die oorgang van student tot professionele persoon. Tydens die internskapjaar ondergaan sielkunde interns verskeie veranderinge, byvoorbeeld 'n verandering van rol en 'n verandering in leerstyl.

Die motivering vir hierdie studie het ontstaan uit die navorsers se eie ervaring van die internskapjaar in 'n psigiatriese opleidingshospitaal. Die doel van die studie is om ander sielkunde interns se ervaring van hulle internskapjaar te ondersoek. Die studie beoog om beskrywings van hierdie ervaring te verskaf.

Die navorsingsontwerp van hierdie studie is kwalitatief. 'n Fenomenologiese benadering is gebruik om terug te keer na die fenomeen *internskap* soos dit deur die respondente beleef en ervaar word. Die respondente se persepsies van hulle ervarings van die internskapjaar word beklemtoon.

Die navorsers het 'n informele, ongestruktureerde onderhoud met elke respondent gevoer. Bandopnames van die onderhoude is getranskribeer. 'n Aantal temas het uit die analise van die protokolle na vore getree. Elke respondent het nie noodwendig al die temas ervaar nie. Die temas word in hoofstuk vier bespreek en aan relevante literatuur gekoppel. Die geïdentifiseerde temas sluit die volgende in: die betekenis van die

leerervaring, die ervaring van vrees, die ervaring van stres, die belang van ondersteuning, die belang van supervisie en mentorskap, die ervaring om nie te behoort nie, die ervaring van isolasie van sosiale kontekste, kulturele uitdagings en die ervaring van sukses.

Die navorser poog om 'n bydrae tot 'n beter begrip van die belewenis van kliniese sielkunde interns se ervaring van hul internskapjaar te lewer. Die navorser hoop ook om deur hierdie studie verdere navorsing in hierdie verband aan te moedig.

**Sleutelwoorde**

sielkunde intern	kwitatiewe navorsing
internskap	fenomenologie
psigiatryse konteks	supervisie
multi-dissiplinêre span	portuurgroep
leerervaring	ondersteuningsisteme

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## CHAPTER 1

### INTRODUCTION AND MOTIVATION FOR THE STUDY

#### 1.1 GENERAL INTRODUCTION

Practicum experience is an integral component in the training of clinical psychologists (Hecker, Fink, Levasseur & Parker, 1995). This involves the facilitation in the use of already acquired techniques in the context of an internship institution, usually a psychiatric hospital. The current scientist-practitioner model of training clinical psychologists places much of the responsibility for professional preparation on the internship experience (Norcross, Stevenson & Nash, 1986) that is aimed at assisting students in making the transition from trainee to professional (Tipton, Watkins & Ritz, 1991).

Many have endorsed the value of the internship experience. According to Kahr (1999), the clinical placement experience is the vital vertebral spine of the training. He further adds that a successful internship placement will help to fortify the student for a challenging and rewarding career in the mental health field. Stedman (1997) cites that it is an educational event that most applied psychologists credit as crucial in their professional formation.

Starting the internship year can be both a thrilling and terrifying experience (Wozencraft, 1997); it certainly is a stressful, confusing, exciting and busy year (Plante, 1988). Wozencraft (1997) puts forward the view that students will be less anxiety-ridden if they keep in mind that the internship experience is a continuation of the learning experience, an opportunity to translate knowledge into action.

#### 1.2 MOTIVATION FOR THE STUDY

There is little evidence of research that has been done in South Africa on clinical psychologists' experience of the internship year. The researcher completed her internship in clinical psychology during the time of investigation. During this time, she experienced the transition from student to intern psychologist as an exciting but also a stress-related adjustment. The

mental health environment, which became her work and social environment, offered various challenges.

Starting to apply psychological concepts was an anxiety-provoking experience. The researcher often felt apprehensive about handling so many clinical responsibilities on her own, especially at the beginning of her internship. During various stages of the internship, she questioned her competence as therapist. Due to the demands placed on the intern psychologist, she often experienced physical and emotional stress. Support from others, and especially her peer group, became an integral part of her internship year.

The researcher also experienced a sense of "not belonging" in the psychiatric context where psychiatry is the dominant profession. At times her views with regards to patients were in conflict with those in the medical domain. It was a challenge to define her role as a member of the multi-disciplinary team. All these factors motivated her to explore other interns' experience of the internship year.

### **1.3 AIMS OF THE STUDY**

The primary aim of the study is to describe, in terms of a phenomenological framework, the interview responses of a sample of intern clinical psychologists in order to explore their experience of the internship year in a psychiatric training hospital. A phenomenological approach has been chosen, as the locus of phenomenological research in psychology is experience. Phenomenology furthermore attempts to get beyond immediately experienced meanings in order to articulate the pre-reflective level of lived meanings, to make the invisible visible (Kvale, 1996). The focus of this study is therefore on the respondents' construction of the meaning of their internship.

A secondary aim of the study is to provide future intern psychologists with a useful frame of reference that may guide them through the process of internship. An awareness of the challenges that may arise during the

internship year should ease the transition from student to intern psychologist and may enhance the training experience.

The study may also be of value to researchers in this area of interest and to university staff members involved in the training of students in clinical psychology. Psychology departments in psychiatric hospitals may also benefit from the study.

#### **1.4 CHAPTER DIVISION**

A broad orientation of the study, including an introduction to the study, motivation for the study and aims of the study is presented in chapter one.

Chapter two provides a theoretical overview with references to research that has been done on the clinical psychology internship.

The focus of chapter three is the methodology of the study. The phenomenological theoretical framework and the qualitative research design are presented, followed by a discussion of the research methodology. Thereafter, aspects concerning the trustworthiness of the research are discussed. Ethical considerations are put forward to conclude the chapter.

In the fourth chapter, each respondent's experience of his/her internship is qualitatively analysed. The chapter also provides an integration of the respondents' descriptions with the literature.

