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South African Clinical Psychology Trainees' Experiences of Their Internship Year

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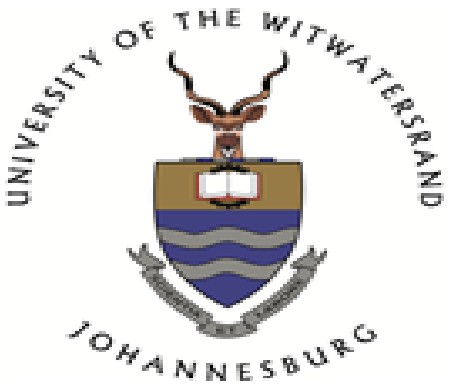
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South African Clinical Psychology Trainees' Experiences of Their Internship Year

by

Maretebale Querider Nape

Submitted to

the University of the Witwatersrand in
partial fulfilment of the requirements for
the degree of

Master of Arts

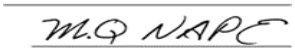
in

Clinical Psychology

Supervised By: Prof Gillian Eagle

DECLARATION OF ORIGINALITY

I declare that unless specifically indicated otherwise, the following research report is the result of my own original work, and no submission to a degree at another university has been made.



_____

Maretebale Querider Nape

March 2023

Department of Human and Community Development

University of Witwatersrand

Johannesburg

ABSTRACT

The current research arose from a particular interest in the subjective experiences of intern clinical psychologists with regard to their internship year. The study's primary aim was to investigate challenges that clinical psychology trainees experience during this period of their training, in this instance, the focus of the study was on South African clinical psychology interns. The study also aimed to assess what might ameliorate difficulties and contribute to positive experiences. The study was located within the qualitative research tradition. Eleven participants who had very recently completed their internships were interviewed using a semi-structured interview schedule, and the transcribed data from the interviews were subjected to a thematic analysis. Ten themes were identified and divided into three areas: areas of challenges or difficulties, areas of benefits, learning, and growth, and areas of coping resources and advice, each containing further sub-themes. All participants highlighted negative experiences during the internship year and described having experienced significant difficulties in various areas of their training. The findings suggest that limited prior exposure to aspects of the internship setting, such as working within a hierarchically structured, multidisciplinary team and encountering patients with severe psychiatric pathology led to adjustment difficulties, role ambiguity and feelings of incompetence. The findings also suggest that supervision relationships were salient in shaping interns' experiences and that perceived misuse of power by supervisors exacerbated the challenges they faced. Of concern was that all participants reported mental or physical health problems that arose during this year of their training. Despite dominant reports of negative experiences, the participants also benefited from the intensive learning they engaged in which led to experiences of professional and personal growth. All participants demonstrated the ability for resilience, endurance, and perseverance, and felt that the year had cultivated these qualities within them in responding to hardships. Some discussion of coping resources is offered, as well as some recommendations for supporting intern clinical psychologists to have more harmonious internship experiences.

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Firstly, I would like to thank the man above, God. I believe that He has given me the strength to keep going even when I wanted to give up. Ke a leboga Ramasedi. God's timing indeed.

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CHAPTER ONE

INTRODUCTORY CHAPTER

1.1 GENERAL INTRODUCTION

An internship training is a period of study that is career-relevant and strictly structured, specifically obtained by students before or after graduation from an academic program (Stirling et al.,2014). As one of the requirements to qualify as clinical psychologists, trainees are required to undergo internship training at a relevant internship site. The internship training is crucial as it is designed to prepare clinicians for the professional environment through the supervised practical application of coursework previously studied (Hecker et al., 1995). The experience involves an important process of facilitating the practice of skills previously acquired through coursework and some practical work in the initial stages of training, by working in a more clearly applied manner in the internship context (Hecker et al.,1995; Pillay & Johnson,2011; Stirling et al.,2014). The idea that the period of applied training is important for clinical psychologists is supported by Kuhn (2003), who argues that through the internship program, much of the professional preparation takes place and that this period of training assists students to have a successful transition from being trainees to become professionals. Various writers have also promoted the internship experience as important because it helps students develop characteristics that will assist them to face challenges in their professional careers (Kuhn, 2003; Pillay & Johnson, 2011). In addition, it is hoped that the internship will help clinical psychologists have a rewarding career in the mental health field (Kuhn,2003).

Although starting the internship year can be experienced as thrilling, it can also be experienced as terrifying (Kuhn,2003). Interns may be vulnerable to stress and anxiety for multifaceted reasons, including feeling incompetent and not knowing what will be expected of them, especially in the initial stages of their internship (Kuhn, 2003; Pillay & Johnson,2011). In many instances' interns do not feel fully prepared when they enter the internship context, however strong their prior training has been, due to the difference between the internship demands and those of previous academic years (Kuhn, 2003; Pillay & Johnson,2011).

1.2 MOTIVATION FOR THE STUDY

The motivation for the study arose from my personal interest in the topic as a first-year Master of clinical Psychology student and from concerns raised by various internship sites in the

Gauteng region. These concerns were expressed at a Gauteng meeting of universities and internship sites (verbal report). It was noted during the meeting that interns seem to be finding it particularly difficult to adjust to working in the internship environment and were even experiencing mental health problems which might be related to transitioning difficulties in the new training context.

An overview of the relevant literature shows us that various studies have reported on the experiences of intern clinical psychologists with regard to their internship year. However, it appears that there is limited literature that has investigated what intern clinical psychology trainees find most difficult in their internship experience. Literature from around the world and on research conducted particularly in South Africa is not very extensive. It has tended to focus on positive aspects and has not necessarily engaged with the perspectives of interns themselves. Some literature has made reference to the internship experience and beliefs about it (Kuhn, 2003; Pillay & Johnson, 2011;). However, this research should be complemented by studies that seek to engage with the broad range of potential challenges and stressors that interns may face and to comprehend this from the perspective of those at the 'coal face', so to speak. Much of the existing research has been survey-based and has therefore not engaged with the complexity of interns' experiences and with their personal accounts of challenges and ways of coping. Pillay (2011) recommends that future research should consider investigating qualitative aspects of intern psychologists' experiences. The current research aimed to offer a deeper and more nuanced picture of the challenges associated with undergoing an internship by interviewing participants about their personal experiences. All these factors thus motivated me to investigate interns' experiences of the internship year, specifically the difficulties they faced during this crucial period of their lives.

It is hoped that the study recommendations will assist trainers in preparing clinical psychology trainees for their internship program and that the findings can also serve as a guide for those engaged in supervising interns at such sites.

1.3. AIMS OF THE STUDY

The main aim of the study was firstly to investigate challenges that clinical psychology trainees experience in the transition and during the period of their internship training, as well as to assess what might ameliorate difficulties and contribute to positive experiences. I aimed to gain an in-depth understanding of what aspects of the internship proved to be most challenging and most beneficial for intern clinical psychologists. Secondly, the research aimed to identify

what kinds of resources interns drew upon to assist them to manage during this period of their training. Thirdly, the study aimed to explore whether there were particular kinds of contextual issues relating to working in the South African context that interns might face.

1.4 STRUCTURE OF THE RESEARCH REPORT

Included in chapter one is the introduction to the study, the motivation for, and the broad aims of the study. Chapter two of the report focuses on a review and discussion of literature related to the study focus. Existing research findings related to the clinical psychology internship are presented. The methodology of the study is the focus of chapter three. This chapter includes the theoretical framework, research question, research design, and procedure, including ethical and trustworthiness considerations. The focus of chapter four is on the qualitative analysis and findings, presented in the form of themes and sub-themes, and including references to participants' experiences of their internship. The focus of chapter five is on a discussion of the findings with reference to the existing literature and the presentation of an overview of the core findings. Chapter six, the final chapter, provides a brief discussion of the limitations and recommendations arising out of the study.

CHAPTER TWO

LITERATURE REVIEW

A number of key research and theoretical dimensions of the research project are discussed in the literature review. In this section, I will explore the nature of clinical psychology internship programmes in general, with some focus on the development of the internship as a vital component of training, as well as its purpose. This will be followed by an outline of the various stages of the intern's development. After that, literature that discusses the internship context will be presented, followed by literature that discusses both international and South African findings on interns' experiences. Lastly, other specific areas which are viewed as important to the study will be discussed. These areas included the experience of stress, learning and growth experience, support systems, and transitioning experiences.

2.1 DEVELOPMENT OF THE INTERNSHIP COMPONENT OF CLINICAL PSYCHOLOGY TRAINING PROGRAMMES

Clinical psychology internships have been part of clinical Psychology Masters' programmes globally for over a century, and in South Africa, a 12-month internship was incorporated into the standard Masters' programmes during the 1970s (Pillay & Johnston, 2011). Although in South Africa the internship was introduced in the 1970s, the origin of clinical Psychology internships internationally dates back to 1949, where they were inaugurated at the American Psychological Association's (APA) Boulder Conference (Kuhn, 2003; Pillay & Johnston, 2011). At the conference, delegates recommended that the training of clinical psychologists should include not only a university experience but also an internship sequence or period (Kuhn, 2003). At the Gainesville Conference in 1987, it was determined that "the purpose of the internship is to provide a structured program of supervised training which extends and is consistent with the previous research, didactic, and applied experience of graduate education and training. Furthermore, the internship continues to make provision for the development of professional identity and professional socialisation" (Belar et al.,1987. p.63). The internship furthers the clinically oriented and academic teaching given to trainees during their earlier years of study (Belar et al.,1987). An individual who has demonstrated the capability to function responsibly and autonomously as a practising psychologist successfully completes the internship training (Belar et al.,1987). Thus, the internship period is designed to hone the trainee's professional identity and ensure that they meet acceptable practice standards.

Although the plan to include a period of internship as a necessary part of clinical psychology training was initially incorporated into American training programmes, South African training programmes have followed the same principles (Pillay & Johnston, 2011). This suggests that the discipline of clinical psychology in South Africa draws from Eurocentric approaches, including the premise of incorporating an internship as a core component of training, in part in order to align qualifications with international best practice.

The Health Professions Council of South Africa (HPCSA) approves training programmes based on numerous requirements, such as patient profile exposure, staff availability, supervisory capacity, exposure to multi-disciplinary teams, and other requirements (Pillay & Johnston , 2011). The regulating body conducts periodic inspections of facilities and training sites to receive feedback from current training interns and staff and to ensure that standards are maintained (Kuhn, 2003). The Professional Board for Psychology of the HPCSA specifies that an internship should be at a board-approved site/s and should be of a minimum of 12 months duration and undertaken on a full-time basis.

According to Barnes (1982), the internship year is the most intensive year of clinical training. Its main aim is to assist interns in transitioning successfully from the academic training year to the real world of applied clinical work.

2.2 THE INTERNSHIP TRAINING AS A DEVELOPMENTAL PROCESS

Internship training is a programme outlined according to frameworks prescribed by professional training bodies, and interns have to navigate through various stages experienced during the duration of the programme. A developmental model has been proposed aimed at understanding various stages of the internship engagement process (Lamb et al.,1982). The five stages identified by Lamb et al. (1982) are:

- Stage 1-*Pre-entry preparation* for an internship which includes the trainees' effort to apply for the internship, their acceptance into the internship, and pre-arrival apprehension.
- Stage 2- *Early intern syndrome*, usually characterized by the interns' efforts to gather information about the internship placement.
- Stage 3- *Intern identity:* here, the interns' focus is on realization of their limitations and strengths. Interns are challenged with more significant role differentiation and self-doubt during this period.

- Stage 4- *The emerging professional's* sense of competence and independence are enhanced during this stage.
- Stage 5- *The resolution,* at this stage, interns have an awareness that terminating from the institution is required; thus, incorporation of this awareness and actuation of separation takes place.

It is evident from this model that intern psychologists may face different challenges at different stages of their experience and that there is an expectation of a relatively seamless transition through the expected stages of development. However, it is also apparent that not all interns move through these developmental stages as easily as the model suggests.

2.3 INTERNSHIP CONTEXT

In South Africa, students who have completed their first year of their clinical psychology masters' training are expected to move from the university context to various internship sites consisting of hospitals and clinic placements. This context brings exposure to different cases and patients with a variety of mental health problems requiring quite a broad skill set from young professionals (Kuhn, 2003; Pillay & Johnston, 2011). Caseloads often consist of mild to severe cases and of both inpatients and outpatients, thus, one of the first challenges interns are likely to face is dealing with larger caseloads than in their first year of training and often with more complex and severe cases and a broader spectrum of pathology (Kuhn, 2003;Pillay & Johnston,2011). In South Africa, clinical psychology interns tend to be largely employed by the state and are expected to render a service to the broad population of those accessing public health services. In this respect, while they remain trainees, interns also become employees who are expected to play a competent professional role (Kuhn, 2003;Pillay & Johnston,2011). This identity is very different to that of a student.

The internship context consists of various structures and protocols that interns are required to get used to and bring further challenges which they have to face. For intern clinical psychologists, the internship context is often a context that is dominated by psychiatric personnel and norms, a context that relies on a multidisciplinary team that has become an important part of inpatient and outpatient services (Kuhn, 2003; Rodenhauser,1996). In this sense, the internship context is different from the training context in that it consists of a team that has to work together in treating a patient, and its members come from different disciplines (Kuhn, 2003; Rodenhauser,1996). The multidisciplinary team often consist of psychiatrists, psychologists, social workers, occupational therapists, and nurses, but is not necessarily limited

to these professions (Rodenhauser,1996). In the mental health professions, the psychiatrist is often the team leader (Mickel,1982; Rodenhauser,1996). It is evident that not only does the context consist of multidisciplinary teams in which personnel might agree to disagree with each other but that there are also overt and covert power struggles and hierarchies that tend to exist in this environment (Kuhn, 2003; Mickel,1982; Rodenhauser,1996). There is often a power hierarchy within the hospital system, particularly within the MDT, which may result in interns finding that their skill set is devalued or even that they are sometimes treated with suspicion when they enter a hospital setting (Kuhn, 2003). Interns may not only feel diminished by psychiatrists but may also feel undermined by members of other professions.

In hospital settings, the medical model is dominant and is used by the medical profession, which views the patient as largely consisting of diagnostic organs or sets of symptoms that can be treated through repair (Kuhn, 2003). The psychologist generally goes beyond this model by seeing a patient as an individual whose behaviour is influenced by a variety of sources (Kuhn, 2003), often drawing upon a biopsychosocial framework. Thus, intern psychologists may need to adapt their manner of engaging with patients to fit into the new environment.

What has also been noted is that when interns enter this environment, they might feel lost and either prepare for unsatisfactory treatment or feel surprised and taken aback in dealing with the dynamics associated with working within a multidisciplinary space (Kuhn, 2003). It should be noted that team members may also be helpful, supportive and educative towards interns, so a range of experiences are possible.

2.4 INTERNATIONAL LITERATURE ON INTERNSHIP EXPERIENCE AND TRAINING

Since the establishment of internship programmes, there has been a considerable body of literature that has studied and reported on aspects of the internship training and associated experiences (Clement & Sartoris, 1967; Watson, 1952). Although very dated, international literature reporting on the training of clinical psychologists includes a study by Watson (1952) from the United Kingdom, who conducted a study consisting of a round table of clinical psychologists purposed to discuss the internship training. It was noted that internship placements were limited at the time, thus contributing to anxiety about placements. Universities were responsible for giving interns experiences with a very broad range of patients. Other areas where interns were allocated to get experience throughout their internship year included a rotation through major services, having informal meetings with representatives

of other disciplines, exposure to case conferences, gaining experience in referrals and being guided by a clinical supervisor. It was noted that the internship schedule may become overcrowded given the multiple aspects of work exposure required. This early study led to greater awareness of some taxing demands placed upon interns and many of the findings still seem to pertain to internship trainings contemporarily.

First-hand experience of interns has been researched by several researchers internationally in countries such as the USA and the UK (Clement & Sartoris,1967; Khol et al.,1972; Stout et al.,1977). Clement and Sartoris (1967) conducted a survey type study including intern graduate students from APA-approved clinical psychology programs. The data was obtained from 692 graduates who were asked how well they believed they had been trained in various professional activities. Results indicated various percentages of interns who felt inadequately trained in areas such as the following: 54,6% in administration, 23,4% in teaching,16% in consultation,10% in psychotherapy, 23% in diagnoses, and 3,5% in research (Clement & Sartoris, 1967). Khol et al. (1972) surveyed clinical psychology interns from APA-approved internship agencies who were in training in the year 1970. Seventy-four percent of recruited interns rated the quality of their internship as being very favourable because of the high-quality training they were receiving, and the majority of interns from various internship agencies were satisfied with their theoretical orientation and had positive supervisory experiences (Khol et al.,1972). Stout et al. (1977) conducted a study in the USA for the William S. Hall Psychiatric Institute, Colombia, South Carolina, as a follow-up of the graduates' training at the institute with an attempt to extend previous comments on the program. A two-part questionnaire was mailed to all graduates and all interns (N=25, 7 females and 18 males), who all responded to the questionnaire. The second part of the assessment entailed responding on a 5-point scale aimed at asking participants to evaluate the degree to which their internship prepared them in the various areas including: interpersonal relationships, teaching, psychodiagnostic evaluations, psychological treatment, administration, consultation, and research. An interpretation of this scale showed that respondents expressed concerns about their research thesis. Respondents felt that research should not be focused on during the internship year; instead, the concentration should be on clinical skills development. Interns also expressed an interest in gaining teaching experience through informal discussions, lectures, and seminar presentations. Other areas of interest included developing skills in areas of clinical supervision and community education (Stout et al.,1977). What seems evident from this relatively early research is that while some students felt the internship experience was good, others had less positive experiences and believed there was room for improvement. It is also evident that most

students feel ill-trained or under-prepared in certain areas, thus resulting in students noting that they would appreciate more training preparation in key areas of concern.

In addition to identifying skills deficits, some of the research into internship experiences have explored issues related to identity characteristics. Adetimole et al. (2005), non-white authors from the United Kingdom reflected on their prior experiences of being trainee clinical psychologists. They reflected particularly on their experience of racism and its impact on their experiences of being trainee clinical psychologists. The trainees indicated that their experience included being invisible as "the other", that positive aspects of difference were largely ignored, and that they were automatically viewed as "struggling" students who needed extra help. They shared that all of these perceptions and stereotypes caused them anxiety. The authors indicated that this made it difficult for them to approach white peers and tutors due to the fear that if they brought forward concerns, their concerns would be racialised and might confirm expectations that they were less capable than their white peers (Adetimole et al.,2005). Thus, it is evident that factors beyond reported training gaps can profoundly shape interns' experiences. In these instances, interns reported that their treatment as black interns in a predominantly white clinical training system was most challenging for them.

Expanding on the international discussion thus far, various international researchers have discovered that the internship experience is a rather stressful period or rite of passage that interns must go through (Kaslow & Rice,1985; Solway,1985; Stedman, 1997). According to Kaslow and Rice (as cited by Turner et al., 2005), the internship year is a significant time in the life of a clinical trainee where numerous stressors are experienced. Compared to other professional psychology trainees, such as research psychologists, clinical psychology interns are reported to experience higher rates of depression, anxiety, and emotional exhaustion. These challenges appear to be related to the specific kind of work they undertake and the context within which they work. Additionally, clinical interns are said to be more vulnerable to clinical stressors due to a lack of confidence and experience (Turner et al., 2005). These findings are supported by a range of studies which have found that clinical interns often worry about an inability to help patients feel better and about giving unpleasant feedback to patients (Rodolfa et al.,1988; Kleespies & Dettmer,2000). Additionally, interns also worry about a lack of progress with patients and having inadequate training in dealing with serious issues such as violence and severe psychopathology, which overall makes interns experience more stress than qualified professionals (Kleespies & Dettmer, 2000; Kraft, & Reilley,1988). The interns' feelings of incompetency seem to stand out in the international literature. Interns from both the UK and the USA felt ill-trained in various areas during their internship year (Clement &

Saitoris,1967; Khol et al.,1972; Stout et al.,1977). What also seemed to be a concern was the need to complete the research component of their degree during the internship year, the extra workload this introduced, as well as their struggle to find a balance (Stout et al., 1977). Lastly, the issue of race seems to be a problem in some clinical psychology programmes internationally, which historically is a profession that tends to have been dominated by white trainers and trainees. There are indications that it is unfortunate, but black interns may often struggle with identity in such programmes (Adetimole et al., 2005).

2.5 PROFESSIONAL AND PERSONAL SUPPORT

International research on personal resources interns use for selfcare purposes shows a strong correlation between the maintenance of social support and fewer problems in psychological adaptation (Turner et al., 2005). Various international researchers have explored the professional and personal interpersonal support interns require, use and experience during their internship year (Gouveia, 2017; Turner et al., 2005). Close personal relationships (CPRs) are often the most emphasised components of personal support (Gouveia, 2017). Romantic partners, family and friends are the three main CPRs emphasised in the literature, with interns mainly relying on family for personal support (Gouveia, 2017). Healthy relationships with family, friends and partners are not just an important component of a clinical trainee's support system but are also important in stress reduction (Turner et al., 2005). Additionally, it has been noted that interns should have a normal life outside of the internship context; thus, it is important that they surround themselves with friends outside the programme (Storr,1979).

Professional interpersonal support in the sense of internal to the university training, hospital or clinic system, and profession, includes support from the internal team in the programme, which includes supervisors, colleagues, and peers, such as other interns (Gouveia, 2017). Koslow and Rice (1985) additionally state that often when an internship environment is supportive, interns feel more comfortable trusting the internship staff (Koslow & Rice,1985). Additionally, Koslow and Rice (1985) note that the most important coping strategy that was found to be used by interns is talking to supervisors. As mentioned previously, another important source of support interns regards as helpful and significant in helping them navigate throughout the internship training is personal therapy. In Ivey and Waldeck (2014)'s findings, the interns reported that in the personal therapy space they received significant kinds of emotional support and containment from someone who could appreciate the particular nature of their experiences, having previously undergone internship training themselves.

Having discussed some of the international research into challenges faced by clinical psychology interns, it is useful to address findings from South African research.

2.6 SOUTH AFRICAN LITERATURE ON INTERNSHIP EXPERIENCE AND TRAINING

Various South African researchers have conducted studies reporting on the experience of clinical psychology interns in South Africa (Kuhn, 2003; Pillay & Johnston, 2011). Pillay and Johnston (2011) conducted a quantitative study which involved a mail survey of 150 intern clinical psychology students registered with the HPCSA. The results reported both the positive and negative experiences of the internship. Pillay and Johnston (2011) reported that satisfaction with various components of their work and supervision was reported by the majority of the respondents. It was found that 89% of interns found their work stimulating, and satisfaction with their placements or rotations was reported by 79,5% of interns. In addition, three-quarter of interns reported feeling supported and satisfied with clinical supervision (Pillay & Johnston, 2011), indicating that the majority of respondents had positive experiences in relation to the broad dimensions of their internship. Although the writers have reported largely positive experiences, a percentage of participants reported negative experiences. Pillay and Johnston (2011) reported that less than half of the participants reported having had access to satisfactory infrastructural support, and only 12% had completed their dissertations. One-third of participants showed a high level of dissatisfaction with supervision and aspects of the training, and a high percentage of participants experienced high levels of language difficulties in working with patients. It was also found that one-third of participants held less favourable views of upcoming community service, in part related to their experiences of their internships (Pillay & Johnston, 2011). It is evident that although a relatively percentage of interns were largely satisfied with their internship, there were still areas of concern that a substantial proportion of the interns surveyed found challenging or unsatisfactory.

Supervision is an area of concern in the internship training. To expand on this area, several other South African studies also reported that a common experience amongst interns is that of unsatisfactory supervision (Hendricks and Cartwright, 2018; Nel, 2014). Nel (2014) conducted a mixed-method study with South African interns on the evaluation of the biometrics of internships. The study participants included forty-seven (N=47) male and female healthcare professionals in the following specialities: clinical psychology, Medicine, and Physiotherapy. The results indicated that, amongst other concerns, several interns reported experiences of poor

supervision during their internship year. Hendricks and Cartwright (2018) conducted a cross-sectional survey on intern clinical psychologists completing their internships at HPCSA-accredited internship sites in South Africa. The study focused on investigating events of negative supervision and the influence various contextual variables appeared to have on the outcome of supervision. The study sample consisted of (N=92) intern Clinical and Counselling psychologists from across the nine provinces in South Africa. The results indicated that 42 of 92 interns had experienced negative supervision during their internship, 26.19% viewed their supervision experiences as harmful, while 31 (73.8%) interns had an inadequate experience. The study findings also report on the frequency of exposure to negative supervision experienced by interns. Hendricks and Cartwright (2018) reported that of the 92 interns, 14 (22.6%) reported weekly negative interactions and experiences of supervision. Singh-Pillay and Cartwright (2019) conducted a qualitative study with eight trainee psychologists on their perspective on non-disclosure in supervision. Findings suggested that purposeful non-disclosure is a common practice by interns in internship training. The interns revealed that, among other reasons, challenges faced within the supervisory relationship prevent trainee disclosure.

The findings above suggest that experiences of negative or harmful supervision are common amongst intern clinical psychologists across various HPCSA-recognised internship sites exacerbating general challenges interns face during the internship year. The findings also suggest that some interns experience more frequent exposure to negative or harmful supervision than others (weekly), although it was not possible to discern what predicted such patterns. The difference in years between the studies, with Hendricks and Cartwright (2018) and Singh-Pillay and Cartwright (2019) ‘s studies being more recent than that of Nel conducted in 2014, suggests that interns across internship sites continue to experience negative supervision, negatively impacting interns' internship experiences year in and year out. To help address this ongoing challenge and create a different experience for incoming interns, Hendricks and Cartwright (2018) recommended that governing bodies prioritise supervisors undergoing training prior to supervising interns and suggest that the chosen incentive should be accrual of continuing Professional Development (CPD) credits.

Despite evidence that several authors have made an effort to conduct and report on studies on intern experiences, a review of the literature suggests a gap in this research area, more specifically, a gap in qualitative studies. To address the need for more in-depth qualitative research on interns' experiences, Kuhn (2003) conducted a qualitative study involving a case study design as a method to gather data. The four participants in her study had completed their

first year of training at different universities across South Africa. They were undergoing their internship at the same psychiatric hospital at the time of the study. The four participants were of different genders, ages, sexual orientations and cultural groups. Kuhn (2003) reported the results in the form of nine themes that emerged during the study, and not all themes were experienced by all respondents. The positive themes emphasized by the researcher that all the participants experienced were "the value of the learning experience, sense of achievement, the importance of mentorship and supervision, and the importance of support" (Kuhn, 2003, p.45). Negative themes included "a sense of apprehension, the experience of stress, sense of isolation from social context, sense of not belonging, and challenges concerning culture" (Kuhn, 2013, p.45). To expand somewhat on the negative themes that Kuhn (2003) identified, the experience of a sense of apprehension was rooted in interns' experience of working with difficult patients, feeling incompetent as therapists, and being constantly evaluated. Three of the four respondents also reported experiencing stress due to the emotional demand of the internship, two of the four respondents reported feeling isolated from the outside world due to work demands, and three of the four felt that they did not belong in the psychiatric context due to feelings of not being fully integrated (Kuhn, 2003). It is evident that some of these themes resonate with other researchers' findings previously discussed in the literature review. Kuhn's (2003) findings are somewhat concerning as they indicate that negative aspects of internship experiences can be highly stressful for trainees. Kuhn (2003) calls for further research into this topic and notes the need for applied interventions. In general, the reports of negative experiences of internship call for greater awareness of interventions that may help change interns' experiences and hopefully increase the positive reports.

The atmosphere of the clinical placement differs from the atmosphere experienced by trainees in academic institutions (Kuhn, 2003). Once interns approach the working environment, their roles change, and they often feel confused and lost. This feeling may be temporary, as the developmental model presented earlier suggested. However, it may also be enduring, for example, as suggested in the finding that some interns feel that they do not fully belong throughout the internship year. Kuhn (2003) mentioned that interns often have to prove themselves in a different way when they move into the working environment and may be concerned about potential failure. Another component is the change in the learning style experienced during the internship year. Kuhn (2003) states that the internship learning style differs from that of the classroom, which results in interns placing practical learning at the centre of their learning. A shift from a thinker to a doer is an important component in the change interns experience. They are also required to be progressively more autonomous.

As already suggested, the internship is a transitioning experience (Kuhn, 2003; Pillay & Johnston, 2011). Pillay and Johnston (2011) indicated in their study that 39 % of participants felt under-prepared for their internship year. Pillay linked this feeling of not being prepared as being mainly related to the transition from theoretical-based training in university to a clinical context which is less theoretical, requiring interns to apply theory into practice (Pillay & Johnston, 2011). This observation resonates with that of Kuhn (2003), who reported that students experience a sense of apprehension due to facing the unknown at the beginning of the internship year and moving to more strongly applied practice and learning. Although several students experienced transitioning difficulties, Pillay and Johnston (2011) noted that a percentage of students felt prepared for the internship year, which contributed to a better transitioning experience. Transitioning is also challenging for interns because moving into the internship requires a change in identity from being dominantly a learner under supervision to a nascent practitioner who is expected to have acquired a certain skill set and is able to demonstrate this (Kuhn, 2003; Pillay & Johnston, 2011). Both authors also suggest that it also requires becoming an employee rather than a student and requires adjustment to a particular work environment with a particular organizational culture (Kuhn, 2003; Pillay & Johnston, 2011). Furthermore, interns are expected to be more independent and more self-sufficient than trainees at an earlier stage of their training (Kuhn, 2003; Pillay & Johnston, 2011). Kuhn (2003) adds that because interns are not yet completely separated from their student identity during their internship year, they are likely to experience ongoing tension between being a helper and a learner. All of these changes require adaptations and the capacity to negotiate the transition.

It is evident that professional interns' function in a different atmosphere than they did as students, and there are expectations and pressures placed on them. In keeping with international literature, Kuhn (2003) also makes reference to interns' experiences within the multidisciplinary team. Kuhn (2003) suggests that as a new experience that comes with taking on the identity of an intern and a professional, functioning in this team can be challenging for interns because they often struggle to adjust and to navigate their roles in the team. They are also likely to face challenges such as feeling inferior to psychiatrists who hold prestige and power in this environment and may not have much psychological knowledge (Kuhn, 2003). In keeping with international findings, both Cushway (1991) and Kuhn (2003) state that additional stressors interns face as they transition into their new identity and atmosphere include but are not limited to acquiring knowledge about psychopharmacological issues, too much to do (workload) and changing placements. Although limited studies report on the severity of pathology interns encounter, Kuhn (2003) refer to this matter as being an area of

concern for interns. In the study, Kuhn (2003) suggests that among other stressors that come with being a professional intern and working in internship sites or rotations, being exposed to, treating and managing patients with severe pathologies is a significant adjustment and often causes interns' significant psychological distress. In her study, Kuhn (2003) gives an example of interns working with suicidal cases, suggesting that interns working with such cases are not only consistently distressed but, in addition, likely struggle with shame, self-blame, sadness and depression when suicide is completed. The transition into a new environment and associated change of identity seems rather challenging and stressful, requiring adjustment to certain expectations, pressures, and various other areas, such as working with severe pathologies and managing a high workload.

