

The impact of organisational culture on an intern clinical psychologist's  
subjective experience of internship supervision: An Autoethnographic  
Approach

by

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## DECLARATION

I, Trevor Sandile Tshabalala, declare that this dissertation, "**The impact of organisational culture on an intern clinical psychologists' subjective experience of internship supervision: An Autoethnographic Approach**", submitted in accordance with the requirements for the degree of Master of Psychology, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete reference list. I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality. I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.



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**Signature**

12 August 2025

**Date**

## **DEDICATION**

This work is devoted to the memory of my late grandfather, Phineas Mande Tshabalala, whose unwavering belief in the power of education knew no bounds. He dreamt of me reaching the highest echelons of any profession I chose, and it is with his spirit in my heart that I dedicate this achievement to him.

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## ABSTRACT

This study investigated the impact of organisational culture on intern clinical psychologists' subjective experience of clinical supervision within the context of post-colonial South Africa, where there is a lack of formal training and monitoring for clinical psychology internship supervision. The research aimed to explore how organisational culture and broader systemic factors, such as historical and sociological influences, shape clinical supervision. Retrospective reflections on clinical supervisory encounters and reflexivity were employed to critically examine these dynamics.

An autoethnographic methodology was adopted, combining evocative and analytical autoethnography and utilising a personal narrative that offers insight into internship training and a critical analysis of clinical supervision. The researcher positioned as both subject and researcher utilised this approach to interpret the organisational culture surrounding clinical psychology supervision. Systems theory and Hofstede's cultural dimension theory were the primary frameworks for analysing the systemic impact on organisational culture in clinical psychology internship training.

Data were collected through journaling, which facilitated deep self-exploration and thematic analysis. The analysis identified three major themes: *Power Dynamics and Hierarchy*, *Erosion of Professional Identity*, and *Humanistic Approach to Training and Emotional Wellbeing*. The findings highlight a critical tension between Euro-American and African-centred organisational cultures in clinical psychology training, with recommendations for integrating an African-centred approach to clinical psychology supervision training.

**Keywords:** Autoethnography, Clinical psychology internship training, Moderate Autoethnography, Organisational Culture, South Africa

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# **CHAPTER 1: INTRODUCTION**

## **1.1. INTRODUCTION**

The dissertation presented here is an account of a personal nature. It uses what Cooper and Lilyea (2022) suggest is a relatively unorthodox methodology called autoethnography. Autoethnography was chosen as a method to explore the impact of the organisational culture of two internship training sites on my personal experience as a clinical psychology intern in supervision. The autoethnographic exploration was meant to understand the impact of organisational culture on an intern clinical psychologist's subjective experience during the course of a clinical psychology internship.

In this introductory chapter, my positionality in relation to the area of research is spelled out to contextualise the study. This is followed by an articulation of the problem statement that will guide the research objective and research questions.

## **1.2. SETTING THE SCENE FOR THE RESEARCH**

The training of psychologists in South Africa is regulated by the Health Professions Council of South Africa (HPCSA) under the Professional Board of Psychology (HPCSA, 2006). According to the HPCSA guidelines, all categories of registered psychologists are required to complete a 12-month internship at an accredited internship institution. To understand how the profession evolved to this point, a brief history of the psychology profession in South Africa is presented below.

The early development of psychology in South Africa was initiated by John Dunston in the early 1920s after he identified that psychology/mental health care may be employed beyond the custodian of service. This occurred after John Dunston was employed as the first Commissioner for Mental Hygiene as a psychiatrist from Britain. On his return to South Africa from a trip from England and the United States, he implemented several interventions of standardising psychometric tests (intelligence tests) for the South African population.

According to Long (2013), a belief existed that Africans (Black individuals) possessed lower intelligence compared to white individuals, asserting that they were unable to learn from past experiences and displayed paranoid behaviour, which was attributed to the specific composition of their brain cells. These beliefs and those of the Eugenics and Genetic Standing Committee of the South African Association for Advancement of Science were grounded in psychological expertise (Louw, 1997).

South African psychology fraternity's most notable work was its input in the Carnegie Commission Poor White Study (Long, 2013). The premise of this report was concerned with the sexual relations of poor white people in South Africa, the larger population of non-Europeans (blacks) and the problematisation of those interactions. The mixed colour relationships were fundamentally against the traditional miscegenation, and the proposed colour division was perceived as unclear (Long, 2013). This problem concerning poor whites afforded psychologists an opportunity to implement psychometric tests and maintain scientific racism to uphold apartheid capitalism (Seedat & MacKenzie, 2008). The psychometric tests justified racial segregation and apartheid ideologies that deemed other racial groups (Non-whites) as socially and intellectually inferior.

Initially, psychological training reflected an exclusionary measure, as black South Africans were excluded from the psychology profession (Padmanabhanunni et al., 2022). At present, although several initiatives have been taken to train more black South Africans, the numbers are still reflective of the dominance of white psychologists. Considering the call for racial transformation since the inception of democracy in 1994, the profession is still under-represented by most of the country's population. Even though recommendations have been made for universities, increasing the number of those historically marginalised by 50%, as outlined by the Professional Board of Psychology (2000), it remains a challenge. Recently, only 17% of the profession has been represented by black psychologists, as the majority are still white and female psychologists (Padmanabhanunni et al., 2022). This is alarming given that many mental health users prefer consulting a psychologist of a similar race based on similarities in language and culture, as 74% of black psychologists' service users are black clients/patients (Padmanabhanunni et al., 2022).

This information highlights the present picture of the continuous exclusion and under-representation of blacks in the psychology profession in South Africa. Furthermore, even though the Professional Board of Psychology (2000) recommended that 50% of psychology students in university training programmes be black, this has been met with challenges (Pillay et al., 2013). According to Pillay et al. (2013), racial exclusion has been transformed into class exclusion, as most beneficiaries of racial transformation and access to higher education are black middle-class students. The challenge of racial transformation or an increase in the number of black psychologists was also found not to meet the Professional Board of Psychology (2000) target and objective. Pillay and Nyandeni (2021) reported that the number of black psychologists in South Africa is far below the expected number recommended by the Professional Board of Psychology.

Therefore, Pillay and Nyandeni (2021) propose a call for action in understanding the inherent challenges regarding racial transformation, and second, they found that most black psychologists were trained at universities that were previously known as black universities. This highlights an interesting perspective on how training psychologists in South Africa has been organised and the culture that has been adopted from its past. A different form of exclusion exists in the form of social class, as Pillay et al. (2013) noted that middle class blacks are most likely to benefit from racial inclusion and admission into the psychology profession.

Another stage of the development of psychology in South Africa was the evolution of psychology bodies or associations. Post-war marked the emergence of the Afrikaner apartheid governance and propelled an escalating detachment from European and British academic institutions (Long, 2013).

In 1946, the National Institution for Personnel Research (NIPR) was founded and consisted of psychologists from the then air force. They were critical in producing knowledge regarding African labour and their adaptability. According to Seedat and MacKenzie (2008), their primary motive was to optimise means for the expropriation and exploitation of African labourers in support of white-owned corporations. In the 1970s, there was growing militancy among the oppressed, and with the death of the black consciousness leader Steve Biko, this led to several forms of unrest and resistance from the working class (Long, 2013).

Consistent with growing tension in neighbouring African countries such as Mozambique, Angola, and Rhodesia (Zimbabwe), the apartheid government experienced resistance from the working class, including international sanctions and negative attention. This informed the gradual decline of the apartheid government by the late 1970s, and the first black South African psychologist (Chabani Manganyi) reflected on political oppression even during the height of the apartheid regime; however, only when the political landscape started to shift did mainstream psychology reflect national and international practices (Long, 2013). Considering the political shift in South Africa by 1978, the Psychology Institute of the Republic of South Africa, which was exclusively Afrikaners, initiated tentative discussions with its competing organisation from the South African Psychological Association (SAPA), which was a racially inclusive psychology association at the time (Long, 2013).

The two organisations formed a merger in 1982 to what was called the Psychological Association of South Africa (PASA). The organisation was viewed with distrust as a pragmatic effort to have an impressionistic professional statutory body rather than motivated by a genuine effort towards integration and inclusivity (Long, 2013). In 1983, the Institute of Family and Marital Therapy arranged an international conference, and an unsettled group of psychologists and students created the Organisation for Appropriate Social Services in South Africa (OASSSA). In the same year, a critical psychology journal was formed (Psychology in Society) to facilitate critical debates about the tension and structural crisis embedded in the psychology fraternity at the time.

The OASSSA, which was predominantly white, witnessed a break away and establishment of the Apartheid Committee led by black psychologists, who deemed the OASSSA not radical enough and irrelevant to the South African population (Long, 2013). The critical psychology group was in opposition to practices within psychology and perceived the profession as culturally insensitive, theoretically inapplicable, politically indifferent, inaccessible on economic bases and bourgeois (Long, 2013).

At the advent of democracy in 1994, a new non-racial and non-sexist psychology association called the Psychology Society of South Africa (PsySSA) was established; nonetheless, it is important to acknowledge the political genesis of psychology in South Africa (Cooper & Nicholas, 2012). According to Suffla et al. (2001), psychology

in South Africa has mimicked social and historical developments in society in how it is organised based on various historical intersections. From the above, it can be assumed that implications of how psychology has been organised cannot be excluded from historical, political and social factors. Therefore, the exploration of the organisational culture of internship training cannot be viewed in isolation of the historical and political influences of society. Considering what Faulkner said in 1951, the past never dies and not even the past (Long, 2021).

According to the Health Professions Council of South Africa (HPCSA), the stipulated period to become a psychologist in South Africa is two years, some universities is 3 years. This applies to acquiring a master's degree in industrial, counselling, neuropsychology, clinical, research and educational psychology. Students are required to complete one year of academic coursework at an accredited university (Hendricks et al., 2021). This is subsequently followed by a 12-month internship at an accredited internship training site, which requires interns to be supervised according to the Health Professions Council of South Africa (HPCSA). Hendricks et al. (2021) reported that the psychology profession in South Africa is trailing behind that of first-world countries. In first-world countries, clinical psychology internship training programmes have surpassed the South African context, particularly in terms of training and monitoring of clinical supervision.

According to Hendricks et al. (2021) South Africa is trailing behind in terms of areas of competence, framework, guidelines, regulatory expectations and requirements in clinical supervision. As a result, Hendricks et al. (2021) deduced that clinical psychology supervision in South Africa is based on how supervisors personally experienced supervision, thus drawing on supervisors' own past experiences of supervision. Second, supervisory competence depends on supervisors' clinical skills.

Clinical supervision in the absence of formal training has been noted as a practice that could draw attention to multiple ethical concerns, thus shaping the intern clinical psychologists' training experience. The research aim was to determine the meaning and understanding of internship training, specifically the impact of the training site's institutional culture, on the intern's experience in supervision.

### 1.3. POSITIONALITY AND REFLEXIVITY

My positionality or location regarding this research topic is linked to my personal experience at two different internship training sites. I had the opportunity to train at two distinct internship sites after resigning from my first internship site, which I will refer to as “Flakfontein Clinic”. Owing to the nature of the research approach (autoethnography) and ethical reasons, which will be further elaborated in the methodology chapter, the internship sites’ original names were changed and given a pseudonym. My internship experience informed my inquiry about the organisational cultural practices of the two institutions to which I was exposed.

As a novice in the field of psychology, I assumed that all internship training institutions in South Africa were accredited by the Health Professions Council (HPCSA). Therefore, the interns’ experience with internship training programmes and structures would be constant across internship sites, which I discovered was not the case. Furthermore, the illusion that personnel would somewhat uphold a similar, if not consistent, culture underpinning their engagement and supervision with interns was of a contrasting nature.

My experience at the first internship site was a very difficult period in my life, professionally and personally. I found myself constantly questioning my professional competence and abilities, which is not an uncommon experience of many interns. However, when my professional insecurities and experiences with the training started affecting my personal life, that is when I started experiencing serious psychological problems. My psychological distress and emergence of Moderate Major Depressive Disorder was a reaction to hostility by supervisors, which took the form of constant negative verbal feedback that left me feeling “targeted”.