Conclusions arising from the study as well as limitations are presented in chapter five. Finally, recommendations are put forth.

## 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. Krieshok 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.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter provides a description of the research process. The phenomenological theoretical framework is discussed, followed by a definition of qualitative research. An overview of the research design in this study is thereafter presented. Emphasis is also placed on the sampling procedure, method of data collection and on the method of data analysis. Thereafter aspects concerning the trustworthiness of the research are discussed. Finally, ethical considerations are put forward.

#### **3.2 THE PHENOMENOLOGICAL THEORETICAL FRAMEWORK**

Von Eckartzberg (1986) defines phenomenological psychology as the "study of the fundamental types of psychological phenomena in their subjective aspects only, regardless of their embeddedness in the objective context of a psychological organism" (p. 7). Phenomenology devotes itself to the study of how things appear to consciousness or are given in experience (Giorgi, 1986). It is concerned with phenomena in the strict sense - how things and events are for the consciousness that beholds them and not how they are in themselves.

The empirical phenomenological approach involves a return to experience (Moustakas, 1994) and attempts to reach the lived world (Kvale, 1983). Phenomenology studies subjects' perspectives on their world and attempts to describe in detail the content and structure of their consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meanings (Kvale, 1996). He further adds that phenomenology attempts to get beyond immediately experienced meanings in order to articulate the pre-reflective level of lived meanings, to make the invisible visible. It is interested in elucidating both that which appears and the manner in which it appears.

The task of the researcher is to describe as accurately as possible the phenomenon as it appears, rather than indulging in attempts to explain it

within a pre-given framework (Kruger, 1988). The phenomenological researcher often has personal experience with a phenomenon and aims to heighten his/her own awareness of the experience, while simultaneously examining the experience through the eyes of others (Leedy, 1997).

### **3.3 QUALITATIVE RESEARCH**

Denzin and Lincoln (1994) define qualitative research as a multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. Qualitative researchers thus study things in their natural settings, utilising different qualitative techniques and data collection methods and attempting to make sense of or interpret phenomena in terms of the meanings people bring to them.

The qualitative researcher focuses on subjective meanings, definitions, metaphors, symbols and descriptions of specific cases and attempts to capture aspects of the social world for which it is difficult to develop precise measures expressed as numbers (Neuman, 1994).

It is the assumption of this researcher that qualitative research will permit a better understanding of intern clinical psychologists' experience of their internship year than quantitative approaches. The researcher intends to approach this study from a phenomenological point of view in which rich descriptions of different individuals' immediate experiences will be sought. The aim is to understand the experience of the internship year as felt, perceived, experienced and actually lived by intern psychologists.

### **3.4 RESEARCH DESIGN**

Mouton (2001) defines a research design as a plan or blueprint of how one intends conducting the research. The research design provides a set of guidelines and instructions on how to reach the goals the researcher has set for himself/herself (Mouton, 1996). The research design of this study is qualitative, using a phenomenological approach with its emphasis on the research respondents' lived experiences and the meanings that they attribute to these.

### **3.5 METHODOLOGICAL APPROACH**

According to Leedy (1997), research is a process through which we attempt to achieve systematically and with the support of data the answer to a question, the resolution of a problem, or a greater understanding of a phenomenon. This process is called the research methodology. The methodological dimension thus refers to the "knowledge of how" or "know-how" to do things or the total set of "means" which scientists employ in reaching their goal of valid knowledge (Mouton, 1996).

An overview of the methodological approach that will be applied in this study will now be presented.

#### **3.5.1 Sampling and selection of respondents**

The researcher will use the case study method for gathering data. Non-randomised purposive or judgmental sampling will be used as sampling method. Bless and Higson-Smith (1995) state that this sampling method is based on the judgement of a researcher regarding the characteristics of a representative sample. According to Leedy (1997), respondents are chosen because they are likely to be knowledgeable and informative about the phenomenon the researcher is studying.

Kruger (1988, p. 150) discusses five qualities of respondents who are pre-eminently suitable for participating in phenomenological research:

- ◆ Respondents who have had experiences relating to the phenomenon to be researched.
- ◆ Those who are verbally fluent and able to communicate their feelings, thoughts and perceptions in relation to the researched phenomenon.
- ◆ Those who have the same home language as the researcher, since this will obviate the possible loss of subtle semantic nuances owing to the need to translate from one language to another.
- ◆ Respondents who express a willingness to be open to the researcher.

Intern psychologists who received training at different universities, but who did their internship in the same psychiatric training hospital will be included in the study. The sample group will vary in nature and composition, as their ages, race and genders will differ. Because of our multi-cultural South-African context, the respondents will all not have the same home language as the researcher, as Kruger (1988) recommends. The white respondents will be interviewed in their home language, whereas the black respondent will be interviewed in English.

### **3.5.2 Data collection**

The researcher will personally conduct informal, unstructured interviews with the research participants. The respondents will be asked to describe the experience of their internship year without interruption from the researcher. Respondents will also be asked to provide biographical information such as age and marital status. Audiotape recordings of the interviews will be transcribed.

The purpose of the qualitative research interview is to gather descriptions of the life-world of the respondents with respect to interpretation of the meaning of the described phenomena (Kvale, 1983). Precision in description and stringency in meaning interpretation in the qualitative interview correspond to exactness in quantitative measurements (Kvale, 1996).

### **3.5.3 Data analysis**

According to Barritt (1986), the task of the phenomenologist is to try to go to the heart of the matter by looking for themes that lie concealed in the unexamined events of everyday life, to find meaningful, shared themes in different people's descriptions of common experiences. Tesh (in Leedy, 1997) holds the view that phenomenological analysis of transcribed data is characterised as being initially more open, tentative and intuitive. The phenomenologist focuses on "meaning units", the smallest segments of text that are meaningful by themselves.