A review of existing literature suggests that an intern's experience is also likely to be shaped by their social identity or identities. Most of the literature found reported more specifically on the experience of race-related issues and language issues experienced by intern psychologists in South Africa (Chitindingu & Mkhize, 2016; Mayekiso et al.,2004; Pillay et al., 2013). Chitindingu and Mkhize (2016) conducted a qualitative study intending to explore black interns and registered psychologists' experience of social and academic inclusion during their professional training. The study involved 14 black registered and intern clinical psychologists (ten females and four males), and in-depth interviews were conducted as a method of collecting data (Chitindingu & Mkhize, 2016). Results indicated that most participants expressed a deep sense of social and academic exclusion during their training. Academic exclusion challenges included little to no coverage of indigenous knowledge during their training, making participants feel excluded from the programme. They also reported experiencing challenges related to racial dynamics and /or complex interactions between white and black interns. Other difficulties included challenges with the use of English as a language of instruction which resulted in a lack of understanding of psychological concepts and difficulties in translating these concepts into practice. These challenges resulted in these students experiencing professional identity problems during their internship (Mkhize & Chitindingu, 2016). These findings align with the work of Pillay et al. (2013), who observed that while most psychology training programmes had integrated community psychology modules, African or indigenous psychology has received little to no attention. Pillay et al. (2013) further suggest a growing need for psychological interventions focusing on South Africa's low-income communities. Although their study was not specifically focused on interns, their work suggests that some interns may find aspects of their training more alienating than others, as theoretical framing that excludes Afrocentric perspectives is likely to continue in this component of training.

The issue of race in professional programmes has been highlighted through various studies that tend to resonate with the findings presented thus far (Chitindingu & Mkhize,2016; Mayekiso et al., 2004; Pillay et al.,2013). Manganyi (2013) conducted a study asking individuals to reflect on their experience of becoming a clinical psychologist in apartheid South Africa to make younger professionals in the profession aware of the history of the clinical psychology profession. In the study, Manganyi (2013) reported that being a clinical psychologist in training during apartheid South Africa held its own challenges, especially for interns of colour. Mayekiso et al. (2004) conducted a study on race distribution amongst 12 clinical psychology training programmes across South African universities between 1994-2004. The authors found that only 25% to 31% of total student enrolments were black students. Although these statistics have been changing after the ruling of HPCSA, which directed institutions that 50% of students in programmes each year should be black, and with increasing university attention to transformation, black psychology trainees were still in the minority at the time at which Pillay et al conducted their research (Pillay et al., 2013). These studies suggest that, to date, many black intern psychologists and professional psychologists experience challenges in the psychology profession and struggle with professional identity in a profession that was/is dominated by white trainees and staff and western-oriented curricula.

Noted in Kuhn's (2003) study findings are interns' experiences of mental health challenges during the internship year. Challenges reported include but are not limited to high-stress levels, sadness and, even, depression. In the study's findings and discussion, participants also reported experiences of emotional exhaustion and tiredness, and one participant reported experiencing skin problems due to high-stress levels. Reasons for these experiences were multifaceted, including but not limited to high workload, working with severe pathologies, adjusting to new environments and roles, and other work pressures and demands. In their study, Pillay & Johnston (2011) also noted that there was a dominant theme concerning the reporting of mental health problems by the interns during their internship training. From these findings, it seems that in addition to other challenges, interns have to deal with mental health challenges during their internship year, making the experience even more daunting.

What is evident from the limited research into trainees' and, specifically, interns' experiences both in South African and international literature is that many individuals reported satisfactory experiences of the internship year. However, a significant proportion of intern trainees also reported negative and stressful experiences. One of the issues that stands out is the accounts of poor or harmful supervision by interns, particularly in South African literature. What is also concerning is that there was a major theme concerning race and personal identity and the added

difficulties that positioning and racial identity introduce for black trainees both nationally and in other countries with a dominantly westernised orientation. It appears that more efforts need to be taken to address this issue. Both internationally and locally, it is also evident that competing attention to research demands, and some concerns about interns' mental health and well-being are problems encountered during the internship. Thus, it seems that a range of stressors may shape trainees' internship experiences.

2.7 LEARNING AND GROWTH

Despite mention of learning and growth during internship training, the review of existing literature suggests limited material that looks at these areas. This may indicate that the focus in the literature has dominantly been on the challenges interns experience with the hope that if challenges are identified they can be addressed. Nevertheless, several researchers have made an effort to look into positive aspects of internship and training experiences for clinicians. Several studies have found that despite challenges, the internship year is a valuable year where interns engage in extensive learning and achieve personal and professional growth (Kuhn, 2003; Pillay & Johnston, 2011; Nowack,2018). Pillay & Johnston (2011) reported in their study that despite facing difficult demands, the majority of interns were satisfied with their work, as engaging in the work helped them achieve professional competence. Several interns also appreciated supervision and acknowledged it as a component of their training that helped them achieve personal and professional growth. Supervision and the work interns engage in seem significant in helping interns grow during this rather crucial and demanding year. Being in personal therapy during training was found to be not only beneficial in offering emotional support but also in offering interns an opportunity for experiential learning (Ivey and Waldeck, 2014). In their study, Ivey and Waldeck (2014) explored nine-intern clinical psychologists' experiences of undergoing mandatory psychotherapy during their professional training. Findings suggest that interns found psychotherapy helpful as, along with the clinical training, personal psychotherapy enhanced their self-understanding and awareness of what it meant to undergo this kind of intervention. Investigating a further form of learning stimulation Nowack (2018) conducted a study investigating the role of film material in enhancing interns' understanding of psychiatric disorders. The study focused on films related to borderline personality disorder. The study group involved 15-intern clinical psychologists undergoing internship training at a tertiary psychiatric hospital in Gauteng. Findings suggest that interns found the films helpful as they offered them opportunities to practice psychodynamic

formulations, enhancing their theoretical knowledge and skills. Interns were better able to use the instructive material as being immersed in 'real life' treatment facilities they were able to observe how disorder presented in actuality. The findings from a range of studies suggest that despite the internship year being somewhat challenging, as many interns face setbacks and adversity, the internship training can offer interns extensive learning opportunities and is potentially helpful and rewarding.

The review of existing literature suggests a gap in research into interns' resilience and ability to overcome challenges. From the limited existing research there is some indication that interns persist and complete their internship training despite facing adversity and setbacks. In Kuhn's (2003) study, for example, the participants communicated a sense of being proud of themselves for successfully negotiating the year, viewing themselves as more robust on completion of their internships. Although there is limited literature on factors that build interns' resilience, there is some research suggesting that interpersonal support is significant in helping interns to sustain their progress during this crucial period of their lives.

2.8 PROFESSIONAL AND PERSONAL SUPPORT

Although there is limited South African literature on professional and personal support, a number of South African researchers have made reference to this area (Ivey & Waldeck, 2014; Kuhn,2003; Pillay & Johnston, 2011). Kuhn (2003) observes that interns tend to find their internship favourable and secure when a great deal of support is offered in the context. In the area of professional interpersonal support, Kuhn (2003) notes that amongst others, peer support was found one of the most helpful coping strategy as it has been found to offer opportunities for peer feedback and group discussions, to help stimulate work experience, and to be a source of personal support.

It is thus evident in both internal and local literature that professional and personal support has been found to be beneficial during the internship year and that access to such support results in interns adjusting more easily to their internship year (Kuhn, 2003). Whether an intern can access such support systems may have a powerful impact on how stressful or not the individual finds their internship year. In addition, there may be resources internal to the individual themselves that may also be helpful to them during this time, such as their coping style, ego strength, self-esteem and identity cohesion (Ivey & Waldeck, 2014; Kuhn, 2003). While there does not appear to be research into these dimensions in relation to internship adjustment, the study will aim to explore those aspects that may sustain interns during this period of their

training in a relatively broad manner, encompassing personal resilience in addition to exploring external supports.

2.9 CONCLUSION

Various aspects of the internship programme component of clinical psychology training and related experiences of interns have been discussed and outlined in this literature review. Initially, the background to the development of internship programmes was discussed followed by an outline of a model of the various stages of the development of the intern. The internship context and international and local findings on interns' experiences was elaborated. In addition, areas viewed as important to how interns engage with this training period were discussed, including experiences of stress, learning and growth, support systems, and transitioning-related experiences. It is evident that while many interns may experience aspects of their internship experiences positively, the transition to this component of training is demanding and can introduce a range of stressors of various types. These stressors may be related both to aspects of the environment and to aspects of social identities, such as race, and to levels of preparedness. Access to both personal and professional support of various kinds seems to be important to how interns manage this developmental period in their training and career trajectory. Much of the existing research has been survey-based, and it seems important to continue to research from the perspective of interns themselves, what makes the internship most challenging or satisfying and how they appear to experience and manage this.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 THEORETICAL FRAMEWORK

An important aspect of the research process was subscribing to a theoretical framework because this served as a guide to build and support the study. Grant and Osanloo (2014) report that a theoretical framework provides a structure that allows researchers to define how they will methodologically, analytically, and philosophically address their topic as a whole. The research approach adopted for the study was a broadly realist paradigm in that the data was understood to reflect participants' accounts of experiences from a face value perspective. Maxwell (2012) suggests that the realist paradigm is based on the belief that there is a real world out there that primarily exists independently of our constructions and beliefs. Maxwell (2012) suggests that unlike other paradigms, it treats the meanings and ideas held by other individuals (such as concepts, beliefs, and feelings) as equally real as physical objects and processes. Maxwell (2012) suggests that realism holds the belief that mental processes cannot be ignored as they are part of the processes that contribute to the behaviour observed. Maxwell (2012) suggests that the realist paradigm is compatible with qualitative research as mental processes are real phenomena and formative processes can be identified and verified using qualitative methods.

Both interpretivist and positivist approaches to causation in the social world have been challenged by the realist approach (Maxwell, 2012). For example, positivists often align with theories that place significance on correlations between variables, criticised by realists and interpretivists who believe human actions are not necessarily governed by cause and effect, but instead emphasize the centrality of human perceptions and reasoning (Maxwell, 2012). While departing from a positivist approach, realists disagree with interpretivist approaches in arguing that human experience and accounts of such experience cannot be entirely reduced to the interpretation of meaning. Unlike working from a constructivist epistemology which holds that how we understand the world is a product of the socially constructed versions within which our perspectives are located, realists acknowledge that there is a real world out there that exists independently from our own perceptions, constructions, and theories (Maxwell, 2012). Realists are nevertheless also sceptical about the existence of entirely objective knowledge of the real

world, and they believe that theories about the world are grounded in a particular perspective and worldview.

It is argued that a realist perspective provided a suitable theoretical base from which to analyse data related to interns' experiences of working within internship programmes. By adopting a realist perspective, it was possible to recognise that participants' accounts were likely to be filtered through their own perceptions and value systems and to simultaneously engage with their material as offering valid accounts of their experiences.

3.2 RESEARCH QUESTIONS

The following research questions informed the current study:

What kinds of challenges do intern psychologists describe having experienced in engaging with their internship year of training?

What do intern psychologists describe as most challenging about the transition from university to the internship program?

What do interns psychologists describe as most helpful and beneficial to them during their internship year?

What kinds of resources and supports do interns describe as having been helpful to them during their internship?

3.3 RESEARCH DESIGN AND PROCEDURE

Various authors have made efforts to describe what constitutes a qualitative research study and have spoken about components of this research method suggesting that it takes a naturalistic approach to the phenomena to be observed and described (Schwandt et al.,1994), even if this entails different forms of data collection and analysis. This perspective is supported by Kuhn (2003), who states that qualitative researchers study their subjects in their natural settings using different qualitative techniques with the aim of trying to make sense of the meanings individuals bring to aspects of their lives. Researchers who use this method are interested in knowing how different individuals make sense of their experiences in relation to the phenomenon, setting or context selected for examination.

Qualitative research seeks to describe the immediate experience of those being studied from their point of view by focusing on the subjective meanings, metaphors, definitions, descriptions, and symbols of specific cases, with the aim of capturing and gaining a better understanding of the social world or social realities being studied (Neuman, 1994). Qualitative

research is generally more open in design and more involved with the phenomena being investigated (Wilson,1970) than is quantitative research.

With that being said, the current study adopted a qualitative research method as I perceived it to be the methodological approach best suited to obtaining a rich description of participants' experiences of undertaking their internship training year. A broadly phenomenological point of view was adopted in the sense that experiential accounts were prioritized.

The choice of design was in accordance with the recommendation by Pillay and Johnston (2011), who recommended that more qualitative research into various aspects of intern psychologists' experiences is needed to allow for an in-depth understanding of interns' lived experience of this component of their training. The study involved collecting interview-based data that captured personal accounts of interns' and the data was subject to thematic analysis, as further discussed below.

3.3.1 Selection of participants

The study adopted a non-probability sampling technique where I used a purposive sampling method to find the appropriate participants to take part in individual interviews. Bless and Highson-Smith (1995) state that non-probability sampling is based on the researcher's judgment regarding the characteristics of a representative sample. Furthermore, a purposive sampling method was chosen with the aim of identifying and including respondents that were likely to be informative and knowledgeable about the phenomenon of the study (Kuhn, 2003). Thus, clear criteria were formulated as means to approach and recruit potential participants.

The criteria used to recruit eligible participants included that they should be trainee clinical psychologists who had received their M1 training at any accredited university in South Africa, who were registered with the HPCSA, and who had undergone an internship at an HPCSA-recognized internship placement site in South Africa. Trainees who completed their internship training in the year 2019 were approached to participate in the study as it was intended that their experience of the internship be relatively recent in order to gauge their experience while they were still able to recall relevant content. The interviews were conducted with trainees who had completed a twelve-month internship training so that they could comment on a substantial period of training. No preference was given to specific training sites or regions in the selection of participants. While no preference was given, at the time of the selection of participants, I was undertaking my master's level training at the University of the Witwatersrand; thus, it was inevitable that participants would dominantly come from the Gauteng region as I approached them through personal contacts and the University of Witwatersrand training institution as will

be further explained. The dominance of participants from the Gauteng region is noticeable in table 1 provided below to give a descriptive picture of the participant group.

Eleven participants who completed their internship training in the year 2019 in different internship sites volunteered to take part in this study. The participants were included on the basis of their willingness to volunteer to take part in the study. Despite the initial aim of sampling 8-10 participants depending on availability, eleven participants were included on the basis of the availability of more intern volunteers. The selected participant group varied in composition and nature in relation to gender, race, and age group. The table below shows some of the relevant demographic information of the participants that were selected and interviewed. It's provided to give some sense of the nature of the group from which the data was derived.

Table 1: Demographic information

Participant	Age	Gender	Race	Academic institution of training	Province (Area) of Training	Number of Interviews
A.	25	Female	Black	University of Witwatersrand	Gauteng	1
B.	26	Male	Black	University of Limpopo	Limpopo & Gauteng	1
C.	25	Male	Indian	University of Witwatersrand	Gauteng	1
D.	30	Female	Black	University of South Africa	Gauteng	1
E.	24	Female	Black	Nelson Mandela University	Port Elizabeth	1
F.	25	Male	Black	Nelson Mandela University	Port Elizabeth	1
G.	28	Female	Black	University of KwaZulu-Natal	KwaZulu-Natal	1
H.	37	Female	White	University of South Africa	Gauteng	1
I.	25	Female	Black	University of KwaZulu-Natal	KwaZulu-Natal	1
J.	26	Female	White	University of Witwatersrand	Gauteng	1
K.	35	Female	Black	University of Limpopo	Gauteng & Limpopo	1

The age rage of the eleven participants was between the ages of 24 and 37. Although noticeable that black interns dominated the participant group, an attempt was made to ensure a degree of diversity in terms of race, given the specific concerns raised in the literature about the contrasting experiences of interns from different race and class backgrounds. The majority of the participants identified as female and three as male. An attempt was also made to ensure diversity of training background across the group as is evident in the table. Five participants' completed both or one of their rotations across internship sites on the 'Wits' or Pretoria circuits in Gauteng province. Two of the eleven participants underwent their training across different internship sites in Durban, KwaZulu-Natal, two across internship sites in Gqeberha, Port-Elizabeth, and two across internship sites in Polokwane, Limpopo. It is evident that the participants brought experiences from a range to internship settings to bear in their discussion of their experiences.

3.3.2 Data collection

According to Paradis et al. (2016), the method used to collect data is important because how the collected information is used and the explanations it generates is mainly determined by the method which the researcher applies. There are various methods for collecting data in a qualitative study, and the most common methods used to collect data are interviews and focus groups (Gill et al., 2008). Interviews were used in this research project as the primary method of collecting data. According to Gill et al. (2008), interviews are generally used to explore the views, beliefs, motivations and experiences of individual participants. This description aligned with the research goal because the study aimed to explore various aspects of the participant's experiences, beliefs, views, and motivations in relation to their internship training.

I conducted semi-structured interviews with the research participants. According to Mathers et al. (1998), a series of open-ended questions are involved in a semi-structured interview that are based on the topic areas to be explored in terms of the study focus. Often when a researcher wants to have an in-depth understanding of a particular phenomenon and to foreground subjective experience, semi-structured interviews are used (Harrell & Brandley, 2009). According to Mathers et al. (1998), semi-structured interviews allow the interviewer to use cues or prompts which encourage the interviewee to further explore the question at hand. This observation is supported by Doody and Noonan (as cited by Mathers et al., 1998), who explain that probing plays an important role in semi-structured interviews as this allows the interviewee to elaborate on the original response and also plays a role in encouraging interviewees to give

more detailed responses. Semi-structured interviews also allow for unexpected material and associations to emerge. The research interview questions arose from carefully engaging with the existing literature, most specifically with the work of Kuhn (2003), Pillay and Johnston (2011), and Singh-Pillay and Cartwright (2019). These authors noted the need for future research into the experiences of intern clinical psychologists and research into specific areas of trainees' experiences. My supervisor and I together generated the interview questions, taking account of the study aims and of those issues that had been identified as of importance within the related literature.

Participants were contacted via email and the WhatsApp platform using the following two channels: the Wits department of psychology contact lists of trainees who had completed their internship in 2019 and my own networks of past and present fellow students, having previously studied at UKZN and having contacts with fellow graduates who had been selected into programmes at a range of universities across South Africa. Prior to the interviewing process, I sent interested potential participants informed consent forms through email. Thereafter, if and when a participant agreed to take part in the study, they were requested to sign the informed consent form. Participants were required to agree to audio recording during the interviews (Holloway & Wheeler, 2002). After the participants signed the informed consent forms, all participants returned the forms to the interviewer through email. Once consent forms were received, the date, time, and online platform to be used to conduct the interviews were negotiated and agreed upon to suit each individual. The decision to conduct online interviews instead of face-to-face interviews was due to the fact that, at the time, the country was dealing with the COVID-19 pandemic which made face-to-face interactions difficult and not safe. Each participant was requested to find a suitable private platform and setting to take part in the interview process and had an option of having an audio-only or video-based interview. Ten out of eleven participants opted for a video-based interview, and one participant preferred an audio-only interview for comfort purposes. Initially, each interview was estimated to last approximately 45- 60 minutes; however, each of the interviews went beyond the 60 minutes mark due to the rich information that was being communicated and generated. All eleven participants indicated their willingness to continue discussing the material that formed the focus of the study beyond the 60 minutes mark and they were highly engaged in the interview process. At the end of the interview period, I manually transcribed each of the eleven interviews to prepare for analysis of the generated data. I removed all personal identifying information from the transcripts for ethical reasons, and only information relevant to the study was

included. An example of a transcript of one of the participants' interviews can be found as an appendix (Appendix D), and others are available to the examiner/s of the research upon request.

3.3.3 Data analysis

The captured data was described, analyzed, and interpreted in a systematic manner (Vosloo, 2014). Data analysis allows me to present the data in an interpretable and intelligible manner (Vosloo,2014). Thematic analysis is a form of data analysis used to make sense of the data that is widely used in qualitative research (Nowell., 2017). Braun and Clarke (as cited by Nowell et al., 2017) state that thematic analysis is a method many qualitative researchers use to identify, analyze, organize, describe, and report themes found within the data collected. Braun and Clarke offer a step-by-step guide to analysis, which, when executed systematically, provides meaningful and useful results (Nowell et al., 2017). Although this is a step-by-step guide, Braun and Clarke (as cited by Nowell et al., 2017) state that thematic analysis is not a linear process that is fashioned to move seamlessly from one step to the next; instead, it moves in a recursive process that allows the researcher to move back and forth across the stages.

Firstly, in completion of the interviews, the audio recordings of all interviews were extracted from the zoom platform for transcription. Interview recordings were transcribed and combined to form the corpus of data for interpretation and generation of findings.

Using Braun and Clarke's (2006)' model for conducting thematic analysis as a guide, I conducted the analysis and reporting of the data. Using the six-phase process proposed by the authors, I began the thematic analysis process by firstly immersing myself in the data collected to familiarize myself with the material and to begin to find patterns and meanings within the data. I carefully read and re-read the transcripts and made notes of first impressions. The second, third, and fourth steps of the six-phase process entailed generating initial codes, searching for themes and reviewing the themes. After carefully reading the transcripts and subsequent coding of the material, initial themes were created and reviewed. Because this process is recursive, I had the allowance to create and recreate themes from the coded data.

In order to introduce some form of cross-checking of theme identification, both my supervisor and I read the transcripts and generated themes independently. My supervisor and I then discussed the themes generated, and due consideration was given to points of similarity and difference. Ultimately, 10 core themes were identified and decided upon. These themes are elaborated upon in detail in the analysis and findings chapter that follows. In the chapter, the themes were written up in a manner that is accessible to other readers as per Braun and Clarke's (2006) recommendations.

3.4 TRUSTWORTHINESS

While quantitative research often assesses reliability and validity, qualitative research employs other measures to assess validity, such as trustworthiness and credibility. As far as possible, Guba's model of trustworthiness was followed to maintain rigor in the analysis process. The model consists of four criteria, namely: "truth-value, neutrality, consistency, applicability" (Guba,1981, pp. 79-80). These are outlined as the four major concerns; thus, the criteria for trustworthiness spoke to these concerns (Guba,1981).

3.4.1 Truth-value

Lincoln and Guba (in Krefting, 1991) suggest that truth-value focus on the confidence of the researcher in the truth of the findings. Kuhn (2003) suggest that truth-value refers to how true the data is or how truly the study represents and interprets participants' views. Lincoln and Guba (as cited in Krefting,1991) name this credibility. Stahl and King (2020) suggest that credibility questions how the findings are congruent with reality. The authors believe this question is highly subjective and reliant on individual judgments. Sandelowski (in Kuhn, 2003) added that the credibility of a qualitative study is seen in its presentation of accurate interpretations and descriptions such that individuals who relate to the experience would recognize the descriptions right away. The following strategies were applied in the study to enhance truth-value (credibility).

A continuous discussion about the research analyses between my supervisor and me took place to ensure that I was honest throughout the study and contributed to my reflexivity. Lincoln and Guba (as cited by Krefting,1991) are of the option that a continuous discussion between a supervisor and a researcher is one way to keep the researcher honest and is likely to motivate the researcher to engage in a deeper reflective analysis. In addition, I attempted to remain as close as possible to the actual accounts and observations offered by participants in identifying themes and reporting findings, using quotations from the interviews to support observations.

3.3.2 Applicability/transferability

Transferability is relevant in assessing whether findings can be applied to other groups or settings (Cope,2014). This study aimed not to over-generalize or transfer findings to other groups but rather to describe experiences of a specific group of ex-intern psychologists. However, in aiming for some diversity of participants in terms of gender, race, age and university training background and internship placement, it was hoped that the findings would have bearing on understanding the experience of clinical psychology interns more broadly in

South Africa and perhaps internationally. The clear description of how the findings were generated should also allow for a degree of transferability.

3.4.3 Consistency/dependability

In qualitative research, consistency is explained in terms of the dependability of the study. Consistency alludes to whether the findings would be consistent if the study was replicated in a similar context and with similar respondents (Krefting,1991). Kuhn (2003) state that in qualitative research, emphasis is placed on the uniqueness of the human situation and variation in the experiences instead of repetition. To check for consistency, I applied the following strategies.

- Effort was made to cross-reference and triangulate the data from individual interviews with observations made during and around the interviews.
- Co-analysis was used to aid consistency in interpretation. My supervisor played a significant role in examining the study plans and implementation of this study.
- The selection and presentation of sets of quotations from across interviews allows for examination of the forms of evidence from which findings were generated.

3.4.4 Neutrality /confirmability

Sandelowski (as cited in Krefting, 1991) suggest that confirmability/neutrality refers to freedom from bias in the execution of the study. Cope (2014) is of the opinion that confirmability is "the ability of the study to demonstrate that the data is not a representation of the researcher's point of view or bias but a representation of participants' responses" (p.89). Cope, Lincoln and Guba (in Krefting, 1991) also believe that in qualitative research, neutrality is shifted from the researcher to the study. To ensure that the findings were not overly influenced by my subjectivity, the following strategies were applied:

- Confirmability was achieved by the study supervisor reviewing the research process, findings, interpretations, and recommendations. The supervisor also served as a co-interpreter of thematic material.
- Confirmability was also aided by engaging in a reflective process. Because I was part of the research process, throughout the research process, I made an effort to analyze and assess how my perceptions and background played a role in influencing my engagement in the data generation and analysis.
- The presentation and discussion of the research findings includes many verbatim quotations from participants' interviews as means to embed the analysis in what was volunteered by the research participants.

The analysis of the study was conducted in a manner that was respectful in hopes of providing a deep and rich understanding of the participants' experiences of their internship year.

3.5 REFLEXIVITY CONSIDERATIONS

Reflexivity is a notion with which most qualitative researchers are familiar. Because the participants and I are all living experiencing beings and particularly both underwent/ undergoing the process of masters training, it was necessary to reflect on how my presence might have impacted the research scenario during data collection and analysis. In collecting data, qualitative researchers are required to engage, often somewhat personally, with people's stories, language, and experiences, allowing qualitative researchers to make meaningful sense of these experiences and stories with the aim of understanding and learning more about human beings collectively.

It was thus important to take reflexivity into consideration for this study. I was a first-year Master of Clinical Psychology student during the data collection process, anticipating going into my internship training in the year after data collection and the interviewees were aware of this aspect of my identity. I am also a young black woman, and this aspect of my identity was evident to participants. Awareness of identity difference and similarity was cultivated at all phases of the research and to how aspects of my identity might influence both how I engaged with the research process and how participants engaged with me. I made an effort to remain reflective about all these factors and I was sensitive to how they might play a role in the study and influence my thinking and interpretation of the interview data. Towards the end of this research report a sub-section is included where this aspect of the research process is reflected upon at some length.

3.6 ETHICAL CONSIDERATIONS

Ethics is a cornerstone in the profession of psychology, including in conducting research. According to Neuman (as cited by Kuhn,2003), ethics begins and ends with the researcher, and the strongest defence against unethical behaviour is the researcher's personal moral code. The research proposal underpinning this research project was subject to an ethical screening process within the university, and consent to conduct the study was granted by the relevant university committee.

Some of the ethical considerations considered prior to and during the research process are outlined below, covering both general considerations and issues specific to the study.

3.6.1 Permission and Consent

Informed consent forms were sent to all participants, and participants were required to read, understand, and sign the consent forms. I carefully communicated to participants what the research aimed to achieve and what was expected from their contribution through the PIS. Participants were informed about the anticipated benefits and risks of the research and the potential of receiving feedback about the study. I obtained written agreement to take part from all participants, who were also informed of their right to withdraw from the study should they so wish. In the PIS, it was made apparent that participation in the study was entirely voluntary, and that I would offer no form of compensation for participants' involvement.

I did not require permission from internship sites to conduct the study because the study was independent of the internship sites, and participants were contacted in their personal capacity. However, cooperation with training coordinators from the researcher's training university was maintained because they were the primary point of contact in attaining the contact lists of trainees who had completed their internship in the year 2019. Participants who trained in other training institutions were all reached through personal contacts and were contacted via email without the help of their training institutions, thus, cooperation with training coordinators from their respective universities was not necessary. (As will be evident is the analysis and discussion chapters, where interviewees referred to specific institutions identifying information was removed from the transcripts.)

3.6.2 Anonymity and confidentiality

Anonymity could not be assured as I met the participants via the Zoom platform, and the research data was generated from participants' interviews. While anonymity could not be guaranteed, all data gathered was treated with confidentiality. No publicly identifying information is included in the interview transcripts and research report write-up. For example, details of participants' internship sites, names of supervisors, and any other persons that were mentioned in the interviews was removed from any transcripts. Prior to the interview process, each of the eleven participants was requested not to mention the names of specific individuals from internship sites as far as possible. In this report, no information is presented in such a way as to link specific responses to an identifiable participant. The study's findings were written up with the conscious awareness that the participants would be able to identify themselves in the write-up of the research. It was made clear in the PIS that the research write-up would include direct quotations from participants' interviews.

3.6.3 Autonomy

At all parts of the research process, respect was given to participants. They were given the right to tell their stories their way and to make their own decisions concerning how they wished to participate in the interviews without interference from the researcher. As previously mentioned, the participants had the right to withdraw from the research study at any point as was made clear in the PIS. As mentioned, participation in this research study was voluntary.

3.6.4 Non-maleficence and beneficence

Throughout the interviewing process, I attempted to ensure that participants were not in any way harmed by the study. While I did not anticipate harm to be a likely or common problem, I was mindful that for several participants, being interviewed about their experiences might bring to the surface discomforting or even traumatic memories and associated feelings, and it was decided that should this be the case, I would make efforts to stop the interview and resume at another time or allow participants the freedom to terminate their participation should they wish to. Following each interview all participants were briefly debriefed about their experiences of their interview process. It will be evident in several quotations included in the findings and discussion section of the study that several participants proffered sensitive material and described distressing experiences. Although it will be discussed in detail in the next chapter, several participants did appear to experience some anxiety when reflecting on challenges they experienced during their internship year, particularly evident when narrating experiences within their supervisor-supervisee relationship/s. However, in the process of their interviews, articipants appeared to be experiencing a sense of relief as they spoke about their internship time and associated emotions. Participants seemed to view the interviews as validating their experiences, particularly those they regarded as being taken for granted in the internship training. The conscious interest and attention to beneficial and useful aspects of their training also appeared to provide some form of empowerment.

From an ethical perspective, it was apparent that the interviews were not difficult to manage in the sense of producing research induced distress. Instead, interns used the interviews to speak about their experiences, to start or continue the therapeutic process of processing difficult emotions, and as an opportunity to think of helping incoming interns to have relatively positive experiences of their training. It seems the interviews also gave participants hope, the hope of being heard and of the possibility that their recommendations would be considered for implementation. To process their experiences and achieve mental and psychological health, most participants communicated being in their own personal therapy. Those who were not in personal therapy felt that their interviews and the debriefing were helpful in encouraging them to seek support from psychological services, in particular, therapy or counselling from their

preferred personal therapists or counsellors. Overall, all participants voiced that the discussions were helpful, productive and supportive. At the end of the interviewing process, the participants reported that they placed value upon the research efforts and wished that interns' experiences could be more widely shared and appreciated.

3.7 DISSEMINATION OF RESULTS

In terms of dissemination of the results, participants were informed that, at their request, the summary of the findings would be made available to them once the final-write up and examination of the research report had taken place. A copy of the research report will be made available through the University of the Witwatersrand library portal following the examination process.