This affected my emotional, psychological and physical well-being, which impacted my work performance and, in turn, triggered and maintained a negative perception about me, upheld by my supervisors. In hindsight, some interns successfully completed their internship at the same internship placement, which indicates that the internship experience is an individual and subjective experience. Some interns adopted a stance of “*play the game*”, meaning that they had to form alliances with more dominant/influential supervisors for the successful completion of their internship

training. This highlights the relevance of aspects regarding the personal characteristics and dynamic interaction between the intern clinical psychologist and supervisor, given that each intern had unique training experience in accordance with how they “*played the game*”. The idea of “*playing the game*” was a strategy by some interns to manoeuvre through this difficult environment and as a form of survival.

My challenge with “*playing the game*” was that I could not perform the superficial engagement that formed the basis of the relationship between the intern and supervisor. For example, it was a common practice by some interns to acknowledge how they have changed at a personal level at the hands and inputs of supervisors. The incongruence and portrayed change were means to gain favour, as they would provide results/outcomes of supervisory processes based on what they deemed supervisors wanted to hear. The same applies to clinical work discussions and contradictions with supervisors, as interns would often agree with supervisors to attain favour to maintain good relationships and protection from supervisors. Although I do not want to portray an idea of speaking on their behalf, those were the reflections of how “*playing the game*” impacted me and perspective about it.

The Flakfontein Clinic had a rigid and hierarchal approach to supervisory processes, which encouraged me to explore the role of the organisational culture in relation to intern clinical psychologists’ experience with internship training. My experience of supervision triggered an interest in certain beliefs, values and organisational processes that were informed by the culture of the environment.

The organisational demands entailed interns being designated “intern of the month” tasks, which entailed administrative duties unrelated to a clinical psychologist’s professional development (answering the departmental phone, making photocopies, booking a conference room for meetings, writing minutes for weekly departmental meetings, and buying coffee and milk). Clinical requirements as prescribed by the internship site required consulting a specified number of patients monthly, writing reports per rotation that had to be signed off by two supervisors, audio and visual observations of psychotherapy processes, and assigning incident reports (formal warning) for interns that had departmental transgressions as a disciplinary measure. Botha (2010) suggested that organisations that demand devotion usually value discipline and obedience to instructions that provide unlimited opportunities for

bullying. Botha (2010) elaborates further that bullying seems to be acceptable because the training process familiarises new members with social norms of a paramilitary culture.

New members learn to accept the culture where employees are bullied and soon believe that complaining about bullying may be viewed as an indication of disloyalty. I signed a few of these incident reports and encountered its use as power-laden and punitive rather than remedial or by any means developmental. Incident reports were issued by supervisors to clinical psychology interns who had transgressed departmental rules and policies (e.g., tardiness, missed appointments, incomplete process notes).

My interaction with supervisors at the Flakfontein Clinic was challenging from the beginning of the internship. During the first few days of training, we were told that some of us (interns) would have our internships extended, some might not complete successfully, and some will be signed off. As the institution prided itself in protecting the public, we were further questioned about what to do in the first session of therapy, and most of us blundered in self-doubt. The supervisor questioned how we made it thus far *“if you don’t know the most basic things a psychologist is expected to know and practice!”*. This informed my understanding of the power supervisors had as gatekeepers into the profession and the subsequent fear and anxiety of not being good enough. My experience of this “introduction” created a sense of insecurity, fear and realisation that supervisors were bestowed with significant power.

I subsequently personally experienced a series of negative feedback from my supervisors, in some instances ambiguous feedback. Often, my satisfactory performance would be followed by negative comments a few days later for the behaviour that was praised initially (e.g., report writing, 1<sup>st</sup> case presentation) embedded in messages such as *“you have regressed”*. I also found myself “pathologised” on a daily basis and experienced supervision as “counter-productive therapy” given that the supervision process was inclined to assigning pathological labels to me and working on my “blind spots” rather than curative or scrutinising the content of my patient files.

Supervisors also had peculiar relationships with interns, whereby my internship progress, evaluation and personality were discussed. I found that I was attempting not only to prove myself to supervisors but also to my peers. For example, within 4 months of my internship at Flakfontein Clinic, I was approached by a colleague (intern) who told me that my supervisor told her that my internship would indefinitely be extended.

For ease of reading and ethical consideration, the second site will be called the Ilanga Clinic. My experience at the Ilanga Clinic (where I was placed after I “failed”/ “resigned” at the first site) was a completely different process and experience. I experienced a sense of “freedom” and the ability to “breathe” (the nomenclature is drawn from the African American narrative in Okri (2021)) of describing African American oppression, with their sense of freedom being suppressed and struggling to breathe. The learning approach was also very different in that I experienced a holding environment in which there was constant support, compassion, self-acceptance, empowerment and understanding. Furthermore, the motivation of my personal and professional development and progress into the field of psychology was positively reinforced compared with that of the Flakfontein Clinic.

On the very first day of internship training at Ilanga Clinic, the supervisor in charge of intern-related matters highlighted how the institution prides itself in providing excellent service. He further elaborated that they want to train ethical and professional psychologists, and since his time at the institution, he does not remember a time an intern was extended, terminated or reported to the HPCSA as impaired. He highlighted that as supervisors, it was their responsibility to ensure successful completion of our internship training, and should challenges occur, appropriate assistance, for example, mentoring, among other interventions, would be provided.

This narrative of a possible reality of successfully completing my internship was new; I waited for him to say, “*some of you may or will not make it*”, but that possibility or threat never came. He also emphasised the importance of our development on a personal level and that internship training is not only about professional competence, which is important. Instead, he emphasised the idea that the institution wants to train people; thus, we need to engage with the processes of training not only in terms of clinical skills but also on a personal level, as this will lead to good professional and ethical practice.

At Flakfontein Clinic, perceptions about my personal characteristics and professional conduct were also in contradiction with how my university trainers perceived me on a professional and personal level. I found myself in a realm of confusion and bombarded by feedback of a conflicting nature. This also aroused my curiosity regarding how people in the psychology fraternity, who held the same qualifications, had conflicting perceptions about the same individual. This personal confusion triggered the need to conduct the research that resulted in this dissertation.

Furthermore, my understanding of “truth” has always been relative, and I have always acknowledged subjectivities by those who experience/behold it. I found myself constantly pondering why that is and what aspects of the two organisations generated this “truth”. My understanding of truth as subjective and its philosophical position that multiple realities exist is one of the reasons why I have chosen to utilise an autoethnographic approach after discussions with my supervisor. As autoethnography follows an epistemological viewpoint, reality is a dynamic process and fundamentally a reflective account held by individuals (Boyd, 2008). After reading some work by Ellis and Bochner, who are the pioneers of autoethnography, I identified a method that could talk to me as I reflect on my path to become a psychologist who was met with great uncertainty during my internship experience. I also encountered an article by Ally (2020) that argues for the output of more personal reflexive research in psychology, specifically autoethnographic approaches. Ally (2020) stated that sharing lived experiences can be helpful in knowledge production, especially in the South African context. Other useful resources included Pillay’s et al. (2016) book about writing autoethnography in higher academic writing and Richards (2012) in her personal account and journey of kidney failure.

I also found Schmid’s (2019) autoethnography in locating self in post-apartheid South Africa very useful, as the writer highlights how untold stories can be shared by utilising autoethnography. The privilege of knowing that the autoethnographic material was written in a South African context was comforting and motivational. The only South African autoethnographic study exploring the psychology internship journey I could find was a study in industrial psychology (Avraamides, 2007). That also served as motivation in sharing my experience of internship training in an effort that my journey will resonate with the reader, or you may know someone experiencing the same

uncertainties, challenges, optimism in this journey of ultimately qualifying as a psychologist with respect to this intersection.

Autoethnography emerged from postmodern philosophy where traditional research methods are deemed questionable. Autoethnography provides a voice to subjective personal experiences to gain sociological understanding (Preston, 2011).

According to Ellis (2004), the study of autoethnography is a systematic analysis of something (graphy) of personal value or experience (auto) in an attempt to comprehend socio-cultural life (ethno). Autoethnographic studies have been known to be a voice for the voiceless and resist power structures from a political, cultural and historical perspective by employing the writer's story (Ellis et al., 2011).

Autoethnography has been used in feminist scholarship to understand the culture of gender and its implications for the personal experiences of female scholars (Edwards, 2017). The approach provides scholars with the opportunity to draw from personal experience and craft their own stories that are highly personal to understand societal phenomena (Wall, 2006). This allows the researcher to occupy a dual role of being a researcher and researched and look inwards to unravel, interpret and critic power dynamics in society through their own personal experience (Keles, 2022). Autoethnography also provides the researcher an opportunity to express their feelings, thoughts and beliefs by retrospectively reviewing their past experiences to critique and contribute to recent literature and theory (Allen et al., 2015). The most notable contribution of autoethnography is its transformative value for writers and readers alike (Ellis et al., 2011).

On the basis of the above, I developed an academic interest in understanding how covert and overt organisational cultural factors at an internship training site affect intern clinical psychologists' experience with internship training. By exploring my subjective experience at the two internship sites with varying organisational cultures informed by supervisory episodes and encounters, my inquiry was to explore how the organisational culture of an internship training site defines and informs supervisory practices. Furthermore, an attempt to understand cultural nuances at an internship training site that play a significant role in clinical psychologists' experiences of supervision is needed.

Central to autoethnographic studies is their transformative nature, as mentioned previously by Ellis (2004) for researchers and readers. Autoethnography also allows the researcher to connect with the reader, as gaining knowledge is a co-constructive process for both. In the case of this dissertation, both the researcher and the reader gain insight into the organisational cultural practices that manifest in clinical psychology internship training and how these practices impact the supervisory experience on the part of my unique personal experience.

Reflexivity is not an unfamiliar concept in autoethnography and has been utilised by many researchers in the context of ethnography (Atkinson, 2006). According to Anderson (2006), ethnographers have always studied people in their natural environment and maintained a close relationship with them. Hence, it would be incorrect to think that past ethnographers were detached and emotionally distant from their field of inquiry and, second, did not use reflective tools or techniques (Atkinson, 2006).

Thus, reflexivity in the context of ethnography entails the idea that the researcher is a full member of the field of study and must be present and make observations. Both the researcher and the interviewee contributed to the interviews (Atkinson, 2006). Furthermore, the construction of the research interview is not an interrogation of the research interviewee but rather a reflexive dialogue between the interviewee and researcher (Foster et al., 2006).

Thus, a reflexive position would entail the researcher being conscious of themselves in terms of their values and beliefs and how they might influence the analysis and interpretation of data (Foster, et al., 2006). In the context of autoethnography, reflexivity entails the creation of the above-stated reflexive dialogue with the reader of this study, as I look inwards in studying outwards.

#### **1.4. PROBLEM STATEMENT**

According to the World Health Organization (WHO), there is a global crisis of health practitioners resigning or exhibiting high turnover intentions from various public health disciplines (Li et al., 2024). In 2030, there will be a shortfall of approximately fifteen

million unoccupied health professions vacancies globally. The shortfall will be a result of working conditions such as remuneration issues, long working hours, a lack of resources and, aligned with this research project, the organisational climate (Jung et al., 2017).

According to Davys and Beddoe (2020), clinical supervision practices in the public health system are influenced by its organisational culture, which in turn impacts the retention of health care workers. In addition to turnover intention, organisational culture has been shown to influence employees' ability to engage in clinical supervision, and managers need to be aware of this ability for change to occur (Featherbe, 2023). Moreover, supervisory practices in the health sector have been identified as inadequate, harmful and unstandardised and may lead to unethical practices in the public health sector (Cartwright, 2020; Hendricks, 2017; Ramoolla et al., 2020; Singaram et al., 2022; Zhao et al., 2023).