Tesch's approach (in De Vos, 1998, p. 343) will be used to analyse the data in this study:

- ◆ The researcher ought to get a sense of the whole by reading through all of the transcriptions carefully. He/she can then jot down some ideas as they come to mind.
- ◆ The researcher selects one interview, for example the most interesting, the shortest and goes through it asking, "What is this about?" and thinks about the underlying meaning in the information. He/she writes thoughts that come up in the margin.
- ◆ When the researcher has completed this task for several respondents, a list is made of all the topics. Similar topics are clustered together and formed into columns that might be arranged into major topics, unique topics and leftovers.
- ◆ The researcher takes the list and returns to the data. The topics are abbreviated as codes and the codes written next to the appropriate segments of the text. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge.
- ◆ The researcher finds the most descriptive wording for the topics and turns them into categories. He/she endeavours to reduce the total list of categories by grouping together topics that relate to each other. Lines are drawn between the categories to show interrelationships.
- ◆ The researcher makes a final decision on the abbreviation for each category and alphabetises the codes.
- ◆ The data material belonging to each category is assembled in one place and a preliminary analysis is performed.
- ◆ The researcher re-codes existing data if necessary.

### 3.6 TRUSTWORTHINESS

Quantitative researchers document the worth of a project by assessing its reliability and validity (Poggenpoel, 1998). According to Krefting (in De Vos, 1998), this is much less common in qualitative research. Terms like *reliability* and *validity* do not fit the qualitative view (Agar in Krefting, 1991). In qualitative research, certain strategies can be employed to achieve trustworthiness and to increase the study's validity.

Krefting (1991) discusses Guba's (1981) model of trustworthiness of qualitative research. This model is based on four aspects of trustworthiness, namely truth-value, applicability, consistency and neutrality.

Each of these aspects of trustworthiness will subsequently be discussed.

#### 3.6.1 Truth-value

Lincoln and Guba (in Krefting, 1991) believe that truth-value is concerned with the confidence of the researcher in the truth of the findings based on the research design, informants and context. According to Sandelowski (in Krefting, 1991), truth-value is subject-oriented, not defined as priori by the researcher. Lincoln and Guba (in Krefting, 1991) term this as *credibility*. Sandelowski (in Krefting, 1991) suggests that a qualitative study is credible when it presents such accurate descriptions or interpretation of human experience that those who share the experience would immediately recognise the descriptions. The following strategies will be applied in this study to enhance truth-value:

##### ◆ Peer examination

The researcher will have continuous discussions with her supervisor. Lincoln and Guba (in Krefting, 1991) are of the opinion that this is one way of keeping the researcher honest and it may contribute to deeper reflexive analysis by the researcher.

◆ **Structural coherence**

The researcher will ensure that there are no unexplained inconsistencies between the data and their interpretation (Guba in Krefting, 1991). Credibility will be increased when the interpretation can explain the contradictions.

**3.6.2 Applicability**

Applicability can be defined as the degree to which the findings can be applied to other contexts and settings or with other groups (Krefting, 1991). The ability to generalise or transfer results is of less relevance in this study. The purpose of the study is to describe a particular phenomenon or experience and not to generalise it to other contexts.

**3.6.3 Consistency**

Consistency can be defined in terms of *dependability* of findings. Consistency refers to whether the findings would be consistent if the inquiry were replicated with the same respondents or in a similar context (Krefting, 1991). Qualitative research emphasises the uniqueness of the human situation. Variation in experience rather than identical repetition is sought (Field & Morse in Krefting, 1991). The following strategies will be applied to check for consistency:

◆ **Dense descriptions**

The researcher will describe the exact methods of data gathering, analysis and interpretation in order to provide information as to how repeatable the study might be or how unique the situation (Kielhofner in Krefting, 1991).

◆ **Peer examination**

Peer examination as mentioned above also aids in creating consistency in interpretation. The researcher's supervisor will examine the research plan and implementation thereof.



### **3.6.4 Neutrality**

Neutrality refers to the freedom from bias in the research procedures and results (Sandelowski in Krefting, 1991). Guba (in Krefting, 1991) is of the opinion that neutrality refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other perspectives. The emphasis of the neutrality in qualitative research is shifted from the researcher to the data (Lincoln & Guba in Krefting, 1981).

Lincoln and Guba (in Krefting, 1981) suggest that *confirmability* be the criterion of neutrality that is achieved when truth-value and applicability are established. To ensure neutrality, the following strategies will be applied in this study:

#### **◆ Audit strategy**

Auditability suggests that another researcher could arrive at comparable conclusions given the same research context (Guba in Krefting, 1991). The researcher's supervisor will review the process of research, the product, findings, interpretations and recommendations (Lincoln & Guba in Krefting, 1991).

#### **◆ Reflexive analysis**

The researcher will become part of the research process and will assess and analyse the influence of her background and perception, as these will influence neutrality.

### **3.7 ETHICAL CONSIDERATIONS**

Neuman (1994) is of the opinion that ethics begins and ends with the researcher and that the researcher's personal moral code is the strongest defense against unethical behaviour. A discussion concerning ethical considerations in this study will now be presented.

### **3.7.1 Permission**

Permission to interview intern psychologists at the psychiatric hospital will be required from the hospital (See Appendix 1). Written permission will also be obtained from the respondents (See Appendix 2).

### **3.7.2 Anonymity and confidentiality**

Anonymity refers to the principle that the identity of an individual is kept secret (Mouton, 2001). Under no circumstances will the research data be discussed in the contexts of the name of the psychiatric hospital or the identity of the participants. All data gathered will be treated confidentially. No information will be released in a way that permits linking specific individuals to specific responses. Information will be publicly presented only in an aggregate form.