CHAPTER FOUR

ANALYSIS AND FINDINGS

4.1 INTRODUCTION

The main focus of this chapter is to present participants' descriptions of their experiences of the internship year as well as to provide some analysis of the experiences they described. The table below summarizes the ten key sets of themes that were generated from careful scrutiny and refined coding of the data. Each theme is elaborated in a separate sub-section below. Embedded in the themes are various sub-themes with a purpose of further expanding on the overarching themes that were found within the data. In this chapter, headings will be used to delineate the themes and sub-themes and quotations from participants' interviews will be used in this section to illustrate thematic analysis. Given that this was the primary focus of the research, it is not surprising that a considerable portion of the data reflected accounts of challenges faced by interviewees during their internship and that six themes were derived to best reflect this material. However, themes concerning benefits and concerning coping strategies were also derived as part of the core themes generated across the data corpus.

Table X: Summary of Core Themes Generated

Areas of Challenges or Difficulties

Relationships with supervisors

- Awareness of power/Hierarchy.
- Differences in theoretical framework/approach.
- Supervisors' approach to supervision.
- Rights in the supervisory relationship.

Nature of work/demanding workload.

- Severity of pathology
- Demanding workload
- Lack of preparedness in particular skills areas
- Competing work and training demands

Engaging with the Multi-Disciplinary Team (MDT)

- Roles of Intern psychologists in an MDT.
- Positioning of Intern psychologists within the MDT.

Shift/changes in personal identity

- Working with an MDT and different departments.
- Difficulty balancing two identities.
- Experience of independence.

Belonging/exclusion related to social identity.

- Race-related experiences

▪ Class-related experiences. ▪ Language related experiences ▪ Gender related experience. ▪ Age related experiences ▪ Belief related experiences Mental and physical health ▪ Mental health problems. ▪ Physical health problems.
Areas of Benefits, learning and growth Resilience, Surviving and enduring. Consolidation, expansion and growth
Coping resources and Advice Coping resources Advice

4.2 AREA OF CHALLENGES OR DIFFICULTIES

This section seeks to explore the difficulties faced by participants during their clinical psychology internship training. Out of the eleven participants, all participants gave an account of difficulties they faced during their internship training and how the stresses they faced impacted how they experienced some or all of this training year. In addition, all participants gave an account of how various difficulties they experienced impacted their wellbeing, including their mental and/or physical health. Areas of difficulty communicated by participants to be discussed in this section include: Relationship with supervisors; Nature of work/demanding workload; Working in the multidisciplinary team (MDT); Shift/changes in personal identity; Belonging /exclusion related to social identity; and Mental and physical health. Headings will be used to present each area and quotations extracted from interviews will be used to illustrate the findings and analyses of each area.

4.2.1 Relationship with supervisors

All participants gave an account on their relationship with their supervisors and the role supervisors and supervision played in their experiences. All participants reported that during their internship training, they had experienced more than one supervisor either in the same rotation or different rotations and ten of eleven participants mentioned relationship with one or more supervisors as one of their major difficulties during the internship year for various kinds of reasons, as illustrated in the case of *J*:

Participant J: *My most challenging part was my relationship with the supervisors.*

Key reasons that contributed to making the supervisory relationship an area of considerable difficulty will be outlined in the form of subthemes, each illustrating various factors that emerged within the relationship that played a vital role in interns encounters of negative experiences in the supervision relationship.

Awareness of power/Hierarchy

All ten participants mentioned a very strong awareness of power dynamics in their relationship with supervisors. When participant *A* was asked what she found most unexpected about her internship she referenced the power dynamics within the supervisor-supervisee relationship:

Participant A: *The power dynamics actually and like how they real.... and how they can disempower you in a way [mouth click].*

Participant *G* also referenced awareness of this power dynamic:

Participant G: *Of course, in a supervisor-supervisee relationship there's a power dynamic, it kind of plays out the way it plays out.*

What comes out from these quotes is an awareness that within their relationships with their supervisors there was a powerful imbalance of power or authority. In addition, there was a common awareness amongst interns of how power unfolds and is used within the supervisory relationship (*"plays out the way it plays out"*). All participants communicated an awareness that supervisors as permanent stuff were at the top of the psychologist hierarchy in relation to interns who were in an inferior position and were also dependent upon them for both support and recognition or validation. All participants communicated the awareness that supervisors had the power to influence various areas of their training, including the power to determine whether they passed their internship training or not. In seven of eleven interviews, the awareness of this influence was most evident when interns were facing difficulties within their supervisory relationship or other areas of the internship training, as illustrated by the following quotes:

Participant B: *I have colleagues who haven't completed their internship even today. They failed. You fail internship and remember what it does to you when you fail internship.*

Participant H: *I started off okay and then it just really sprung out of control. I mean not that bad, but you know there were talks of extending…*

Participant J: *There was something about them being the permanent staff members. I felt like there was an exploitative nature to the internship relationship, because they would basically give you their dirty work to do. When I would stand up for myself and be like assertive and set*

the boundary, xxx would say something like, "just remember, like, we decide whether or not you pass your internship".

What comes out of these quotes is a clear indication that participants were aware of the influence supervisors had in the outcome of their training. Participant *B* narrates an experience of witnessing this powerful influence play-out amongst his peers, in particular, supervisors' gate keeping the interns, which resulted in the interns being unsuccessful in their completion of the internship year. Participant *H* and *J* both communicate that the influence supervisors had was often communicated to them when they were struggling with certain areas in their internship, as illustrated by participant *H*, or when there were tensions/disagreements in the relationship, as illustrated by participant *J*. Participant *J* communicates that when she tried to gain some form of control and power as a trainee -*"standing up for myself"* - her supervisor reminded her about the power supervisors have over internship outcomes and gate-keeping. Her experience is one of coercion through threat. Although not all interviewees reported quite such explicit exposure to threat from supervisors, most indicated that they were very much aware of the need to comply with supervisor expectations of behavior.

With the awareness of the influence supervisors had in the outcome of their training, all participants expressed that they were aware of being evaluated throughout their internship year in various areas by their supervisors, and although some participants experienced positive evaluations, seven of eleven participants communicated negative evaluation experiences such as participant *A*:

Participant A: *They started using personal dynamics or workplace dynamics to kind of , as part of the things that they analyze and they'll tell you like "No we don't look at that, we look if you can do your work" but then it soon became like, I don't know, like it became more about, personal dynamics, like, if you go to the bathroom, did you report?*

It appears that for participant *A*, she found herself being evaluated against criteria beyond what had been initially formally communicated would be assessed which led her to feel that the evaluation process was in a negative rather than a positive way.

Differences in theoretical framework/approach

Seven of eleven participants also indicated that difference in theoretical perspective was also a source of some of the difficulties they faced in their relationship with supervisors. Eight of eleven participants communicated being trained in theoretical framework/s different from those of their supervisors. While one of the interns communicated excitement about this difference, the remaining seven participants found that this was a cause of various difficulties

in the relationship. Firstly, they found that difference in paradigm allegiance resulted in different views on patient difficulties and potentially caused tension in the relationship which impacted the connection between them and their supervisors. This was strongly communicated by participant B in detail:

Participant B: *You find a supervisor being trained in xxx and you are xxx…, you don't see patients the same way. We had difficulties in terms of connecting, me and my supervisor, we didn't really connect very well. The style in terms of how we do things was way much different and I like to argue from an xxx perspective. We didn't understand each other you know, from different perspectives. I think she was more xxx and I was coming from a more xxx orientated background[pause]…cause I think if we had connected it would have led to a more conducive relationship leading to me experiencing lesser difficulties.*

It appears as though for participant *B* there is an awareness that the differences in allegiance to theoretical framework in the supervisor-supervisee relationship was a disadvantageous contributing to difficulties in *"connecting"*, reducing the opportunity for rapport as one might need parallel to that between a patient and therapist in therapy. For participant *B* there was an awareness that the absence of the desired connection largely contributed to the disruption of the working alliance between him and his supervisor, which as a result led to him experiencing difficulties. Although it is clearly not possible for supervisor and supervisee to resonate in terms of theoretical preference, participant *B* suggests that when there is greater overlap there is likely to be better understanding between trainee and supervisor and less relational difficulty.

What was also evident in five participant's accounts concerning theoretical framework differences in the supervisory relationship is how power/hierarchy exacerbated challenges that already existed due to differences in theoretical allegiance. The five participants indicated an absence of negotiation from supervisors when difference was present which resulted in interns finding themselves feeling forced into working within the framework preferred by supervisors. Participant *K* was one of the five participants who communicated this experience in detail.

Participant K: *you know there was that clash to say you can't use this modality and then for me I felt like I was forced to fully use the xxx, even though I was like trained in xxx.*

According to participant K, her supervisors were dismissive of her orientation which she did not find helpful, creating tension in the relationship (*"clash"*). What appears in the participant's communication is that the supervisors exercised the power they had by using a more directive approach which did not create room for autonomy and collaboration - "I felt like I was forced", K communicated in a different part of her interview. Consequently, felt she

was required to adjust to her supervisor's theoretical framework of choice despite finding this stressful:

Participant K: *It was quite challenging for me to quite adjust to specifically use that modality, even though I tried but it was quite difficult.*

K communicates the extent to which she found it difficult to adjust amplifying her comment that *"it was quite challenging"* by repeating that *"it was quite difficult"*. Throughout the interview with *K*, this difficulty was brought forth several times and it was apparent that her sense of being unfamiliar with the approach she was expected to use was very stressful for her. Similarly, to *K*, the other six participants mentioned that the difference related to allegiance to framework in the supervisory relationship contributed to difficulties in the relationship. Their struggles in this regard exacerbated the extent to which they found the internship year difficult. Although it could be argued that interns need to be open to new learning in their internship environments, within the interviews it seemed that allegiance to particular approaches was viewed as a sign of competence by some supervisors without entertainment of alternative ways of working, and that negative judgements about prior training was implicitly conveyed. Intern trainees were thus left conflicted about their own positioning but felt there was little scope for negotiation about how they worked theoretically.

Supervisors' approach to supervision

What was evident across the participants' account of their interaction with supervisors is that the style or approach supervisors took to supervise them positively or negatively affected their supervision experience particularly with regard to establishing a constructive working relationship. The 'tone' of their interactions impacted their professional development and either contributed to difficulties they faced throughout their internship year or helped make their training manageable. Out of the eleven participants, nine mentioned that they encountered one or more supervisors in one or both rotations who employed a supervision approach that they were not comfortable with and contributed to tension in the relationship. Participant C and *K* referred to experiences of being in supervisory relationships with supervisors who employed a supervision style which they found difficult to respond to.

Participant C: *In the child unit, I had four supervisors actually, but ah… one of the supervisors, I didn't really gel with, or… I, I didn't - I found that I couldn't really express myself or um… almost like I was just being told what to do, um… so it felt like there was no space for me to actually bring the concerns that I had, or um…to use myself, ah… in the room. It felt like I was sort of just being directed you know. I think that was a bit of a challenge.*

Participant K: *You know, my experience in internship is you just have to do what supervisors are telling you, and if you happen to say, "but you know, how about this way", sometimes it does not sit well with them because they are in a…. I'd say authoritative position. Unfortunately, as an intern you are the one who have to adjust into that system but they cannot try to bend and meet you halfway. So that was my experience that left me with a lot of doubts about myself.*

In the sharing of their experiences, the participants suggests that the approach the supervisors took to supervise them was a kind they did not prefer in that they experienced the styles as overly directive and as offering them little autonomy. The participants felt they had to accommodate to their supervisors' mode which offered no space for a more collaborative supervisory relationship in which they might have felt more fully recognized (as they appear to have felt in contrast with their other supervisors). *K* appears to be of the opinion that supervisors were in a position to implement the directive supervision style because of the power they held, indicating that there is unfortunately a strong overlap between the style of supervision and power. It appears that the participants are individuals who would have preferred supervision styles/approaches that offered more space for collaborative work, offers more autonomy and more space to learn and help grow the skills they already acquired. Participant *C* suggests that the mismatch between he and the particular supervisor (*I didn't really gel with*) negatively affected how they related to each other and left *C* uncomfortable, as also seems to be reflected in the awkwardness and hesitancy of his speech around this topic. On the other hand, *K* suggests that the overly directive and authoritarian style employed by her supervisors lead to internal experiences of self-doubt. To take it a step further, it appears that little autonomy and space for more collaborative supervisory relationship in which she desired to be more fully recognized account for the resultant internal experience of self-doubt. A rather daunting experience for *K*.

Similar experiences were reported by the other seven participants and seemed strongly indicative of a lack of preference for the kind of supervision style that is not accommodative, allows no space of autonomy and is overly authoritarian. Participant *H* was one of those seven other participants.

Participant H: *I struggled with the environment, well… let me be frank with you. The supervisor in the first rotation employ um… incredibly intense, um... incredibly [Sigh] strict[pause] that really was difficult for me to handle. I thought this was just me and it was only in my second rotation but when I spoke to another intern who was in the unit at the time, she confirmed it wasn't just me, um… this is actually their style. As interns, as a group we were*

all speaking about it, and we all were finding it difficult and we all struggled with that. I don't think anybody can, can function optimally when they are in an environment that's not um… encouraging.

In the sharing of her experience, *H* added that the experience of a highly directive and authoritative supervision style that offers no space for autonomy and collaboration (strict) is common amongst interns, and interns find this specific style to be a difficult adjustment and one that is a significant impingement on their professional and personal growth because of its directive nature and absence of a rather encouraging space that is easier for interns to function and grow in.

It is evident that the discomfort with supervision that was experienced as overly directive resonated with the discomfort of most participants with the power relationship inherent in many supervision spaces in their internships as elucidated in the first sub-theme.

Although most participants reported negative experiences, there were some participants (including some of those that reported negative experiences) who identified positive experiences with all or some of their supervisors. For example, *C* communicated having a positive experience with other supervisors and benefitting from those who employed a supervision approach that focused on him as a supervisee and his particular needs:

Participant C: *The people that I had were also really, um… person- centered, especially at the adult unit. They were very ah… just not in their theoretical orientation but just in their way of being. It didn't have to be professional like we went* ah*... out for lunch together at times.*

What comes out of this quote is a preference of a supervision relationship that prioritized his needs as a supervisee and those needs included a working environment that felt less strict, less purely task-focused and less directive. It appears that this supervisory approach benefited him as it focused on his needs both for professional support and for emotional support. All participants in the study communicated a preference for an approach that prioritized them as supervisees or prioritized their professional development. Participant *E* spoke about her positive experiences with a supervisor who focused on her process of development as a supervisee.

Participant E: *He was more interested in your..., in the process, so… that worked.*

Similar to participant C, E experienced one supervisor as more facilitative in his approach which provided a favorable environment in which to develop as an intern. This observation of E also aligns with participant I's narrative about her view of the internship supervisory relationship:

Participant I: *I found that supervisors like to see that you are also doing what you can into working toward becoming an independent practitioner, as well. They wanna see your thinking, they want to see the ideas that you have, and then their job is to help to shape that or to guide that or to advise you on that.*

Participant *I* narrated a supervision style that offered more room for collaborative work, and recognition of the agency of the supervisee. There is a sense of guidance being preferred over directive instruction. This kind of supervision styles was communicated to be preferred by all participants and appeared to reduce the likelihood of tension in the supervisory relationship and associated anxiety or frustration on the part of the intern.

Participant *I* was also one of the four participants who explicitly indicated an appreciation for supervisors who created a space that allowed them to relate on a personal level when appropriate, as illustrated in the quotation below:

Participant I: *I think your relationship with each supervisor tends to be different just based on them as a person. Ah... and also how you relate to them. Some supervisory relationships that I had were like, you know, more strictly work… and some of them I felt that actually beyond being a supervisor this person actually is… you know, can be someone that you can speak to in, like a, ...like a… as a colleague, as a friend, as somebody who can, you know, help you beyond the work that needs to be done. There were some supervisors who were strict, you know, work, and then there were some supervisors who you could joke around a bit with them. It was a lot more of a relaxed environment.*

It appears that participant I shared an experience similar to participant *C* (*it didn't have to be professional, like we went ah... for lunch together at times)* in that they appreciated supervisory relationships that were attuned not only to their professional needs but also allowed for more informal and collegial contact as peers. What also comes out from participant *I*'s words is the awareness of how factors such as personality or individual ways of being can affect the supervisory relationship and may contribute to harmony or disharmony. Furthermore, this suggests that in a supervisory relationship, a certain style or approach of supervising may also be preferred or not based on the supervisee's characteristics. It is evident that creating the optimal climate for supervision in the internship is quite complex and that 'fit' in terms of theoretical orientation, personality style and manner of conveying and evaluating professional development are all significant. However, what is salient yet again is quite how central the sense of comfort or discomfort in the supervisory relationship was to the overall internship experience as supervisors are the key contact persons and 'guides' for trainees.

Rights in the supervisory relationship

Much of what was communicated by supervisees in relation to difficulties they encountered during their internship training puts their rights in the supervisory relationship in question. Acts such as having to adapt to the supervisor's theoretical framework, being told what to do and not being allowed any room for autonomy and to express one's voice in the supervisory relationship, and being made explicitly aware of the power of supervisor evaluation and the determination of the outcome of an intern's training, all reinforce the apprehension of a power differential in the relationship in which protest or questioning on the part of the intern is precluded. Linked to the awareness of hierarchy discussed previously, it appeared that eight of the eleven interns communicated what many would term some abuse of power resulted in them feeling as though their right to be critical had been taken away. In the interviews of all eight interns, the interns reported feeling unable to challenge problematic practices they perceived in relation to supervision, such as, for example, not receiving adequate or prescribed oversight and supervision time, as communicated by Participant *J*:

Participant J: *Firstly, I rarely got any supervision... I think in six months I had eight sessions of supervision, only eight in six months. I felt very much like thrown in the deep end and I just had to swim.*

When participant *C* was asked to comment on the supervisory experiences of his fellow interns in comparison to his, he communicated:

Participant C: *I think I had a lot less trouble with supervisors compared to my, my peers. A lot of them felt like their supervisors didn't really have time for them, or they weren't invested um, so they felt really lost.*

It seemed that when interns felt that they were not given enough of what they believed they were entitled to in terms of supervision requirements, they were left feeling deprived or unprepared with limited sense of direction on how to deal with those situations which negatively impacted them (*thrown in the deep end* and *they felt really lost*). It appears that the participants felt that their needs were not prioritized yet there is a sense that interns felt unable to complain about this set of circumstances in which their 'right' to adequate supervision was compromised.

In addition to feeling that they had to accept perceived inadequacies in supervision time and quality, participants either inferred or indicated explicitly that they felt that there were few channels to use to seek redress. Participant *J* spoke about what happened when she reported unfair treatment from her supervisors:

Participant J: *If you talk to another psychologist about it, they will inform them and come back to you and then it will hit you harder. You get what I'm saying? It's like there is no one you can talk to um, or report this. That's what it felt like, so I felt very trapped.*

It appears that when *J* shared her concerns with another staff member instead of having her concerns addressed, her honesty worked against her and made her internship experience even more difficult. It appears that the experience left her with feelings of either helplessness and as though there was no way out of her difficult experiences (*trapped*). *J* experienced reporting her concerns as more harmful than remaining silent. Participant *A* also communicated the following regarding reporting her concerns in the supervisory relationship:

Participant A: *You can't really report, because who are you reporting it to? The same person who's enforcing that.*

It appears that both *A* and *J* were not satisfied with the channels for reporting concerns that were in place during their internship training either because there was an absence of a third party to report to as indicated by participant *A* or because reporting to a third party proved harmful rather than helpful. Thus, another aspect that characterized interns' experiences is that if they did wish to take up problematic practices, they felt that the system would close against them and that there were no clear arbiters on their side. This sense of being compelled to accommodate and not to complain was a theme across the eight participant interviews and left them with feelings of fear and a degree of helplessness. Many reflected that they had in a sense 'put their heads down' in order to survive and make it through the year.

4.2.2 Nature of work/Demanding workload

While there are indications of some positive experiences, in the analysis of the interviews, there was an indication that the volume or nature of work or both proved taxing for interns despite their preparatory training. In the interviews, several different features of demand emerged as significant.

Severity of Patient Pathology

There was communication from ten of eleven participants that interns who had limited and/or no previous experience in working with severe pathologies were at a disadvantage and found it challenging to work with and case manage patients with severe psychiatric conditions:

Participant F*: Our placement side was a psychiatric hospital. My first sort of rotation was, um…the PR discharge ward, and people were a bit more settled and ready to go home, so that was helpful for me as the emphasis was a lot of psychology at that point, so the input of a*

psychologist in that ward is very….um… there's a lot more that is expected if I can put it that way. Um….so I think that's when I think it was easier to adjust and then in other environments, it was more difficult to find your way because at first trying to figure out what is your role and what is your place when someone might be too sick for you to do anything meaningful psychologically in that sense.

Participant G: *Ah… the situations with the pathologies that you're coming across are not as simple as maybe your M1 um… client whose child was acting out... but now you've got someone who's um…substance abuse disorder relapsing, and when they relapse you know, they get a psychosis. Yah, I think the one thing that stood out initially was that all the theory never prepared me for what I was facing in the first few months. Settling in was such a challenge.*

Participant H: *If you think you are gonna see like little light depression, you know …maybe work adjustment, No! you like jump into[giggle] personality disorders and commodities and psychosis. So, it was very hectic. I had to deal with suicidal risks quite often and this, as I'm sure to other, is scary for an intern to deal with, even as a professional It's very difficult, so I would have liked to have been more prepared in that regard.*

Participants indicated that as students, their training institutions predominantly exposed them to patients who were less severe in their presentation than those they encountered at internship sites. The change was daunting for interns because they frequently felt lost and inadequate when exposed to and expected to work with severe pathologies. It seems that the shift was, in many ways, a significant and difficult adjustment. Anxiety appeared to be both about competence and what kind of helping role they were expected to play. Participant F reports a positive experience in his first rotation because patients prior to discharge could do meaningful therapeutic work whereas he was unsure of what he could offer more disturbed patients. *H* communicates that there was a shared experience amongst interns of being frightened when exposed to patients who were severely disturbed or at risk, such as suicidal risk patients. Although *H* communicates that working with suicidal risk patients is always taxing, even for experienced clinicians, she suggests it was extra tough to manage this dimension of her work as an intern.

Participants *C* and J also shared similar experiences as participants (*F*, *G*, and *H*).

Participant C: *Um…like how do I hold the frame um... in more difficult situations, um… especially in situations you're not trained for, you know? If you're seeing someone who's acutely psychotic um... how do you handle that? I feel like my master's training didn't, I think most of it sort of prepares you for private practice with higher functioning people, … We don't get into the like the nitty gritty of when this person doesn't even - when they so thought*

disordered that they can't even put a sentence together or yah um... if they're so intellectually disabled that you have to work on such a concrete level. I think that was something that was really challenging.

Participant J: *Mm...I think what was like maybe a little bit overwhelming, there were quite a few things like, for example, you know working with psychosis, being placed in an extremely medical ward… when you get to public health it's a lot... of like psychosocial stressors and it's a lot to case manage, and sometimes deep work is not really appropriate because it's mostly short term stuff and patients are too unwell in hospital settings… I mean if one thing I would say is I felt ill-prepared, to manage, inpatients.*

Participants *C* and *J* also reiterate a sense of being ill equipped to deal with severely disturbed or damaged patients both from lack of exposure and from having developed a skill set that assumes higher level functioning than many of the patients they encountered displayed. *C* feels that training institutions prepare interns for working with more 'neurotic' spectrum patients which is disadvantageous for interns because they find themselves ill-prepared to work in in-patient settings. Because of their experiences, it seems a sense of not belonging was frequently experienced by interns and feeling inadequate in their roles.

In addition to struggle working with severe pathology, two interns reported experiencing difficulties in working with patient population groups they had lacked exposure to previously, such as patients of specific ages.

Participant A: *I had more child patients when I was in M1 so when I went to a child rotation it was more child work so imagine now I am moving to this rotation where… it's adult, and it's acute, and I don't have much experience [giggle] with working with adults, …or um... any mental illnesses related to… um…older people much, you know, so it was quite difficult than transitioning into the second part of it.*

Participant D: *I think what was a little bit challenging about um... working, for example with adolescence. Like I said, I've never worked with adolescents before. I didn't think I'd wanna work with adolescents, so that was a little bit challenging.*

The participants observed that working with the population groups mentioned above, adults in A's experience and adolescents in *D*'s experience was significantly challenging. The reasons were multifaceted: unfamiliarity due to little to no previous exposure, experience, and training. An added reason for *D* included no prior interest and anticipation of working with adolescents. A communicates that familiarity made it easier to adjust to her first rotation compared to her other rotation. Two other participants in the study communicated experiences of challenges in

working with adults due to age-difference. This will be further explored at a later stage in a different sub-section of this study as it is particularly indicative of inevitable challenges caused by aspects of interns social identity . In the main, while interns coped with the challenges thrown at them, lack of preparation in several areas meant it took longer for them to feel competent in their roles and required drawing on particular kinds of psychological resources.

In addition to having difficulties with the type of patient pathology and patient populations they encountered, interns also found the volume of patients they were expected to see taxing in many instances similarly because of limited to no prior exposure and lack of preparedness.

Demanding workload

A common experience amongst interns that caused distress and difficulty adjusting was the sudden exposure to a high caseload compared to that they experienced as students. This experience was communicated by nine of eleven participants. Participants (*A*, *I* and *J*) were amongst the nine participants:

Participant A: *I think it's the workload. The amount of patients that you see from back-to-back, back-to-back, back-to-back, [swallow]. So, like I remember in one of my rotations I had a full day where I was seeing patients back-to-back, so it's like, from eight to 9:00 ah... ah... ah... then, 9 to 10. I have 10-minute breaks in between, and you kind of have to write process notes for the whole…. day for all your patients. You see like eight patients in a day.*

Participant I: *You are doing a lot more than you did the previous year. Seeing a lot more patients than you did the previous year, doing a lot more hours of therapy than you did the previous year, so that in itself is an adjustment, and once again coping with that workload is the biggest sort of work adjustment.*

Participant J: *You manage an extremely high caseload, at certain hospitals, and I think I case managed about 80 patients. Maybe what you also hear a lot is, you know suddenly you go into internship, and you start managing an extremely high caseload.*

The participants reported that the disadvantages faced by interns included spending more hours in the therapy space, increased case management tasks, and dedicating more time to these tasks, as communicated by *A*. The repetition in several of the statements, but perhaps most specifically *A*'s (back-to-back) seems to indicate that this was an element of work adjustment that proved very daunting for participants. It seemed interns felt very much thrown in the deep end in terms of having to accommodate to expected work volumes.

The analysis of the interviews suggests that in addition, three of eleven interns reported experiences of challenges in particular skills areas because of their lack of preparedness.

Lack of Preparedness in Particular Skills Areas

Two of eleven interns found the psychological assessment component of their training rather daunting and mentioned this voluntarily in their interviews.

Participant A: *In terms of academic wise [pause and swallow], it was assessments. Like once you get into internship, you realize how important assessments are like um… in our training we did assessments, but it was not in-depth… but once you get into internship it's emphasized "you should know this!' like um…..., that's challenging you know, and it can make you feel quite anxious if you are not feeling quite um….[tongue click] grounded in some of the tests. It was challenging because some of them were new, and I haven't heard of them at all, but there was an expectation that I had to do it on a real population, you know.*

Participant D: *I think the most challenging thing was assessment [giggle].I've never been really strong in assessment, but then actually coming face to face with it um…in the training space um... at Masters not feeling really secure in being able to do assessments and then coming into the internship sites and the internships being very aware that interns are not well prepared when it comes to assessments, and then really feeling that impact. But then also the kind of supervisors that I had, I just felt like she expected too much from me, yah assessment, so now I feel very, very, very scared about assessment .*

In their reflections, both participants suggest that limited exposure to assessment batteries and training (practical and/or theoretical) contributed to anxiety around this area of internship duties. The participants suggest that, as students, to a certain extent, they were blinded from the reality of the importance of assessments which contributed to discomfort when they transitioned into their internship sites. There is a strong sense that interns experienced high anxiety levels because they felt incompetent in their ability to conduct assessment batteries and write reports. The participants observed that pressures and expectations from internship sites exacerbated their stress. Not only were they pressured to be competent in areas they had little prior exposure to but in several instances were expected to learn new instruments. *D*'s experiences negatively impacted her to the extent that she continues to feel anxious about psychological assessments even post internship.

It appeared that participants from different universities felt differently prepared for this aspect of their work. In contrast to *A* and *D,* participants *F* and *K* reported that previous exposure to assessment batteries and in-depth training (both practical and theoretical) positively impacted their internship experiences.

Participant F: *In terms of psychometrics, I think I was pretty confident with that because I spend like a year just doing assessments, and our university is really assessment focused as it is, so our M1 year was a lot of assessments. So, in terms of assessments, I was very comfortable. Before I did my Master's, I did honours in psychometrics, so… I didn't feel like I was completely lost and not knowing.*

Participant K: *I think in xxx, I didn't struggle to write reports because you know their reports were supervised intensively, and it was easy for me to, you know, flow with reports using the previous experience.*

F reports that he was confident and competent in conducting assessment batteries and that drawing on previous experiences was helpful in various kinds of ways. Meanwhile, *K* reports being competent in her ability and experienced report writing as an effortless task. She feels that in addition to prior preparedness, supervision was a valuable aspect of her training, significantly improving her competence.

Interestingly, in contrast to his experience with assessment, F reports that as a student he did not have sufficient exposure and training in psychotherapy, which was disadvantageous in that, as an intern, psychotherapy cases and related tasks were challenging for him. He observed that psychotherapy was a source of anxiety and often wondered if he would cope with the anticipated challenges.

Participant F: *I guess you spend a lot of time focusing on the theoretical aspect. Putting this thing into practice can be much more difficult, you know. So, there was that sense of I'm not sure if what I know is going to be enough for me to cope, so definitely, that was the case for me in terms of like psychotherapy interventions and stuff. That's where I felt like I had um…. not enough knowledge. It can sort of feel like what on earth is gonna happen when I go into this ward?*

It appeared that universities prepared interns more or less well in a range of areas for their work experience and it is probably inevitable that in focusing on one domain, others are less well covered, given the extensive amount of theory and skills training required to become a clinical psychologist. In several instances it appeared that fellow interns supported each other where they could.

Competing Work and Training Demands

In addition to the work demands associated with working for internship employers, all participants mentioned the difficulty with having to juggle concurrent demands from

universities, such as continuing to complete assignments, carry some cases, or continue work on the research components of their degree.

Despite four of eleven participants having completed their research by the end of this second year, all eleven participants carried over their research commitments into their internship year, and ten interns still worked on their research during their internship year, producing ongoing anxiety and exacerbating their workload. J as one of the ten interns that still worked on their research report during their internship year note that not only is the research work pressure an added stressor, but that time devoted to this activity precludes taking sufficient leisure or rest to attend to other areas of life designed to help cope during their internship year.