This research explores the impact of organisational culture on the intern clinical psychologists' experience with internship supervision. The literature suggests that clinical psychology training has focused on the provision of public services, as stated by Pillay et al. (2013). Unfortunately, this appears to have led to the unintentional avoidance of evaluating and understanding intern clinical psychologists needs. Some writers have explored matters of clinical internship supervision, for example (Cartwright, 2020; Hendricks, 2018; Ramoolla et al., 2020; Singaram et al., 2022; Zhao et al., 2023), but inadequate attention has been given to the significance of organisational culture, particularly from an intern clinical psychology's experience.

From the birth of clinical psychology internationally and nationally, it can be deduced that research has focused on issues regarding racial transformation by including more black psychologists in the profession. By changing the curriculum that has Western and American influence taught to psychology students. Furthermore, the provision of psychological services at a community-based level rather than primarily at tertiary psychiatric hospitals should be expanded. There have been insufficient critical studies investigating and exploring the training of psychologists in the South African context (Pillay et al., 2013).

Prior to Pillay et al. (2013), an urgent call by Pillay and Johnston (2011) was suggested for psychology to implement countrywide research investigations in training to monitor training and effectiveness on a prolonged basis as a means of quality assurance. This call was responded to by Hendricks (2018), who investigated negative supervisory events during clinical psychology internship training and supervision outcomes on the basis of the influence of various contextual factors. The implications for the supervisee's professional development, level of competence, working alliance and self-perception were identified. According to the literature (Andrew & Cook, 2021; Keum & Wang, 2021; Kuhne et al., 2019), clinical psychology internship training has been noted as a key developmental process in becoming a psychologist. The clinical psychology intern is viewed as a professional adolescent who undergoes stages of separation-individuation (Kaslow & Rice, 1985). Hence, the experience of internships is of unprecedented importance as a developmental period, as it trains and shapes the future of psychology.

According to Hendricks' (2018) study, in which she investigated intern clinical psychologists' subjective experiences of supervisory processes, she concluded that incompetence, feelings of inadequacy, self-doubt, shame, loss of trust, ruptured supervisor-supervisee alliances and perceptions of conscious alliances all contributed to the negative professional development of the intern. The findings are alarming, as supervision has been noted as the cornerstone of key developmental processes during internship training (Andrew & Cook, 2021; Keum & Wang, 2021; Kuhne et al., 2019).

Thus, it is worth investigating how supervisory processes experienced by a clinical psychology intern are influenced by the organisational culture of the internship site, considering the current supervisory practices explored by (Cartwright, 2020; Hendricks & Cartwright, 2018, 2018; Pillay & Johnston 2011).

Clinical psychology internship supervision in South Africa, compared to America and the West, has no structure, monitoring or approach (Hendricks & Cartwright, 2018). Hendricks et al. (2021) investigated the perceptions of clinical and counselling psychology supervisors' competence before and during internship supervision. The findings indicate that the majority of supervisors take supervisory responsibilities without any structured or formal training in internship supervision practices. The

inference they drew from their findings was that supervisors approached supervision from their own supervisor–supervisee experiences and the clinical skills they acquired over time.

This raises ethical concerns pertaining to the level of skills and competence in supervisory practices among South African psychological practices, particularly supervision (Hendricks et al., 2021). It could be surmised that the knowledge base of clinical psychology internship supervision is not well understood, and research on how organisational culture may influence supervisory processes is thus needed. It could also be surmised that due to a lack of structured supervisory guidelines informed by training, supervisors at a training site may adhere to supervisory practices rooted in the values shaped by the organisational culture of the training site. A proposal for the training, monitoring and evaluation of clinical psychology supervision was suggested by (Hendricks et al., 2021).

Internationally, the occurrence of negative supervisory practices persists despite clinical psychology supervisors entering the supervision space with training, structural monitoring and evaluative processes in place (McNamara et al., 2017). In Hendricks et al. (2021), a proposal to have structured training, evaluation, and monitoring of clinical psychology supervision in South Africa was suggested, although negative supervisory practices may prevail, as indicated internationally (McNamara et al., 2017). Furthermore, McNamara et al. (2017) reported that supervisees' narratives shared similarities in how the institutions shared systemic appearances that triggered and compounded harmful supervision experiences. This suggests that the organisations or institutions of clinical psychology training have a culture that implicitly or explicitly contributes to and exacerbates harmful clinical supervision practices. This is consistent with findings by (Davys & Beddoe, 2020) that the practice of supervision reflects the facets of an organisation's culture and climate.

In summary, the challenges highlighted in the foregoing text indicate that, owing to a lack of clinical psychology supervision training, harmful supervisory practices have been found that have a direct impact on clinical psychology interns in internship training (Hendricks et al., 2021).

Furthermore, internationally, as suggested by McNamara et al. (2017), there appear to be systemic appearances that trigger and compound the harmful supervision narrated by clinical psychology interns in supervision. This draws attention to the organisational culture of clinical psychology internship sites given the accounts of intern clinical psychologists who have encountered harmful supervisory practices.

Finally, in South Africa and internationally, the emergence of clinical psychology training has focused primarily on providing services to the community, resulting in unintentional oversight in research about the training experiences of clinical psychology interns (Pillay et al., 2013). There also appears to be a systemic problem with training institutions' organisational culture, which may lead to negative supervisory events that hinder intern clinical psychologist's development.

## **1.5. DEFINITION OF KEY CONCEPTS**

The following section will define key concepts regarding the study and will be further elaborated and integrated into the study in later chapters. The concepts are textbook-driven explanations and definitions of autoethnography, organisational culture and clinical psychology supervision.

### **1.5.1. Autoethnography**

Autoethnography: Although autoethnography may take different forms and presentations, one familiar characteristic is the use of personal experience to explore or critique cultural experiences (Adams et al., 2016). According to Ellis (2004), the study of autoethnography is a systematic analysis of something (graphy) of personal value or experience (auto) in an attempt to comprehend socio-cultural life (ethno). Autoethnography evolved from combining autobiography and ethnography Ellis (2004) and drawn from a naturalistic qualitative perspective.

Naturalistic qualitative methods study entities in their natural settings to derive meaning or interpret social and cultural phenomena (Denzin & Lincoln, 2008). Several naturalistic approaches exist, namely, phenomenology, narrative, ethnography, case studies and grounded theory. The combination of the researcher's personal experience (autobiography) and ethnography was utilised, as the researcher was

immersed in the empirical environment (internship site) and explored the cultural ethos of the organisation (Hernandez., 2015).

The importance of personal narratives is deemed a powerful tool, as it focuses on personal experiences and relationships with one's social context. An example of the latter is Chabani Manganyi's book *being black in the world*, which is a combination of psychology and autobiography (psychobiography), as he describes his personal life and insightful accounts of his identity development and the interplay with the apartheid social context at the time (Manganyi, 2019).

### **1.5.2. Organisational Culture**

Organisational culture is the socialisation of new members into a distinct design of norms, values and shared assumptions (Shein, 2010). Furthermore, it is suggested that organisational culture is strongly influenced by the features of the entity in which the company operates (Kokt & Ramarumo, 2015). The latter is of particular importance, as it highlights how the broad field of psychology (entity) has an influence on the organisational culture of related companies (internship sites). Thus, for the interest of this study, the suggested company would be the internship training context and the influence of psychological practices in South Africa. The sociopolitical history of psychology in South Africa should be considered. Finally, Shein (2010) cautions that culture may be an abstraction, but its implications are powerful, and one needs to be aware of it to not fall victim to it given the force it has in organisations and social situations.

### **1.5.3. Clinical Psychology Supervision**

According to the Professional Board for Psychology of the Health Professions Council of South Africa, a supervising psychologist is a senior psychologist that has been registered with the Board for more than three years (PBP-HPCSA, 2014). Clinical psychology supervision is a mandatory activity that entails the provision of at least 2 hr/week supervision sessions to serve a consultative role. It is an activity that facilitates the transfer of "expert" knowledge to the "beginner" (Hendricks & Cartwright, 2018). The role entails serving as a gatekeeper to uphold and safeguard the ethics and integrity of the profession. The supervisor-supervisee relationship is evaluative and includes an on-going process to monitor and promote the supervisee's competence and function towards effective service delivery.

## **1.6. AIM OF THE STUDY**

The aim of this study was to explore the impact of organisational culture on an intern clinical psychologists' subjective experience during internship training to derive the meaning of organisational culture and embody the transformative value of autoethnography for the writer and reader alike by sharing personal experience.

The above is consistent with the findings of Ellis (2004), who reported that autoethnographic studies are aimed at sharing personal stories of the writer in a systematic manner to derive the meaning of the social phenomenon encountered. It is deemed transformative to the writer and reader of the research endeavour and yields unattended information that can be used in the development of literature and theory.

## **1.7. RESEARCH OBJECTIVE**

The objective of the study was to use autoethnography to describe and understand my subjective experience of supervision at two internship training institutions that had distinct organisational cultures. By exploring my subjective experiences of the barriers, facilitators, prominent events, and factors that influence negative/positive supervisory practices, I was informed by the organisational culture of the internship site.

As Ellis and Adams (2014) proposed, autoethnography is an opportunity to bring forward unfamiliar and previously unheard narratives on the issue under investigation. The study will also facilitate further inquiry into previously ignored texts in the academic arena regarding the significance of the institutional/organisational culture of clinical psychology internship training.

## **1.8. RESEARCH QUESTION AND DESIGN**

The central research question is: What is the impact of an internship site's organisational culture on the subjective experience of an intern clinical psychologist under clinical supervision?

In support of the above-mentioned main research question, the following supportive research questions were used to analyse my lived experience while under supervision:

- What are the barriers to and facilitators of organisational culture in internship supervision as experienced by the intern clinical psychologist?
- Based on my subjective account of supervision of the two internship sites, what were the prominent accounts/events of cultural practices that underpinned barriers and facilitated supervisory practices?
- What were the supervisory styles/characteristics reflective of the organisational culture as experienced by an intern clinical psychologist? (The question will further elaborate the organisational culture of the collective supervisory practice/narratives and internship site).
- What were the organisational-cultural factors that accounted for the negative/positive supervisory experiences and impact on the intern?

### **1.8.1. Research Design**

Qualitative research methods are associated with an inquiry that is naturalistic and works with data that are not quantifiable or deal with numbers (Nassaji, 2020). It is primarily involved in exploring and understanding rather than working with variables (Nassaji, 2020). It is also concerned with interpretations and contextualisation with processes and patterns as opposed to having a product or outcome of research. A naturalistic inquiry entails being in the field of study and having an insider and outsider outlook of the social phenomenon and thus having a holistic view of the cultural context (Miles & Jozefowicz-Simbeni, 2010).

Fundamental principles of qualitative research are subjective, inductive, interpretative accounts that are presented in narrative form (Borg, 2024). Several naturalistic strategies can be used, namely, traditional ethnography, symbolic interaction and ethnomethodology. The research method used for this study is qualitative and utilised autoethnography, which has evolved from ethnography. Autoethnography is a relatively unorthodox qualitative method and tends to differ from more traditional qualitative methods.

Autoethnography has been deemed a method that opposes contemporary narratives and is viewed as a method of those subordinated and given a voice to represent themselves (Pratt, 1992). Given that traditional qualitative methods do not emphasise the researcher's voice, in autoethnography, the research is the researcher's voice. It

is a reflexive approach whereby the researcher embeds him/herself in the centre of practice and theory by means of a personal autobiographical narrative to extrapolate a social/cultural phenomenon.

Two forms of autoethnographic approaches exist, namely, analytical autoethnography and evocative autoethnography (Ellis, 2014), although in most cases, it appears that autoethnographic researchers lean more towards one than the other; hence, complementarity exists (Keles, 2022). The clear similarity between the two forms is that the researcher is familiar with the social context under study to further understand, produce theory, and gain insight from the social phenomenon through personal experience/narrative (Ellis, 2014).

Evocative autoethnography is focused on the emotional and meaning-making journey of the researcher's experience while considering the social event. It attempts to avoid the limitations of developing a process of rationally producing data associated with dominant discourses (Ellis & Bochner, 2011). According to Grant et al. (2023), the authentic voice, emotions and journey in the study/phenomenon are given precedence over the above method. In contrast, analytic autoethnography is inclined to include more traditional qualitative research methods and is inclined towards objectivity and deductive analysis.