### **3.7.3 Informed consent**

Signed consent will be required from the respondents. The researcher will communicate the aims of the study to the participants. The participants will also be informed about steps that will be taken to keep responses anonymous, about any risks or discomfort, benefits, the researcher's and supervisor's names and the possibility of receiving a summary of the results. The researcher will inform the subjects about their freedom to opt out of the study at any stage.

### **3.7.4 Researcher integrity**

The researcher will be striving at all times during the investigation to maintain integrity. Mouton (2001, p. 240) believes that integrity implies the following:

- ◆ Adherence to the highest possible technical standards in research, teaching and practice.
- ◆ Since individual researchers vary in their research modes, skills and experience, they should always indicate the limits of their findings and the methodological constraints that determine the validity of such findings at the conclusion of a research study.

- ◆ In practice or other situations in which scientists are requested to render a professional or expert judgement, they should represent their areas and degrees of expertise accurately and justly.
  
- ◆ In presenting their work, scientists are obliged to always report their findings fully and not to misrepresent their results in any manner. To the best of their ability, researchers should also disclose details of their theories, methods and research designs that might be relevant to interpretations of research findings.

### **3.8 CONCLUSION**

In this chapter a discussion of the phenomenological theoretical framework was provided, followed by a definition of qualitative research. Thereafter, an overview of the research design was presented. The sampling procedure, method of data collection and method of data analysis were also discussed. This was followed by a description of aspects regarding trustworthiness of the research. Finally, the ethical considerations in this study were put forward.

In the following chapter, the themes extracted from the transcribed data will be presented. A discussion of the findings in relation to existing literature will conclude the chapter.

## 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:<sup>1</sup>

##### **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.

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<sup>1</sup> 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.

## CHAPTER 5

### CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

#### 5.1 CONCLUSION

This study has highlighted the unique personal experience of intern clinical psychologists. The research design was qualitative, adopting the phenomenological theoretical framework with its emphasis on the research respondents' lived experiences and the meanings that they attribute to these. The research participants were interviewed, after which the interviews were transcribed and essential themes were extracted. Each respondent did not necessarily experience all the themes. Individual and shared phenomena emerged from the qualitative analysis of the data, illustrating that the internship year is a critical event in the training of clinical psychologists.

The research findings provide information on the clinical psychology internship on various levels. The themes extracted from the data include the following: 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, challenges around culture and a sense of achievement. Each of these themes will now be discussed briefly.

The findings of this study indicate that the internship context provides a culture of learning where the intern psychologist will have the opportunity of experimenting with and exploring a variety of therapeutic techniques. New strategies and techniques may also be mastered and the intern may realise what kinds of therapeutic work he/she prefers to do. With the shift from thinker to doer, the intern psychologist becomes aware of the differences between theory and practice. The learning experience the internship context offers is therefore very good preparation for independent work.

Another interesting phenomenon that has become evident in this study is a sense of apprehension experienced by all the respondents in the sample. Intern psychologists may enter the internship year with feelings of

apprehension. These may be rooted in the unknown, in working with difficult patients, in supervisory experiences and in feelings of inadequacy as a therapist.

As the transition from student to intern psychologist leads to professional and interpersonal changes, emotional and physical exhaustion are natural consequences for the intern. The psychiatric context may be perceived as hostile and exhausting. There is also the emotional strain of continuously offering oneself to the inner suffering of others.

The internship context does not only provide a context for professional development but also for personal growth. What the intern psychologist values in personal relationships is likely to become more mature. Relationships may change or even be terminated. This may contribute to the sense of isolation reported in this study.

In the light of the above two findings, support from others becomes a vital component during the internship year. In this study it is evident that supervision, peer support and external support systems such as family and friends are utilised during the internship year. The intern group or peer group is not only a supportive structure; intern psychologists may also learn from their peers through peer-assisted learning.

Supervision and mentorship are of paramount importance to the intern starting his/her career as psychotherapist. In this study supervision played an important role, both as supportive function as well as in the respondents' growth as therapists. Although intern evaluations and supervision may contribute to feelings of anxiety, their significance in manifesting supervision as an essential component of the intern's professional training cannot be under-estimated.

Although there are ample references in the literature to the role of the psychologist in medical contexts, only one respondent's experience correlates with this. It is, however, evident in research on the topic that the intern

psychologist may experience a sense of not belonging in the psychiatric context. Role delineation does present a challenge that intern psychologists face.

The internship context also provides exposure to cultural diversity. The intern's cultural assumptions may be challenged. Although intern psychologists may start their internship year with feelings of vulnerability and confusion, they are most likely to experience a sense of achievement for having survived at the end.

## **5.2 LIMITATIONS**

Durrheim and Wassenaar (1991) define generalisability as the extent to which it is possible to generalise from the data and context of a research study to broader populations and settings. The research findings of this study are trance-situational, but not generalisable. The sample group was not a random one. Purposive or judgmental sampling was used as sampling method. A limited number of intern psychologists who did their internship in the same psychiatric institution were included in the study. This institution was chosen for practical reasons. The researcher was an intern psychologist at the institution during the time of investigation. The sample group is therefore not a representative sample of the intern psychologist population of South Africa. The analysis does, however, provide some insight into and understanding of the experience of the internship year in a psychiatric training hospital.

The availability of intern psychologists willing to participate in this study was limited. This may be rooted in the fact that the researcher knew all the respondents personally. The respondents may have experienced a need for maintaining a certain degree of appearance for the researcher.

Another aspect to consider is the researcher's influence. During the time of investigation she was an intern psychologist herself. It is important to note the researcher's contribution to the collection and analysis of the data. Her own experiences could have influenced these. The researcher had continuous discussions with her supervisor to limit her own influence during the collection

and analysis process of the data. The researcher's supervisor also examined the research plan and its implementation.