Participant J: *Doing your master's thesis while doing your internship, it's heavy, it's intense, sometimes you don't get like lunch. I rarely ate lunch when I was at the one hospital because it was so busy, but the thing that made it worse was having to do research and having the research in your mind all the time. I think that made it hard because you would end up using your weekends to also work, and to catch up on work. If you could use your weekends to...kind of just you know do some self-care, set some boundaries, then work will be easier, but I think you become overworked. What I'm trying to say is... I think if you don't have to do a thesis, I think the workload is way more manageable.*

In the interviews, participant *E* was evidently the only participants that decided to not work on her research report during her internship year. Her deciding not to attend to her research report during her internship year was a relief because she could better cope with the internship year and related challenges.

Participant E: *I made peace that I'm not gonna finish my research in that year, just to give myself more time to learn… about the working environment and yah, so I decided OK, I'm not gonna finish, I'm not gonna rush it, and then that helped me cause I don't think the experience would have been the same, cause then I would have to get home, and work at night and then, go to work during the day so…it would have been yah stressful.*

E anticipates that if she did not take this decision, she would have struggled to cope with her internship and would have been in a constant state of distress or pulled in competing directions. *E* feels that her choice was beneficial because it allowed her to better focus on her professional development (learn) without disruptions.

4.2.3 Engaging with the multi-disciplinary team (MDT)

All participants in the study referred to their experiences of being part of and working within the multidisciplinary team (MDT) in their internship context/s. Participants gave accounts of both negative and positive experiences in their interviews. Despite mentions of both accounts, concerns around areas of difficulty experienced while functioning as members of the MDT stood out in the interviews and are reported on in detail in different sub-themes below.

Roles of Intern psychologists in an MDT

An issue mentioned by two of the eleven participants as challenging was related to not knowing their role in the MDT, not only as intern psychologists but also as clinical psychologists:

Participant J: *We didn't get much training on what is our role as psychologists in an MDT team when we are working in the purely biological ward, with only psychosis. So, you go into this ward round, you're like, "I don't know what my role is here completely". … So often, I felt like an object in that MDT. Um...I didn't know what my role was and how I'm supposed to contribute to these very medical conversations. I don't have enough training on this um... experience.*

Participant C: *So, I think another difficulty about internship is not knowing your role as a Clinical psychologist. Um…so for me personally, there was quite a lot of um… deliberation thought that had to be put into what's my role being part of an MDT. Ah... to what extent am I an advocate for the patient ah… versus just a clinician or therapist?*

Both participants noted difficulties linked to being unsure about what specific contributions they could make which resulted in experiences of role ambiguity. Specifically, when it came to working with severe pathology and pharmacology, which limited their capacity to offer their knowledge and expertise in the MDT. Their ability to function as a part of the various MDT/s was not only hindered by the gap in training related to the nature of the patients they encountered but also the gaps in their training as to how MDTs are constructed and function. It seems that although *J* was well trained and orientated in functioning as a part of a team of psychologists, she, along with participant *C*, noted a gap in their training and orientation in being a part of a team consisting of members from various disciplines with different treatment priorities. From the quotations above, we see that both participants had experiences of feeling unprepared, which resulted in them feeling incompetent and uncertain of themselves.

Of importance reported by participant *J* was the awareness that although the MDT consisted of members from various disciplines, the thinking and contributions of team members were centred around a biomedical model of understanding. It, seemed that the gap in their training

was not only with regard to exposure to multidisciplinary team work but also to an MDT environment that was centrally biomedical model focused. For both participants, this exacerbated the difficulties they faced, specifically the experience of role ambiguity, thus negatively impacting their internship experience. It seems that the participants' experiences made it difficult for them to be active members, leading to internal experiences of feeling excluded and/or unseen in the teams, as conveyed by participant J, *"So often I felt like an object in that MDT"*.

Participant *J* and *I* also communicated that the gap in exposure to an MDT team orientation additionally resulted in questions about the roles played by other members of the MDT.

Participant J: *Not knowing, like when to refer, to who, to where. Who goes to the social worker, who goes to the OT, who's more appropriate for OT versus, you know, that case management type of thing. You feel anxious and overwhelmed in the beginning*.

Participant C: *Coming back to the role um..., especially with um... psychiatry and OT, I think I, I didn't know, I didn't really know what OT does [giggle]…. A bit of a challenge for me was to know when to refer to them or when I can take on the work that they should be doing. Psychiatry as well. Knowing where I stand with them.*

It seems that for both participants, not knowing the roles of other MDT members made it difficult for them to case-manage patients within the MDT and to work well with other professionals. Participant *C* also communicates an experience of role confusion due to a sense of overlap between the role of a clinical psychologist and that of an Occupational therapist. Both *J* and *C* experienced considerable anxiety, distress and unease related to having to become familiar with and find a way to function adequately in the MDT environment.

Positioning of Intern psychologists within the MDT

An area of difficulty that all participants in the study reported was the awareness that their positioning as intern-clinical psychologists in the MDT/s, was a rather junior position in the hierarchy, and contributed to some of their difficulties in the year. In exploring participants' responses as to why they found their positioning stressful, it was evident that for all participants, their place in the MDT/s was an area of concern due to the existence of a power dynamic and hierarchy within the team.

Participant H: *I think it is so that within a psychiatric setting, the Doctor is king, um… so I think you might find yourself in a situation where you might need to advocate for psychology, or for the psychological needs of your patients, but that is difficult because you are sitting with people who are specialists. The registrars are doctors already; they have worked many years*

as doctors. They are just specializing now in psychiatry, and here you sit with no paper, and you know, you are not qualified, you are working under supervision, um… so I think it can be a daunting task.

Participant D: *At xxx, however, I just felt like there were just certain dynamics. It felt more like the psychiatrists are the be-all and end-all, and so I just felt like there wasn't a space to talk. It was very challenging because psychiatrists basically dominate, and they tell you about the biomedical model, and you know that's that. A lot of the time, I was left feeling like, "OK, then why am I here if you're not going to take me seriously?*

In these two quotations, both participants communicate an awareness of a power dynamic that exists within MDTs, each observed individually in settings that formed a part of their rotations. There is an awareness that within the MDT, the specialists in the medical field, to be specific, the registrars and/or psychiatrists, were at the upper end of the hierarchy, placing them in a position of power. In contrast, their own positioning in the MDT was at the lower end of the hierarchy, with an awareness of possession of minimal power. From participant D's observations, it seems that the main reason for the hierarchical structuring was the orientation of the team around the medical model, which seems to be a model of orientation for psychiatrists/registrars. For both participants, it seemed that medical specialists were the dominant voices within the MDT and had the power to make decisions about the patients discussed in the team. This resulted in the loss of their voices as intern-clinical psychologists, the loss of their ability to take part in the decision-making processes within the team, and the loss of opportunities to incorporate psychological approaches in patients' treatment plans. Participant I, who described similar experiences as participants *D* and *H*, reported in detail the consequences that she perceived stemmed from the lower positioning of psychologists within the MDT.

Participant I: *It's very easy for psychology to lose its voice um... and for me in the hospital that I was at, I felt that if I don't bring forth my thinking or bring forth my ideas on certain things, then psychology will lose its voice in that specific case, and I think sometimes it's easy for other disciplines to try to overshadow or sometimes sort of drown out the place that psychology has in the treatment of a patient .*

Participant *I* communicate that psychology losing its voice and space in the MDT came with the loss of prioritizing the psychological needs of the patients, something she felt she had to try to counteract where she could.

In addition to tending to feel that psychological understanding of patients could become marginalized, five of eleven participants also felt that other team members overstepped in

dictating to interns the nature of interventions they should be offering, experiencing this as somewhat dictatorial in nature. Interestingly both *C* and *E* raised this concern in very similar ways despite working in different hospital environments.

Participant C: *A lot of time, you get a psychiatrist or consultant saying to you, um... here's a referral. I think this person needs eight weeks of CBT, and then you say, OK, well, I don't work that way or… I don't think CBT is appropriate for this person ah... maybe they need more long-time work. So, I think that was also quite a bit challenging. There is sort of a power dynamic that come into play with that as well. I think, especially with psychiatry, it can get a bit um... I don't know, but hostile.*

Participant E: *Sometimes, it has its challenges. I think mostly communication between the Doctors and the psychologists, cause the nurses are there… they're always there so... it was easier to work with the nurses. Maybe when you feel like you're being told to do something. More like ah…, can you do a CBT on so and so. There's nothing wrong with CBT, but maybe that's not the approach you would have wanted to take, so then that tension. So, I think that. That was the challenging part or, or something happens, "oh the psychologists will take care of it" [giggle], and you thinking maybe it's not even in my scope of practice, I can't take care of it [giggle].*

It seems what made it difficult for both participants to function as part of the MDT effectively and to have a voice in the MDT was the use of authority and power by the psychiatrists who were at the higher end of the hierarchy in the MDT. Both participants communicate experiences where their professional opinions on the psychological treatment of patients were not considered or dismissed by the psychiatrist. The participants feel that it was their right to make psychological treatment decisions for their patients instead of the psychiatrists. Disagreements could result in a power conflict in the team, which was a negative experience for the participants and an experience that was difficult to manage.

To find space for the psychological needs of their patients, it seems the interns felt pressured to argue for particular kinds of psychological interventions in the overall intervention plans for the patients as communicated by H:

Participant H: *I think you might find yourself in a situation where you might need to advocate for psychology or for the psychological needs of your patients.*

It seems this was an important aspect of being an intern clinical psychologist which, if undertaken despite some anxiety and tension, could have benefit in some instances as also communicated by D:

Participant D: *If you push enough for your voice to be heard, you can be heard by them.*

It seems that for *D*, making an effort to find space in the MDT, leads to experiences of being valued as a practitioner, and given space to contribute to the intervention plan of patients. However, *H* also communicated that although it was necessary to advocate for the space of psychology in the team, it was not an easy process and was experienced as an action that exacerbated difficulties she was already facing within the MDT.

Participant H: *But that is difficult because you are sitting with people who are specialists… so I think it can be a daunting task.*

H feels that not being qualified, unlike most others in the team (as also outlined previously), also makes engagement on an equal footing difficult. She is aware of still being in training and under supervision. As a result, *H* felt inferior to members of the team, which made the process of finding a voice in the team even more intimidating.

Because all interns experienced more than one MDTs because of rotating during their internship training, three out of eleven participants in the study communicated much more positive experiences they encountered in one of the MDT contexts they experienced. Among the participants was participant *D*.

Participant D: *When I was at xxx... I absolutely loved working in a multidisciplinary team because I felt like that team was so accommodating to the interns. We actually felt like we were professionals. I felt like in the multidisciplinary team; there was a space for me. Being in an MDT allowed me to feel confidence [inaudible segment], so I really enjoyed that.*

Participant *D* communicated that in contrast to the stressful experience she had in one of her rotations, she encountered a positive experience in a different MDT team which she formed a part of in her other rotation. When interns feel that leaders and members of the MDT are receptive to their presence and encouraging of participation, they can very much enjoy participation in this kind of multi-skilled environment. This experience was communicated by all three participants, who all reported positive experiences due to the absence of a negating power dynamic in the MDT/s they formed a part of. All three participants felt that in some teams the atmosphere was such as to allow space for all members to equally contribute to thinking about the needs of patients discussed in the team. Participant *D* communicates that being a part of a relatively accommodating team, resulted in feelings of trusting in her abilities, judgment and feeling more *"confident"*.

It was evident that accommodating to working in an MDT was a novel part of the internship experience that required considerable adjustment. Somewhat more participants reported

difficult or stressful experiences than those who reported positive ones. Being both a trainee and a psychologically oriented person in a rather medicalized environment almost inevitably introduced anxieties. These anxieties either tended to be exacerbated in teams in which hierarchy and dominance were prominent or ameliorated in teams where there was receptivity to different viewpoints and a flatter team structure.

4.2.4 Shift or change in personal identity.

To this point, we see that when most intern clinical psychologists transition from their master's academic year into their internship year, they face many difficulties which impact their professional lives and overall internship experiences. In their interviews, eight of eleven participants noted that the difficulties they faced were not only a result of transitioning into the internship year but also a result of a personal identity shift that they experienced, that being a shift from student psychologist to becoming an employee and professional.

When asked what stood out most for them about their internship experience, participants *I* and *C* both reported that a significant and prominent experience had was a change in personal identity:

Participant C: *Ah… taking on the identity of a professional.*

Participant I: *I think what stood out the most was obviously the transition, so for me, it was not only a transition of going from my master's into my internship year, but it was also a transition of going from basically school. It's also a transition of like going from being a student to then working full-time.*

Participant *I*, who reported during the interview that she does not have previous work experience, communicates an awareness that a significant shift that shaped her internship experience was taking on the identity of a professional who was expected to deliver services and assume certain roles. Similarly, participant *C*, who also does not have previous work experience, also notes that becoming a professional was a significant experience for him. In a different part of the interview, Participant *I* conveyed that the transition to being an employee who was contracted to engage in the working environment for a specified number of full-time hours per week, as stipulated in her contract, took some adjustment.

Participant I: *I think for me having never worked a full-time job before and yah actually just having never worked a full-time job before, let alone in the field, um... I think that sometimes is a little bit anxiety-provoking. Like yes, you had your experience of hospital placement but*

like I said that was four hours a week from March up until October maybe, you know in your M1, and it's not the same as working full time um... in a hospital.

In the quotation above, participant *I* conveyed that, in addition to experiencing feelings of anxiety as a result of taking on the identity of a professional she also found the expectation of engaging in work on a full-time basis for a full year rather daunting. Participant *I* brought in the awareness that as a student, her experience was different in that, although she came in contact with the working environment, there was a significant difference in that as a student, she was committed to being in the hospital for far fewer hours. This significant difference explains why the participant felt anxious and found the experience to be a difficult adjustment, as there was a difference in the intensity of exposure and time commitment.

Similarly, to participant *I*, three further participants reflected on their experiences of the change in how they came in contact with the working environment and what was expected of them as young professionals rather than students.

Participant C: *You know this is not university anymore; you can't just skip [giggle] a class because you are tired, you know. It's a professional space; you have to be there at eight-thirty or eight or whatever other time you have to um… be there at certain times. You can't just submit an assignment late. Where I did my master's, it was... the classes were a lot of the times from nine to twelve, and then we had the afternoon to do our research or whatever else.*

Participant D: *You are there Monday to Friday. A lot of times from like eight until maybe sometimes two, sometimes four o'clock so…just like on a more psychological level the transition was daunting.*

Participant F: *We were there full-time um… so it was a very different experience. We were every day in our offices for like ten months or more in each other's spaces, so it was um… quite an adjustment. I think for me in particular, that clinical setting of…. a psychiatric hospital is something I've always wanted to work in so… it was exciting at the same time to… be in that environment cause to go there like when you are doing psychopathology in M1 you get sort of a glimpse of what happens, but to be there for 12 months and to be interacting with patients on a daily basis it gives you much more of a different perspective about what it means to be a professional versus a student.*

All three participants reference the full-time basis of work as requiring adjustment, and for some this came more easily than others. *C* and *D* suggest that they missed the flexibility of a student timetable and the sense of having more time at their own disposal. In the internship setting there was greater accountability for their time. *F* conveyed that part of being a student

was to focus more on academic assignments and less on practical work, such as interacting with patients. She communicates that, in contrast, being a professional, she focused more on patient care, resulting in consistent interaction with patients, which forms part of taking on the identity of a professional. *F* however also notes that she found this deeper contact stimulating and that this difference played a significant role in developing her professional identity and allowed her to better differentiate between her student and professional identities.

Eight of eleven participants mentioned that shifting into the professional space came with expectations and pressures different from those they experienced as students. For example, participant *C* reports that he was expected to complete what was asked of him on time, without failure and/or excuses, and to follow the rules. It's evident that the working environment placed a certain level of expectation and pressure on these intern professionals, and it seems that the working context was experienced as less lenient than the academic space. The strict intern working context expects professionals to adhere to rules and conduct themselves in a responsible acceptable manner. For *C*, this was a difficult adjustment:

Participant C: *I feel like ah... there's something about the way that university is structured in terms of it's a bit more lenient, and it's a bit more relaxed, whereas the working environment, that was a bit of an adjustment.*

Similar to *C*'s observations, Participant *I* communicated that the consequence of a full working day meant less time to attend to other tasks within the working day, leading to after hours' pressure which was a difficult adjustment for her.

Participant I: *I don't actually know an intern who I've interacted with or who I've spoken to that didn't work above and beyond the hours that are stipulated. You know it's beyond just clocking in at half past seven and clocking out at four o'clock.*

I feels that her experience was shared by all professional psychologists on her level, saying she had not encountered one intern with a different experience.

In a different part of the interview, when participant *I* was asked what she found most unexpected about the shift/ change in personal identity, she referenced the workload that came with being a professional.

Participant I: *It's definitely adjusting to the workload. It's nothing you've ever experienced before; even if you have been employed, you haven't necessarily been employed as an intern psychologist. There's a lot of extra work you need to put in, there's a lot of ah... like extra*

reading that you need to put in … there's so many other aspects of being in the workspace and the work environments that you need to pay attention to. So, I mean, it is time-consuming.
Participant *I* observed that being a professional came with increased tasks and commitments, specifically in the working space, compared to being a student.

It is evident that the participants communicated that the shift/change in personal identity was related to functioning in a professional contractual working space which held different expectations from what they experienced as students. While not all participants mentioned negative aspects of identity change, the majority seemed to have experienced some strain related to increased responsibilities, lack of flexibility and great work demands.

Working with an MDT and different departments

As already discussed, intern clinical psychologists formed a part of an MDT when they transitioned into their internship year. Two of the participants in the study noted that becoming a professional meant working with an MDT and various departments.

Participant F: *Being in the workspace, dealing with colleagues, different departments, being in a multidisciplinary team, learning how to work well with those other teams, how your department interacts with other Departments. It's challenging, it's difficult.*

Participant D: *You're no longer a student, so you have to put on a different hat of being a professional, um…having to adjust to instead of only seeing your nine classmates every single day, it's now seeing and working with other people, other professionals, and an MDT. So, you know, your doctors, your psychiatrists, your, your social worker, that is an adjustment.*

Both participants note the aspect of integration into a larger set of structures as a difficult transition. Both participants *F* and *D*, report that as students' daily interactions were more limited and that interactions with classmates were easier because of greater familiarity, and more homogeneity among the people one meets and works with on campus. It seems that for the participants, this was a reasoning behind their difficulty in interacting into a larger structure.

Difficulty balancing two identities.

Although all participants in the study became professionals and continued to develop their professional identity in their internship year, they were all not entirely separated from their identity as students. Throughout the interviews, it was evident that in one way or another, all participants were still attached to their student identities; for example, all participants were still in the process of completing the research component of their degrees during their internship

year, five of eleven participants were still seeing patients at university clinics, and five of eleven participants reported they were still receiving supervision and academic assessments from their academic institutions. The analysis of the participants' responses indicated that in many instances balancing both identities was difficult for all participants, which negatively impacted their internship experience and resulted in difficulties. Participants *E* and *F* were the two participants who reported this difficulty in detail.

Participant F: *I guess the balancing, that was difficult for us. Like I was telling you in the beginning, our internship is not completely separated from the university, so our assessment comes from the university and the internship site, so….it was difficult trying to balance those demands because you are employed by the department of health, and you get paid by the department of health and the department, the hospital let me put it like that. The hospital expects you to um…to put in that time, but you have supervision on campus, you have patients on campus, you have orals on campus, you know what I mean. Um….so it's quite difficult, um…because you can't ignore the university commitments and solely focus on your internship placement, ah….yah being an intern and technically being a student at the same time it's not easy.*

F conveyed that for him, juggling both identities was difficult because each came with its own set of demands, commitments and expectations which needed to be fulfilled and attended to. He conveyed that he needed to satisfy both his employer (the Department of Health) and the university as this was necessary for the completion of his qualification. In his communication, it seems that this was a difficult experience as he had never experienced this kind of juggling of two identities and associated commitments. *E* noted that, although she established an identity of a professional in her internship year, she was aware that she was not completely separated from her student role, which at times impinged on her ability to fully engage in professional tasks.

Participant E: *One other thing that I didn't expect was for us to do academic talks at the hospital, which was also like an extra thing when when it was your turn to do an academic talk in front of the doctors and the psychologists and social workers. I think that's like another thing… yah, cause now you are being seen as a professional and not a student, but you like, "but I'm still a student, I'm also a professional, but I'm also still a student".*

E communicates that she found it difficult to fully engage in and participate in some activities expected of her as a professional. During the interview she shared that because she was still attached to her student identity, she found it difficult to trust her competence in her ability to engage in professional activities, *"academic talks"*, in the presence of other professionals. She

felt that because she was still a student, her role in those activities was to learn, but in the same light, she was a professional who was expected to teach and equally share her thoughts which created a dilemma for her. It seems that this was a difficult experience for *E*, which contributed to some of the strain she faced during her internship year.

Experience of independence

Throughout the discussion, there was an underlying communication from all participants that, as professionals, they experienced a different sense of independence and autonomy compared to that they felt as students.

Participant K: *When you start this process of internship, now, you expected to… you know stand on your own, even though you are still under supervision, but you are more… responsible for a lot of things, your clients, your appointments, everything that you need to do.*

K communicates that as an intern you have to *"stand on your own"* and be more self-reliant. She communicates that even in the presence of access to assistance, there was a greater emphasis on self-management with increased decision-making responsibility in relation to areas such as case management, working with patients and structuring her diary as part of being an intern clinical psychologist.

Throughout the interviews, similar reflections to *K* were made by the other participants who communicated that as professionals, even in the presence of supervision, there was more emphasis on independent functioning in areas such as patient care, working with the MDT and completing internship requirements. For nine of eleven interns, this proved somewhat daunting. Participant F, who was amongst those interns, narrated this negative experience in detail.

Participant F: *Yah, it was quite a lot, man, a lot of things changed. Um…when you sort of look back and you like, that was quite a year. I think having to take on that level of responsibility sort of came with a different kind of independence because there was that working sort of mindset that you have [pause].*

F communicates that after completing his internship year he had time to reflect on his experiences and in that process, he gained the awareness that becoming a professional came with significant changes. He reports with greater independence, came greater responsibility - *there's a greater sense of responsibility.*

In contrast to most of the group, two of the eleven participants communicated that as a result of previous exposures, the self-management required in their internship year did not perturb them. Among the three participants was participant *D* and *K*

Participant D: *Just like on a more psychological level, the transition was daunting um… but not so much because the way that we were trained, it was very independent in a way, you know... I've had a lot of time to like reflect now, and I find myself thinking...actually when I was at xxx, we did everything ourselves, xxx really prepares you for internship, and we were told that the whole time that we were at xxx that this is the best place to do your Masters in clinical psychology because they really help you for internship and they kept saying that's the feedback that they keep getting from the internship sites is that the xxx students hit the ground running … like that also helped in that transition as scary as it was.*

Participant K: *Um… for me, it was not a bit of a struggle because before I did my M1, I was working, so it was not much hectic for me to, you know, adjust, and as a worker you know, you manage your own diary, manage your own patients, and things like that. So, in that way, in that area I didn't struggle.*

Both participants seem to communicate that, compared to other interns, previous exposure to a high level of independence positively impacted their internship experiences. Participant *K* was able to draw upon prior employment experience while Participant *D*, reports that even as a student, her training institution exposed her and fellow students to a high level of independence. Despite noting their own preparedness both *K* and *D* acknowledge that the transition to greater autonomy can be taxing or *"daunting"*, as they observed that others experienced.

In the interviews, another aspect of independence mentioned by participants was the experience of financial independence as professionals. All participants in the study noted this shift in personal finances. Participant *F* and *J* reported on the shift in detail.

Participant F: *You are employed by the department of health, and you get paid by the department of health.*

Participant J: *You do less like academic stuff. um... and you get paid.*

In the interviews, despite some mention of positive experiences, two of the participants reflected negatively on their experience of receiving an income as professionals in their internship year. Participant *B* as one of the two participants mentioned that despite some benefit in earning, independently managing his finances as a professional was a stressful aspect of his internship in contrast to being a student with fewer expectations to manage an income and budget.

Participant B: *Coming from school and having to come and work is a huge transition. Now you have to twist yourself from being a student to being a responsible adult in a way that you don't only handle your work-related stuff, also there's finances. There's a lot of distress that comes into that.*

Two of the eleven participants reflected positively on their experience of receiving an income as professionals in their internship year.

Participant F: *So, it's good to get paid as well, so having the ability to take care of yourself in that sense[giggle].*

Participant D: *It was exciting to move from becoming a student to becoming an employee cause also money... So, you know, moving into internship where you're actually getting paid for like the torture, [giggle] in some sense that was exciting, you know.*

Both *F* and *D* communicate pleasure and excitement in becoming wage earners, although their laughter seemed to suggest some embarrassment at this change and perhaps at their sense of enjoyment. *D* suggests that receiving an income, in a sense, made up for the difficulties experienced, for *the torture*, as she jokes. However, with increased income also came increased responsibility in this area, that for some participants brought some anxiety alongside the appreciation.

We have seen that for most participants, the shift in personal identity proved quite striking and in many instances was experienced as challenging.

4.2.5 Belonging and/or exclusion related to social identity.

During their interviews, all participants mentioned that various aspects of their social identities shaped their internship experiences positively or negatively. Aspects of individual social identity that emerged as significant included race, class positioning, home language, gender and age as elaborated in the sub-sections that follow.

Race-related experiences

Only four of eleven interns reflected on their racial identities during their interviews. Interestingly, two of the four participants mentioned that carrying a specific racial identity did not contribute to any unpleasant or discriminatory experiences, counter to what they perhaps anticipated, as implied in the following statements:

Participant D: *I wasn't racialized at all. I always wondered why I didn't kind of feel any kind of like racial tensions from my side.*

Participant H: *In terms of race, I didn't experience um… any difference actually um…I would think, like to believe hopefully I was quite open in dealing with issues of race. If someone would tell me that my experiences are different because of privilege, then I am open to that.*

Both participant *D*, who identified as black, and participant *H*, who identified as white, suggest that they were not treated differently (in particular less favorably) from other interns of a similar or different racial group. *D* suggests that not sensing any form of "racial tension" toward her in spaces of difference left her curious as it seems she had assumed she may feel some sense of conflict in this regard. This was in contrast to other interviewees as elaborated further below. *H* suggests that open conversations without being defensive were meaningful in internship sites. These conversations perhaps reduced tension between interns, as seen in *H*'s experience: being open to having conversations about the privileges and benefits of being a white intern.

In contrast, two participants', *A*, who identified as black, and *J*, who identified as white, had unpleasant experiences in their internship sites because of engagements around their racial identities.

Participant A: *I felt like, discriminated against or like challenged um…racially, I mean um… there are a lot of racial dynamics.*

Participant J: *They would speak behind my back, like in venac* (short for vernacular) *[laugh]cause I think there was also like interesting I think racial tension happening, cause I was like white. I'm basically the only white person in the clinic. My com-serve would translate for me what they are saying about me behind my back. That eventually made me very sick.*

Both interns were strongly aware of difficulties stemming from the focus on racialized differences in their internship sites. They were both conscious of underlying and/or overt hostility towards them, which significantly contributed to the stress they experienced during the year. The interns may have experienced exclusion (of various kinds) because of their racial identities, as seen with participant *J*, who was excluded from social interactions and conversations (using an unfamiliar language/languages), which was strenuous for her. *J* mentioned being the only "white" intern, which gives the impression that, in addition, she struggled with internal experiences of not feeling as though she belonged and isolated. *J* suggests that her traumatic experiences in this respect affected her health, a topic which is explored later in the report.

J also reported on another experience she had at a different internship site, relating in this instance to patients' rather than fellow staffs' attitudes and behavior.

Participant J: *Then there's this whole weird dynamic also because of your race... when you walk in as a white person you're always considered, you're a doctor, like you're an intern. It's strange because your supervisor might be, ah... might be black or the psychiatrist might be black [Sigh] but let you be the young white intern the patient comes to you and they like, "doctor" and I find that very yah... like new and strange, and that was kind of something that you learn how to manage as well. I'm very aware of my whiteness that's what I was trying to...kind of manage, and not fitting in and being seen as the, the person who knows it all, um...but then it's the classic thing about similarity and difference now because you're different, because I am different in these spaces. Um... maybe some people felt that they could, that difference allowed them to trust more because you are different and you won't judge in the same way you know as my family judges something like that, and on the other hand it was like, "NO! you not gonna understand what we are saying"* .

J suggests that being "white" came with a certain level of patient-attributed status in internship sites (being called and treated like a doctor). In contrast, similar positive evaluation and expectation was not experienced by black interns and colleagues, irrespective of their professional status or position. *J* suggests that being "white" led to being treated as a superior and frequently put on a pedestal, which was a disconcerting and "strange" experience for her. Her sigh (indicated in brackets above) seemed to indicate that she was overwhelmed by this experience, even with prior awareness of her privilege. Because she was still an intern, being viewed as someone extremely knowledgeable or experienced, "know it all", was stressful. She reports that she struggled with feelings of illegitimacy and that patient assumptions about her whiteness made it more difficult for her to manage her racial identity in relation to her peers and the professional environment. She could not de-emphasize her privilege when patients were drawing attention to it in rather overt ways which was unpleasant for her. *J* also referred to a theme of difference in a patient/therapist relationship. She suggests that in her experience, in some instances, being an outsider and different was beneficial to the relationship, while in other instances, differences in racial and cultural identity led to mistrust and increased pressure for her to demonstrate that she was able to comprehend patients' lived experience. She suggests that racial difference can contribute to a variety of experiences in the patient-therapist relationship, and that interns need to learn to deal with any form of difference-related issue to minimize their struggles.

It was evident that raced identity played a role in both professional and patient interactions for interns in complex ways. While a minority of participants reflected upon this in their interviews, in the main they seemed thoughtful and perceptive about some of the dynamics that had arisen in this regard in their internships.

Class-related experiences.

Participant *A* who identified as black was the only participant who overtly mentioned social class during her interview. It is also evident that in many instances in South Africa access to wealth and race overlap so it is not incidental that *A* is black. In relation to the observations, she offered. She suggests that expectations relating to socio-economic class constantly put interns in distress.

Participant A: *The kind of expectation that you should have a car ah..., that you should have the resources to take on the working professional identity. Cause as a student, like for myself, I was on bursaries and so that kind of supported me and all that [swallow], so now you come into the working world where…you know there is demands like, "no you should have a car" you know. I remember in my first rotation, I was gonna go to schools and have like little groups with school kids but I can't, If I am using public transport that makes it very difficult. So… quickly I had to think like, "ok I need to get a car "...but it was almost like an expectation that was kind of implied like, "you're a psychologist, and this is what's needed". Then there's this whole thing that you know, they know how much you get paid, so they kinda tell you that, "no, you should be able to afford this," and it's not said, it's implied, you know, that you should be able to access this, and you should have a printer... I remember Journal clubs they'd want you to buy specific types of foods, you know, so now you have to think out of the box... It's obviously not forced upon you, but they are telling you what they prefer eating, and you know[giggle] you kind of have to go with that flow, and you find yourself buying expensive food that you don't even eat yourself. So, it's those kinds of things that happen um… that are quite classists. But then obviously you know responsibilities are different you know, we come from different backgrounds, so automatically doesn't mean when you step into this place that you should have all these resources at your disposal you know, some things take time so… those are the kind of things ah…. you know it's not accounted for like where we come from and um…what enabled us to kind of get our masters.*

A suggests that it was difficult for interns of low-socio-economic class (including herself) to adjust to internship sites, in particular, sites where they were pressured and/ or felt pressured to acquire resources beyond their means (e.g., car, printer). She suggests that possessing a "car"

allowed interns to function effectively and enabled them to perform patient-related tasks without difficulty or experiencing exclusion of any kind. *A* report that what was stressful and apparently anxiety provoking (note her giggle of discomfort) for interns with restricted means were expectations placed on them in group and somewhat informal settings such as "journal club". Living up to normative expectations unfortunately meant going beyond their budgets and living beyond their means to satisfy the needs of colleagues. Participant *A* suggests that interns often do not question or resist such pressures to avoid being excluded or criticized, which leaves them in a dilemma and often in distress. She suggests that some internship sites were not mindful of or sensitive to the class differences and levels of wealth disparity between interns, contributing to potential shame and efforts to avoid this. What was particularly striking in these findings was how sets of expectations evident to interns had little to do with displaying clinical competence and that assumptions about financial means were made with little sensitivity to contextual background and constraints.