The research design for the proposed study was a moderate attempt to balance the two forms in a manner to follow traditional research (deductive approach) without losing the essence of my story and the intricate, complexities of a personal nature (inductive approach) embedded in my experience of the two internship sites (Keles, 2022).

A careful balance of intellectual rigour with emotive expression in autoethnographic writing practices was performed to demonstrate my engagement in novel methods of expression and commitment to methodological coherence. Autoethnographic studies have no linear form of methodological practice and thus depend on the researcher to tailor a design on the basis of the research inquiry (Ellis, 2007). Hence, the first three chapters of the study followed a more traditional qualitative method, and the last two chapters were tailored to my autoethnographic inquiry.

As previously stated, autoethnographic studies have no linear structure, and it is imperative for the researcher to tailor a methodology (Ellis, 2007), which subsequently informs the presentation of findings and recommendations in the context of the study approach. This is consistent with an understanding that the two forms of autoethnographic approaches (analytical vs evocative) can be undertaken and blended. As stated by Keles (2022), most autoethnographic studies often elaborate on one form (evocative autoethnography) rather than the other (analytic autoethnography); hence, complementarity exists, and elements of the two can be used.

## **1.9. PARTICIPANTS**

Consistent with the study's ontological, epistemological, theoretical and research question grounding, the only participant for the study will be myself as the researcher. Further explanations of the study's theoretical, ontological and epistemological grounding will be provided in chapter two, followed by research questions in the methodology chapter. The study population will include only the researcher; the participant is the researcher and will provide personal accounts of his personal experience at two distinct internship sites. The data corpus included retrospective stories, journal entries and reflective experiences encountered during internship training, specifically supervisory processes and verbal feedback from supervisors. A deliberate effort was made to conceal the identities of the parties reflected in my personal narrative by using pseudonyms for the internship sites and the personnel involved, as well as changing the dates of the internships. As in Malhotra (2013), in doing no harm in her own autoethnography study of intercountry adoption, she navigated the issue to those implicated by a combination of applying pseudonyms where possible, changing dates and locations and where possible obtaining permission from individuals. To maintain the anonymity of external actors/characters/organisations in my personal narrative and the dates and location that will be used, the pseudonyms for the organisations will be as follows:

- Flakfontein Clinic (Western Province)-Internship Site 1
- Ilanga Clinic (Northwest Province)-Internship Site 2
- Furthermore, the number of internship years will change, and the dates on which the researcher is trained will be 2022 and 2023.

## **1.10. CONCLUSION**

The introductory chapter covered the researcher's positionality, set the scene of the development of psychology in South Africa and introduced some of the challenges and problems in clinical psychology internship training. It also highlighted the impact of internship training on the development of intern clinical psychologists, with some accounts based on historical and social events that influence professional psychology in South Africa. Furthermore, according to the World Health Organisation (WHO), a global crisis exists in which health care workers are retained in the public health care system. There appears to be a systemic resemblance in how interns from different institutions reported experiencing harmful supervision, which proposes a certain institutional make-up or organisational culture. The research aims, objectives, research participants, research questions, and research design are also briefly discussed.

## **1.11. STRUCTURE OF THE DISSERTATION**

Consistent with the study aim and chosen methodology and epistemological grounding. A moderate balance between evocative and analytical autoethnography will be presented. Analytical autoethnography maintains traditional research methods; thus, the first three chapters (introduction; literature review; research methodology) of the dissertation will be presented in a traditional qualitative format. The events were filtered to protect the identities of those involved, and some events were very personal to reveal to you as an audience. Chapter four is a combination of retrospective events as experienced by me in supervision at the respective internship sites and analysis and discussion thereof. Chapter five concludes the research project, including the study limitations and recommendations in the context of autoethnography. The next chapter will describe the theoretical paradigm and review of the literature.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. INTRODUCTION**

Chapter 2 reviews the literature on the selected theoretical frameworks as well as training and supervision in the discipline of clinical psychology. The first part of the chapter lays the theoretical framework through which the study was interpreted. According to Hoffman (1990), theoretical paradigms are worldviews and philosophies that provide conceptual frameworks for research and psychological problems related to human behaviour. The theories selected as an organising theoretical framework for this study were systems theory (Becvar & Becvar, 2013) and Hofstede's cultural dimension theory (Hofstede et al., 2010). The selected theoretical frameworks provide a valuable paradigm for understanding how people, groups, communities, societies, and countries construct and operate within a particular culture. The study is centred on postmodernism and social constructionism and utilised the two mentioned theories as a foundation. The provided theories guided the exploration of the phenomenon and highlighted the purpose, research methodology and design of this project.

The second part of the literature review explored the history of clinical psychology internship training globally and its significance in the South African context. Aspects of effective and ineffective clinical supervisory practices were covered, as they have implications for the cultural ethos of internship training. Supervisory practices and interns' experiences have also incorporated internship training in other disciplines in the health sector. The latter part of the literature review explored the sociological implications of postcolonial countries' challenges with negotiating an organisational culture because of history, politics, and sociology.

### **2.2. THEORETICAL FRAMEWORK**

The following section covers an overview of the selected theoretical frameworks utilised in the study, namely, systems theory (Becvar & Becvar, 2013) and Hofstede's cultural dimension theory (Hofstede et al., 2010). It is followed by a focus on the key concepts used particularly for this study and how they are applicable to my personal experience in understanding the phenomenon of organisational culture. The selected theoretical frameworks were selected because of the absence of theory explaining

training issues in professional psychology. Therefore, systems theory and Hofstede's cultural dimension theory were utilised to explain clinical psychology internship training based on my subjective experience.

### **2.3. OVERVIEW OF SYSTEMS THEORY AND HOFSTEDÉ'S CULTURAL DIMENSIONS THEORY**

According to Brown (2005), a systemic approach is based on general systems theory and is an epistemology (the study of how we know) and is applied as a meta-theory. This was also highlighted by Vorster (2011), who noted that systems theory is an integration of various theories, as it can take a meta-perspective, hence the inclusion of Hofstede's conceptualisation of national culture, specifically in the context of organisations. Unlike most theories, a systemic approach considers all the interrelated and interdependent systems in which an individual functions. The intra-psychic as well as the inter-psych (interpersonal and socio-cultural) aspects of the individual's experiences and behaviour are given equal significance.

The development of psychology in South Africa has been influenced by social events; thus, sociocultural factors are deemed important in understanding the phenomenon of organisational culture in exploring my subjective experience of clinical psychology supervision. To further highlight the features of systems theory as an epistemology, Bateson (1972) described epistemology as a combination of philosophy and science. Philosophy in this regard is a study of how one knows, thinks, and decides within a necessitated limit. Science relates to the study of how an organism, or a collection of organisms, would be inclined to a way of thinking, knowing, and deciding.

The theoretical and philosophical orientation of the study is central to the research inquiry because epistemology is concerned with the meaning frameworks that people share about knowledge and reality. Epistemology influences how people order their world, according to Keeney and Sprenkle (1992), and ontology refers to one's beliefs and assumptions about reality. Epistemology provides a conceptual framework in which a therapist/researcher organises his or her data about the client, how he or she thinks about the symptoms, treatment and even who he or she will consult with during the process of psychotherapy.

According to Capra (2014), the dominant spirit or mentality in science for a long time in the Western world was modernity or enlightenment (power rituals). The logical-positivist epistemology, also known as the Newtonian paradigm, forms the basis of this approach. Capra (2014) further highlights that this enlightenment period facilitated beliefs in the limitless possibilities of technology and science, which gave rise to the medical model and a linear (objective) understanding of reality. It is concerned with discrete, objective pieces of information linked together to obtain “rigorous scientific” data.

According to Doherty et al. (1991), in power rituals, this embodiment nested in objectivity has led to a reductionist point of view about people and their difficulties, which ignores the contexts and relationships that contribute to the difficulties that people experience.

A conceptual relationship can be drawn between power rituals and the development of modernity, particularly the Enlightenment. In traditional or pre-modern societies, rituals served as mechanisms for legitimising governance, social order, and hierarchical structures through symbolic and cosmological practices that illustrated the locus and justification of power. Conversely, the rise of Modernity, influenced by Enlightenment thought, reconfigures the basis of authority, grounding it in empirical evidence and rational inquiry. As a result, scientific knowledge becomes a foundational principle in shaping new forms of social organization and legitimized authority (Doherty et al., 1991).

In relation to this study, the experience of the intern clinical psychologist at two distinct internship sites and the impact of the organisations’ cultures on supervisory processes can be attributed to a particular experience and context in relation to a particular type of organisational culture/context. The study explored an intern clinical psychologist’s subjective experience at two different internship sites and how he was impacted by the organisational culture.

The interns experience in the context of clinical supervision is analysed within a framework of organisational culture, calling attention to the interplay between personal individual experiences and the institutional cultural environment. Hence, a reductionistic approach would not serve the purpose of this investigation given that

such a reductionistic approach breaks down whole systems composed of mutually influencing parts and connected with other systems and studies them in isolation and out of context.

Doherty et al. (1991) cites as an example of this reductionist point of view the psychoanalytic categorisation of the human psyche into id, ego, superego – each to be studied as a distinct entity. Clinicians/researchers adhering to this approach diagnose and arrange their data in such a way as to validate the system of classification into symptoms or into classes of pathology (Keeney, 1979). While this reductionistic, linear and limited approach is important, it could not serve the purpose of my overall inquiry, as it ignores the contextual and relational aspects that I was part of.

An epistemological change in the Western world transpired due to new discoveries in the physical sciences in disciplines such as mathematics, biology, cybernetics, and anthropology as a modern world emerged. Butler (1998) cites a physicist, Werner Heisenberg, who articulated the “Heisenberg uncertainty principle” of modern physics in 1926, which ushered in the idea that accurate knowledge of phenomena is unattainable, even under ideal conditions. The latter development led to a question of the notion of rationally based certainty resulting in modification of the Newtonian paradigm. According to Doherty et al. (1991), the postmodern paradigm signalled the belief that our reality is relative, that there are many realities/truths and that there can be no reality isolated from that which is created. A postmodern paradigm is a key informant of the selected methodology (autoethnography), and further discussions and relevance of autoethnography are discussed in the methodology chapter.

Ecosystemic ideas are primarily based on cybernetics, ecological principles, and systems theory (Keeney & Sprenkle, 1992). Cybernetics is a subsection of mathematics that addresses systems of control mechanisms, recursive information and feedback. It takes into consideration organisations, patterns, and processes rather than matter, material and content (Hoffman 1990). The field of psychotherapy started to use the principles of cybernetics to explain family interactions not as discrete entities but as parts connected to a whole, mutually interconnecting with other parts and forming an independent harmony (Barker, 1998).

This understanding proposes that general systems theory may be regarded as a branch of the science of cybernetics, and a key assumption of the systemic paradigm is that of reciprocal causality. The interpersonal relationships experienced by interns under supervision are viewed from this reciprocal causality perspective and are related to the overall experience of internship training, as parts are interconnected.

The members of a system exist in relation to each other and are mutually influenced by each other's behaviour. As Keeney (1979) observed, the behaviour of one member of a system has reciprocal causality for another member of the system and vice versa. The accumulation of symptoms is not viewed in terms of etiology and pathology but rather in terms of the value of the symptoms' message, with consequential emphasis on the relational processes between people. Aligned with the inquiry at hand, the reciprocal interaction between the intern and supervisor will be explored to highlight and explore the whole. This means that the interactional processes that I experienced and the pathology I subsequently developed cannot be viewed in isolation of the environment (internship supervision) and my impact on the environment (reciprocity); therefore, the message value in my development of illness is of paramount importance.