Another criticism is that three of the respondents were female and that only one of the respondents was male. This may have influenced the results of the study as it appeared from the analysis that the psychiatric context is a particularly difficult context for the female therapist. This is reflected by one of the respondent's experience with male and with forensic patients. The fact that three white intern psychologists but only one black intern psychologist was included in the study, is another limitation, considering that the black respondent was the only one making reference to cultural challenges during her internship year.

### **5.3 RECOMMENDATIONS**

Little research has been done on the phenomenon of intern psychologists' experience of the internship year, especially in the South African context. It is hoped that this investigation will act as a pilot study upon which further research may be based. A more heterogeneous sample of intern clinical psychologists, including respondents from various cultural groups is recommended for further research. In follow-up studies, researchers could ask respondents to elaborate on the themes highlighted in this study.

This study has implications for future intern clinical psychologists and for universities that train students in clinical psychology. To enhance the internship experience, intern psychologists should prepare themselves for the emotional demands and challenges the internship context offers. Staff members involved in the training of clinical psychologists may also contribute to the internship experience by preparing students for this unique event in post-graduate training.



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## **APPENDICES**

**APPENDIX 1:** LETTER OF PERMISSION TO THE  
PSYCHIATRIC TRAINING HOSPITAL

**APPENDIX 2:** RESEARCH PARTICIPANT CONSENT  
FORM

**APPENDIX 3:** TRANSCRIBED INTERVIEWS

## **APPENDIX 1**

### **LETTER OF PERMISSION TO THE PSYCHIATRIC TRAINING HOSPITAL**

2 September 2002

The Principal Psychologist  
Department of Psychology  
XXX Hospital  
Private Bag X 5178  
XXXX  
2452

Dear Mrs. Swanepoel

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH FOR M.A.  
DISSERTATION**

Since I am completing an internship at XXX Hospital, Department of Psychology, I hereby request permission to conduct the research required for the dissertation that forms part of the Master's degree. The proposed dissertation is titled *The internship year: the experience of clinical psychology interns*.

The research entails conducting interviews with intern clinical psychologists currently working at XXX Hospital. On completion of the dissertation I will gladly furnish XXX Hospital with a bound copy of the research outcome.

Thank you for your kind attention.

Yours sincerely

Carin Kühn

## **APPENDIX 2**

### **RESEARCH PARTICIPANT CONSENT FORM**

## INFORMED CONSENT FOR PARTICIPATION IN RESEARCH

### *The internship year: the experience of clinical psychology interns*

#### **Aim of research**

The aim of this research project is to evaluate how intern clinical psychologists in a psychiatric training hospital experience their internship year. The results of the study could provide future intern psychologists with a useful frame of reference that may guide them through the process of internship. The study may also be of value to researchers in this area of interest and to university staff members involved in training of students in clinical psychology. Psychology departments in psychiatric hospitals may also benefit from the study.

#### **Institution involved**

The study will be conducted under the auspices of the Department of Psychology, University of Pretoria. The study is part of the M.A. Clinical Psychology Dissertation.

#### **Description of the procedure**

You will be asked to be available for an individual interview. Time and place of the interview will be individually arranged with you.

#### **Content of the interview**

An informal, unstructured interview will be used to gather the information and descriptions required by the study. You will be asked to reflect on your experience of your internship year.

#### **Risks**

This study will not hold any threat to you because:

- ◆ The study will not affect your position as an intern psychologist.
- ◆ Anonymity will be respected at all times; your name and the name of the hospital will not be released.

- ◆ The study is positively applied.
- ◆ You have the right to withdraw from the study at any time.

**Advantage for you as respondent**

The study is future-orientated and you will contribute directly to enhancing training in clinical psychology.

**Compensation for participation**

Participants will not receive any compensation in return for participation. Participation in the study is completely voluntary.

**Confidentiality**

No information that can identify you will be divulged. The research data will not be discussed in the context of your name.

***The internship year: the experience of clinical psychology interns***

I, \_\_\_\_\_ hereby acknowledge that this study has been explained to me by \_\_\_\_\_. I understand that this research study is done under the auspices of the Department of Psychology, University of Pretoria and that it is part of the M.A. Clinical Psychology dissertation.

I am informed regarding the nature and course of the study. I understand the above completely; I am acquainted with the information. I did ask questions if I had any uncertainties.

**(Delete which is not applicable)**

I hereby:

- ◆ Refuse to be part of this study
- ◆ Willingly agree to participate in the research study provided that I may withdraw from the study at any time without reason

**Respondent signature:** \_\_\_\_\_

**Witness 1 signature:** \_\_\_\_\_

**Witness 2 signature:** \_\_\_\_\_

**Researcher: Carin Kühn** \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2002, at \_\_\_\_\_.



## **APPENDIX 3**

### **TRANSCRIBED INTERVIEWS**

## RESPONDENT A

25 years

Female

White

Single

My internskapjaar het met groot verwagting, onsekerheid en opwinding 'n aanvang geneem.

Die eerste "hiccup" en frustrasie tot hierdie jaar was die feit dat ek elke dag 120 km moes ry. Alhoewel dit veronderstel is om 'n groot faktor te wees, het ek die volgende rasionaliserings gebruik:

- ◆ Duisende mense reis elke dag so ver na hulle werk, dus kan ek dit ook doen.
- ◆ En dit is vir 'n goeie doel; dit sal die einde van my studies beteken.

Die ryery het vergemaklik aangesien ons 'n ry-klub gehad het, maar wat ook sy eie probleme veroorsaak het in terme van:

- ◆ Laatkom
- ◆ Vir mekaar moes wag
- ◆ Wanneer een persoon vroeër wou ry as die ander
- ◆ Wanneer iemand dalk op 'n dag nie in 'n goeie bui is nie, beïnvloed dit almal

Alhoewel hierdie ry-klub ook baie van sy eie probleme veroorsaak het, was dit ook vir my 'n bron van ondersteuning en ontlasting.