Language related experiences

Throughout the interviews, several participants mentioned experiencing challenges related to language in one or more areas of their internship training (e.g., supervisor-supervisee relationship and/ or patient-therapist relationships). Some interns were purposefully excluded from social conversations (either by their peers or seniors) in their internship sites as mentioned earlier by participant J.

During their interviews, four of eleven participants suggested that interns predominantly experienced problems related to language competence in their patient-therapist relationship, the therapy space, or in their general ability to work with diverse patients.

Participant J: *I saw a family who almost like refused to talk to me because, they said I don't understand the language. Even though we spoke in English, they said they can't express themselves in English, so a lot of the sessions it was about managing that, that difference. It is a challenging part, and I think that's not just in you internship, I think that's like working as a psychologist, especially in South Africa. That's something you always manage.*

In a different quotation, J also mentioned:

Participant J: *Not speaking like a vernacular language was very challenging because many times you get patients, and like you can grab words here and there, but I can't speak any... like your language so I felt, maybe incompetent.*

Participant G: *Language was an issue because being a non-Zulu speaker tended to have its limitations. I think if you're learning a new language, you kind of experience it or you speak to*

someone and they're trying to speak in their native language, you kind of get ah… [clear throat] get the impression sometimes that people think you don't know what you're doing, because you can't um... speak in their language.

***Participant D**: I kind of… felt it a bit more at the hospital context in terms of language barriers cause I struggled to speak any other African languages cause I was brought up English, um... I can kind of try cause I'm Tswana, um… I can hear it, but speaking it, I'm still learning, Zulu. I only know a little bit, um... and a lot of my patients would actually be Zulu. To my surprise, my patients responded quite well, and I think it's because of the relationship, the rapport that we build with each other and therefore language didn't become much of an issue in the therapeutic relationship.*

***Participant I:** I think the one thing that I can say stood out for me is definitely the language situation. Being you know born and raised in KZN I'm only really exposed to a limited amount of languages... and then working somewhere like Gauteng where basically that's the hub of basically all our, you know languages and stuff like that. I think the difficulty then would be that a lot of people in Gauteng speak basically everything, and then I was only limited to these two languages that I understand. I think language barrier was one.*

Experiencing problems with fluency in various languages was inevitable for interns due to the South African population being quite diverse in terms of language. Other factors such as completing internships in a different geographic location to that with which they were familiar, limited prior exposure to diversity in terms of language, limited exposure to diverse languages in the home environment, and more, contributed to a sense of inadequacy and difficulties in connecting with some patients at internship sites. Some interns were rejected by patients as possible therapists due to language differences [seen with *J*, who spoke English].In some cases, language difference extensively impinged on the therapy process, even when interns and their patients' used a common language. For example, patients struggled to understand interns and express themselves, and interns struggled to fully comprehend what patients communicated and to make reflections. Some interns struggled to establish rapport with their patients due to language differences. When rapport is built in a therapy relationship, it seems interns experienced their patients as less defensive and open to working with the theme of difference (mentioned by participant *D*). Language related barriers to communication appeared to prove compromising to interns' sense of therapeutic efficacy.

In contrast, three of eleven participants reported that interns benefited from language similarities and/or competence in various ways (e.g., assisted with rapport building, beneficial for the therapy process, and created advantages for integration in internship sites).

Participant D: *So, at xxx, because for some reason [giggle] the patient population is predominantly white, so… with my English [giggle] it fit in well there, you know in terms of language. There was no language barriers that I experienced there, so that was [pause] quite… nice [sigh].*

Participant A: *I think for me, in terms of language, um… I ended up with the most patients because I could speak more languages[giggle]um….in that context. I remember I even did like one of my patient clock in, in Afrikaans cause I was the most popular person who can understand Afrikaans, so um…. Sotho, Zulu like yah... I was always a go-to person in terms of language and stuff um…so there was never really anything that I felt discriminated against or like challenged.*

Participant H: *I have worked with diverse individuals for most of my career, so the language issue was not something that I struggled with. I was very used to working in different environments with different people. Most of my sessions um… were conducted in English without any issue.*

D communicates that in a different internship site, a language similarly between her and her patients was an advantage to the therapy relationship and process, which brought some sense of satisfaction, pleasure and excitement. Perhaps there was also a sense of relief that in this placement, she did not experience exclusion and difficulties in the therapy space. Participant *A* communicates that being multilingual was an advantage and a privilege during her internship year, beneficial for her therapy and assessment cases, and allowing for exposure to more cases than her counterparts. *H* communicates that previous exposure to different languages benefited her because she was competent in working with a diverse population with minimal difficulty. It was noteworthy that several interviewees appeared to have become aware of language barriers to communication most starkly during their internships, suggesting that perhaps they were more protected from this dynamic in their initial training year. If such issues had been encountered previously, the prior experience would have been an advantage for interns' and limited their experiences of difficulties.

Gender related experience.

This participant group consisted of eight women and three men, as indicated in the methodology section. Two male and three female interns mentioned gender in their interviews. The two men felt that male interns were often singled out to perform specific tasks, such as "escorting dangerous patients" or were chosen to work with specific cases.

***Participant F**: There were some instances when I was sort of asked to, talk to, sort of people that might have been a bit more confrontational, might have felt like they could speak more openly to a male. So, I guess it helps in that sense, maybe having a male model, that sense of safety, it might sort of help in some way.*

***Participant C**: I was one of the few men at my internship site, and while I do not consciously know how that may have affected my internship experience, I do believe it played out in unconscious ways. For example, I think I may have taken the lead in escorting dangerous patients to group or feeling the need to be the assertive one in groups when they got out of control.*

F communicates that being male was an advantage in working with confrontational male patients and also suggests that gender similarity was beneficial in his therapy cases. It assisted with the rapport-building process, allowed patients to feel safe and not judged, minimised defences, and facilitated disclosure. *C* suggests that, unlike female interns, male interns experience a certain level of pressure during their internship year, for example, feeling the need to take the initiative and to be confident and "assertive" in various spaces. Both interviewees were aware of being in the minority in their settings.

The quotations below are reflections offered by the three female participants.

***Participant H**: It was in terms of my gender, the first professional experience that I've had since I've started working where I was not sexually harassed, so that was refreshing.*

***Participant I**: I've never really experienced any issues in terms of... gender. I think I worked well with my patients of both genders. I think they responded to me pretty well.*

***Participant D**: In terms of gender, any gender issues I don't think came into play that I can think of…*

In the sharing of her experience, *H* communicates that compared to previous experiences, as a female intern, she did not encounter uncomfortable and unfortunate situations where she was in a position of danger, such as being "sexually harassed", which for the first time, brought a sense of relief. The analysis of the quotations above indicates that female interns did not encounter challenges or unpleasant experiences (of various kinds) in different aspects of their internship training because of being female.

Age related experiences

Four of eleven interns communicated that age had a significant role in shaping their internship experiences. Participants (*H* and *K*) who were in their mid-thirties during their interviews, and were the oldest interns during their internship year, felt that to a certain extent being senior to other interns was a disadvantage and led to various kinds of unpleasant experiences.

Participant H: *I was obviously by far… the eldest there. Because of that um… it was certainly a different experience for me, socially than for the other interns. I was, for example, never in the thick of the gossip. I had a whole different relationship with the permanent staff. They experienced them in another way, in sometimes, in um…you know favourable light, and I didn't experience that at all because I think people treat you differently. Some of the consultants treated me differently because you know I'm not twenty-five, I don't think that I didn't get along with my fellow interns, I think despite that I had friends. I got along with the people, so I don't think it was a factor which limited me um... in terms of the social interactions.*

Participant K: *Some of my supervisors they were younger, and you know sometimes when you trying to be assertive and stand up for yourself, they like, "oh...because you older than me you don't want to listen to what I'm saying," so all these things play a role, a huge role in your interaction with your supervisors.*

In her reflection, *H* communicates that being the oldest intern led to being excluded from some social conversations, which was a rather unpleasant feeling. *H* communicates that junior interns had more positive experiences in their supervisor-supervisee relationships compared to senior interns. This observation was consistent with *K*'s experience where age difference, in this instance, being chronologically senior to her supervisors, gave rise to a power dynamic and conflict within the supervisory relationship. *K* suggests that her supervisors maliciously used authority to silence and threaten her, which was daunting. Despite being excluded from social conversations at times in internship sites, senior interns managed to form relationships and engage in social interactions.

Two participants in their 20s reported that in therapy spaces with older patients, junior interns frequently faced challenges, as illustrated in the quotations below:

Participant D*: I remember I had a patient older and so obviously me being younger and in African culture you know there is that respect element, so it was challenging to kind of, you know, put on that African hat of… this is an elderly woman you know, you need to respect but then also having to put on the dual hat of...but you are the therapist and um…there is that dynamic of difference and power relations in that respect.*

Participant I: *I think one big one might actually be age that people don't take into account. You know, imagine your patient is a fifty-year-old male, um... I think it's very normal for them as a patient to sort of doubt, maybe not doubt, but sort of have some hesitations with regards to your ability to understand their world or their life experience as a twenty-three-year-old female. Although it was never a situation where again, it didn't present itself as a barrier for me in such a way that I wasn't able to do my work or wasn't able to build rapport, or I wasn't able to work with that patient, it was a theme that came up.*

D suggests that coming from a cultural background where elders are given respect and control in more authoritative positions, and not questioned or challenged, made it difficult for her to navigate in her role as a therapist. Interns younger than their patients had experiences where they felt patients doubted their competence in their ability to understand their struggles and overall life experiences. *I* suggest junior interns working with older patients may face challenges such as patients holding back and using defences in the therapy, thus disrupting the therapy process. For interns, this was a rather unpleasant experience. However, it seemed that interns had found ways of overcoming such challenges.

Belief related experiences

In addition to commenting on more overt identity and difference related characteristics, three of eleven interviewees also noted that subscription to particular belief sets, such as spiritual or cultural beliefs, posed potential challenges at their internship sites.

Participant D: *I'm Christian, and my colleague is also Christian, so in moments where we would be speaking about like our faith, it would obviously be overheard by someone and then there would always be like a comment of some kind. You kind of feel the nasty undertones of the comment. You could tell because um... most people in the office were or are Muslim, so you could tell the Muslim faith would be kind of like regarded higher than our faith, which I found to be quite interesting.*

Participant G: *I would say the only thing that probably stood out was maybe religion, you know, in terms of like having clients who were not of the same religious beliefs as me, but then at the end of it, I just be-, that all you can do about it is just have an awareness of your own internal and external reactions that, that you know like you might um… you might end up perceiving or behaving in a particular way that affects the therapeutic alliance, so it's just becoming self-aware, but I would say that probably around religion.*

Participant *D* reports that in her experience, the difference in belief systems among staff could cause tension and perhaps limited social interactions. What comes out of *D*'s report is the awareness that interns who belonged to the Christian faith were a minority and an outgroup in that particular internship site. The experience was unpleasant for her and left her feeling self-conscious about embracing her Christianity. *G* reports that holding different belief systems from patients may lead to interns experiencing negative countertransference and she communicates that it's important for interns to be aware of and reflect on their experiences to prevent reactive responses in the therapy space. Participant *C* also mentioned his belief system and how he struggled to navigate in some spaces during his internship year because he was non-religious.

Participant C: *I also identify as an atheist, so I did not feel comfortable expressing my true beliefs about what I think about religious views. This also made me feel uncomfortable at times with patients who expressed religious views, which left me feeling incongruent and inauthentic.*

He reports finding it hard and uncomfortable to fully open up and express his feelings and thoughts about religion; instead, he held back in religion-centered conversations, which was a struggle for him. *C* also faced struggles in therapy in being authentic with very religious patients. Although concerns about differences in belief systems between clinicians and their patients may not be peculiar to the internship year, the interviewees suggested that they struggled at times with these issues during this year of intensive encounters with diverse patient populations and fellow intervention staff.

We see that the social identities of interns contributed to various challenges they experienced during their internship year. Despite encountering positive experiences in some cases because of one or more dimensions of their social identities, several interns encountered stressful and daunting situations due to attributes or beliefs they carried or subscribed to. Interns will perhaps inevitably face challenges in their internship year due to the diverse nature of the South African population. However, for many of the interviewees, aspects of identity became prominent or foregrounded in unexpected and anxiety provoking ways in their internship years. It is evident that interns need to be aware of, learn to work with and manage difference in interpersonal spaces both with fellow staff and with patients, especially in therapeutic encounters.

4.2.6 Mental and physical health

Mental health problems.

At different points of their interviews, ten of eleven participants mentioned that they have experienced unpleasant health challenges such as stress, anxiety, and exhaustion, to mention a few, indicating that the internship year had strained their physical and/ or mental health. Of the ten interns, at least eight of the participants referred to mental health problems.

The analysis of the interviews suggests that eight of eleven interns struggled with threats to self-esteem during their internship year. The reasons for the experience were multifaceted however, difficult experiences in supervisory relationships accounted most often for struggles in this regard. The participants below were amongst participants who reported on this experience in detail:

Participant A: *All of a sudden, your strengths are made to sound like weaknesses, so you kind of look for confirmation. I think it took a lot on my mental health because you start to question yourself and your capabilities.*

Participant B: *It will affect you when you start questioning yourself. Why should I always have to insult my interns you know. Tell them how they are not fit for the profession. Those things damage your self-esteem. I have colleagues who haven't completed their internship even today, they failed. It damages you. It means I am not a good psychologist.*

Participant K: *I was in an environment where I always heard, "you can't make it, you can't do it, you not tailored to be a clinical psychologist". despite the effort that you put in. So even when I moved to xxx, I still moved with that impact that you know, of doubting yourself. You are presenting with you know… lack of confidence and anxiety that is very high*.

Participant D: *I started having suicidal ideations again because of constantly feeling like I was dumb, I was stupid, I wasn't good enough, I was just[giggle] um... but yah so suicidal ideations um... low self-esteem.*

The participants observed that adverse experiences in supervisory relationships led to unpleasant internal experiences of self-doubt and self-criticism. *A* observed she felt compelled to constantly seek approval and validation from others, while K reports negatively comparing herself to other interns. *B* communicates that those interns who experienced failures or setbacks internalized those experiences, leading to negative thoughts and beliefs (e.g., believing they were not fit to be psychologists), as seen in *K*'s experience. *B* reports to even having thoughts about ending her own life (suicidal ideation) because of her challenges with negative self-evaluation, illustrating quite how despondent the receipt of devaluing critical input could be.

In addition to self-doubt, in the interviewees, all eleven interviewees mentioned that they struggled with high anxiety levels during their internship. The majority of those participants

reported that negative internship experiences (of various kinds) were a source of anxiety during their internship year. From the quotations above, it seems that participant *K* was amongst those interns who struggled with high anxiety levels because of negative internship experiences, particularly in individual supervision spaces. Like *K*, Participants *C*, *D* and *F* reported elevated anxiety and the reasoning behind their experiences.

Participant C: *Anxiety as well. I think like performance anxiety of needing to be a good enough therapist and um… also questioning how competent you are. I think there's an anxious element to that as well, especially when you have supervision, and you need to like show them your audio records. You feel quite like cringy[giggle].*

Participant D: *I constantly felt scared; I ended up, um…sorry, I can't find the word, taking on an avoidant style when it came to like looking at emails because it's almost like whenever I would see an email from my supervisors, my heart would just, you know, jump out.*

Participant H: *Definitely, anxiety went through the roof, so that was definitely something I had to manage throughout the year. It is something that I felt in every… new situation with every new consultant um… they all want something different from you… I had to keep in check, because again if you are that anxious, you can't think um… so definitely my anxiety was something that throughout the year I…I had to deal with and be aware of, and um… yah. I think um… I think I'm not alone in this regard, … I think anxiety was the biggest thing.*

It seems the need to be a good enough therapist, fear of failure and critical supervision input were behind *C*'s experience with high anxiety levels. *C* suggests that in her experience, presenting cases, especially in voice recording form, was uncomfortable and embarrassing (*cringy*). *H* reports being aware that change and new situations lead to high anxiety because of the need to adapt or adjust to different requirements in each new situation. *H* suggests that, in her experience, high anxiety levels negatively impacted her cognitive abilities (*if you are that anxious, you can't think*), a rather daunting experience for her. She reports that becoming aware of her anxiety and the triggers (e.g., sharing experiences with other anxious interns) helped reduce her anxiety. *D* suggests that to manage and reduce her anxiety levels and associated symptoms (heart palpitations), she adopted an unhealthy coping mechanism of frequently avoiding the feared situations. Although this strategy was helpful at times, it seems that it was mostly harmful because it maintained *D*'s high anxiety levels. It is clear that while some could cope with the anxiety, other interns struggled, leading to unhappiness during the year.

As in the case of *D* who had suicidal thoughts at some point, in the interviews, it appears that several interviewees developed serious health and mental health difficulties during their internship. In a different part of her interview, Participant *D* reported that her anxiety levels led to the traumatic experience of being briefly hospitalized after an incident of an anxiety attack, which she attributed to fear of critical supervision input.

Participant D: *Actually, ended up in hospital [giggle] because of supervisors just constantly pilling on, pilling on, pilling on, without gratitude um… my anxiety got so… bad that I literally. I thought I was having a heart attack, but then I was like ok wait no, I literally had to check all the symptoms then I went to the hospital, and I was just having an anxiety attack.*

In addition to reporting on experiences of high anxiety levels, several interns reported struggling with depressive symptoms during the internship year. The severity of the experiences varied, with two of eleven interviewees reporting experiences of more severe depressive episodes than others. For example, participant *G* was diagnosed with major depressive disorder.

Participant G: *Getting a diagnosis of um… major depressive disorder because ah… it was very hard to kind of handle everything that was going on. You realize that things are bad, like I'm not coping.*

G reports that difficulty handling and coping with internship experiences (of various kinds) was the cause of her clinical depression.

Like *G*, participant *J* was amongst the interns who struggled with depression.

Participant J: *I became quite depressed actually, like this was nearing maybe the last, the last three weeks of my internship or four weeks. I was like I cannot do this anymore um…I cannot cope with these feelings, which was mostly anger towards them and resentment, and I think a lot of guilt. I couldn't sleep [Sigh].*

J suggests that, in her experience, a possible cause of her struggle with depression was difficulty coping with longstanding unprocessed negative emotions about supervisor/s and permanent staff input that she had bottled up for a long time.

It is evident that it was fairly common for interns to experience mental health problems during their internship year. While this may be linked to the inevitability of encountering challenges during this training year, it appeared that in many instances it was input from those who were meant to support during training, such as supervisors, that led to or exacerbated psychological distress.

Physical health problems

In addition to mental health difficulties, seven interns mentioned experiencing physical health problems. Two participants (*D* and *J*) reported experiences of frequent somatic symptoms, which included severe irritable bowel syndrome, unspecified stomach problems, and nausea caused by high anxiety levels.

Participant D: *…also somatized a lot... my IBS would be... was constantly through the roof in my second rotation um....*

Participant J: *I actually got quite sick physically doing my internship, and I think it was very psychosomatic [Sigh and laugh] I... like yah, I started getting many somatic symptoms like I actually couldn't go to work because I felt too sick.*

D suggests that when her anxiety levels elevated in her second rotation, her IBS-related symptoms exacerbated and *J* reports that the severity of her symptoms caused impairment in occupational functioning (*couldn't go to work*). Both experiences suggest that while some interns could function despite their mental and physical health problems, it was hard for others, causing significant work-related impairment in most severe cases like *J*.

The analysis of the interviews suggests that physical tiredness or fatigue were a common experience, with at least six of eleven participants reporting on these experiences. The causes were multifaceted and included but were not limited to long working hours, high workload, busy schedules, and lifestyle changes (e.g., sleep deprivation and nutrient deficiency caused by reduced food intake).

Participant C: *Physically, I noticed I felt quite fatigued and drained. I think I became very tired physically.*

Participant H: *Physically, um well, I mean I would say not necessarily associated with internship, but I think it is, with any work environment that it's hard, you work a lot and so you are tired.*

Participant D: *I lost five kilograms cause I never ate. Um… I never ate, um… there was one time I left work at ten pm. I was just constantly fatigued.*

Participant A: *I don't use energy drinks; naps would be more useful for me to get energy, but because you work such long hours, there is no time for that, you know, so… my health um… I think my lack of sleep really took a toll on me [tongue click].They always say self-care, but there's no time to self-care, you are constantly expected to work, so it's quite draining in terms of physically.*

Participant I: *In terms of my physical health, I didn't feel like I was taking care of my physical health ah...properly. Sometimes your day can be so busy that you even forget that you didn't eat lunch and you remember like at three o'clock that you haven't eaten since six o'clock that morning you know[pause] I did lose quite a lot of weight last year. There were times when you get very tired.*

It seemed that because of the demands and pressures of internship training, interns neglected their self-care, compromising not only their mental health but also their physical health and overall wellbeing. Participant *F*, like *A*, narrated experiences of neglecting his mental and physical health and overall wellbeing.

Participant F: *There was a time where for me, where I was very much focusing a lot on my work, and I was neglecting a lot of other things in terms of my selfcare, in terms of my mental health, and emotional health as well so…. that's when it didn't go down well for me, I wasn't going to the gym as much, I wasn't hanging around my friends as much, and that was hard, I probably would've ended up being burned out so[snuffle]I was very tired.*

F reports that in his experience, complete focus on work was disadvantageous in that other areas of his life, such as exercising and socializing, beneficial for his overall health, were neglected. He reports that among other struggles, he was leaning towards experiencing burnout.

The alacrity with which interviewees volunteered observations about depletion and compromised functioning suggested that work-related stress impacts were common and significant. In many instances interns appeared to have resigned themselves to living with fatigue, anxiety and an ongoing sense of pressure. From previous statements it will also be evident that many of the interns were aware that physical health problems were psychosomatic in origin. Because challenges are inevitable during the internship training, it is perhaps inevitable that, in one way or another, interns will experience health problems. However, it was concerning to hear about quite how severe some of the health impacts of the internship were for several participants.

4.3. AREAS OF BENEFITS, LEARNING AND GROWTH.

This section explores themes related to the positive outcomes experienced by interns during the internship year. All eleven participants reported that despite facing challenges, the internship year was a year where extensive learning and growth took place. All participants also reported their ability to be resilient and persevere during this demanding period despite

facing adversity, failures and setbacks. Two themes that will be reported on in this section are: Resilience, Perseverance and Endurance, and Consolidation, Expansion and Growth.

4.3.1 Resilience, Perseverance, and Endurance

It is essential to mention that, despite facing challenges, all eleven interns were pleased to say they successfully completed their internship training. The analysis of the interviews suggests that successful completion was possible because, in the face of adversity, failures and setbacks, interns demonstrated the inner strength and wisdom to keep going, even when feeling defeated or overwhelmed. Participants *B* and *D* were among the other interns who maneuvered through difficult experiences instead of giving up.

Participant B: *I nearly quitted at some point, but you know I have a very good support system.*

Participant D: *I remember my second week of internship; I actually wanted to quit [giggle]. I'm that much proud of myself for sticking it through.*

While it is striking that both *B* and *D* considered withdrawal from their internships at some point, both felt satisfaction in having continued successfully. *B* suggests that having support systems in place was advantageous in building the resilience he needed to keep going and strengthened his ability to persevere. *D* prides herself in being resilient and persevering in the face of adversity. Various factors helped build interns' resilience and strengthened their willingness to persevere. Like *B*, participant *J* was among those who described how valuing of support and transcendence of difficult experiences produced feelings of satisfaction and relief.

Participant J: *My own therapy, kind of helped me to just focus and, you know, really look for the positive parts and focus on that, so it helped me to like just regain perspective, and process trauma, mostly like debriefing, and co-interns um… yah. Like definitely, like you hang out with them and just like laughing [laugh] stuff like going out, it was helpful.*

J's comments indicate that she was able to not only overcome distressing experiences but also to take pleasure in some aspects of her work, including the bonding with other interns. It appears that relationships both internal and external to the internship context are significant protective factors in navigating the internship year as reported previously. However, in this sub-section it is the appreciation of the capacity to overcome negativity and to survive due to the availability and use of internal and or external support that is emphasized by interns. *J* communicates that it was in the therapy space where she gained perspective, and a mindset shift towards greater positivity, enhancing her sense of her resilience. Like *J*, five other participants adopted a positive mindset and gained perspective in the face of challenging

experiences, giving them added confidence in their psychological strength. Amongst those participants was *C*, *I* and *K*

Participant C: *I think I'll just put in a disclaimer there that it's not something that you can't overcome; it's just something that you adjust to rather than a blocking in the road.*

Participant I: *I don't think they are difficulties or challenges; I think they are experiences, and with time you learn how to manage the experiences better… It's like teething, being open to that experience and basically just expecting whatever it is that was going to come with that, with that experience.*

Participant K: *Looking at a situation, it was hectic, so… your resilience as well plays a role in help you cope, you know. You constantly have to calm yourself. All you need is to remind yourself and say, " I am doing my internship, and it is this one year, and I am going to, you know, move".*

C built her resilience and strengthened her willingness to persevere by adopting a positive mindset, viewing the experience as possible to overcome instead of becoming defeated. Participant *I* compared interns to babies who undergo a necessary process of teething, an inevitable and uncomfortable process in the early stages of babies' lives but that is necessary. and ultimately comes to an end. *I* was able to apprehend that facing and going through uncomfortable experiences is inevitable and necessary for interns because it is part of their process, just like babies. It appears that having this metaphor in mind during this challenge period of her life was necessary as it helped her make sense of her experience, which in turn helped her to keep going and to survive hardship. *K* reports that challenging her thoughts and reminding herself that the internship process and accompanying experiences are not everlasting helped her to keep going and not to give up. Participant *K*, who failed her internship training the first time around, communicated in a different statement that gaining perspective and adapting a growth-oriented mindset (e.g., viewing her setbacks as learning experiences) encouraged her to pick herself up and complete this dimension of her training.

The analysis of the interview data also indicated that job satisfaction was among the factors that enhanced interns' resilience and commitment to the process. This was evident in all eleven interviews. Being satisfied with one or more aspects of the nature of work and other aspects of their training encouraged interns to maintain their progress through the year as illustrated below by *B*, *C* and *I*

Participant B: *I think yah, despite the difficulties and the demands and the conflicts, to… be in a room and do the business of psychology, I think it reminds you why you fell in love with*

the field. It gives you perspective on why this is important to you, when you actually, yah, get down to doing it, so the best part of it was working.

Participant C: *I think what was satisfying for me was the variety of stuff I got to do. When I was in the adult unit, we did, um, consults, just general consults with people in hospitals. We got to see a variety of people from different wards for different things. Um… Yah, I think just the variety of everything that I had was very satisfying and also, the supervision and the guidance it was very satisfying.*

Participant I: *You're doing work that matters, and you're doing work that counts and.... like I really can't explain to you sort of the job satisfaction that you get from being able to, to see somebody gain from what you are working together on, you know.*

There is a sense that interns felt stimulated and were reminded of their significance as psychologists in society when exposed to and engaged with the nature of work and other aspects of their training. This led to interns' gaining the motivation and strength to keep going and to draw satisfaction from their work.

In addition to gaining a sense of personal robustness and deriving a sense of meaning from the nature of the work they were undertaking, at a more practical level, the analysis of the interviews suggested that the paid aspect of interns' training was appreciated by all interns. Receiving an income (often for the first time in their lives) motivated interns and gave them the strength to keep going and engage with work demands despite the many pressures outlined in previous themes. *D* communicates that receiving an income brought her the sense of pleasure, excitement, and comfort needed to keep going, a sentiment also shared by the other ten participants in the study.

Participant D: *So, you know, moving into internship where you're actually getting paid for like the torture [giggle], in some sense that was exciting, you know.*

It was evident that the participants viewed their income as compensation for many of the stressors and burdens they carried and gave them a feeling of greater self-sufficiency. It also seemed that receiving an income benefited interns as it allowed them to invest in and access various self-care activities that helped build their stamina.

4.3.2 Consolidation, Expansion and Growth

The analysis of the participants' responses indicates that, despite facing challenges of various kinds, all participants experienced personal and professional growth during the internship year. As previously discussed in the theme "shift in personal identity," all interns took on the identity

of practicing intern clinical psychologist, indicative of professional growth. Despite being a significant adjustment for most, the training year was also exciting as it allowed interns to consolidate knowledge with skills and engage in more learning for continuous professional growth as mentioned by all interns in the interviews. Both *I* and *K* were among those interns who, by emphasizing internship to be a learning experience, found benefit in their engagement.

Participant I: *Basically, being open to learning, being able to learn as much as I learned.*

Participant K: *What I took from both the experience is that internship is a process of learning. I think as interns, we need to understand that the reason why whoever decided to do internship is for us to learn.*

Recognizing that learning was a central premise of the internship allowed *K* and other interns to be receptive to input and to appreciate that they had become equipped with newfound knowledge and skills. Because participants' learning style changed from mainly thinkers to doers, in the interviews, all participants mentioned they experienced significant professional growth through direct clinical work. Participant *E* and *J* acknowledged achieving clinical competency through learning from the patient.

Participant E: *You learn a lot from patients as well, like sometimes there are low lights, sometimes there are highlight lights, they teach you stuff, and they are not the same, yah. So, you get to do stuff even if you are using the same model, but you get to apply it in different ways because the people are different.*

Participant J: *The best feedback you can get is from your patient, so that classic, you know, learning from your patient, that really is true, and that is where I learned the most, in the therapy room.*

Participant *E* suggests that she learned how to formulate and work with patients using one or more psychological theories through interactions with patients. *J* appreciated that patients were her best teachers as they offered experiential feedback of a specific kind. Through direct clinical work, *B* also communicates achieving clinical competency both by gaining confidence over the course of the year and feeling more comfortable in working with patients.

Participant B: *Seeing a patient I'd be very tired, but I'd enjoy seeing the patient because I knew what I was doing. It's very nice to reach that stage. My competence came back, and it prepared me for community service.*

For *B*, achieving clinical competency led to positive experiences of satisfaction and confidence during his interaction with patients. He suggests that an added benefit to his clinical skill acquisition was that this made the transition into community service easier for him. Despite

facing challenges, in the interviews, all eleven interviewees mentioned achieving clinical competency in working with different presentations through learning related to patient exposure and interaction, illustrated below by *A* and *J*

Participant A: *The patients, like you work with, the variety of patients we don't get exposed to in M1, but in M2, like just learning about how these uh…uh…disorders take form or how they are expressed in, in humans, and they can look different in different people you know, like diagnosis, like all those questions you read in the textbooks come alive in internship you know, so for me, that was a great experience.*

Participant J: *You get to see different types of presentations, um... and the different types of patients, you see very interesting presentations.*

Like other participants, *A* suggest that practical exposure gave her the opportunity to consolidate previous learning through direct observation. Participant *A* also suggests that practical learning, unlike textbook learning, helped enhance knowledge and bring theory '*alive*'.