The systems approach to psychotherapy is concerned with the adaptive fit of the organism and its environment and how it achieves dynamic equilibrium and mutuality (Stachowiak & Briggs, 1984). This emphasises a broader context of the behaviour of individuals, families, and social groups. In adopting a systems perspective, I focused on (mal) adaptive transactions between person-person and person-to-environment. The approach is different, as it shifts from the exclusivity of the intrapsychic lens of the psychodynamic approach that is concerned with disease and enters a terrain where broader multi-systems can be observed, and socio-cultural foci are possible and visible.

Furthermore, systemic epistemology is rooted in the principle of simple cybernetics (first-order thinking) and second-order thinking, also known as cybernetics. Central to variation between first- and second-order thinking is the approach to "reality out there." First-order thinking assumes that an external reality exists, and that the observer is separate from the system being observed. For example, in this study, this position focused on the intern's experience in isolation of self and viewed internship training

and the significance of organisational culture as an external reality. Second-order thinking implies taking one step removed from the operation being performed so that the process may be regarded as reflexive (Hoffman, 1990). According to Foster et al. (2006), a reflexive position would entail the researcher being conscious of self in terms of his/her values and beliefs and how they might influence the analysis and interpretation of data (Foster, et al., 2006).

Thus, for second-order theorists, objective knowledge and absolute truth do not exist (Becvar, 2014). Second-order thinking implies that one observing is an important part of the system and is subsequently involved. The Milan Family Systems Therapy team refers to this as the “observing system” stance (Boscolo et al., 1987). This premise is coherent with the constructionist view of reality, according to which the observer is active in the process of constructing reality. Therefore, I must include myself in the description of the “problem” (Becvar, 2014). The latter informed the chosen methodology or approach in that autoethnography dismisses the notion that the researcher is exonerated from the research process but is, rather, the research.

Given that the study grounds itself in postmodern thinking, social constructionism will be employed as a vantage point of analysis, and there are fundamental principles that it shares with postmodernism. The first is the significance of language in how we derive meaning, and the second is the significance of relationships. Loyd (2003) noted that social constructionists believe that reality is formed by an individual’s historical, social and community experiences. Therefore, systems theory selection is relevant for the study given that it can describe any angle of human function and can provide descriptive and observable material. The principles embedded in systems theory suggested above can be applicable in this study as episodes in supervision utilised communication/language and relational exchanges.

According to Rothmann and Cilliers (2007), qualitative methods have the potential to provide deeper meanings to preconceived constructs such as leadership and authorship and explore whether people are listening and elicit empathy. Organisational culture is also a known construct; thus, a qualitative, subjective inquiry probes the suggested deeper meaning mentioned in Rothman and Cilliers (2007) utilising a very specific form of inquiry (autoethnography).

A systemic perspective is inclined to interactional patterns arising from relationships between components instead of a linear causality perspective. It asserts the idea that objects, encounters, and experiences are interconnected with a larger whole and reflect a holistic framework. This is in contrast with traditional psychology, which places an individual as the main unit to be observed and targeted for intervention. According to Vorster (2011), systems theory pays attention to interactions between people or individuals; hence, the individual is observed as a component of a broader system. This understanding is important for this study, as I observe myself and supervisory practices in a circular manner as opposed to from a linear causality perspective.

Circular causality encompasses the idea that acknowledges multiple realities and rejects the idea of absolute truth and external reality. This undertaking emphasises the idea that reality is subjective and, importantly, that reality is considered cocreated and that meaning is derived from the observers' constructed reality. Furthermore, according to Becvar and Becvar (2013), the observer is not absolute and separate from the external environment and what he or she is observing.

To illustrate the idea of mutual causality, I read quite a funny story in Bateson (1972) who described an analogy by Gregory Bateson. She described how, compared with a dog, if a man had to kick a stone, it would yield different results and serve as distinctive features of linear and circular/mutual causality. For example, if a man were to kick a stone, the force used by the man would propel the stone to a certain distance and definite position. On the other hand, in terms of a living organism, the story is not the same. For example, if a man kicks a dog, the distance the dog would be propelled would depend not only on the force of the man's kick but also on several factors. The first factor is the weight of the dog. Another key factor to consider, unlike when a man kicks a stone, when the dog has its own reactions embedded as a living organism, the dog may freeze, flee, fight, and this transmission is news to the man who kicked the dog. This information may serve as news and relational information concerning how the man would think about kicking the dog in the future.

The following are systems theory concepts that will be employed. The concepts to be discussed are systems, subsystems, boundaries, communication, recursiveness, feedback, homeostasis, open and closed systems, and double-binding.

### **2.3.1. Systems**

Systems are objects that are pieced together and have attributes in relation to one another (Watzlawick et al., 1967). The objects are elements, parts, and components that have attributes that have properties that bind them together. It is further suggested that they may be composed of units that are located together in a constant relationship with each other and, in combination, make up a whole that is greater than the accumulation of the units/parts. In summary, the whole entity recognises the relational processes of the units/parts in its arrangement as functional roles, triangulation roles, and coalitions that create a broad system unlike a specific individual inventory count (Watzlawick et al., 1967). This study includes the two systems of internship training that I experienced and looks at the relational patterns encountered in supervisory practices.

### **2.3.2. Subsystems**

A subsystem has its own attributes, rules of engagement and interactive patterns and is formulated from the system but carries a particular process in that system. For example, Nicholas and Everett (1986) stated that a sibling in a large family can create a subsystem as a subgroup in the larger family system; similarly, a family in a neighbourhood may fall under a larger system or larger system of the neighbourhood and community. With respect to the current study, subsystems could be construed as intern groups that exist and supervision groups that exist in the two organisations. The subsystem concept highlights the distinction of groups in a system, as it identifies the rules of engagement and distinctions/similarities that bind groups together.

Boundaries

Boundaries are made up of rules that separate the members of a system and provide a particular identity for that system, as stated by Barry (1990), in which boundaries emerge from the rule set. The system rules subsequently set a precedence and form a buffer or gate-keeping function towards the input and output of information in the system. Rules are seen as sanctioned expectations of the patterns of behaviour or roles that will be accepted or rejected in the system. The rules are relational and transactional processes between members of the group and have assigned verbal or non-verbal communication value.

To further elaborate communication value, Bor (1984) highlights how members of a group communicate to inform the definition of relationships and assigned/acceptable roles through rules. These boundaries set precedents as to how relational processes occurred and rejection or acceptance in the system as set forth in how the culture of the organisation is constructed. For example, in one institution, most consultants were referred to as Mme, which refers to an elderly female figure in Sesotho. In contrast, the other internship site insisted on using a ranking system of addressing supervisors, which sets a particular precedence in both situations and internship sites.

### **2.3.3. Communication**

Communication informs rules of engagement through interpersonal transactions; for example, in an early stage of a relationship, the parties involved are consistently attempting to define their relational engagement through a reciprocal communication process (Vorster, 2011). Similarly, in Watzlawick et al. (1967), human beings are viewed as consistently confirming or defining their relationships utilising communication. Communication is also said to be presented in a non-verbal and verbal form and integral to how living systems formulate the behaviour of their members; hence, one cannot not communicate (Vorster, 2011). Systems theory takes a deliberate approach in observing communication, which entails analysing the circular process of messages sent and received by the units involved (Smith-Acuna, 2010).

Feedback from supervisors at the respective internship sites incorporated communication (verbal and non-verbal). The value of communication in supervisory episodes was informed by a particular set of rules and the subsequent definition of the relational process at the two respective internship sites. Thus, communication is viewed as a central feature of the study.

### **2.3.4. Recursiveness**

Recursiveness is the relationship of one into another and acknowledges the absence of linearity. For example, a family systems therapist cannot be viewed as indirectly impacting the patient, family, or system by utilising a particular technique. The therapist is neither a subject nor an agent of change in this example; instead, he is part of the system of the patient, as a connection of reciprocal interactive processes is involved. According to the above, I, as the researcher, could not be isolated from

the environment under inquiry but rather an integral reciprocal unit in the transactional processes that occurred. The chosen methodology autoethnography also aligns with this embodied research endeavour, as I am the research to extrapolate a particular experience and cultural understanding.

### **2.3.5. Feedback**

According to Bor (1984) feedback is the human energy that entails inputs and outputs of previous behaviours inserted into the system in a circular fashion. This can be information that has been evaluated and a product of the system and thus deemed useful or not. Feedback also incorporates moderating external variables that could cause instability in the system; thus, it serves as a function to maintain the survival of the system (Becvar & Becvar, 2013).

Feedback may be classified as positive or negative. Positive feedback is related to change; it is the recognition that change has taken place in the system (Watzlawick et al., 1967). Positive change should be viewed with caution, according to Bor (1984) who indicates that positive change merely suggests a deviation in the system/feedback loop with the desired effect.

In contrast, negative feedback suggests that the status quo and system are maintained; therefore, similar behaviours and norms are sustained to achieve stability and maintain relationships in the system. To put it simply, deviant behaviours are cancelled and rectified to maintain a steady state in the system Bor (1984). According to Becvar and Becvar (2013), it is important to consider that the context of a system will inform the direction of behaviour to follow whether positive or negative feedback will transpire. The context of the internship site in which boundaries, rules, norms, hierarchy, and power are defined will be important factors in informing the direction of how feedback will be negative or positive.

### **2.3.6. Homeostasis**

Homeostasis is an important concept, particularly for this study; the term means a state of balance and is viewed as a dynamic and ever-changing state. In instances whereby one member in a family change, the other member will alter his/her behaviour to maintain system balance and equilibrium. According to Vorster (2011), homeostasis

is an important factor in shaping behaviour and patterning. Through feedback, the system can maintain balance from external forces and maintain stability.

### **2.3.7. Open and Closed Systems**

According to Becvar and Becvar (2013), open systems exchange information and other material with the environment and with other systems in the environment. The open system not only processes information freely but also allows its members to come and go with a balance of both protecting and engaging mechanisms (Bor, 1984)

An open system allows for the inputs of information into the system and any other material into its system. An open system not only allows for the exchange of information but also provides an opportunity for its members to leave and enter the system to balance it and reach a state of stability (Bor, 1984). An open system has boundaries that are permeable, as information may enter, and group members are given freedom to leave and enter.

On the other hand, closed systems are viewed as rigid systems, as members are not allowed variation in roles and patterns of behaviours in the system. Second, information inputs from the environment are closed; hence, boundaries are rigid, which poses a particular function in the system that leads to barriers to transition. As stated by L'abate (1998), such systems, owing to rigid boundaries and a lack of transitioning, may become chaotic and disruptive.

### **2.3.8. Double-Bind**

Made popular by Gregory Bateson, the term double-bind means communication between two or more people, resulting in one feeling like a victim. This is because the victim receives conflicting messages from a source, which makes it difficult for the victim to respond effectively. The victim is mostly placed in a no-win space, resulting in stress, anxiety, and confusion. In a double-bind, the victim feels trapped and anxious and helpless given that, no matter how he/she responds, it will lead to a negative consequence (Becvar & Becvar, 2013).

In conclusion, taking the above concepts to mind, it is evident that I am not excluded from the external environment under study, as self is a central element in the description of the world that emerged.

The supervisory episodes I experienced and the mutual interaction that took place formed a unique understanding of the institutional culture of the internship training context. I used my subjective experience and supervisory interactions, specifically feedback, to explore the institutional dynamics and overall culture of the internship training environment. I thus must consider myself from a position whereby I explore how I impacted the environment and how the environment impacted me on a professional and personal level.

In consideration of the above concepts and positioning, a meta-level analysis may be considered, as highlighted by Vorster (2003), in which epistemology operates at a meta-level and provides us with an understanding of how we understand our experiences in the world. These concepts can be applied as fundamental constructs and utilised to explore and understand the organisational culture of internship training through the process of recollecting experiences during my internship supervisory processes and analysis at a meta-level via autoethnography.

As the study focused on the influence of organisational culture on supervisory practice, the next section examines the theoretical basis of organisational culture and its significance in the functioning of people who work in organisations. (Vorster, 2003).