Uiteindelik het die jaar begin; vreemd in die begin, ken nie almal nie. Stadig maar seker kennis gemaak met almal in die internegroep. Groot diversiteit het in ons groep geheers en daar was 'n groot versigtigheid om mekaar te leer ken. Tydens ons toer op die gronde die eerste dag was daar maar min

kommunikasie. Daar was lede wat ek gedink het ek sal hulle beter wil leer ken, maar dit was moeilik om uit te reik na ander toe weens subgroepe wat outomaties geheers het as gevolg van die verteenwoordiging van verskillende instansies. Hierdie houding het min of meer dwarsdeur die jaar geheers.

Met groot opgewondenheid het ek deur die gronde geloop sodat ek kon besluit waar ek my eerste rotasie wil begin. Op hierdie stadium van die wedstryd het al die eenhede so aanloklik gelyk en as entoesiastiese intern wou ek nie een mis nie.

Ek het toe besluit om by 'n Forensiese rotasie te begin; dit het na die grootse uitdaging geklink. Die ervaring by forensies was een van harde werk, min emosie en gevoel; amper iets soos robotagtig. Die enigste variasie wat by forensies was, was die feit dat dit verskillende pasiënte met verskillende aanklagtes was. Maar die proses hoe jy hulle hanteer was telkens dieselfde. Min tot geen supervisie het ongelukkig gesorg dat ek 'n groot en belangrike deel van forensies gemis het. Daar was besondere geleenthede aangesien ek in my saal waar ek wel terapie kon doen, besondere pasiënte gehad het. Ek glo dat 'n gebrek aan supervisie en leiding my 'n groot leemte in my groei as terapeut besorg het.

Volgende rotasie was Adolessensie. Ek was nie baie ingenome om hierheen te gaan nie, alhoewel ek vroeg in die jaar baie optimisties oor al die eenhede was. Na Forensies was ek reeds moeg, maar verlig om daarmee klaar te wees. Daar het groot vrees in my geheers oor om met die misdadigers in aanraking te wees, en teen hierdie tyd was ek al effens moeg vir "sexual passes" en "comments".

Adolessensie het vir my 'n ander wêreld oopgemaak. Dit was vir my 'n belewenis om met die kinders en hul families te werk. Dae van "assessments" was vir eers verby, hier en daar nog toetse gedoen, maar meestal terapie gedoen. Vrees was daar steeds as gevolg van die opset van hierdie saal; my kantoor was afgesonder en heel agter in die saal. Soms was daar die gevoel

van verlatenheid, veral laatmiddag. Maar die kinders se psigotiese skreeu en maniese lag was altyd ten hore.

Die moeilikste en frusterendste in hierdie rotasie was die feit dat ek saam met 'n intern was wat nie werklik als gegee het nie en bietjie slap gelê het. Baie meer verantwoordelikheid en werk is op my afgestoot wat my uiters kwaadgemaak het en ook uitgeput het. Tydens hierdie rotasie was daar 'n groter teenwoordigheid van 'n supervisor, maar ook nie my ideaal nie. So ek moes ook baie op my eie insigte en kennis staatmaak en het ook van my intern-kollegas se insigte gebruik gemaak.

Nadat adolessensie verby was, was ek besonders moeg. Siek en sat vir interns, sielkundiges, verpleegsters en pasiënte! Ek het die jaar om gebid en het nie geweet hoe ek gaan klaarmaak nie. Daar was 'n tyd wat ek dit als net wou gelos het. Die rede dink ek was grootliks 'n gebrek aan supervisie en 'n algemene negatiewe houding wat in ons groep en onder die sielkundiges geheers het.

lewers het ek die krag vandaan gekry, meestal van ondersteuning van vriende en familie om aan te gaan en klaar te maak. Die laaste rotasie was minder vermoeiend gewees, danksy die eerste vorm van supervisie wat ook as ondersteuning gedien het. Behalwe vir 'n groot vrees wat ek weereens vir die pasiënte (Mans Akut) gehad het, was hierdie rotasie die mees waardevol, aangesien daar 'n goeie poging tot supervisie en 'n positiewe houding teenoor ons was.

In terme van die psigiatryse konteks waarin ons onself bevind het – dit was vir my moeilik om kontak met die psigiaters te maak. Baie van hulle is so afgesluit en verdedigend. Dwardeer die jaar was daar drie psigiaters of "registrars" waarmee ek kon poog om kontak mee te maak. Hulle was ook baie ondersteunend en het ondersteuning en leiding gebied waar hulle kon. Die res, het met hulle kennis op hulle skouers geloop en het nie veel met die sielkundiges gemeng nie. Dit was vir my uiters sleg, want met so houding val die klem definitief nie op 'n multi-dissiplinêre span nie.

Dit was dan dus nie altyd maklik om deel te word van die multi-dissiplinêre span nie. Slegs tydens my adolessensie rotasie kan ek getuig van 'n aktiewe rol waar ek pasiënte voorgedra het en totaal en al die geleentheid gebied is om my rol as sielkundige uit te beeld. Ek is ook as sielkundige gerespekteer. Ek skryf dit hoofsaaklik toe aan die res van die span se positiewe houdings. Ek is seker hulle handhaaf 'n positiewe gesindheid teenoor sielkundiges aangesien hulle vorige positiewe ervarings met sielkundiges het in die adolessente eenheid.

Dit was 'n moeilike jaar. Ek het vroeg gesien dat akademiese kennis so verskil van die werklikheid in hierdie konteks en ek moes baie vinnig leer om anders te leer. My leer het prakties geword; ek het geleer deur te tref en te trap. Ek het ook geleer deur foute te maak en verder deur my eie groei dop te hou. Ek het ook geleer deur die psigiaters te hoor praat van hulle ervarings. Ek het baie min aan my boeke geraak deur die jaar, tensy ek net weer wou opvang op 'n onderwerp of meer oor iets wou weet.