Although participants reported that they initially followed their supervisors' therapy styles, two of eleven participants communicated they had discovered their own style of therapy when they completed the internship year. Like the other participant, *B* communicates an awareness that his current unique style of therapy, compared to his previous style, is indicative of professional growth.

Participant B: *When I first entered, it was like you know you have to do xxx techniques eh… there is a certain stance, you find your own way of doing therapy, even though you adopt you'd steal from psychodynamic, you'd steal from systems and CBT, but as a person, you'd find your own style. I don't do therapy the same way that I was doing it in early internship.*

Participant *B* also notes an increased confidence in knowledge application and ability to use psychological theories in and out of the therapy room. In the interviews this was also mentioned by participant *E* who noted that the change was as a result of frequent opportunity to apply theoretical knowledge in her work with a variety of patients "*yah, so you get to do stuff even if you are using the same model, but you get to apply it in different ways because the people are different".*

Despite facing challenges in supervision, the supervision aspect of the training was also acknowledged in the interviews by five of eleven interns as an aspect of the training that had a significant role in the interns' professional growth. *E* as one of interns observed that

productive learning occurred in one of her supervision spaces due to her supervisor's approach which was designed to scaffold her to become more independent over time.

Participant E: *Let me put it that way, he took me through like from the basic basic stuff like he didn't assume that I already knew stuff[, so that worked as well cause then, by the end of the year or even in that term. I was able to kind of work independently because he like took me through everything.*

In addition to achieving greater therapeutic competence, two of eleven interns reported they achieved competence in components of psychological assessment, such as reports writing, through individual supervision in this area of work as illustrated below by *K*.

Participant K: *I think in xxx, I didn't struggle to write reports because, you know, their reports were supervised intensively, so, and it was easy for me to, you know, flow with reports using the previous experience.*

It was evident that, besides direct clinical work, several other forms of input helped interns achieve professional growth. Other interactions or spaces included but were not limited to individual supervision spaces including those suggested above, group supervision, academic lectures, peer interactions, and outreach work, illustrated below by *B* and *J*

Participant B: *The exposure is outstanding, man, the training that we get on Fridays, we get training on different models, forensics, every model that there is, and the rotations, psychiatry, general medicine, and what's the other one, community. We go to clinics on outreaches, we speak to learners, we speak to youth centers, it's very outstanding, the exposure.*

Participant J: *I had to find ways of learning, I had to find ways of growing if it wasn't through... I mean, I make it sound like everything is dependent on your supervisor-supervisee relationship, but I do feel like it is part important , but luckily like there were other spaces like group peer supervision, um...there were like group supervision, different types of supervisory spaces, ah... group presentations, so you, yah, you learning how to just draw from those and use those spaces more. That's how I, how I coped, and managed to still learn and build confidence and.*

Participant *B* suggests that the variety of environments and knowledge areas he was exposed to was beneficial because interns acquired understanding related to different clinical specialties. The repetition of the words (*outstanding exposure*) suggests participant *B*'s satisfaction with this aspect of his internship and learning in complementary lecture and community placement spaces. *J* suggests that exposure to complementary supervision spaces helped her to acquire newfound knowledge. It's clear that different supervision spaces in

internship sites and other learning spaces helped interns achieve professional growth because interns could source knowledge from the different actors in these spaces.

As already discussed, as students, interns did not form a permanent part of an MDT, however, they were required to function within such teams in many instances. Participants *A* and *J* were amongst the six of eleven interns who suggested that learning about different disciplines and their roles and responsibilities in patients' treatment plans helped them achieve the clinical competency to accurately refer patients and engage in other case-management tasks.

Participant A: *Seeing how occupational therapy relates to psychology and psychiatry, how it's important also as a psychologist to kind of have an idea of what the medication does to the patient and then after your group why would an OT intervention you know.*

Participant J: *Knowing like when to refer, to who, to where. Who goes to the social worker, who goes to the OT, who's more appropriate for OT versus you know, that case management type of thing, but that's something that you learn. I felt like I could learn fairly quickly.*

Participant *A* suggests that the MDT had a significant role in enhancing interns' pharmacological knowledge, which helped them understand the impact of medication on patients' behaviors in and out of the therapy space. It seems that interns evolved into competent members of the MDT by allowing themselves to be comfortable with not knowing and felt enriched in appreciating how their role fitted relative to other professionals.

It was evident that interns experienced a different sense of independence and autonomy compared to that they felt as students, which increased decision-making and responsibility in relation to areas such as case management, working with patients and structuring a diary. All of these reported experiences were indicative of the intern's professional growth.

Personal growth

Reflecting on their progress throughout the internship year, all interviewees reported significant achievements in sense of personal growth. Amongst the interviewees was *B* and *F*

Participant B: *The person who I've become, the results. I think what is satisfying is the person that I have become, despite the challenges. I have to thank myself.*

Participant F: *I think the growth, man, it was a lot… of growth.*

B's expression of appreciation indicates a sense of being proud of herself for achieving personal growth despite facing adversity. *B* also reports a high level of satisfaction with the current version of himself, achieved by going through the process of an internship training. Like *B*, eight other participants mentioned new versions of themselves achieved through

accomplishing and engaging with the internship process. Participant *D* communicated gratitude for facing adversity because it was in the face of adversity where personal development took place, resulting in the achievement of a better version of herself.

Participant D: *Even though I went through so… much, I came out a much better person. I feel like I know how to stand my ground a whole lot more now and which is important for me.*

Participant *D* was also among those interns who not only felt she had been resilient but in reflecting on her experiences, realized that she had gained a more permanent sense of assuredness and capacity to stand by her convictions, as reiterated in a further quotation from her interview.

Participant D: *I've just realized like how much stronger I am because I survived, you know.*

In addition to those forms of personal expansion mentioned already, analysis of the interview data suggests that five of the eleven participants achieved growth through increased self-reflection and self-awareness, as summarized very succinctly in this observation offered by participant *F*.

Participant F: *I learned about myself; personally, you know.*

It was clear that despite very challenging experiences that most interviewees encountered during their internship year, all participants recognized that they had achieved professional and/or personal growth. This growth was often linked to overcoming difficulties and discovering internal resources and appreciation of support from many different resources. As would be the hope for a year that is integral to the training of clinical psychologists, the benefits of the year were communicated, and the interviewees were ultimately proud of themselves and experienced a sense of accomplishment in completing this important aspect of their professional development.

4.4 AREA OF COPING, RESOURCES AND ADVICE

This section seeks to report on coping resources interns had in place during the internship year to help them survive this demanding and crucial period of their lives. Out of eleven participants, all mentioned one or more coping resources they drew upon. In addition, all participants gave one or more pieces of hypothetical advice to either interns or supervisors or both, in response to an interview question asking them to think about this issue. They seemed to feel that if the advice were to be taken into consideration and applied, incoming interns are

likely to have more positive experiences. The two broad themes reported on in this section are Coping resources and Advice by interns.

4.4.1 Coping resources

During the interviews, *I* asked all participants about the internal and external resources they drew upon to help them cope with their internship. In their responses, all participants mentioned one or more resources that helped them cope. In this section, *I* report on the participants' responses in several subsections relating both to interpersonal support of various kinds and self-care activities.

Professional Interpersonal Sources of Support

In their interviews, seven of eleven participants mentioned resources within the internship site and within the discipline of psychology that had proved helpful to them.

In the interviews, four participants mentioned that co-interns and colleagues offered them significant support during the internship year:

Participant F: *Classmates, we all did our internship in one place. That played a role in peer support.*

Participant B: *There was no time for competition for my colleagues because you end up forming subsystems. Those things happened during my internship, but we realized them very fast, and we contained them and became one group. We spoke, we supported each other, we kept things going. We are arguing from a psychological point, and we need to support each other, but over and above colleagues, we share, we debrief, you know.*

Participant D: *…it's all well and good to have family members, but they, they will never understand [giggle] um... I had my colleagues, um... both at first and second rotation, they were [giggle] yah like, I literally don't know what I would have done without them.*

Participant K: *The other well-coping strategy that helped me was other fellow interns because I was not the only one going through this. We were going through this as a group, so we managed to stand together, and be there for one another, because today one would receive, you know, bad uh…. that bad um… feedback and then tomorrow it's another one, so we kept on supporting and being there for one another.*

In the quotations, the participants communicate that peer support helped them cope and survive because it was a source of both academic and emotional support. *B* suggests that encouraging unity as opposed to succumbing to division was advantageous because as a united group interns were much better able to manage pressures. Participant *D* suggests that although she

appreciated support in her personal life, it was significant and advantageous for her to seek out and have access to peer support because of fellow trainees 's ability to appreciate the specific kinds of stressors she was compelled to manage. *K* suggests that she would not have survived her internship year without the support of fellow interns – suggesting quite how significant this element was. In *F, D, B* and *K*'s observations, there appears to be reference of a strong sense of camaraderie and group cohesion that perhaps derived from a mutual sense of the difficult demands they were facing, such as position in the hierarchy and vulnerability to critical expert input (as discussed in previous sub-sections) and sustained them within the environment. By implication, it's likely that for those interns who experience competitive and distanced relationships with fellow interns, the year is likely to be much harder to navigate.

Nine of eleven participants reported that aside from co-interns, peers in the field of psychology and fellow clinical psychologists also had a significant role in helping them cope during their internship year, illustrated below in comments by *E* and *K*.

Participant K: *You know, I had a lot of discussions as well with other clinical psychologists outside.*

Participant E*: The supervisor and the peer support were the main ones. Having um… friends now that know me personally and academically that are in the same field yah, ' cause then I would, it would be easier to unpack stuff with them or talk about certain topics, or yah have those yah uncomfortable talks so then when you actually have to speak with your client you not as uncomfortable because, it's like normalized in your environment.*

E reports that support from colleagues within the field of psychology was beneficial because it was within this support system that she received the academic and emotional support that benefited her in the therapy space. *E* seems to communicate that this support system was a source of containment that allowed her enough to be a good-enough therapist in the therapy space.

Amongst the nine participants, six participants who mentioned having positive experiences within their supervisory relationships mentioned that their supervisors offered a professional resource to draw upon to manage during the internship year and to an extent, also offered emotional support. Participant *F* was amongst these interns who communicated receiving support from supervisors. Like other participants, *F* found that the support was most beneficial in times where he felt lost and experienced uncertainty.

Participant F: *I had amazing supervisors in my year, so I could go to them and say, "listen, I do not think I know what I am doing over there," and they were the type of people who wouldn't*

take that in a bad way, you know what I mean. They were the type of supervisors that would listen to you. I think that was very beneficial in easing those uncertainties and those fears.

It is evident that *F* appreciated receiving guidance from her supervisors without judgement. The non-shaming stance in supervision allowed her to continuously seek and receive the guidance she needed. *F* also seems to communicate that her supervisors played a significant role in containing difficult emotions she experienced (uncertainty and fear).

Internal supervisors at the sites were not the only supervisors that offered the support interns needed. *K* was amongst the six interns who communicated that they sought support from external supervisors to supplement that which they received 'in-house'. This kind of extra supervision seeking may be due to several reasons including inadequate supervision on site, intern anxiety and/or drawing upon specialized expertise in relation to issues. For *K* it seemed she appreciated extra supervision as she did not feel adequately supported in her internship site.

Participant K: *I also um… asked for supervision outside the environment. Um… I had to ask someone to supervise me outside.*

In a different part of her interview, *K* reported that in addition to seeking input from an external supervisor, having access to her lectures in academic settings was advantageous because they offered her emotional support and containment, which left her feeling less isolated.

Participant K: *The university also played a role in supporting me. All the lecturers because I opened up and told them what I am experiencing, and they were there to support me, to help me to go through this process, so I wasn't all alone.*

In addition to peer and supervisor support, the analysis of the interviews indicated that personal psychotherapy was a commonly used resource among interns during the internship year as in the therapy space, interns receive emotional support and a modelling experience of how therapy works.

Participants *A*, *C*, and *K* reported that personal psychotherapy helped them as they sought and received the psychological support needed to cope in the face of adversity and the daily demands of the internship.

Participant A: *Therapy, I think that's what helped cause if I wasn't in those things with the last rotation, I literally, um…like I really hated going there, so it was, it was really hard.*

Participant C: *Therapy, one hundred per cent therapy cause' when you are in internship, you have to be in therapy. Yah…cause there's just so much that goes on. You need that space, even*

if it's just for an hour a week just to offload and to normalize and to put things into perspective, and to be heard as well. So, I think therapy definitely helped me.

Participant K: *I had to go for therapy. That I'd say it kept me going. That um…. at least I have someone that I can vent my frustration to.*

The participants suggest that it was within the personal psychotherapy space where they received needed containment, in part as their experiences were normalized and put into perspective.

Personal Sources of Interpersonal Support

As much as they benefited from seeking support from fellow trainees and psychology professionals in various guises, all eleven participants reported that their friends and family were a source of emotional support, helping them navigate through this crucial period of their lives as illustrated below in comments by *B*, *D* and *K*.

Participant B: *Well, in terms of support, I had a good support, friends, and family, and I'd use, I had a six year old son , so I think my son was a motivating factor. Look, we had a good relationship with my son, and every time I'd feel down, I'd call him , and we'd laugh, you know. He'd visit, I'd post him, spend a weekend with him, trying to soothe myself , but the support that I had man it was marvellous.*

Participant D: *There's my mom who I draw upon. I stayed with her during the whole of internship, so she was like, um... my constant, you know, pillar of strength.*

Participant K: *Family, of course, that you know having a supportive family also helped me go through that hectic period.*

The participants suggest that during the internship year, their friends and family (mother, son etc.) contained and soothed them in times of need, making it easier for them to cope with the internship demands and keep going in the face of adversity. Participant *B* reports that his son, in particular, was the primary source of emotional support because he represented a different part of his life and brought in a sense of joy and humour. *D* suggests that living with her mother was beneficial as she proved to be a consistent source of support and was aware of her daughter's daily pressures and challenges and *K* reports that her family's ability to offer the support she needed helped her realise that external support was significant and beneficial and necessary during this demanding period of an intern's professional life.

Like the participants mentioned above, *C* found the support he experienced out of the profession to be helpful. In his experience, he found that his friends helped him escape from the world of work and forced him to shift from his therapy mindset.

Participant C: *Being with friends always helps. You can just be an idiot for a weekend. You don't have to be thinking and yah contemplating. So I think just having friends that you can just unwind with um…yah.*

C communicates that having time with more playful friends was refreshing and a helpful form of self-care. *C* seems to recognise that this kind of more relaxed engagement was important during this time.

Self-care Practices

Three of the eleven participants reported that they could cope and keep going during this demanding period of their lives by using healthy coping mechanisms beyond interpersonal support. They reported engagement in exercise, reading, and entertainment activities, such as watching series and going out. Participant *D* reported taking time off to participate in a retreat for meditation purposes. *D* communicates that during the retreat, he mastered the mindfulness skill that helped him become present and aware, to achieve mental calmness before and after his therapy sessions, and to relax, and cope better with the demand of the internship.

Participant C: *Um…meditation as well, that helped a lot. In the middle of my internship, wasn't the middle was closer to the end I went on a ten-day silent ah… retreat. Um… something happens there. I think in that process where you check in with yourself you know. You just spending your time observing where your mind goes non-judgmentally and observing the sensations on your body, getting in touch with your body, and your mind at a very deep level. So that helped me a lot, and then I continued to practice after that. It definitely helped me, especially before a session, even after a session, to almost clear out my mind or get into um…a present and aware sort of mindset.*

In a different part of the interview, *C* reported intentionally creating positive emotions and escaping from the world of work to become less overwhelmed by participating in activities he enjoyed such as watching YouTube.

Participant C: *I actually bought a PlayStation when I got to Masters[giggle], just to have a bit of balance ' cause I knew otherwise my head will be in that stuff twenty-four seven so I just played like games, just watch TV, watch a lot of YouTube.*

In addition to the coping mechanisms mentioned above, participant *D* was one of two participants who reported prayer being an effective coping mechanism.

Participant D: *Like my faith is like number one that's, that's also like another thing um... if I did not have God, there's no way I could have come through on the other side.*

D suggests that prayer helped her manage distress caused by the demands of the internship and holds a belief that the absence of an external force (God) during her internship would have made it unbearable and impossible to survive.

We see that seeking out and having access to internal and external resources is significant during internship because it is a crucial and demanding period of a trainee's life. The participants communicate that they used a range of resources to help them to manage work and training related stress, with interpersonal support of various kinds proving most prominent in their accounts, supplemented in some instances by a range of self-care activities. In the language they employed it appeared that coping resources were viewed as almost essential to sustaining them through what was generally perceived as a very taxing year.

4.4.2 Advice

Given that the participants have gone through an internship year and encountered experiences of various kinds, towards the end of each interview, I asked all participants what advice they would offer to an incoming intern such as myself about what to anticipate and how to best manage during the year. I also asked the interns if they could give advice to trainers or supervisors regarding what interns most need to thrive in their internship. In their responses, all participants gave one or more pieces of advice to incoming interns and trainers or supervisors. They also extended their advice to internship sites, academic institutions, and the internship governing body. In this section, the first subtheme is dedicated to reporting on and discussing advice participants gave to incoming interns and the second subtheme to that participants emphasized as crucial for supervisors or trainers and training bodies to know.

Advice to interns

In the interviews, all participants advised incoming interns to be open to learning from different spaces and individuals because, in their view, learning is central to the internship training. The participants suggest that being open-minded and receptive will allow interns to acquire or enhance the necessary skills and knowledge beneficial for their professional growth and achievement of clinical competence.

Participant B: *…keep an open mind. Go there with an open mind that you are going to learn. The thing is that you are never prepared for internship.*

Participant F: *Learn as much as you can. Learn, it's gonna help in the long run.*

Participant J: *Learn as much as you can, because it's also a great learning experience.*

Participant *B* suggest it's not uncommon for interns to enter the internship training feeling incompetent and presenting with a gap in their knowledge and skill, and that it therefore helps to be open to guidance. Participants *F* and *J* advise incoming interns to take advantage of opportunities presented during the training of learning from different spaces and individuals.

To be more specific, in a different quotation, participant *B* advised interns not to be resistant and be open to learning different modalities to achieve clinical competence in formulating patients and working with the patients in the therapy room.

Participant B: *Don't be stuck in one paradigm. You need to be flexible. It is very important to draw from different styles.*

Because this is an essential part of the internship process, participant *K* was one of the six participants who advised incoming interns to be open to receiving feedback. *K* suggests learning to focus on constructive feedback and paying less attention to unhelpful feedback to achieve professional growth.

Participant K: *There is constructive feedback that you need to take and learn, and then there is that feedback that is not helpful. Take it aside and focus more on the constructive feedback. Take it as a process of learning.*

Despite reports of negative experiences, nine of the eleven participants mentioned the importance of maintaining a healthy supervisory relationship and/or prioritizing building positive ones. Among those participants was participant *I* who advises interns to facilitate rapport building in supervisory relationships given how crucial supervisors are for interns' professional growth and induction into the system.

Participant I: *It's very important to have a good relationship with your supervisor because they're the person that you depend on a lot, especially in the beginning when you feel out of your depth. I think the important part is being able to, um... resolve any issues that you might have in a... in a healthy and, you know, like a conducive manner in order to continue this working relationship.*

I advise interns to aim for healthy conflict resolution to foster a positive and fruitful working relationship with their supervisors, leading to more positive experiences.

In addition, several pieces of advice by nine of eleven participants were linked to interns' mental and physical health and overall well-being. Informed by their experiences, seven of the nine participants offered advice on how to improve self-confidence and self-worth during the internship process. Among the participants was participants *D* and I who advise interns to learn to replace self-criticism with self-compassion, by constantly reminding themselves that they are good enough, especially when they feel inadequate and experience failures and setbacks. They both suggest that eliminating self-criticism means eliminating self-doubt and learning to trust oneself and one's capabilities.

Participant D: *Learn to trust your own mind. Learn to know that you are good enough as you are, because if you have that solidly down, no matter what supervisor does, what says, what feedback, doesn't matter that will not penetrate you.*

Participant I: *Trust yourself. Trust that you have gotten to this point for a reason, you know, don't get caught up in sort of doubting yourself.*

D suggests that cultivating a core sense of self-worth is advantageous because interns will be less susceptible to external criticism, making their internship experience more manageable and less daunting. To improve their self-esteem and achieve self-confidence, *H* was the one participant who advises incoming interns to keep a professional journal and monitor their progress.

Participant H: *Keep like a professional journal. Um…so that you can go back and say, oh, but I couldn't do that at all, but now I feel much more comfortable. I think it's important to also feel self-confidence.*

When asked to give advice to incoming interns, the importance and benefits of engaging in self-care and practices during the internship year was mentioned by nine of the eleven participants. Informed by their experiences of neglecting their self-care during their internship year, leading to damaging consequences. Participants *B* and *I* were amongst the participants who in detail advised incoming interns to foreground self-care.

Participant B: *Self-care- go out and have fun. Self-care, spoil yourself.*

Participant I: *Learn the importance of taking care of yourself. It's very easy to prioritize everything that's expected of you and sort of not understanding the importance of needing to also refill for yourself. Constantly pouring, eventually, you gonna run dry.*

It seems that the participants believe that by practicing self-care, interns will be able to better replenish themselves to undertake what is demanded of them. Using metaphor, it seems

participant *I* suggests that by not practicing self-care, "refilling one's own cup", interns are likely to burn out (run dry).

Informed by positive experiences of achieving professional growth and coping better with the help of internal and external support, Participant *A* was amongst the nine participants who advised incoming interns to seek out and to put in place internal and external support systems during this crucial period:

Participant A: *It's important to have a support system, you know, make sure you're in therapy, make sure you have people around you who can help you take care of yourself, because sometimes it's very hard to do that when you have all this work going.*

Participant *A* continued to emphasise on the importance of therapy in a different quotation:

Participant A: *Staying in therapy. I can't emphasize how that was important cause I've seen colleagues who, who weren't in therapy and how most of them not only struggled but ended up in hospitals.*

Participant *A* recommends personal therapy to help interns cope, especially in the face of adversity and to avoid falling into despair (as she witnessed happen to some interns during her internship year).

In addition, to the coping mechanisms referred to thus far, two of eleven participants advised incoming trainees to make time to engage with their research report during the internship year, as neglect created added stress.

Participant B: *Don't neglect your research during your internship. Do your research during your internship; even if you find an hour a day to work or take leave, you have twenty-two days annually, break them down. Priority is to finish the program.*

Participant C: *I would also emphasize spending weekends and any spare time on research. Most people prioritize work or studies, but research is what is going to ensure that you will survive financially the following year.*

Although making space for research during the internship years adds to interns' workload, the participants suggest that prioritizing and making time for research during the internship year will help interns complete the program, subsequently assume their community service role on time, and guarantee financial security. To ensure interns attend to their research during the internship year, Participants *B* and *C* advise them to take advantage of their free time, such as after-hours, weekends and leave days.

Other advice given to incoming interns included but was not limited to how incoming interns can address challenges within the MDT and ways to cope with the workload, illustrated by *H* below in two different quotations.

Participant H: *I think from the start be engaging, so if you, from the start you are engaging, you are engaging um…you ask questions. Um…you report what you've observed, then… I do think they will also find it easier to speak and to attach weight to your opinion.*

Participant H: *I think the volume, the sheer volume of work, um... it's a lot, so think about how you prioritize everything and then try to find a schedule, and… to stick to it. Um… and I think the easiest thing is also to …to do everything that you can immediately. Make your notes immediately.*

Participant *H* advised incoming interns to be active members of the MDT by engaging with the team, giving feedback and asking questions where necessary. *H* reports that, in her view, this will lead to positive outcomes, such as the team trusting the intern and valuing their professional contribution. *H* also advised incoming interns to establish schedules or routines such as immediately writing process notes after sessions, to help them cope with the workload and to prevent getting overwhelmed.

Advice to supervisors

The analysis of interviews indicates a high level of dissatisfaction amongst most participants regarding the selection criteria of supervisors, as seven of eleven participants felt that the selection criteria used were unfair and disadvantageous to interns. Participants regarded queried the automatic assumption of supervisory roles by permanent staff, given that this did not necessarily mean that they had specific supervisory expertise as stated below by *A* and *B*:

Participant A: *What I also notice is that if you're a permanent post uh… if you're a permanent employee, then automatically you become a supervisor of a hospital.*

Participant B: *The fact that you have three years plus in the institution doesn't automatically qualify you to be a supervisor of interns. We call out to training institutions to re-evaluate the people who train. Not everyone can train students.*

Participant *B* suggests that not all permanent clinical psychologists should be considered for a supervisory role because he believes not all have the necessary characteristics of a supervisor or, to be specific, the skill to supervise interns. To address their concerns, Participant *J*, among others called training institutions, internship sites and governing bodies to re-evaluate the current selection criteria and adopt a more rigorous selection process.

Participant J: *It feels like supervisors need to be interviewed and needs to go; they need to go through a stricter process before they become a supervisor.*

It seemed that *J* felt that a more demanding process of supervisor selection should be implemented, equivalent to the kind of clinical psychology master's selection process (M1) that interns had to go through. *J* seems to believe that using a stricter process would lead to a better fit, with supervisors who could provide a conducive environment, leading to interns having more positive experiences. In addition to a call for more careful selection, Participant *D*, in keeping with other participants advised training institutions and sites to prioritize the training of supervisors post the selection process.

Participant D: *Supervisors need to know what a supervisor is. They themselves need to go for training because they don't go for training, um... supervisors don't know what a supervisor is.*

It seems that *D*'s experience left her with the belief that most supervisors do not have adequate knowledge of what it means to supervise interns because of inadequate training.

Informed by their experiences and observations, six of eleven participants advised supervisors to show interns a deeper sense of empathy during this crucial period, acknowledging that they themselves were once anxious and inexperienced, as illustrated below by *A* and *I*:

Participant A: *I think they just need to really go back to a time when they were interns because I think some of them are so removed from that experience.*

Participant I: *First and foremost is remembering as a supervisor what it was like when you were an intern, like put yourself in your intern's shoes and remember how the experience was for you and understand that they are going through that too. That really will speak a lot for the way that you treat your interns and how you manage them.*

Participants *A* and *I* suggest that to develop or enhance the needed attunement supervisors should imagine themselves in the circumstances of interns to empathize with them. It was hoped that by supervisors putting themselves in interns' shoes by drawing on their own previous experiences of internship, they would better understand what interns are going through, leading to improved treatment and management of interns, and encouraging growth rather than apprehension. Ten of eleven participants mentioned interns' need for a safe and supportive environment and advised supervisors to first and foremost prioritize creating a safe space for incoming interns because this is conducive for learning and encourages professional growth as illustrated below by *B* and *H*:

Participant B: *There is nothing more important than having a conducive environment. It facilitates learning.*

Participant H: *If you want to provide the intern with an experience where they can really, truly learn from you, and absorb as much as they can from you and the situation, then I think it is essential that you create an environment that is encouraging, and that is warm.*

Participants *I* and *H*, in a different quotation make clear that a conducive environment is one that is not punitive, allows interns to make mistakes, and functions on an open-door policy. They both suggested independently that applying these principles would enable supervisors to provide a fruitful environment, an environment that would encourage interns to confidently ask for guidance and necessary questions.

Participant I: *Don't let the interns be scared to come and tell you when they've messed up because internship technically is the year when you're supposed to be... learning, finding your footing, mistakes are inevitable, try your hardest to foster a good relationship with your interns.*

Participant H: *So, it was incredibly valuable to me when I experienced truly an open-door policy, where you really can just pop in. It made a huge difference.*

To successfully create a safe and conducive environment for interns and demonstrate empathy, participants *A* and *D* were amongst the four participants who suggested that supervisors should commit to being in their own personal therapy space, in part because they were viewed as unable to recognize their own role in conflicts and how they might be affected by the stress of the environment.

Participant A: *Like, I don't even think my last supervisor was even in therapy, to be quite honest, because I remember I was advised to talk to my supervisor and kind of try and find an[tongue click] an amicable kind of like or just talk specifically, but it was like she doesn't have the capacity to do that because when I have raised something with her um… it's like she couldn't take it, she was so defensive.*

Participant D: *They need to fricking be in therapy. I do believe a lot of these supervisors are not in therapy. Um…it just needs to be a nurturing safe space.*

Participant *A* narrates experiences of her supervisor's struggle to resolve conflict in a healthy manner (*she was so defensive*), leading her to believe that her supervisor lacked self-insight and interpersonal skills. It seems that Participants *A* and *D* hope that by being in a therapy supervisors will become less defensive and un-containing and instead be better able to create a nurturing, receptive, containing, environment where conflict that occurs is resolved in a healthy manner.

The delivery of feedback was also considered a key area where some improvements in supervision would have been welcomed. Participant *E* suggests that although feedback is daunting for an intern, it offers guidance, especially in times of uncertainty and doubt.

Participant E: *Always giving feedback cause sometimes you not even sure if you're doing it right, but the feedback helps[pause]even though it's daunting for the intern.*

Like *E*, Participant *K* advises supervisors to give interns feedback and, in particular, to focus on constructive rather than negative feedback.

Participant K: *Their role is not to break you or to destroy you. I'm not saying they shouldn't give like feedback, but you know, like constructive that you know, that this thing is helping me to learn.*

K reminds supervisors that their role is not to humiliate and destroy the intern but to help the intern learn and grow.

In addition, participants *B* and *C* were amongst the three of eleven interns who suggested that supervisors needed to be flexible in allowing interns the freedom to choose and use their therapeutic modality of choice and also to be comfortable to supervise interns across different types of intervention.

Participant B: *[Giggle] Well, I'd advise them to be receptive, man. We need people who are vastly experienced, people who have knowledge of different modalities.*

Participant C: *I would advise trainers to give the intern the freedom to choose their own modality and way of practising, so a person-centred approach that respects the individuality of the trainee may be appropriate.*

C advises supervisors to consider using a person-centred approach in supervising interns as it will allow them to respect the individuality of interns, leading to positive outcomes. *B* seems to suggest that by receiving supervision from supervisors competent in different modalities, interns are likely to achieve competence in the knowledge and use of the different styles of intervention, beneficial for their professional growth and work in practice.

As mentioned previously, participants in the study felt the internship training offered few or no channels to report concerns and seek redress. They also felt reporting to a third party proved harmful rather than helpful. Intending to create a different and better experience for incoming interns, participants *A* and *D* called on internship governing bodies to prioritise creating safe channels where interns can report concerns and negative experiences (e.g., unfair treatment caused by abuse of power). They perceived interns as vulnerable and unprotected against violations of rights within the current system.