## **2.4. ORGANISATIONAL CULTURE**

The study of organisational culture has been widely investigated and has produced a proliferation of models, theories, and frameworks (Alvesson, 2013). According to Martins (2014), Pettigrew in 1979 introduced the term organisational culture; related the term to concepts such as beliefs, values, ideology, language, rituals, and myths; and has been widely covered in the fields of sociology and anthropology. According to Martins (2014), Pettigrew illustrated the relevance of these terms in analysing organisational behaviour and the subsequent development of organisational culture. Several definitions of organisational culture exist, and multiple variations exist

depending on the discipline and research discipline, including anthropology, sociology, management, political science, and industrial psychology (Alvesson, 2013).

Shein (2010) alludes to complexities in defining culture when applied to people, groups, organisations, and occupations, as these entities are difficult to define on their own. In his proposition, Shein (2010) asserts that any social group with a shared history will develop a cultural ethos. The longevity of culture is determined by the time that is shared by the group members, their stability as members and their emotional connection to their historical experiences. According to Shein (2010), to fully understand culture and its embedded complexity, it is imperative to understand its formation. This perspective is particularly important, as it suggests that organisational culture must be examined within the context of history, politics and social implications. Given that this study is a mini-dissertation, only certain aspects will be mentioned owing to the scope of the study.

Shein (2010) posits that in an unstructured group, impulsive interactions gradually produce patterns and norms of behaviour that inform the group's culture. This would occur within hours of the interaction, and the interactions between members of the group would provide a group formulation and definition of how members should interact with one another.

In more formal settings such as entrepreneurship, initiating a new company, religious leaders accumulating followers, and politicians establishing a new party, the group leader will formulate the group. This individual or leader would then bring about his personal vision, goals, beliefs, values and assumptions about the group's functions. The group leader would then initially impose these sets of ideologies and values or select members who are inclined to share similar ideologies and values. Shein (2010) further indicates that the initial imposition is not followed by the development of a culture. The true reflection of cultural emergence is when the group meets their objectives and members develop positive interpersonal relationships. In this instance, the imposed ideologies and values are validated, reinforced and shared by the group.

Shein (2010) further explained that a founder's initial imposition of ideologies and values could lead to collective action if successful and affirmed that the ideologies and values are right. The ideologies and values will continue in motion if group success is

achieved and the beliefs continue, solidifying into the group as the correct way to think, feel and behave. In contrast, if the founder's ideologies and values fail to produce positive ends and outcomes, the group may disjoin or find an alternative leader. The culture formation will then be centred on the new leader and continually reinforced the group's foundational ideologies and values to become progressively unconscious and treated as unquestionable assumptions. These assumptions are unquestionable and embodied and form the group's identity and are taught to newcomers, as the correct expectations, norms, and transgression or deviance from the norm will result in discomfort, anxiety, ostracism, or even expulsion. Unlike group beliefs and values, assumptions are non-negotiable in the group's cultural formation and are simply taken-for-granted means of truth.

If a value is a subject of debate, then it has not reached a taken-for-granted assumption. The definition of culture is, thus, reaching a position of accepting non-negotiable values referred to as assumptions (Shein, 2010). Several definitions of culture exist. Shein's (1990) definition is considered, as he defines culture as the shared assumption that groups learn and utilise to resolve external influences. The emphasis is on internal integration, which has worked well in the past and proven to be valid and effective. Owing to its historical significance and achievements, culture is taught to newcomers as the right way to think, feel and behave in that context and, subsequently, as a means of addressing problems.

For conceptual clarity, the study utilises Hofstede's framework for cultural dimensions to explore the impact of organisational culture on the subjective experience of an intern clinical psychologists' experience with internship training. Hofstede (1980) conducted a study that analysed IBM employees in 40 countries and constructed cultural dimensions on the basis of his study. These dimensions were developed to distinguish cultural differences among nationalities and have since been applicable to the study of organisational culture (Furnham & Gunter, 1993).

Although other cultural dimensions have been constructed, the following were selected for the scope of this mini dissertation. The selected cultural dimensions are (power distance; uncertainty avoidance; individuality/collectivism; masculinity/femininity), and the descriptions of Hofstede's cultural dimensions follow below.

### **2.4.1. Power Distance**

Power distance is a measure by which less powerful members of a group (family, society, or organisation) accept an unequal distribution of power. The concept entails inequality and is mostly considered by less powerful members in a group rather than those in positions of authority. This suggests that the power distribution in society is accepted and maintained simultaneously by the leader and the follower. Some societies have been identified to have greater power distribution/inequality than others do and are viewed as a basis of their societies. A study by Hofstede et al. (2010) reported a power distance index (PDI) among 76 countries. In accordance with Hofstede (1980), a power distance index (PDI) was calculated using surveys and questionnaires answered by employees, highlighting the unequal distribution of power. The scores range from 0 to 100, with cut-off scores classified as follows: low power distance (0-40), moderate power distance (41-60) and high-power distance (61-100). A study by Hofstede et al. (2010) suggested that East European, Latin, Asian and African countries presented high power distance scores relative to German- and English-speaking Western countries.

Countries with low power distance are characterised by an ethical and moral evaluation, and authority is defined by values of right and wrong. In such societies or systems, hierarchy is not perceived as inherent quality but rather a distinction of functions/roles. For example, in such societies and cultures, children are perceived as equals, and elders are not feared or highly respected and admired; emphasis on education is about student participation. Corruption is uncommon, and political scandals may result in the termination of political positions (Hofstede et al., 2010).

In contrast, in societies with high power distance, power is an essential feature in life and is inherited from history; power is rarely questioned and is perceived as a basic assumption in life (Hofstede et al., 2010). Children are taught obedience, elderly individuals are highly respected and feared, and education is mostly teacher orientated. Individuals in lower levels of position have expectations to be given directives, as hierarchy is mostly an existential inequality, and finally, corruption and political scandals are most likely to be concealed (Hofstede et al., 2010).

### **2.4.2. Uncertainty avoidance**

This dimension is characterised by the acceptance or rejection of uncertainty in a particular cultural context. This should be distinguished from risk avoidance, as this relates to the avoidance of ambiguity rather than risk. To be more specific, uncertainty avoidance relates to how a culture conditions or makes assumptions about unstructured encounters and how members react in the structured or unstructured environment. The main feature of the situation is deviation from the norm and instances that are unpredictable.

According to Hofstede et al. (2010), cultures that exhibit high uncertainty avoidance provide prescriptions of laws, rules and norms, rigid behavioural codes and believe in one absolute truth, and their truth is perceived as correct. High uncertainty avoidance societies exhibit high emotional responses and are informed by the internal force of energy. Unlike societies with low uncertainty avoidance, which tend to be more flexible, societies with high uncertainty avoidance impose fewer rules and order. These cultures mostly have an open/flexible perspective and promote relativism because of their philosophical position. The assumption of people in such cultural contexts may be more calm, reflective and less emotionally expressive.

In Hofstede's et al. (2010) study, most countries with high uncertainty avoidance scores included Eastern and Central European nations, Latin countries and German-speaking countries. Low uncertainty avoidance scores are observed in Nordic and Asian countries, and countries with such low scores are identified as having less emphasis on rules and having greater comfort with ambiguity and disorder. In such environments, a teacher could be found admitting to not knowing an answer, thus exhibiting less stress and anxiety. The opposite is observed in higher-scoring countries, as teachers may experience heightened stress, anxiety levels, neuroticism and intolerance of deviance in others and ideas. Thus, in high uncertainty avoidant cultures, uncertainty is an inherent feature of life and is perceived as a threat that requires strict management utilising rules informed by emotional needs, although these rules may not consistently be followed.

### **2.4.3. Individuality/collectivism**

Collectivism and its opposite, individualism, are related to a societal attribution rather than an individual character or concept, which implies the extent to which a society is integrated as a group (Hofstede., 2010). Collectivism is characterised by members or people, from birth, looking ahead as interconnected and integrated into strong cohesive in-groups. For example, in collectivist societies, one would find unquestionable loyalty in opposition to other groups and be likely to include extended relatives and family members. Group harmony is emphasised and maintained; education is viewed as how one learns to do things. In contrast, individual-oriented cultures emphasise loose connections between members, as individuals are expected to take care of individual interests, and in family life, only one's immediate family takes precedence.

In individualist cultures, education is directed towards learning how to learn, and tasks are deemed to take dominance over relationships. According to Hofstede et al. (2010), individualism is mostly witnessed in Western countries, and developed Asian countries were indicated to fall in moderation.

### **2.4.4. Masculinity/Femininity**

The two sets of concepts femininity and masculinity suggest that, in feminine cultures or societies, both genders share similar characteristics of modesty and caring. In masculine cultures, the central feature is that women are assertive to some degree but less competitive than their male counterparts are, which subsequently leads to a large gap between male and female values (Hofstede, 1980). The two concepts of femininity and masculinity are related to societal attributes rather than individual characteristics and are concerned primarily with how gender values are disseminated in a culture.

Research based on Hofstede et al. (2010) identified two fundamental issues in which women's values indicated less variation across cultures and countries than men's values did. Second, men's values vary significantly across cultures and are inclined to be very assertive and competitive relative to modestly nurturing. Masculine cultures also celebrate strength and are aligned with a clear distinction between social roles defined by gender. Men are likely to make key decisions and occupy high positions in

politics; business and religion are viewed as a state of dominance and obedience towards God(s). In feminine cultures, by contrast, women function and take significant roles in society and are key decision-makers in business and politics, and there are elevated concerns that vulnerable people and religion are conceptualised as belief systems that are relational and directed towards care for others.

The second part of the literature review will engage research studies related to the focus of this dissertation and identify knowledge gaps that this study intended to fill. I first highlight historical events that informed current internship practices internationally and in South Africa. I will further elaborate on inherent challenges in clinical psychology internship training and include internship training in other health-related disciplines.

## **2.5. HISTORY OF CLINICAL PSYCHOLOGY INTERNSHIP TRAINING**

According to the Health Professions Council of South Africa (HPCSA), to become a psychologist in South Africa, the process entails being enrolled in a clinical psychology programme at the master's level (NQF 9) (Health Professions Council of South Africa, 2006). The duration for the master's programme is two years, and all student psychologists must successfully complete one year/two years of coursework at an accredited university; the number of years varies according to the university programme. In the second year of study, the internship year, trainees are required to undertake a 12-month supervised internship at an HPCSA-accredited institution, which, in the case of clinical psychology interns, would be an institution staffed by clinical psychologists who are required to supervise the interns. Another requirement of formal training entails the completion of a dissertation of limited scope before entering a twelve-month period of community service.

The internship year is considered important, as it serves as a transitional period from student to professional. The internship training site is expected to facilitate the student's shift from a classroom environment to working experience. According to Teixeira (2014), elements such as self-knowledge, compassion, reflection, reflexivity, and the ability to teach basic skills (for example, coping and problem solving), in addition to ethics and values, are crucial in the psychology profession in general.

A brief history of internship training globally was presented by Routh (2000). According to Routh (2000), Lightner Witmer, an American psychologist and founder of the first clinical psychology clinic in 1897 at the University of Pennsylvania. A four-week summer school in “child psychology” in which students were able to observe children in a training school was provided. In addition to psychology students, schoolteachers and administrators also received training from Witmer. The internship was primarily based on administering psychometric tests and working with children. The significance of Witmer’s programme is that it is considered the first instance of external practicum training in clinical psychology (Routh, 2000). In addition to Witmer initiating the first psychology clinic, he was also influential in initiating doctoral training, including a doctoral dissertation making original contributions to knowledge as a standard of training for clinical psychologists.

According to Doll (1946), the first one-year full-time internship was initiated at the Vinelands Training School in New Jersey by H. Goddard. The first interns were appointed under the title of “voluntary assistants”. The individuals trained included people who had public school training and others who were strictly interested in psychology. Internship appointments required at least a Bachelor’s degree with a major in psychology and were limited to graduate and postdoctoral students. The interns were required to carry out an independent research project as part of their duties during the year. Some students did their dissertations at Vinelands, and it was routine to receive academic credit from their universities.