Die aanpassing was nie vir my so groot in terme van die sosiale omgewing nie, aangesien ek voorheen 'n hele jaar by 'n ander psigiatrisie instansie kontak gehad het met saalrondtes en "case presentations". Ek het geweet wat om te verwag in terme van die hiërargie.

Wat ek nie verwag het nie, is swak tot geen supervisie en 'n interngroep wat net nie kon "click" nie. Ek dink my grootse teleurstelling was in terme van my interngroep; ek het meer samesyn verwag, groter sin vir professionaliteit en meer bevoegdheid.

Evaluerings sorg ook vir meer stres wanneer mens deur 'n moeilike tyd gaan, professioneel en persoonlik. Soms het ek die gevoel gekry dat die sielkundiges die evaluasies as 'n slagtingsveld sien, iets waarvoor hulle nie kan wag nie. Alhoewel ek meestal positiewe terugvoer gekry het, het ek dit soms bevraagteken, want ek was opsoek na opbouende kritiek.

My bronne van ondersteuning was vriende, kêrel, ex-kêrel en my ouers. Ek het gou gevind dat hulle nooit die werklikheid van die internskap sal besef soos ek dit doen nie en sal nooit werklik weet waardeur ons gaan nie, maar soms was die feit dat hulle weet dit is 'n moeilike jaar, goed genoeg. Ek het by twee interns darem meer ondersteuning gekry, aangesien hulle ook deurgemaak het wat ek het.

Ek is verder deur hierdie jaar met soveel persoonlike dinge gekonfronteer, veral siekte van my pa. Dit het vir nog meer stres gesorg en soms het ek gevoel dat ek net nie meer omgee oor hierdie internskap nie; ek wou net klaarmaak met die jaar en het nie werklik omgee hoe min ek op 'n tydstip gedoen het nie. Ek het besef dat ek ook 'n manier sal moet kry om na myself om te sien in hierdie konteks. Ek dink nie 'n mens kan, ek sou nie deur die jaar kon gaan sonder ondersteuning nie. Daar's nie 'n manier nie. Ek dink dit is belangrik dat interns weet hoe om na hulself te kyk; tyd vir ontspanning, skuldgevoelens te laat vaar en tyd te maak vir die simpel dinge in die lewe.

Mens vergeet hoe om die klein dingetjies te waardeer, want jy raak so ernstig met alles. Mens het nie meer lus om sosiaal te kuier nie, want mense praat net nonsens. Dit was hoe ek gevoel het! Jy moet leer hoe om 'n balans te handhaaf.

Ek het ook groot veranderings in my voorkoms opgemerk. Nie in terme van netheid nie, maar soos my vel wat al hoe slegter begin lyk het en my hare wat al hoe moeiliker hanteerbaar geword het. Boonop het ek uitermatig geëet en ook gerook.

Ek dink ek het baie gemis hierdie jaar, aangesien daar 'n gebrek aan supervisie, opleiding, intern-samesyn en leiding was. Ten spyte daarvan het ek op myself staatgemaak om die jaar 'n goeie jaar te maak; ek het baie gegroei en is soveel sterker as wat ek was. Daar is selfs "issues" wat ek kon deurwerk. Alhoewel ek baie persoonlike en professionele groei beleef het, wil ek dit nie oor hê nie!

**RESPONDENT B**

31 years

Female

White

Divorced

I would like to use the metaphor of a balloon floating in space. When I began my internship, I had two years of solid and good training with lots of practical experience. Even though I was apprehensive, I felt my training was adequate and grounded in practice. My apprehension was the unknown, the skew population that I had to work with. Skew in terms of their severe pathology and limited resources. The situation was unpredictable and the patients were unpredictable.

So this pink balloon was filled with hydrogen gas and ready to float off into the unknown space. Little did I know how unstable H<sub>2</sub> gas was. Secure and safe I entered my internship, yet in the back of my mind there was still this nagging apprehension. I felt tired in the first few weeks, the workload was heavy and the emotional exhaustion due to intensity was high. After about one month I got internship fit and things were going ok.

The apprehension didn't leave me but I left it. I was coping well. Note my words, coping... and not really living. It began to feel like the internship took up lots of time out of my close relationships. I began to isolate myself in order to cope better. So I started to feel the membrane of the balloon as I floated in space. I realised that I was isolated from the world around me. Even though I could see through the membrane, it was still there.

Yet, at the same time, this membrane protected me, and I felt safe from the sometimes hostile and exhausting environment. After two months the work became routine and I put in effort to learn more and explore the likes and dislikes of my own therapeutic style. This was good in that I discovered myself more as therapist. The flip side of this was the challenge it brought to my own psyche and internal growth process. 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. The impact of this led to a divorce and at the same time I got ill and had to undergo an emergency operation. This nearly cost my life and I was spiraled into a deeper existential questioning.

My life deepened, my therapies deepened and my personal life radically changed. There were challenges that went with this and I felt I needed personal psychotherapy. I also reached out to some of my colleagues who responded with support and understanding. Supervision was a challenge; even though the supervisors were mature, they were mostly younger than I with less life experience. I felt without the motherly holding that I received when our principal psychologist in her fifties was still there. I deeply missed the guidance of an older wiser person, both in my personal life and the impact it had on my work. The implications of this was that by the middle of the year it felt as if my balloon broke from its string and I was now floating loose in space. 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. The H<sub>2</sub> inside the balloon was volatile and it felt as if my only safety could explode any moment. I felt scared.