Participant A: *The channels of reporting, I think there's something that needs to be done because a lot of us are dying in silence, like a lot…because, year in and year out everybody who's ever reported a supervisor or anything like that , the supervisor has stayed firstly, but secondly um... the cases have dismissed, or they haven't been signed off you know .*

Participant D: *Also, there should be spaces that if , if there is an abuse of power that causes a breakdown in the relationship, that causes toxicity , there should be a space that an intern can go to whether internally within the um... the internship site or the internship circuits or whether externally you know from the universities[pause].*

The participants communicate that the channels created need to be safe spaces where interns can comfortably and openly share their experiences and raise concerns without being discredited or punished. *A* suggests safe channels are important and necessary because, most often, interns choose silence instead of speaking out and thus bad practices become perpetuated.

As may be apparent, within the interviews, it was evident that several participants responded with enthusiasm to this section of the interview, perhaps feeling somewhat empowered in being able to offer advice or to draw something constructive out of difficult experiences. Not only could they bring to mind advice for incoming interns and supervisors or trainers, but they also suggested that higher order bodies might also be involved in better protecting the rights of interns. Their hope was that if these kinds of recommendations could be heard, incoming interns would have different and more positive experiences than they had had in the main.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

The focus of this chapter is on a discussion of the analysis and findings of the data reported in the previous section. This chapter begins with a brief summary of the findings, followed by a discussion of these main findings. In the discussion, reference to literature is made as to whether current study's findings fit, confirm, add to, or differ from the existing literature. The discussion of findings is followed by a reflective section and final conclusion.

5.1 Brief summary of findings

Although the current study was open to looking at the positive aspect of the internship training, the analysis and findings of the data suggest that overwhelmingly, all participants described the internship year as predominantly challenging, daunting, and tough. All eleven participants experienced challenges in one or more areas of the internship training. In the analysis and findings of the data, themes that stood out as contributing most to interns' stress were their relationship with one or more of their supervisors, engaging with the Multi-Disciplinary Team (MDT), the nature of work/demanding workload, and concerns about personal mental and physical health. A shift/change in personal identity and belonging and exclusion related to social identity were also significant themes. Although the positive aspect of the internship training did not stand out in the analysis and findings of the data, areas of benefit and coping strategies were identified. Themes about more positive orientation towards the internship experience included, resilience, surviving and enduring, consolidation, expansion and growth, and coping resources. Interviewees were also invited to discuss what may have improved their internship experience in the form of advice to those coming into and those involved in internship training. The recommendation section of the research study includes this advice given by previous interns.

5.2 Main Findings

5.2.1 Relationships with Supervisors

What comes out in the analysis and findings is that the relationship with supervisors has an enormous impact on whether interns are happy and comfortable, or unhappy during the internship year. What was concerning in the findings was that ten of the eleven participants in the study found one or more supervisory relationships to have been an area of significant difficulty, indicating that during the internship year, a great proportion of interns had negative

supervisory experiences. This finding tends to contradict that obtained by Pillay and Johnston (2011), who found that satisfaction with various components of clinical supervision was reported by most trainees, and that supervision was an area of positive experiences. Although there are indications of more positive experiences in earlier literature, the results of the current study are in accordance with those of Nel (2014), who found that experiences of unsatisfactory supervision are common amongst interns and those of Hendricks and Cartwright (2018), who found that most of the interns in their study reported experiences of negative and harmful supervision. Singh-Pillay and Cartwright (2019) also found that experiences of challenges in supervision spaces were found to be common. The frequent references to negative or harmful supervision experiences in both the current study and recent South African based literature suggests that in more recent times, year in and year out, a large number of interns across HPCSA-recognized internship sites commonly had supervision experiences which negatively impacted their internship training. These findings are concerning as this pattern appears consistent and persistent with little indication that the problem is being actively addressed.

The findings of the current study add to the existing literature in elaborating some key factors that contribute to difficulties. Salient issues mentioned by interns were a strong imbalance of power or authority within the supervisory relationship, differences in theoretical framework/approach, supervisors' style of engagement and delivery of feedback, and the loss of rights in the supervisory relationship. It appears all interns become aware of the power their supervisors hold, which includes the power to influence and determine the outcome of their training. Although not all supervisees experience the misuse of power, ten of eleven supervisees described either experiencing or witnessing what they perceived to be misuse or exploitation of power by supervisors across internship sites. For example, when there were tensions or disagreements, the exercise of coercion through threat of gatekeeping by supervisors was reported. Several interns also found themselves being evaluated against criteria that they perceived to be unfair. For instance, supervisors were dismissive of interns' theoretical framework of choice, enforcing and evaluating work against their preferred, prescribed frameworks rather than allowing for some flexibility in this regard. Among several of the participants there appears to have been a strong sense of a need to comply as a means to survive and successfully complete their internship training.

In the analysis it became evident that although it is uncommon for supervisors and trainees to think from the same theoretical lens, theoretical framework difference was one of the significant reasons interns experienced the supervisory relationship as an area of considerable difficulty. In many instances allegiance to a theoretical framework (from prior training) that

was not shared by a supervisor contributed to differing views of patients' difficulties and intervention strategies. Lack of common formulation compromised the desired working alliance between supervisor and intern, with interns feeling their prior skills and knowledge to be devalued and losing confidence. There was a belief amongst interns that with greater overlap, there was a likelihood of a better understanding between trainee and supervisor and less relational difficulty, a view that was strongly communicated by B in his interview. However, even if a good theoretical 'fit' is not possible then more allowance for the supervisee's orientation may be helpful or an appreciation of areas of 'not knowing'.

It was also evident that the approach supervisors took was among the key reasons a significant number of interns had negative supervision experiences. Most participants did not resonate with the directive approach one or more of their supervisors employed, a supervision style experienced by nine of eleven interns. This approach was not considered accommodative, allows no space for autonomy, and is overly authoritarian. Instead, it seems interns appreciated supervisors who took a person-centered approach to supervision, a style that aims to meet the intern where he/she/they are at and values the intern's professional thinking and opinion (Talley & Jones,2019). There was mention of positive experiences by some interns because of the use of a person-centered approach by some supervisors, but this was not the dominant approach to the process, directive approaches apparently being favored.

Several interns also reported in a sense losing their rights within the supervisory relationship. Issues reported, included, but were not limited to: inadequacy in supervision time and quality, not being prioritized by their supervisor, and absence of reporting channels that were considered safe. It also became evident in the interviews that disclosing in supervision spaces and using available reporting channels were deemed more harmful than good by interns. Non-disclosure of difficulties was often considered to be a safer option. These results are similar to those obtained by Singh-Pillay and Cartwright (2019), who found that purposeful non-disclosure in the supervisory relationship is a common practice by interns due to negative experiences. It is evident that the current study findings add to the existing literature giving an in-depth understanding of some of the negative experiences interns encounters.

Overall, it is evident that relationships with clinical supervisors were highly significant in determining the quality of an intern's internship experience. While a few interns reported positive supervisory experiences, the most prominent reflections concerned negative experiences and a sense of having had to engage in a somewhat oppressive context. It is evident that a variety of reasons led to interns' experiences of challenges within the supervisory relationship. Interns were highly sensitive to the fact that while supervisors were there to guide

and assist, they were also there to evaluate and gate-keep. Interns were acutely aware of the power that supervisors held and how they exercised this, sometimes very overtly and sometimes more covertly. Although interns appreciated that they needed supervisory guidance and oversight, many reported that they had experienced tensions and difficulties with their supervisors of various kinds. It was also apparent that interns felt there was little opportunity to speak up about difficulties or to trust that interventions would be in their favor. It was somewhat sobering to hear multiple accounts of how supervision had been an area of considerable distress, frustration, and a source of anxiety for the majority of participants and that this was an area where they often felt their rights and sensitivities were not considered.

5.2.2 Engaging with the Multi-Disciplinary Team (MDT)

It also became evident in the analysis and finding of the data that the multidisciplinary team (MDT) an intern works with has a powerful impact on their experience. For all interviewees, working with an MDT was a relatively new experience that came with being intern psychologists and professionals. The current findings are in accordance with Lucignano and Lee's (1991) view that in professional settings, often clinical psychologists are required to function as part of an interdependent team (MDT) and that accommodating to working with this kind of team is a novel part of the internship experience. Because this was a relatively new experience for interns, it became evident that it required considerable adjustment, and engaging with the MDT was difficult. This was made clear by nine of the eleven interns in their transcripts.

Reasons for finding working in an MDT challenging included experiences of role ambiguity, the dominance of medical perspectives, and low positioning within the team. It became evident that limited prior exposure to how MDTs are constructed and function, a gap in knowledge and training in working with severe pathology and pharmacological care of patients, and limited exposure to an environment that was centrally biomedical-model focused were all leading cause of interns' experiences of feeling unsure about their place in the MDT. Integrating into a larger hospital or clinic structure was a difficult adjustment, resulting in experiences of anxiety. Interns were often quite unsure about what contributions they could bring to the team/s, which led to difficulties with being active members of the team/s and difficulty in case managing patients with other members of the team. These findings are in accordance with those of Kuhn (2003), who, in keeping with international literature, references interns' experiences within the multidisciplinary team. Kuhn (2003) suggests that as a new experience that comes with taking

on the identity of an intern and a professional, functioning in this team can be challenging for interns because they often struggle to navigate their roles within the team.

It also became evident that being in a junior position in the team significantly contributed to interns' experiences of challenges in being part of an MDT, evident in six of eleven interviews. It became evident that within the team, there is a clear hierarchy, and interns were in a junior position because of their trainee identity and being psychologically orientated in a team/s of qualified, medical model-orientated professionals. Deacon (2013) stresses that a biologically focused approach is one that regards mental disorders as brain diseases caused by chemical imbalances and emphasizes the pharmacological treatment of a patient. As has been argued, the biomedical model tends to disregard social and psychological factors as crucial to the understanding and treatment of mental illness (Strickland & Patrick,2014), which may marginalize the voices of those whose expertise is in the psychosocial domain. While some interns reported experiencing teams that were relatively accommodative and appreciated their contribution, irrespective of their position, the dominant communication was that psychiatrists tended to dominate MDTs, often in rather exclusionary or powerful ways. For example, intern psychologists were pressured or forced to use the psychiatrist's preferred psychological interventions with little space to contribute their own sense of optimal intervention for a patient, even in the psychotherapy domain. Interns viewed these interchanges as rather unpleasant experiences that led to a sense of not feeling seen or heard.

These findings are in accordance with the existing literature that stresses that within the MDT/s in psychiatric setting, there is an existence of hierarchies, with psychiatrists being the team leader, which results in experiences of overt or covert power struggles, exacerbating challenges interns already face within the team/s (Mickel,1982; Rodenhauser,1996). The findings are also in accordance with Kuhn (2003), who stresses that forming a part of the MDT/s is a difficult adjustment for interns because, for the first time, they become a part of a team that is medical model focused, centered around the medical treatment, which consequently does not prioritize the psychological treatment of a patient. Kuhn (2003) further stresses that because of the clear existence of hierarchies and power dynamics, it is common for interns to feel devaluated and dismissed by psychiatrists and other team members, an experience interns in the current study strongly shared.

It also became evident that despite reports of negative experiences, forming a part of the MDT was in some respects advantageous for all participants as they could seek and receive support and engage in learning from professionals from other disciplines which was beneficial for their professional growth.

Overall, working within an MDT plays a significant role in shaping an intern's internship experience. Despite reports of positive experiences, it was evident that a significant number of interns struggled to adjust to working with the team. Individually or collectively, the factors mentioned earlier explain why working with the MDT was an area of considerable difficulty and why the various struggles within the team appeared to have limited intern's capacity to offer their knowledge and expertise in the teams, causing interns anxieties and distress.

5.2.3. The nature of work/ demanding workload

Kuhn (2003) noted that the aim of the first academic year of clinical psychology training (M1) is for student psychologists to receive input in various areas in large measure to prepare them for their internship year. Despite efforts from academic institutions to prepare interns, it became evident in the analysis that one or more aspects of the nature of work were considered to be of considerable difficulty for several interns in the study. Both aspects of the nature of work and/or the volume of work were reported to have been taxing. The current findings are in accordance with findings in both international and local literature which found that aspects of the nature of work and the volume of work encountered during the internship year are significantly challenging, suggesting that this is a common and universal problem amongst interns(Cushway,1991; Kaslow & Rice, 1985; Kleespies & Dettmer, 2000; Kuhn,2003; Rodolfa et al., 1988; Solway,1985; Stedman, 1997).

Aspects of the work that caused considerable challenges for participants were: working with severe pathologies, working with different patient populations, and engaging with particular skills areas, for example, psychological assessments. All eleven participants reported they found it challenging to work with and case manage patients with psychiatric conditions, four of eleven interns found working with specific patient population groups challenging, two of eleven participants found the psychological assessment components of their training rather daunting, and one of eleven participants reported experiencing challenges with the psychotherapy component of their training. It is evident that while interns may not face challenges in similar aspects of the nature of work, it is common for a significant amount of interns to struggle to adjust to and experience challenges in one or more areas.

The current findings are in accordance with some of the international and local findings (Cushway,1991; Kaslow & Rice, 1985; Kleespies & Dettmer, 2000; Kuhn,2003; Rodolfa et al., 1988; Solway,1985; Stedman, 1997). In the international literature, numerous authors found that the type of work interns were exposed to during their training was reported to be a significant stressor by most interns (Kaslow & Rice,1985; Solway,1985; Stedman, 1997).

Several other authors found that working with severe pathologies and other serious cases during the internship year was challenging (Kleespies & Dettmer, 2000; Rodolfa etal.,1988). In the local literature, Kuhn stresses that treating and managing severe pathologies is challenging for qualified clinical psychologists; however, interns are likely to find it even more challenging to adjust to working with these kinds of patients.

For a more in-depth understanding, it became evident that the competency of an intern in aspects of the nature of work depended on whether an intern had sufficient prior exposure and/or practical knowledge. Despite efforts from academic institutions to prepare trainees, it was evident that limited prior practical exposure accounted for most interns' experiences of challenges in one or more aspects of the work they were expected to do. A number of interviewees felt better prepared to work with high-functioning and less psychiatrically disturbed patients due to adequate prior exposure to these patients as students. It became evident that interns with limited/no prior exposure to working with severe pathologies subsequently struggled with feelings of incompetence and role ambiguity in treating severely disturbed patients. This experience was common among interns in the study.

Interns took longer to feel competent in their role when working with population group/s they were not adequately prepared to work with or, in some cases, were not interested in working with. Some participants also struggled with administering one or more assessment batteries and with report writing, feeling under-prepared in these areas.

It is clear that while an intern may feel confident, competent, and prepared in one area of work, they are likely to struggle and feel inadequately prepared in other areas. It appeared that universities prepared interns more or less well in a range of areas for their work experience, and it is probably inevitable that in focusing on one domain, others are less well covered, given the extensive amount of theory and skills training required to become a clinical psychologist.

As mentioned earlier, many interns found adjusting to the workload they encountered in the internship training difficult. Interns were exposed to and managed a higher caseload, and often struggled to simultaneously engage in work demands from both the university and internship sites and attending to other demands. The current findings are in accordance with Kuhn (2003), who stresses that interns have to learn to manage a higher caseload during the internship year than in the first year of training. Kuhn (2003) stresses that this change is often daunting and taxing. The findings in the current study, in accordance with the existing literature, suggest that despite being aware of the larger scope of delivery of internship sites, the exposure is often experienced as sudden and new, which proves to be something of a shock for many interns.

It is fitting to touch on the area of research in this discussion as it became evident that this was a significant area of concern amongst interns. None of the participants had completed their research reports during their M1 training which consequently led to experiences of ongoing anxiety and stress. Ten of eleven interns continued work on their research during their internship experiencing a significantly higher workload than those who chose to postpone any engagements and finding this very taxing.

Interns found themselves in a position of attending to their research report after working hours, impinging on their leisure or rest time and on their ability to attend to other areas of their lives and training designed to help them manage during their internship year. The findings of the current study are similar to those obtained by Stout et al. (1977), who found that the research component was reported as a concern by interns as it introduced extra workload and stress. The gap in years between the findings in the current study and that obtained by Stout et al. (1977) suggests that the research component of an intern's training has been an area of concern for interns for decades, despite awareness that prior completion makes for a more optimal internship training experience.

In summary, we see that while several interns benefited from previous exposure and experience in various areas that positively impacted their internship experiences, for almost everyone, there were adjustments in working in the 'real world' that felt taxing, be this encountering higher caseloads, or working with more severe pathology. The majority of the participants suggested that, as a consequence, as interns, they were constantly anxious and distressed, which was unpleasant for them. In addition, as identified in related research, carrying over university task commitments, particularly attending to the research component of the degree, also appeared to exacerbate any work-related stress and anxiety for interns and added to the workload they were faced with. It has become evident that prior exposure and experience are very significant in allowing trainees to have a smooth transition into their internship year.

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5.2.4 Mental and physical health.

Another significant and dominant theme that arose in the analysis of the data was the experience of health challenges by ten of eleven participants, with at least eight of the interns' reporting experiences of mental health problems. It became evident that beyond the demanding nature of the training per se, various difficulties in adjustment contributed to a worrying rate of reported mental and or physical health problems by interns. It was troubling that although stressors were multifaceted, negative experiences in supervisory relationships accounted for

most interns' struggles that translated into compromised health. Mental health problems that became evident included low self-esteem, high anxiety levels, and struggles with depression. Physical health problems that became evident included experiences of somatic symptoms, irritable bowel syndrome, unspecified stomach problems, and nausea. In most cases these kinds of physical health problems were strongly associated with internship related stress. Other physical health problems reported included burnout, fatigue, and lack of energy. The severity of mental and/or physical health presentations varied, with some interns experiencing more severe problems than others. For example, one participant (*D*) reported experiencing suicidal ideations and hospitalization after an anxiety attack, participant *G* reported receiving a diagnosis of clinical depression, and participant *J* reported experiences of severe unspecified somatic problems. Although this was true for only a minority, it was concerning to hear about quite how severe some of the health impacts of the internship were for several participants. The findings of the current study correspond with a few studies that consider the internship experience to cause interns both emotional and physical strain (Coltart,1993; Kuhn, 2003; Solway,1985). The findings also correspond with those of Kuhn (2003), who found that tiredness and exhaustion were among the most dominant physical health problems reported among interns.

5.3 OTHER AREAS OF CONCERN.

Two other areas of concern, although not considered among the dominant areas of concern, also had a significant role in shaping interns' internship experiences. The two areas are the shift/ change in personal identity and belonging/exclusion related to social identity.

5.3.1 Shift/ change in personal identity

It became evident that although taking on the identity of a professional was an exciting shift for interns as it was indicative of professional growth, it was nevertheless a difficult adjustment for a number of interviewees. Most interns did not have prior experience in functioning as employees/professionals and the changes, pressures, and expectations they encountered in the transition were relatively new and foreign, as they were different from those they faced as students. In contrast, those few participants who had prior work experience reported less stress and had a more uncomplicated adjustment process. However, most interns find this transition challenging because the majority enter the training without prior experience of having embodied an established professional identity.

Interns had to shift from being primarily thinkers to doers - a shift to more practical implementation of their knowledge and skill set. Associated changes, pressures, and

expectations that became apparent included being expected to engage with work on a full-time basis in the working environment, having to conduct oneself in a professional, responsible, and acceptable manner, being accountable to a line manager, being expected to complete work on time without failure, and increased workload, tasks, and commitments. As discussed to some extent previously, the change to a professional identity also meant engaging with an MDT/s and different departments and professionals, and experiences of greater independence and autonomy. With greater independence came greater responsibility and greater emphasis on self-reliance and self-management. The experience of independence and self-reliance as stressful is in accordance with Kuhn (2003) and Pillay & Johnston's (2011) views that becoming an employee requires adjustment because, as employees, interns are expected to be more independent and more self-sufficient.

As training professionals, interns faced the reality of balancing two identities, that of being student/trainee and that of being employee and service deliverer. Most interns did not have prior experience in attending to and navigating these kinds of concurrent demands, expectations, and roles. Attending to the commitments of their student identities during their training impinged on the interns' ability to engage in their professional tasks fully and be present in their professional roles. Several participants described experiencing dilemmas about whether their role during the internship was to be learners or professionals who were capable of themselves imparting knowledge. These experiences confirm Kuhn's (2003) view that interns experience ongoing tension between being a helper and a learner during the internship training due to not being completely separated from their student identity.

The shift in personal identity was related to functioning in a professional contractual working space which held different expectations from what participants experienced as students. As Kuhn (2003) observed, the atmosphere created by clinical placements for professionals is different from that created by academic institutions for students, resulting in some adjustment difficulties in transitioning. While there was some excitement about the identity shifts as it was perceived as growth-promoting, many participants experienced aspects of the shift to be stressful.

5.3.2 Belonging/exclusion related to social identity.

All eleven interns in the study referred to their social identity in their interviews and these identities played a significant role in shaping their internship experience. These findings concur with the existing literature that stresses the importance of an intern's social identity during the intern's internship year (Chitindingu & Mkhize, 2016; Mayekiso et al., 2004; Pillay et al.,2013)

In the current study, a number of participants reported issues such as experiences of overt/covert exclusion in their respective internship context/s because of one or more aspect of their social identity. It was evident that amongst others, language, age, class, race and belief related issues became the focus of issues related to being integrated into the hospital or clinic 'culture' or feeling outside of this.

In the interviews, language-related and age-related issues were each mentioned by four participants, two interns mention race related issues, three interns mentioned belief-related issues and one intern mentioned some unpleasant experiences related to their gender.

Issues caused by differences in language that became evident included but were not limited to exclusion from conversations, struggling to form rapport both in the supervisory and patient-therapist relationship, and disruption of the therapy process. Some of the current findings are similar to those obtained by Kuhn (2003), who found that interns found language-differences to compromise the patient-therapist relationship.

Age-related issues contributed to conflict and tension, power struggles, and disruptions of the rapport-building process in both the supervisory relationship and the patient-therapist relationship. Both interns regarded as senior (above 30) and interns regarded as junior struggled in spaces of difference. It seemed that interns regarded as senior struggled most in professional interpersonal relationships because, they were perceived as perhaps threatening to their younger colleagues and supervisors, whereas younger interns struggled more with patients who perceived them as junior and lacking in the maturity to take them through the process of therapy. In addition, it became evident that being included in social conversations was challenging for senior interns. They found this resulted from co-interns preferring social conversations with their peers.

It is important to touch on the issue of social class as it is one of the aspects of social identity that emerged as salient in one of the interview transcripts. It became evident in participant *A*'s interview that a number of interns, in particular, interns of colour, experienced class-related issues. In the analysis of *A*'s interview, it became evident that in spaces of class difference, less fortunate interns experienced challenges that related to being pressured and expected to acquire resources (e.g., car) that were inevitably beyond their means. In addition, what was concerning in *A*'s interview was her experiences of the internship training being set up in such a way that without accumulating resources and fulfilling the pressures and expectations put in place, interns were criticized and sometimes excluded from taking part in relevant training activities. This is unfortunate as the expectations placed on her in this regard had little to do with displaying clinical competence, and little sensitivity to contextual background. It is important

to consider whether both subtle and overt forms of discrimination relating to race and class in particular might be more prevalent than generally considered. In the existing literature, there appears to be a gap in studies that look explicitly into experiences of class-related issues amongst interns, particularly interns completing their internship in South Africa, where race and class inequalities often co-exist and are marked. Although only brought into an interview by one participant, the observations she offered suggest that this may be an important area for further research.

Race-related issues mentioned by the participants in the study included references to overt/underlying hostilities, exclusion, tension, or criticism in supervisory relationships. In addition, issues may be rather complex such as *J*'s discomfort of being put on a pedestal by patients because of her 'white' racial identity, as it came being expected to 'know it all' and made for awkwardness in relation to black colleagues. The current findings concur with the views in both international and South African literature that race related dynamics may be particularly a problem in some clinical psychology sites and some interns are likely to be at the receiving end of overt/covert hostilities because of their race (Adetimole et al.,2005; Chitindingu & Mkhize, 2016; Mayekiso et al.,2004; Pillay et al., 2013). Some of the current findings, particularly race-related issues reported by interns who identified as black, are similar to those reported in various studies, particularly those conducted in South Africa (Chitindingu & Mkhize, 2016; Mayekiso et al.,2004; Pillay et al., 2013). However, in the current study there was less reference to experiences of discrimination from participants who identified as black than was perhaps anticipated given previous research findings, and it is possible that attention to transformation over time has made a positive contribution in this regard. It was also evident that the intersection of race and class contributed to complex dynamics that were not exclusively experienced by black interviewees.

Interestingly few participants faced difficult issues in their internship because of their gender. The one reference to gender, was by *F* who found being chosen to escort patients that were not considered safe because of his gender to have been a rather unpleasant experience.

Overall, it is evident that one or more aspects of the interns' social identity played a significant role in shaping interns' internship experiences, usually because they became foregrounded in unexpected and anxiety-provoking ways. Some social identity-related challenges are probably inevitable during the internship year due to the diverse nature of the South African population, and related diversity among staff and patients in the internship context. It is also evident that limited exposure to working with a diverse population and the protective nature of the academic year likely disadvantaged some interns and produced challenges in spaces of difference.

5.4 AREAS OF POSITIVE EXPERIENCE

Although these themes were not prominent, in the analysis and findings of the data, one or more areas of positive experiences played a significant role in each of the eleven interns' successful completion of their internship year. Despite facing adversity, failures, and setbacks, the participants managed to complete their training because of having coping strategies in place and experiencing other areas of benefits.

The coping resource/s an intern used depended on which one/s the intern sought or had access to, suggesting that it is unlikely that all interns will use similar resources during the training. Seeking and using the support available to them, either in their professional or personal lives or both, equipped the interns with the ability to endure and cope, and seemed particularly important over this period of their lives. It was evident that during the internship year, interviewees had used available professional or personal sources of interpersonal support, or other sources of support, such as self-care practices. Professional sources of interpersonal support commonly sought included: peer support (co-interns or other psychologists who had completed their training), personal therapy, and the supervisory relationship, to mention a few. When available, support in the supervision relationship area was highly significant and beneficial as interns could seek and receive both professional and personal support within the same relationship. Similar findings were obtained by Koslow and Rice (1985), who found that talking to supervisors was the a coping strategy interns found to have been the most important. Examples of personal sources of interpersonal support sought and used by interns that became evident included: family, friends, and/or romantic partners. By using available sources of interpersonal support, interns could receive emotional care and, in addition, take the much-needed break from their role as intern clinical psychologists and reduce stress. The results of the current study confirm Gouveia's (2017) view that outside of professional support, maintaining a healthy bond within close personal relationships, in particular with either friends, family, or one's partner, is crucial for the intern, because through these relationships, the intern experiences stress reduction and nurturance. Additional sources of support interns sought included a variety of self-care practices such as meditation, watching YouTube content, and prayer. Storr (1979) stressed that interns need to have a normal life outside the internship context and surround themselves with friends outside the program to survive the internship year. Overall, it is apparent that coping resources, including forms of interpersonal and self-support, are very significant and beneficial to interns during this crucial period of their lives.

Despite the internship year bringing considerable challenges, the internship training was beneficial to the individual in stimulating both professional and personal growth. It became evident that becoming professionals allowed interns to consolidate their knowledge with skills and engage in more learning for continuous professional growth. All participants reported taking every opportunity to engage in learning in one or more areas of their training in their respective internship sites - learning from the patient, learning from the supervisor/s, learning from peers (co-interns), and learning from various other spaces, including the MDT. By engaging in learning, interns notably achieved competence in various areas of clinical skill. The achievement of competence was particularly mentioned by interns who felt initially inadequately prepared in a specific area when they transitioned into the internship training. For those who had positive supervision experiences, the contribution of their supervisors and the learning they offered contributed significantly to their overall professional growth, in keeping with the observations of Pillay & Johnston (2011). In the area of 'learning from the patient', the analysis suggested that through direct clinical exposure interns gained the ability to work with different patients (patients of different population groups, different presentations, and/or different severity of pathologies), and discovered and achieved competence in their own style of therapy. These findings concur with the renowned psychoanalytic work of Patrick Casement who introduces the concept of learning from the patient in his books "*Learning from the patient*" (1985) and "*Further learning from the patient*" (1990). In both texts Patrick Casement emphasizes the therapist's role and style of working in the therapy space and the importance of the therapeutic relationship (Casement,1985;1990). It is clear that according to him, direct clinical work is very important for the professional development as clinicians get to learn from their patients and subsequently hone their therapeutic skills.

In addition, in the analysis it also became evident that by the end of their internship training, interns achieved competence in working with a team/s made up of members of different disciplines (MDT).

It is clear that despite the internship year being a rather demanding year and a year where interns face a considerable amount of challenges, the training was also beneficial and growth-orientated as interns were offered extensive learning opportunities, resulting in the achievement of desired competencies in various areas. The current findings concur with Wosencraft's (1997) view that although an internship is a challenging and daunting experience, by keeping in mind that the internship is a continuation of the learning experience, interns will better use the opportunity for professional growth purposes.

In addition, through the internship training, interns achieved not only professional but also personal growth. These findings confirm Freedheim & Overholser's (1997) view that the internship also provides interns with a context for personal growth. Experiences of personal growth mentioned by participants included achieving better versions of themselves, becoming firm, developing a capacity for resilience and perseverance, and achieving desired independence (including financial independence), among other aspects. A sense of satisfaction and pride accompanied the achievement of personal growth. Although there are mentions of the achievement of personal growth in the existing literature (Freedheim & Overholser, 1997; Kuhn, 2003) , it is evident that the current study adds to the existing literature by highlighting some dimensions related to this sense of achievement. For example, the interviewees highlighted that continuously learning about themselves (self-awareness/self-reflection) was helpful, as it was among the factors that contributed to their achievement of personal growth. Interns also demonstrated the ability for resilience, endurance, and perseverance, which gave them a greater sense of robustness than they had prior to managing their internship. Job satisfaction (e.g., being satisfied with the nature of work) and receiving an income also contributed to a sense of well-being. Some of the factors mentioned by interns in the current study are similar to those mentioned by interns in Kuhn's (2003) study, including valuing interpersonal support and job satisfaction. Building resilience was appreciated to be helpful for future life endeavours. The current findings concur with those of various writers who have promoted the internship experience as important (Kuhn, 2003; Pillay & Johnston, 2011) because it helps students develop characteristics that will assist them to develop the strength to face challenges that may exist in their professional career.

5.5 SOME REFLECTIVE OBSERVATIONS ON ENGAGEMENT IN THE RESEARCH PROCESS

I conducted data collection for this study in the year 2020 as a first-year Master of clinical psychology training student, anticipating going into my internship training in the following year. The interviewees were aware of this aspect of my identity. Knowing that I was in a position they had been in previously, the participants seemed eager to share their experiences with me. In their responses there appeared to be a strong theme of protectiveness. Perhaps because participants had gone through the experience and I had not, they felt a strong need to prepare me for or shield me from the negative experiences they had encountered. In response to this concern to prepare me for what might unfold, I found myself feeling both anxious and appreciative. Linked to this dynamic, when asked to respond to the question about what advice

to offer someone coming in to the same situation, the participants again showed excitement to share their perspectives with me. Perhaps these reactions can be explained as participants feeling that their wishes were finally getting heard and that they were getting the opportunity to change the experiences of incoming interns for the better, including for me personally. During the interviews I felt at times almost as if I was in a supervision space in that the participants seemed to take up the role of actively guiding and instructing me at times, rather than responding to me as an active researcher into their experiences. This process seemed to increase how earnestly participants engaged rather than detracting from participation, but it may also have meant that they emphasized some of the hardships that might be encountered. Although it was also salient that I am a black woman who conducted this research, for the participants it appeared that my identity as trainee and 'intern in the making' was uppermost in their minds in the manner in which they engaged with me and the research process.