Routh (2000) further describes the development of the second psychology internship at the Juvenile Psychopathic Institute (1909) in Chicago under physician William Healy and psychologist, Grace Fernald. The psychology interns were engaged in psychometric examinations and research and had a particular focus on antisocial behaviour in youths. The third internship was established at Boston Psychopathic Hospital in 1913 by a psychologist, Robert M Yerkes of Harvard University. With colleagues, Yerkes devised the first-point scale for assessing adult intelligence (Yerkes, 1915).

Yerkes’ internship site was later re-established by L. Wells in 1921. Part of the importance of this internship was the contribution of clinical psychology to adult psychopathology.

The fourth internship was held in 1922 at Worcester State Hospital by Grace H Kent in 1928. This internship was re-established by David Shakow and served as a prototype for third-year graduate students in clinical psychology. Although clinical psychology was initially oriented towards intervention, the field had become exclusively psychometric prior to World War II (Munson et al., 1940). However, when Morrow (1946) wrote his article about psychology internships, there was a departure from primarily using psychometric tests at several internship sites. They began to introduce supervised psychotherapy, which became important to the field of psychology and the formalisation of internship training after World War II (Routh, 2000).

Internships preceded the development of formal training programmes in clinical psychology, and prior to World War II, internationally, there were no doctoral programmes in clinical psychology, although there were practicing clinical psychologists (Sticker, 1995). Sticker (1995) reported that training was idiosyncratic, self-determined and usually consisted of the completion of graduate education, although not always a doctoral-level qualification. This was followed by some form of apprenticeship that loosely resembled current internship training.

In the years during and after World War II, there was a growing need to assist military personnel and returning veterans (Sticker, 1995). The number of military personnel seeking assistance from Veteran Administration Hospitals (VA) increased drastically (from 4 million to 20 million), and the psychologists available (147) at hand could not meet this demand. As a remedy for this increasing demand, the United States of America government began to subsidise the training of clinical psychologists.

The government, through the United States Public Health Service, funded academic departments to provide training stipends for students, and funds were also provided by the Veterans Administration in return for services in Veteran Administration hospitals (Sticker, 1995).

The first formal internships in clinical psychology were established by Veterans Administration hospitals; however, in the 1970s, their policies regarding internship changed (Routh, 2000). Stipends were awarded directly to students, and funding was restricted to the internship year. Graduates had no service obligation after the internship year, and this model was far reached, as graduates pursued careers in all

areas of clinical, counselling, research and academic psychology. Routh (2000) further stated that as the number of internships increased and non-Veteran Administration hospital settings increased, each programme was idiosyncratic.

The service needs of the agency/institutions often shaped and sometimes overlooked the training experience of the intern clinical psychologist. From this point of view, the internship sites had a unique means of training interns, and this impacted the interns' experience of training; hence, an investigation of the culture of the internship sites/organisation that this dissertation undertakes is one of inquiry and can be located from the era reported above. The next section discusses the history of psychology internship training in South Africa.

## **2.6. BACKGROUND OF CLINICAL PSYCHOLOGY INTERNSHIP TRAINING IN SOUTH AFRICA**

Traces of how clinical psychology internship training in South Africa has been shaped and influenced can be located since 1949 at the Boulder Conference of the American Psychological Association (APA) (Pillay & Johnston, 2011). The suggestion at the conference was the inclusion of an internship program that would complement the academic training of clinical psychologists (Kuhn, 2003). The internship year was informed by a need to have a structured program that would be an additional component to the didactic, previous research and practical experiences that students had gained from graduate training (Long, 2013). This approach was intended to increase the amount of academic and clinical training provided in earlier stages of clinical psychology training (Belar et al., 1987). Belar et al. (1987) further elaborates that the internship program was meant to facilitate socialisation and development of a professional identity. The internship process was meant to produce autonomous and responsible professional psychologists and adhere to practice standards. The adoption of clinical psychology training from a Eurocentric model in South Africa can be identified in how the internship program was included as part of the training framework (Pillay & Johnston, 2011). The adoption of Eurocentric approaches is stated by Long (2013) as an attempt to maintain international standards and practices. Of particular interest for this study is how this influence provides a particular organisational culture in internship training sites, as experienced by the researcher.

According to the Health Professions Council of South Africa, the first registration of a clinical psychologist in South Africa was in 1956, and the practice has spanned over six decades (Health Professions Council of South Africa, 2014). Clinical psychology training consists of a formal coursework master's degree followed by a supervised internship for a period of 12 months. The initial training to become a psychologist entailed a research master's degree and 18 months of supervised internship training at an accredited internship training site (Pillay & Nyandeni, 2021). The Health Professions Council of South Africa (HPCSA) supports internship training sites based on a range of factors, including but not limited to patient contact, staff availability, supervisory contact, capacity, and contact with a multi-disciplinary team. To monitor and maintain standards, the HPCSA conducts site inspections of internship training sites and collects inputs from staff and allocated interns (Kuhn, 2003).

The context of formal clinical psychology training in South Africa began in the 1970s and included a 12-month internship (Pillay & Johnston, 2011). Pillay and Johnston (2011) further noted that in South Africa, the HPCSA emphasises the internship programme requirements of full-time training, a minimum one-year duration, adequate supervision, sufficient supervisory staff and a multiprofessional team context, among others (Health Professions Council of South Africa, 2014). The details of how the supervisory processes are to be conducted are not elaborated or the organisational culture stipulated. Since the 1970s, clinical psychology internship programmes have been conducted in psychiatric hospitals. Pillay and Johnston (2011) suggest that this has changed as training is offered in general hospitals, university clinics, non-governmental organisations (NGOs), private practices and other health facilities. Hendricks et al. (2021) reported that in the United States of America (USA), training programmes are far widespread, with students choosing internship programmes that best match their long-term career plans and academic background. This implies that internship training placement is a choice rather than a prerequisite to completing a clinical psychology qualification, as it is focused on the intern's needs.

Ahmed and Pillay (2004) investigated challenges faced by clinical psychology training and recruitment in South Africa post-apartheid. Central issues related to racial equality and redress, curricula and practices, the development of relevant policies, and the production of graduates who can work in diverse and disadvantaged environments

were deemed important. Ahmed and Pillay (2004) concluded that training is racially skewed, and that redress is inclined to simplify institutional access. Transformation in recruitment and selection processes, curricula and training practices was analysed as an area of concern, and it was concluded that clinical psychology is rapidly running out of time to remedy its deficiencies and maintain its respectability as a helping profession for the entire nation (Ahmed & Pillay, 2004).

Pillay et al. (2013) examined clinical psychology challenges in meeting prevailing mental health needs. Recommendations were made by Pillay et al. (2013) toward the realignment of goals and practices to ensure that mental health benefits are provided to all rather than minority individuals. Pillay et al. (2013) further examined training issues, such as curricula, recruitment and future directions, and asserted that in addressing challenges faced by the profession, clinical psychology must be more primary healthcare-based. The reaction to the societal needs of mental health services is not very different from the inception of clinical psychology internships globally, as indicated earlier. The reactive response to public mental health needs can be identified by the fast tracking of clinical psychology interns (Sticker, 1995) to meet the number of American soldiers who require psychological services.

The purpose of this study is to identify important features of clinical psychology training by exploring the effect of organisational culture on interns' subjective experience. Intern needs and development are not scrutinised or clearly outlined. The current study aims to understand the impact of organisational culture on interns' experience in internship supervision to create a better understanding of intern needs and development. In Pillay et al. (2013), aspects of the type of cultural practices that should be instilled in confronting issues of redress, curriculum and training are not clarified and, most importantly, supervisory practices.

Pillay and Johnston (2011) emphasised that nationwide studies about clinical psychology training are needed and that studies about internships are long overdue. For the profession to meet international standards according to Pillay and Johnston (2011), training and monitoring should be a continual process as a means of quality assurance and improvement. Pillay and Johnston's (2011) concerns about the lack of research in clinical psychology training were substantiated by Pillay et al. (2013), who

indicated that there is a relative paucity of critical research into the training of psychologists within the South African context.

In South Africa, clinical psychology training has been investigated in terms of curricula, recruitment and selection, and conclusions have been reached that training is divided along issues of race and that racial transformation is required at an institutional level (Ahmed & Pillay, 2004). Given the lack of resources in the South African health system, there appears to be a central focus on service delivery. As proposed by Pillay et al. (2013), services need to be provided to all rather than minority individuals; hence, their proposal that a realignment of goals and practices is required for psychology in South Africa. This would imply a change from dominant hospital-based training to community mental health services. Thus, internship training should not only focus on training processes but also constitute the provision of mental health services to especially disadvantaged communities.

The latter suggests that intern clinical psychologists not only are in training during their internship year but also fundamentally function and provide services to the public as “clinical psychologist,” a key component of the health workforce. As a result, intern clinical psychologists constitute the main workforce and personnel providing psychological services to the public. From the South African perspective, as internationally, clinical psychology internships have been reactive and inclined to focus on the needs of the people they serve (outside) and overlook the needs of the interns’ development and the institutions that train them in research and in practice.

There have been alarming accounts of unethical and unprofessional clinical psychology supervisory practices within internship placements (Hendricks, 2018). According to Hendricks et al. (2021), the supervisor role in South Africa is entered prematurely in the absence of formal training. According to Hendricks and Cartwright (2018), a few international psychology boards or organisations, for example, the American Psychological Association; Australian Psychological Society; British Psychological Society; and New Zealand Psychological Society, have formed best practices and monitoring, education, and training. Hendrick and Cartwright (2018) suggest that the latter organisations have all competency-based approaches to clinical supervision.

Internationally, the occurrence of negative supervisory practices has been noted by McNamara et al. (2017), even though clinical psychology supervisors enter supervisory practices with training and receive structural monitoring and evaluation. McNamara et al. (2017) identified several commonalities between supervisees' perceptions of how they had internalised negative feedback and developed long-standing trauma as a result. McNamara et al. (2017) reported that the investigated interns who experienced negative supervisory practices shared a similar narrative in how the institutions shared systemic appearances that triggered and compounded the harmful supervision experience.

This suggests that the organisations or institutions of training have a culture that, implicitly and explicitly, contributes to and exacerbates harmful clinical supervision practices. According to Hendricks (2018), harmful supervision is a result of the misuse of authority and power by supervisors, which creates a cycle of manipulation and negative supervisor-supervisee relationships. The inquiry by Hendricks (2018) further highlighted the unmet needs of clinical psychology interns characterised by the absence of having a warm, flexible, understanding, and patient supervisor.

Accordingly, this suggests that supervisors on site are not clear about the developmental needs of interns, as stated by Smith (2009); hence, they have not met the key supervisory goals suggested by (Bordin, 1983). This could be a result of not being clear about supervisees' expectations and a lack of clarity on supervisory roles as communicated by the internship-offering organisation (Hendricks, 2018). Clinical psychology supervision has been found to be a critical process in the development of clinical psychologists; therefore, supervisory practices need to be customised based on the individual intern's needs and expectations (Barnett et al., 2011). Supervisors are required to have two important components: clinical competence and competence in how supervision should be practiced (Bartnett et al., 2011).

In South Africa, no supervision training is mandated or monitored, with the result that supervisory practices are informed by the individual supervisor's clinical experience (Hendricks et al., 2021). The observation I am making is that the culture of the supervision site (the accredited organisation) is a key determinant of supervisory practices at the internship site, as I personally experienced the process.

Given that several clinical psychology supervisors assume supervisory responsibilities without reaching the HPCSA-prescribed three years' post-registration experience, it is unclear what kind of "experience" informs supervisory practices. Hendricks et al. (2021) found that clinical psychology supervisors frequently drew upon their own experiences as interns to inform their supervisory practices, thus interns would be supervised the same way their own supervisors had been supervised. According to Davys and Boddoe (2020), supervisory practices do not exist in a vacuum, and working in an elevated bureaucratic health environment cannot involve one's own work and thoughts. As supervisory competence is informed by statutory guidelines or theory, standardised criteria governing what, who and how clinical psychology supervisory practices are expected.