This happened concurrently with a lot of personal circumstances that was changing; my house got broken into and I lost most of my precious belongings, I had to move and couldn't find a place to stay, the announcement of community service and the uncertainty coupled with that and I had a car accident and lost my car all contributed to this feeling. Yet, somehow the routine and structure provided by my internship along with the support from colleagues and friends helped me cope. I also started a new relationship five months into my internship with its own challenges. So I can summarise this as extreme external perturbation coupled with radical life changes and consequential internal changes. Indeed a growing up experience.

The impact that this had on my therapeutic style was remarkable. 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. For me it felt as if at least I had my strength of mind to rely on, whereas this was their brittle side and they have very little to hold onto. I discovered how much I could learn from my patients and find strength in their strength. This was a healing experience in many instances for both them and myself. They could be of value and I could need them as they needed me.

This of course brought its own challenges such as over-involvement and attachment, etc. that could have been therapeutic, however, in many instances the administrative arrangement of the hospital prevented this. 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. There was little time for follow through and containment. I would have preferred two six months rotations for the sake of depth and therapeutic continuity. Towards the end of the year I experienced this arrangement as slightly fragmenting. Both to the patients and to myself. This is a pity. The system could probably be more efficient with six-month rotations.

The foreseeable problem with this is that I would only get exposure to two rotations. And thus limit my own growth, exposure and further training. 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. My concern still is that this was at times costly to the patients.

At the end of my internship, I looked back and felt it was worthwhile, hard and I survived. 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. I learnt how to find and use resources. It was a very good preparation for independent work in real life out there, which is mostly uncontained. I've learnt how to find containment and creative growth. My balloon didn't explode, but landed safely somewhere, I pierced the membrane towards the end and got out. I made deep contact with those precious to me again and felt whole. The safe place was home. My internship brought me home once more, to myself.

It was tough, at times I didn't know if I was going to make it, but I did. And now it feels rewarding. This accelerated growth could have been devastating if it wasn't for the good training preparation I received and for the support of precious people such as colleagues, friends and family and my own personal therapeutic process with an outside therapist.

## **RESPONDENT C**

27 years

Female

Black

Single

Having done my internship at XXX was a blessing in disguise for me. When I got there, I thought I knew everything in the field of psychology. I thought I was the best therapist ever. Only to find out that I was deceiving myself. The time that I have spent there was like introspection for me.

Coming from a small, developing hospital, to a big, well established, semi-academic hospital with diverse professionals was really a challenge for me. It was the first time I worked in an organised and systematic organisation, where ward rounds and case presentations are being regularly and consistently held.

My worst challenge was language and culture issues. It was my first experience to work with white patients from different cultural backgrounds and socio-economic backgrounds. I expected ninety five percent of patients to be blacks and five percent to be whites, which was not the case.

I found it very challenging to see a white person in therapy. Firstly, 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. 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.

For the first two months my self-esteem used to be continuously very low when in therapy with a white patient, because they made me think that they know it all, things that our black patients are not familiar with. I also used to get frustrated when working with a patient who does not understand English, Afrikaans or my language, Setswana. I felt like I am not communicating, hence I cannot send my point home or carry the message across. I made use of an interpreter at times, but this had a negative impact on therapy.

XXX Hospital promotes a culture of learning. Being there, I came to realise that one never stops learning. I met different professionals with whom different opinions and ideas were shared.

My skills in individual therapy were re-defined and polished. New strategies and techniques were learnt. I also learnt to conceptualise. However, I think that was not enough. If I had spent another six months, it would have been of great benefit for me. More focus was put on individual therapy, rather than group therapy. I feel I did not grow much in group therapy.

My assessment skills and report writing skills were also improved. It was an added advantage for me to have been placed in the forensic unit. I learnt more about neuro-psychology, forensic psychology and psychiatry. Something that was absolutely new to me. I was struggling, but I managed to conquer. I have developed the love for neuro-psychology and I would like to specialise in that.

Our visits to the clinics were helpful in that I was able to get a diversity of cases ranging from neurosis to psychosis. People of different ages were also seen.

For the first time in my internship period I received such formal, well-organised and intensive supervision. It was anxiety-provoking for me, but I came to realise that that was the only way that would help me grow. My first one-way mirror supervision was like a nightmare. Feedback obtained from supervision was just too good to be true. Criticisms were there, but were more polite, motivating and insight or awareness-oriented.

I think it is good for a developing therapist to know and understand himself. The essence of the intern psychologist group sessions was mainly for personal growth of which I think I have accomplished. Interaction with fellow interns was good, however, the time was short to develop friendship.

I came to realise my role as therapist at XXX, to know that I also have a say or voice among the psychiatric team members. This was different from my past experiences in a psychiatric hospital where the doctors did not take your opinion into consideration.

Internship at XXX was the best as compared to what I have received in the past. I am proud today. I feel more confident and I am oozing with zest. The feedback I received from supervisors and some of my patients gave me this confidence.

**RESPONDENT D**

29 years

Male

White

Single

Lots of experiences, and they are hard to distill in one. Firstly, pressure from all kinds of people, all with their own agendas. Doctors who want free beds, other professionals who want to be included in the therapeutic process. Parents of patients who want definite explanations, and patients who simply want down-to-earth things like leave and cigarettes. It was hard to find out how to manage all these pulls, and I often felt overwhelmed and confused. Stimulus overload.

I also often felt that I should know and contribute more than I found I could. I think after six years, and hand selection, the pressure is on to be some kind of expert. I was simply not able to live up to these implies and often subjective challenges.

The hopelessness of the whole place. People who just seem to be going nowhere, the hopelessness of psychiatric patients. Psychologists come and leave and cannot make any difference in this way. And a system that is barely floating. A system that is understaffed and poorly financed. And often the tone of this and the practical implications of this weighed heavily on me. With less staff, you had to do more.

However, I feel that I discovered strength in me that I did not feel in the past. Putting theory into practice gives you a strength you did not experience before.