In reflecting on interviewees' choice to be involved in the research study, motivation to be involved in the study seemed multifaceted, and that seemed to have included seeking relief from the burden of their experiences and seeking to be heard, and in addition, to assisting with knowledge generation. Although all interview processes happened over the zoom platform, both because of covid restrictions and because this allowed me to interview people at a distance, this did not appear to have hindered rapport in the interview process. As should be evident from the material quoted in the findings chapter, participants generally spoke deeply, thoughtfully and candidly about their experiences. It was evident that recalling some memories of incidents and interchanges was painful at points, but it was not difficult to sustain interest in the topic and to generate responses. As already alluded to, the interview process was particularly interactional, and various dynamics appeared to have been at play. Reflecting on the interview transcripts, I noted that participants responded well as they seemed to feel heard and validated. It was also apparent that my tendency to respond empathetically to what each of the interns volunteered to share throughout the interviewing process allowed them to open up in an intimate way. Although many other researchers may have responded in the way that I did, there is an awareness that perhaps my responses were influenced by my clinical training. It was apparent that the study participants had a strong need for their experiences to be thought about and responded to, perhaps informed by their experiences of previously not being offered the space to be heard, seek redress, and having little room to reflect with another individual /individuals about their experiences. To a great extent, it appeared the interviews were experienced as therapeutic by participants, and in-line with this observations, all provided rich

data as they seemed to have a great deal to express, and be willing to share. In addition, the interview process seemed to have also given interns the space to experience a release of strong or repressed emotions, providing them with a sense of relief. Several interviewees volunteered that it had felt cathartic to reflect on their internship year and that they achieved some kind of resolution in the process. This assisted me to feel less intrusive in having evoked certain associations and disclosures.

5.6 CONCLUSION

All participants who volunteered to participate in the study not only encountered multiple negative experiences during their internship training, but several participants struggled with the aftermath of these as they continued their career journey. Because the research was open to looking at positive aspects, it was also apparent that despite the internship training being a year where all participants experienced challenges and accompanying consequences, in one way or another, the internship training was also beneficial and led to experiences of professional and personal growth.

In the analysis of the interview transcripts, a total of ten themes were identified. Six of the eleven themes were associated with the area of challenges or difficulties, two were associated with the area of benefits, learning, and growth, and the remaining two were associated with the area of coping resources and advice. With most themes being associated with experiences of challenges or difficulties, it was apparent that all participants experienced the internship year as one that was challenging and somewhat daunting. It is evident that, more than anything, the bulk of the material generated from the interviews was about finding the year hard for various reasons. This was perhaps because the primary aim of the research was to investigate difficulties that intern clinical psychology trainees might experience during their internship training, as well as to assess what might ameliorate difficulties, but it also appeared that negative experiences outweighed positive recollections for most participants. It was of concern that ten of eleven interviewees highlighted experiences of emotional and or physical distress stemming from experiences during their internship.

Relationship with supervisors was a theme that stood out in all interview transcripts, and for ten of the eleven interns, it stood out as an area where they faced considerable challenges. In addition, the nature and volume of work proved taxing, particularly learning to work with patients with severe pathologies and managing high caseloads. Lack of preparedness and limited or no prior exposure in certain areas of clinical work contributed to anxieties and

feelings of inadequacy. However, mastery of areas of lack over the course of the internship produced satisfaction. Transitioning from a more flexible, less responsible student identity to that of professional within an MDT and with accountability to a line manager also required considerable adjustment. However, earning a salary, developing a sense of competence over time, and completing the internship all contributed to a shift in identity in which the participants had an increased sense of taking on the professional identity of clinical psychologist. Most interns faced issues because of one or more aspects of their social identity. Considering the diverse nature of the South African population, it is probable that these kinds of experiences related to difference were inevitable. It is noteworthy that because people of color (e.g., black people) were historically disadvantaged, discomfort around class issues was more evident among black interviewees, even if this was not raised as a general problem.

Despite, or perhaps in part because of the challenges and difficulties they reported having experienced, the internship also generated experiences of personal and professional growth. With hindsight, several participants felt they had developed previously unrecognized resilience in continuing to be open to learning and persisting, despite setbacks.

The findings of the current study are largely in keeping with prior research but have allowed for an elaboration or deepening of appreciation of dimensions that contribute to experiential difficulties for clinical psychology trainees moving into their internship year. Particularly noteworthy were references to hierarchical relationships and feelings of powerlessness and anxiety within supervisory spaces and within the MDT. It was also apparent that for intern clinical psychologists, their role in intervening in response to patients with severe psychiatric pathology proved difficult to define and execute. The fact that internship related stress translated into physical and mental health problems is cause for concern and suggests that even if it is anticipated that the year will be demanding and that resilience is required, more thought should be given to bolstering trainee welfare during this period.

In my reflection of the interview process, it became apparent that the study participants found the current study meaningful and found it significant to have been offered a space to share their internship experiences. The interns appeared to have used their interview process in a constructive manner. In addition, it was apparent that interns saw themselves as purposefully contributing to the generation of knowledge about this important dimension of clinical psychological training.

CHAPTER SIX

LIMITATIONS AND RECOMMENDATIONS

6.1 Limitations

To evaluate the strengths and weakness of the current research study and to inform future related research, the study's limitations need to be considered.

The following limitations have been considered:

Despite interviewing a slightly larger sample than initially intended (eight), the number of participants (eleven) is still relatively small considering that a large number of interns underwent their internship training across internship sites in South Africa in 2019. Although there is an awareness that a larger sample would have generated more information that may have produced richer data, time constraints, and resources were the main factors that hindered me from obtaining information from more interviewees. It was found that even with a small number of participants, the study produced rich and diverse information, and it can be contended that the study produced creditable and meaningful findings even with a relatively small group of participants.

A limitation to be considered is the specificity of the nature of the group that was interviewed with respect to their gender, race, geographic location of their internship sites, and academic training institution. Of the eleven participants, nine were black (in inclusive terms, one being "Indian' in terms of South African race categorisation) and two were white; and eight were female, and three were male. It is evident that black and women interns formed a large proportion of the group. Considering the characteristics mentioned above, one can say the findings of the current study may be most applicable to women and black South African interns. However, there was a degree of diversity in the group and the findings did not necessarily appear to be specific to these sub-groups of interns. In addition, at least five of the participants in the study completed the first year of the masters training in the Gauteng region, and at least seven of the participants underwent one or both of their internship training rotations at internship sites in the Gauteng region, also compromising the generalizability of the findings of the current study. This bias in geographical region was related to the fact that I used my own networks and those related to the institution at which I had (UKZN Howard College) and was studying (Wits University) to make initial approaches to potential participants. There is no reason to assume that internship experiences differ in set ways across provinces, but it is

noteworthy that Gauteng is one of the most densely populated and well-resourced provinces. Interns working in more rural settings may have raised some alternative issues related to the contexts in which they were working, for example. However, it should be noted that the current study aimed to explore the subjective experiences of intern Clinical psychologists instead of aiming to produce information that was necessarily broadly generalisable, with the hopes that the interns included in the study would contribute to further understanding what the lived experiences of intern Clinical psychologists entail. The current findings also appear compelling and credible as they relate to the group which was studied. However, broadening the various areas of the nature of the group studied may be considered in regard to recommendations for future research.

A further limitation has been noted in the discussion on reflexivity. Because of my identity as a training Clinical psychologist and participants having undergone the same training, it was pointed out that there was a strong alignment between participants and me and their experiences, which may have strongly shaped the data collected in the sense of joining in some kind of way against those perceived to hold power in training contexts. However, the points of identification may have allowed for the generation of richer data. In these instances, it appears that benefits outweighed costs. It is also possible that those participants who elected to take part had a particular need to 'be heard' because of having experienced greater difficulty during their internships than is the norm. It is not easy to determine whether this was the case, but the study invitation referenced both challenges and benefits and it was apparent that interviewees did attempt to establish a balance in identifying those aspects of their experience that had been positive.

Lastly, another limitation that should be considered is the subjective nature of the present study. With the assistance of my supervisor, the findings were generated through a thematic analysis. This process is considered inevitably somewhat subjective. It is important to acknowledge that my history and identity are likely to have been influential in what I found to be meaningful and relevant. However, as mentioned in the ethical consideration of the study, to ensure trustworthiness of the thematic analysis, the data was analysed in a systematic and reliable manner, and substantiating quotations were incorporated into the findings section of the study. Secondly, to further avoid potential biases within the analyses, and to provide opportunities for interrogating assumptions, the current research was conducted and further written under the supervision of an experienced psychology academic.

6.2 Recommendations

The focus of this section is on the recommendations arising out of the study.

In collaboration with advice from the study participants, the following recommendations are made:

Limited research has been done on interns' experiences, particularly those that focus on investigating interns' subjective accounts of what they find most challenging /difficult in the transition into and during their internship year. It is hoped that the current study will act as a pilot study to inform further research. Despite the effort taken in this study to ensure a degree of diversity in the participants group, it is recommended that in further research, special attention is given to the nature of the group. A more heterogeneous sample of intern clinical psychologists, including interns of different races, genders, and geographic locations of internship training, is recommended for further research. Follow-up studies could also focus on further exploring themes highlighted in this study, using a more heterogeneous sample.

This current study has implications for future intern Clinical psychologists, internship training sites, training universities, and governing bodies. To enhance their internship experiences and to increase the possibility of more positive experiences, it is recommended that intern clinical psychologists are somewhat better prepared for the demands of the internship training, including the emotional and physical demands. It is recommended that interns put in place and seek support of various kinds that will help them cope during this crucial period of their lives. It is recommended that interns prioritize gaining as much experience as possible in various areas of the training, prior to their internship training, as a means to help them have an easier adjustment process. It is recommended that before and during their training, interns actively engage in as much learning as possible for their professional development. Lastly, it is also recommended that interns trust their process, trust those who are responsible for their training, and find the inner courage to seek redress in available spaces when facing challenges.

To enhance interns' internship experience, it is recommended that training staff members in universities focus on preparing students for this period of their training during academic years. Training staff could perhaps expand training inputs to assist in preparing trainees to work with professionals from different disciplines and to have maximum practical work exposure, recognizing the time limit constraints of the academic year. It is recommended that staff members involved in the training of interns in internship sites are more attuned to interns anxieties and engage from a person-centered approach, focusing on meeting each intern's needs

and staying curious about what each intern requires instead of being overly directive and hierarchical in their approaches. Lastly, it is also recommended that governing bodies and internship sites prioritize supervision training for staff engaged in such activities and implement a stricter selection process of those engaged in supervision to create more positive experiences for interns. It would also be useful to have neutral and protected channels available for those interns who wish to express grievances.

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APPENDINCES

APPENDIX A: INTERVIEW GUIDE

Before interviews are conducted, I will focus on building rapport with participants. Thereafter I will explain the interviewing procedure to participants.

The interview will be opened with a broadly focused question so as to initially hear spontaneously from interns what their primary preoccupations and experiences have been. The opening statement and question will be along the following lines:

In moving into the internship phase of their training clinical psychology trainees face a range of challenges related to moving into a new context and taking on new roles. I would be interested in hearing from you what this process has been/was like and particularly what you found most challenging about your internship? I am also interested in knowing what was beneficial or what you found helpful during your internship year?

I am keen to hear as much as possible about your experiences so perhaps you can start by telling me about what stood out about your internship experience for you.

Following on from exploring initial responses to the open question the following questions and probes will be used to further explore aspects of the participants'' experiences.

What was most difficult about moving from university to internship program? (Identify primary areas of difficulty, identify transitioning demands, moving from being student to employee)

What aspects of the internship context were most difficult to adjust to? (explore working environment, multidisciplinary team dynamics, hierarchies, medical model, workload) What was most strange or unexpected about your internship?

Is there anything particular about your internship placement that affected your internship experience?

What role has/did supervision played in your experience of your internship? (explore whether helpful or stressful, being assessed constantly, living up to expectations, strain or harmony in these relationships, comparison with other interns' experiences)

How well equipped did you feel to enter your internship and how did this affect your experience? (sense of competence or deficit, inadequacies, misfit between training and practice)

How did your internship affect your mental and physical health and general well-being? What did you notice about this?

Have aspects of your personal or social identity shaped how you have experienced your internship? (probe particular around race and class issues, language and cultural issues, possible gender issues, religious identity)

What kinds of resources did you draw upon to help you to cope with your internship? (explore aspects of internal and external support, self-care strategies)

What did you find most stimulating or satisfying about your internship?

If you had to give advice to an incoming intern about what to anticipate and how best to manage in their internship what would you emphasize as important?

If you were to give advice to trainers or supervisors about what interns most need to thrive in their internship what would you emphasize as important?

APPENDIX B: PARTICIPANT INFORMATION SHEET

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Dear Clinical Psychology Trainee,

My name is Maretebale Querider Nape and I am a Masters' student in Clinical Psychology currently studying at the University of the Witwatersrand, Johannesburg. As part of my studies, I am required to undertake a research project, and I am proposing to investigate the experiences of intern clinical psychology trainees. My research project will be undertaken under the supervision of Professor Gillian Eagle. The aim of this research project is primarily to investigate challenges intern clinical psychology trainees experienced in transitioning from university to their internship and during their period of internship training. I am also interested in beneficial and useful aspects of your internship experience. There have been some observations that clinical psychology trainees face particular kinds of challenges in their internships and that these may be best understood by hearing from interns directly rather than relying on those who oversee their training. I am therefore particularly interested in hearing from you about your personal experiences of your internship.

As part of this project, I would like to invite you to take part in an online or face to face interview, depending upon what is feasible in terms of restrictions associated with the COVID-19 pandemic and on your preference. Participation in the study will involve a one-on-one interview conducted by me at a time that is mutually convenient for you. The preferred online

platform for the interview will be either Zoom or Microsoft teams as these platforms are reputed to generally protect the privacy of those using these programs. I anticipate that the interview will take approximately 45-60 minutes. With your permission, I would also like to record the interview using a digital device. The interviews will be focused on your personal experience of your internship including issues such as how you found the work experience and engaging in the internship setting both with patients and with fellow professionals, what you found most challenging or taxing about your experience, what you found most beneficial or helpful during this period of your training, and what kinds of supports you drew upon in this period. I am also interested in whether you might have felt that aspects of your social or personal identity influenced your experience significantly.

Whether you decide to participate in the study or not is entirely voluntary. There will be no personal costs to you if you participate in this project other than the dedication of your time to the interview and the data costs associated with taking part in an online interview. You will not receive any direct benefits from participation and there are no disadvantages or penalties if you choose not to participate or if you withdraw from the study. You may withdraw your information from the study at any time prior to submission of my research report for examination and you have the right to choose not to answer any question put to you in the interview if you do not want to respond to this question. Although this is not anticipated, if you experience any distress or discomfort at any point in the process, we will stop the interview and resume at another time or you may decide not to take further part in the study. If you feel you need some support or counselling following the interview a discussion will take place about available support resources and those options will be explored and discussed with you.

Information arising out of the interview will be kept confidential and I will be using a pseudonym (false name) to represent your participation in my final research report. In addition, I will not include any personally identifying information other than that required to give a broad description of my participant group, such as age, gender and race. I will also ensure that any details about particular personnel or particular settings within your internship that may come up in the interviews are referred to in the report in general rather than specific term. In the final write up of the study I will include quotations of direct words used in the interviews, but I will ensure that your words cannot be traced back to you personally as in individual. The information that you share with me in the interview will be held securely on a password protected computer and not disclosed to anyone else. My supervisor will only have access to the transcripts of the interviews from which all personally identifying information will have been removed. If you give your consent for this the data collected from this research project

will be stored in archives for future secondary research use by other psychology researchers. These researchers would be bound by similar ethical guidelines and would have to have independently applied for ethical permission to conduct their particular study.

This study will be written up as a research report which will be available as part of Wits University's library resources. If you wish to receive a summary of this report, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact me. My contact details are provided below as are those of my supervisor. If you have any concerns beyond this you can contact the University of the Witwatersrand Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, hrec-medical.researchoffice@wits.ac.za.

Yours sincerely,

Maretebale Querider Nape

Researcher:

Maretebale Querider Nape, 862177@students.wits.ac.za.

Emthonjeni Centre :0117174513

Supervisor:

Professor Gillian Eagle, Gillian.Eagle@wits.ac.za , 0117174528

APPENDIX C:INFORMED CONSENT FORM

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SOUTH AFRICAN CLINICAL PSYCHOLOGY TRAINEES' EXPERIENCES OF THEIR INTERNSHIP YEAR

Researcher: Maretebale Querider Nape

I, ……..., agree to participate in this research project. The nature and details of the research study have been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain confidential	YES	NO

I agree that the researcher may use anonymous quotes in his / her research report	YES	NO
I agree that the online or face to face interview may be audio recorded	YES	NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO

…… (signature)
…… (name of participant)
…… (date)

…… (signature)
…… (name of person seeking consent)
…… (date)

APPENDIX D: TRANSCRIPT

Participant C {pseudonym}

Researcher: In moving into the internship phase of your training, cdemogrlinical psychology trainees phase a range of challenges related to moving into a new context and taking on new roles. So I would be interested in hearing from you, how the process was like for you, and particularly what you found challenging about your internship. I'd also be interested in knowing the benefits and what you found helpful about your internship year. So perhaps you can start by telling me about your internship experience.

Participant C: Ok, um…yah so I did my internship at a… general hospital. Um…so then I was yah…, I was at the hospital for two rotations. I was at the same hospital, so I went from the adult unit to the child and family unit. Ah… but I did the adult unit for the first six months and ah… in terms of transitioning into the internship I'd say, um… some of the challenges for me personally was ah… learning how to work with colleagues cause I think

up to that point I hadn't ah… worked with other professionals um… knowing how to navigate that space. Ah… taking on the identity of a professional. You know this is not university anymore, you can't just skip [giggle] a class because you are tired, you know. It's a professional space; you have to be there at eight-thirty or eight or whatever other time you have to um… be there at certain times. You can't just submit an assignment late. Where I did my Master's, it was… the classes were a lot of the time from nine to twelve and then we had the afternoon to do our research or whatever else. I feel like ah… there's something about the way that university is structured in terms of it's a bit more lenient and it's a bit more relaxed, whereas the working environment, that was a bit of an adjustment because um… you know, you're there every day from eight to four. So yah, I think that was probably the first um… difference that I noticed um… and then I think, so you want me to speak um… generally about the difficulties in the internship?

Researcher: Yah, the difficulties, that's the major part of the research, and then the benefits you can also talk about them.

Participant C: Ok, so I think another difficulty about internship is not knowing your role as a Clinical psychologist. Um…so for me personally, there was quite a lot of um… deliberation thought that had to be put into what's my role being part of an MDT. Ah… to what extent am I an advocate for the patient ah… versus just a clinician or therapist? Um… like how do I hold the frame um... in more difficult situations, um…, especially like situations you're not trained for, you know? if you're seeing someone who's acutely psychotic um… how do you handle that? I feel like my master's training didn't, I think most of it sort of prepares you for private practice with higher-functioning people. Sometimes I feel like Clinical psychologists are not trained to be Clinical psychologists, we're trained to be Counseling psychologists in some respects um… we don't get into the like the nitty gritty of when this person doesn't even - when they so thought disordered that they can't even put a sentence together or yah um… if they're so intellectually disabled that you have to work on such a concrete level. I think that was something that was really challenging. I mean I, I say challenging but it wasn't challenges that couldn't be overcome, for me or I think for most people it sorts of something you adjust to. I think I'll just put in a disclaimer there that it's not something that you can't overcome; it's just something that you adjust to rather than a blocking in the road. Um… so yah, there's that. Coming back to the role um…, especially with um… psychiatry and OT, I think I, I didn't know, I didn't really know what OT does [giggle]. Um… so…they sort of work on well-being in the long-term and also socially and occupationally so a lot of the stuff overlaps. A bit of a challenge

for me was to know when to refer to them or when I can take on the work that they should be doing. Psychiatry as well, knowing where I stand with them. Um… to what extent am I supposed to be working on symptoms like they are, versus the psychological process of working with personality, personality structure, and um… you know. How are those lines drawn across the person that we tryna help? Um… and to what extent can they tell me what to do ah... versus me needing to be a professional and saying, Look I've trained, I know how psychology works. A lot of time, you get a psychiatrist or consultant saying to you, um… here's a referral. I think this person needs eight weeks of CBT, and then you say, OK, well, I don't work that way or… I don't think CBT is appropriate for this person ah... maybe they need more long-time work. So, I think that was also quite a bit challenging. There is sort of a power dynamic that comes into play with that as well. I think, especially with psychiatry, it can get a bit um… I don't know, but hostile. Um… but you have trained for quite a long time and you sort of need to learn how to… find your voice and you need to learn how to ah…say no or say yes or to feel confident enough to give your opinion to a consultant who's a psychiatrist for twenty years maybe um… that's a bit intimidating, a bit challenging um… so that was also an adjustment. Um... then yah, so lots of things are coming to my mind as I'm speaking, I don't know if I should continue.

Researcher: I can see you are answering my questions as you speak so yah.

[Researcher and C laugh]

Participant C: Yah…yah, that's what I'm tryna do [laugh] um…I don't know if you have a structure or if you are happy with me sort of rambling on about this.

Researcher: No, it's actually perfect how you are speaking because it answers the questions as you go by. Um…it sounds like working with the multidisciplinary team was quite challenging, and also knowing your role. It also sounds like taking on the professional role from the student role was also challenging.

Participant C: Mm…yes, yah. So, I think that's a good way to summarize the responses.

Researcher: I am wondering how were your experiences with um… your supervisors, what role did they play?

Participant C: Mm…ok so my relationship with my supervisors at the adult unit was really good, um…so they were very understanding, and I also found them very knowledgeable, so I had, I had no difficulties there. I heard a lot of people who had difficulties with supervisors um… and the relationship gets very sticky but ah…for me personally at the adult unit, it was fine. Um… then at the child unit, it was also…, it was

also good for the most part. In the child unit, I had four supervisors actually, but ah… one of the supervisors, I didn't really gel with, or… I, I didn't- I found that I couldn't really express myself or um… almost like I was just being told what to do, um... so it felt like, there was no space for me to actually bring the concerns that I had, or um…to use myself ah… in the room. It felt like I was sort of just being directed you know. I think that was a bit of a challenge.

Researcher: Maybe you can tell me more about other interns' experiences, by comparing your experience with supervisors and their experiences.

Participant C: I think I had a lot, a lot less trouble with supervisors compared to my, my peers. A lot of them felt like their supervisors didn't really have time for them, or they weren't invested um, so they felt really lost. Um… so I think that was…, that was probably the mm…the majority of opinions about my ah… about supervision, in general, um…yah. I really enjoyed my work environment and my yah… the people that I worked with were awesome, my ah… the intern that I worked with as well, we got along and my supervisors and I like, I learned, I think I learned a lot from them. So that was yah… I think was one of the differences. So you wanna know about differences ah… just in my experience of internship as a whole as well compared to my team or you just asking about supervision?

Researcher: you can also talk about that as well.

Participant C: Ok… um…so…I think in general I had a more pleasant experience. I think um… also because my supervisors were really involved so… they didn't have high expectations, they weren't punitive.

Researcher: So, would you say the internship placement played a role in making your internship experience smoother than it did for others that went to different placements?

Participant C: Yah…definitely, definitely yah. I think um…the location that I was at had a lot of structure, which I think is really helpful um… so I think the processes that they had in place in how to, how to deal with interns ah… it really helped. There's a lot of guidance and it was an open-door policy as well so if you had any trouble you could just pop into someone's office and be like, I don't know this so that-, they also made it very clear to us that we're not expected to know[giggle], everything.

Researcher: Mm…[pause]

Participant C: and I think ask first policy, or that open door policy really helps because I think a lot of internship sites don't create that environment and then the interns end up

feeling like they can't ask questions and they end up messing up for doing the wrong thing because they don't because they felt like they were performing you know.

Researcher: Mm…[pause]

Participant C: The people that I had were also really, um… person-centered, especially at the adult unit. They were very ah... just not in their theoretical orientation but just in their way of being. It didn't have to be professional like we went ah… for lunch together at times.

[C and Researcher giggle]

Participant C: So, it gets ah…[giggle] cause there was like a restaurant nearby and ah... we'd get food for each other. We'd eat and we'd also just talk and ask each other about how we doing personally. So... in the adult unit, it was more like that. Um… in the child unit, it was a bit more structured, but it was also, there was space for that too. Um… so I think that helps as well where it doesn't feel ah… it starts to feel a bit like a family rather than this sort of cold bureaucratic environment, especially in our profession where you need to offload and debrief. So…your research is mainly about the challenges, right?

Researcher: Mm… but also the benefits cause' it does sound like having the internal support was also helpful really. The hospital and the peers were helpful in making your experience smoother. Um... so for you, what resources did you rely on both internal and external throughout your experience to make it more manageable?

Participant C: Um… so I intellectualize a lot. So going into books and theory always help me. So if I didn't understand something while struggling with anything to do with the MDT or the theories or ah.. to be more professional, then I just do some reading. Um… so that personally helped me. Therapy, one hundred percent therapy cause' when you are in internship, you have to be in therapy. Yah…cause there's just so much that goes on. You need that space even if it's just for an hour a week just to offload and to normalize and to put things into perspective, and to be heard as well. So I think therapy definitely helped me. I have an amazing therapist as well so that also helped. Um…meditation as well, that helped a lot. In the middle of my internship, wasn't the middle was closer to the end I went on a ten-day silent ah… retreat. Um… something happens there. I think in that process where you check in with yourself you know. You just spending your time observing where your mind goes non-judgmentally and observing the sensations on your body, getting in touch with your body, and your mind at a very deep level. So that helped me a lot, and then I continued to practice after that. It definitely helped me, especially before a session, even

after a session, to almost clear out my mind or get into um…a present and aware sort of mindset. I think that's, that's definitely a resource I've drawn on a lot um… and then, I think just general recreation as well. Being with friends always helps. You can just be an idiot for a weekend. You don't have to be thinking and yah contemplating. So I think just having friends that you can just unwind with um…yah. I actually bought a PlayStation when I got to Masters[giggle], just to have a bit of balance "cause I knew otherwise my head will be in that stuff twenty-four seven, so I just played like games, just watch TV, watch a lot of YouTube. Um… exercise helped as well in the morning um…there's something about it that's quite energizing and I think that helps ah…it gives you the momentum to get through the day. Um…and I think I probably drew on my girlfriend as well because we met in Masters so we could debrief. We understood what the other was going through while we were doing our internship. So that definitely helped a lot in terms of coping, so…yah.

Researcher: Mm… So how did your internship affect your mental and physical health, and just your well-being in general, and what did you notice about this?

Participant C: Um…I think mentally, I dropped into quite an existential space. Like what's the point of all of this and um… you know so many people are suffering and it's just so…ag [sigh] it's a lot. This like existential heaviness I think, that just clouded me ah…So I think, I, I felt quite heavy about that sort of stuff. I started becoming quite negative about my view of the world and what's going on. You hear stories of abuse and how other people are treated and the things that people have been through and I think it paints quite a big picture of the world. So, I think mentally that was probably the challenge. Anxiety as well. I think like performance anxiety of needing to be a good enough therapist and um… also questioning how competent you are. I think there's an anxious element to that as well, especially when you have supervision, and you need to like show them your audio records. You feel quite like cringy[giggle]. Yah, and then being in an environment where you feel, you feel anxious about not knowing how to help people. Physically, I noticed I felt quite fatigued and drained. I think I became very tired physically. um…so…yah… either than that my physical health was fine.

Researcher: Sho! that sounds hectic. Sounds like a lot of changes and a lot to adjust to.

Participant C: Yah…yah…no definitely.

Researcher: So, what did you find most strange and unexpected about your internship when you went into your internship?

Participant C: Most strange and unexpected?

Researcher: or unexpected[pause]

Participant C: um… I think what I, what I didn't really expect was…just [long pause] I thought it would be more directive or I had this idea that we'd be doing more you know, but it's almost like um…[tongue click]It's almost like everything you did in M1 that's pretty much what you do there as well you know. I think I was surprised at how practical and how down to earth everything is[pause] and how almost common sense a lot of it is um…yah. I think it was also strange, I think the strange element was definitely the patients um… dealing with all sorts of different kinds of patients and pathologies and characters specially in the acute Ward. Um…yah, and just knowing how to deal with them and how to interact with people who are delusional or hallucinating um…people who are really intellectually disabled and can't reason in the way that you know. That was very strange. I think that took some adjustment as well um…yah.

Researcher: sounds like doing the practical work that you've always been studying in books and seeing the patients live and working with them sounds like it was[pause] yah quite a surprise[pause]

Participant C: Mm… yah[pause].

Researcher: So for you, what did you find most satisfying about your internship?

Participant C: I think what was satisfying for me was the variety of stuff I got to do. When I was in the adult unit, we did, um, consults just general consults with people in hospitals. We got to see a variety of people from different wards for different things. Um…yah, I think just the variety of everything that I had was very satisfying, and also, the supervision and the guidance it was very satisfying.

Researcher: Have aspects of your personal or social identity shaped how you have experienced your internship, in particular, around race and class issues, language and cultural issues, possible gender issues, and religious identity?

Participant C: I was one of the few men at my internship site, and while I do not consciously know how that may have affected my internship experience, I do believe it played out in unconscious ways. For example, I think I may have taken the lead in escorting dangerous patients to group or feeling the need to be the assertive one in groups when they got out of control. I also identify as an atheist, so I did not feel comfortable expressing my true beliefs about what I think about religious views. This also made me feel uncomfortable at times with patients who expressed religious views, which left me feeling incongruent and inauthentic.

Researcher: If you had to give advice to an incoming intern about what to anticipate and how best to manage in their internship what would you emphasize as important?

Participant C: I would emphasize the importance of being in your own therapy. For many months I did not go to my own therapist because I prioritized spending my money on other things, but honestly, the value that you can extract from even a single session with a good therapist is valuable. I believe that it should be compulsory for every intern to be in their own therapy. It helps you understand how your own process is affecting the work you do as a clinician. I would also emphasize spending weekends and any spare time on research. Most people prioritize work or studies, but research is what is going to ensure that you will survive financially the following year. I would also emphasize the importance of humility, self-reflection and to not take things personally. There will be difficult relationships with supervisors, and you will sometimes feel criticized. It is important to not take these comments personally and to make yourself as receptive to feedback as possible.

Researcher: If you were to give advice to trainers or supervisors about what interns most need to thrive in their internship what would you emphasize as important?

Participant C: I would advise trainers to give the intern the freedom to choose their own modality and way of practicing, so a person-centered approach that respects the individuality of the trainee may be appropriate. I would also advise them not to make the relationship and work context a punitive one. A lot of the time interns feel like they cannot ask questions because they will be judged harshly. I think these interns may benefit more from an environment in which they are free to ask questions that they do not know so that instead of making mistakes, they feel free to ask for guidance.