In the absence of any form of standardised practice of clinical psychology internship supervision from the statutory body (HPCSA), each supervisor inevitably has its own "style" of supervision, which is not monitored by any oversight process.

Davis and Boddoe (2020) reported that supervisory practices are informed by organisational culture. Furthermore, the influence of organisational culture has been noted as a key determinant of service delivery outcomes and health care providers' wellbeing. For example, according to Lebina et al. (2020), positive service delivery outcomes have been identified largely because of positive organisational culture in the health service sector. In contrast, as noted by Lebina et al. (2020), a negative organisational culture has been identified to cause employee demotivation, burnout, and trauma-related symptoms, which negatively impact service delivery. For this research, my concern was regarding my personal experience of two internship sites of differing organisational cultures and the impact thereof on supervisory practices.

According to Ellis et al. (2014), increasing research has been conducted on clinical psychology supervision, especially inadequate and harmful supervision. Inadequate supervision has been coined a practice whereby the clinical psychology supervisor is not interested in the manner in which he/she is inattentive to supervisees' needs, provides limited evaluation and feedback and disregards supervisees' perspectives. According to Ellis et al. (2014), harmful supervision causes long-standing trauma, which may cause physical, emotional and psychological harm to interns. There appears to be a systemic and institutional tolerance and appreciation of power and an

imbalance, which may lead to misuse of power and yield harmful supervisory practices (Ammirati & Kaslow, 2017; Beddoe, 2017; Davys & Beddoe, 2020; Ellis et al., 2014; Hendricks 2018).

The exploration of the organisational culture of internship training institutions has not been explored, in South Africa and internationally. The study highlighted some of these nuances about the organisational culture of clinical psychology internship training by utilising my subjective account and autoethnographical exploration by means of personal narratives to extrapolate the cultural experience of internship training. Notably, the literature highlights findings on effective and ineffective clinical psychology supervision, which will be discussed in the following section.

## **2.7. KEY ELEMENTS OF EFFECTIVE AND INEFFECTIVE CLINICAL PSYCHOLOGY SUPERVISION**

There are studies reporting elements of effective and ineffective clinical supervision practices. The findings from these studies are reported below.

### **2.7.1. Inherent Elements of Effective Clinical Psychology Supervision**

According to the literature (for example, Watkins & Milne, 2014), particularly from qualitative studies, most clinical psychology interns reported effective supervisory practices when they experienced a healthy working relationship with their supervisors. Interns reported having a supervisor that was respectful, supportive, and modelled empathy to them (Watkins & Milne, 2014). Interns encountering effective supervision further reported experiencing constructive feedback that was non-judgemental and non-threatening (Watkins & Milne, 2014). Effective supervision is reported to facilitate transparency, openness and creativity for interns, thus encouraging them to attempt various theories and interventions (Hawkins & Shohet, 2012).

According to Hutman et al. (2023), owing to confusion in terminology (negative, harmful, inadequate, effective supervision) and gaps in understanding the factors that inform effective supervision in past studies, such as Cook and Ellis (2021), Hutman et al. (2023) proposed a review of terminology. Hutman et al. (2023) identified the term “exceptional supervision”, which was characterised by interns experiencing supervision as empowering as a result of the supervisor–supervisee relationship.

Hutman et al. (2023) also reported that supervision significantly changed thinking, clinical skill enhancement and feedback, illuminating unconscious material through dealing with transference and countertransference to obtain personal and professional benefits for clinical psychology interns. The latter is linked to Breese et al. (2012), who proposed that through a safe supervisor–supervisee relationship associated with empowering the intern leads to greater personal and professional development.

As stated by Hendricks et al. (2021), clinical psychology internship training in first-world countries is far ahead of that in South Africa. For example, when assisting interns, clinical psychologists navigate the challenges of internship training, a guideline for health service psychologists is proposed to provide supervisees with competence in being supervisees (Kangos et al., 2018). The latter proposed guidelines to support supervisees in effectively reporting, managing, and engaging proactively in supervisory processes. Due to the inherent power imbalance in supervision and limited access to accurate information, supervisees often feel confused and disempowered when faced with negative supervisory experiences (Ellis et al., 2014).

### **2.7.2. Inherent Elements of Ineffective Clinical Psychology Supervision**

Several factors have been highlighted to inform ineffective supervision (Ellis et al. 2014), some of which are institutional Palitsky et al. (2022) and contextual (Hendrick, 2018). A few factors have been identified to contribute to ineffective supervision in the literature. For example, according to Ellis et al. (2014), ineffective supervision is attributed to general aspects of supervision. Palitsky et al. (2022) identified organisational or institutional factors as the main drivers of ineffective supervision. Hendricks (2018) identified ineffective supervision attributed to contextual factors in supervisory practices; these dynamics all form the basis of supervisory practices.

According to Palitsky et al. (2022), owing to the increasing number of mental health service demands, clinical psychology interns are inundated with service delivery expectations and pressure. This dynamic leads to role confusion in internship training, whereby interns are the only employees responsible for patient care. Unfortunately, when interns are the primary workforce in service delivery, not only does this lead to being overworked, but it also provides fertile ground for exploitation and vulnerability.

Supervisors are found to pressure interns to increase the number of patients consulted, as this has a direct influence on remuneration for the internship site. Palitsky et al. (2020) highlighted that the intern becomes the “clinical psychologist” in the institution, as he/she no longer acts as someone in training, creating a conflict in roles. Internship sites that rely on interns for revenue and labour have been noted by Palitsky et al. (2020) to have a distinct feature of overlooking intern needs, providing inefficient clinical skills training, providing limited supervision and exploiting interns by prioritising organisational demands. According to Palitsky et al. (2020), there are national and international problems in the provision of psychological health services to the public, and the gap has widened in low-income countries and middle-income countries.

Furthermore, there appears to be a fundamental problem in the provision of psychological interventions due to the implementation of dominant models. Hence, the misunderstanding of “psychological service users” and “consumers” needs is not isolated to the public but involves clinical psychology interns alike, for example, as stated previously (Palitsky et al., 2020).

Some key contextual factors from Hendricks (2018) concerning intern trainees’ experiences that intensified their experiences of harmful supervision require some elaboration. According to Hendricks’ (2018) study, interns experienced supervision as overly critical during feedback, hostile, punitive, and issues of transference/countertransference, macroaggressions, and boundary violations occurred frequently. The perception of supervisors’ unrealistic expectations, coupled with a “punitive” and “militant” supervision style, appears to further exacerbate these negative experiences.

In Hendricks’ (2018) investigation of interns’ experiences with clinical supervision, many interns reported receiving excessively negative feedback from the beginning, interpreting their supervisors’ actions as overtly abusive and lacking empathy. For example, one trainee’s supervisor harshly criticised her, questioning her competence and suitability for the master’s programme (Hendricks, 2018). Supervisors were experienced as exercising peculiar facial expressions when the interns had to “perform” (e.g., ward rounds, case presentation), a macroaggression that triggered shame and self-doubt in the intern. Interns also found themselves publicly humiliated

and given the inescapable feelings of “inadequacy” and thus assumed a victim role. Supervisors would single them out and disempower them in front of their peers (intern cohort), further exacerbating their anxiety and vulnerability to harm.

The participants in Hendricks’ (2018) study gave accounts of being labelled “not good enough” to enter the profession and exhibited self-blaming behaviours as a defense mechanism in response to public humiliation and rejection. Hendricks (2018) makes inferences that a need to be affirmed and validated exists because interns’ personal insecurities require supervisors, as they are “ticket holders” and gatekeepers in the profession; thus, their rejection intensifies shame. Additionally, owing to their inexperience, some interns may perceive themselves as flawed or inadequate, which can perpetuate an unsatisfactory, self-reinforcing cycle in the supervisory process and maintain homeostasis. According to Hendricks (2018), interns’ perceptions of supervisors’ misuse of power seem to be shaped by several key elements, namely, (a) the ability of the supervisor to influence or control group dynamics, (b) the enforcement of conformity to specific norms or expectations, (c) the undermining of the trainee’s ownership and interpretation of their own experiences, and (d) the devaluation of the trainee by pathologizing their behaviour or responses.

From the above, there appears to be a status quo or rather homeostasis, as alluded to by Hendricks (2018) in supervisory practices, leading to negative and harmful supervision. My inquiry explored the nuances embedded in the supervisory practices that extrapolate the organisational culture that directs aspects of effective or ineffective supervisory practices as experienced by me. The next chapter highlights internship supervisory practices in other professions within the health sector.

## **2.8. INHERENT CHALLENGES IN INTERNSHIP TRAINING IN THE HEALTH SECTOR**

The following section describes internship training in the health sector nationally and internationally outside the parameters of clinical psychology. The rationale for including other internship training experiences was to identify whether inherent challenges in clinical psychology internship training share similarities or differences. The internship training covered included intern medical practitioners, occupational therapists, and physiotherapists.

### **2.8.1. Intern Medical Practitioners**

Like clinical psychologists, medical practitioners are required to successfully complete a 2-year internship programme. In South Africa, Naidoo and Van Wyk (2022) reported that intern medical practitioners' experiences during internships were detrimental to their future career prospects. According to Naidoo and Van Wyk (2022), several challenges are faced by intern medical practitioners during their internship, namely, poor working conditions, inadequate resources and, most importantly sub-standard intern-supervisor relationships and management.

Naidoo and Van Wyk (2022) noted that because of the challenges and experiences of intern medical practitioners, few have chosen to specialise and move away from the public health sector. According to Naidoo and Van Wyk (2022), medical intern practitioners face challenges and experiences and subsequently depart from working in the public primary health sector. This has led to a significant shortage of medical doctors in the public health sector; for example, according to the South African Medical Association (Sama), these doctors account for more than 40% of the doctors who are emigrating. Naidoo and Van Wyk (2022) suggest reflecting on medical internships and working conditions in the health sector to make them attractive to newly qualified medical doctors.

In another study by Bola et al. (2015), similar problems were identified, as highlighted by Naidoo and Van Wyk (2022), who reported that intern medical practitioners experienced inadequate supervision and that 33% of interns reported performing surgical procedures for the first time in the absence of supervision. Half of the interns investigated also reported having supervision from medical officers with less than 3 years of required experience, which is a transgression of 3 years and a longer duration required by the HPCSA for medical officers to undertake supervisory responsibilities (Bola et al., 2015). The challenge with inadequate and unstandardised supervisory practices was also noted by Ramoollo et al. (2023), who explained that since the inception of a new supervisory model for medical doctors, it was introduced in 2020. According to Ramoolla et al. (2020), intern medical practitioners encounter the same problems of inadequate supervision as stated in Bola et al. (2015), which is contrary to the HPCSA guidelines concerning who should qualify to provide supervision.

The standardisation of supervision and training has also been noted as a challenge in Kenya, as investigated by Zhao et al. (2022), as they also identified inadequate supervision and training of medical intern practitioners. The development of interns was noted as problematic, as the same medical interns supervise other interns in the future. Owing to a lack of resources and challenges during their internship training, working in the public primary health sector was deemed unattractive, which led to internal and external brain drain. The above statement is similar to what medical doctors are experiencing in South Africa, and the unattractiveness towards the public health sector appears to start at the internship level. The internship training process serves as a key socialisation process in the profession.

The dissatisfaction and unattractive aspects of working as a doctor in the South African public health system are not unfamiliar challenges. As captured by Phalime (2014) in her memoir and investigation of other doctors who had decided to leave practicing medicine after feeling overwhelmed and unsupported by systemic factors in the public health system. According to Phalime (2014), she encountered systemic challenges in working in the public health system due to extended hours, high patient loads, lack of resources and support, among other factors. She also elaborates in memoir Phalime (2014) about experiences of death and personal reflections of guilt and self-evaluation in her identity and having to think of an alternative career path. The challenges stated by Phalime are not only isolated to the South African health system but also across other African countries and call attention to the organisational culture of African health systems.

For example, a situational analysis of medical interns through a mixed approach of qualitative and quantitative analysis in Uganda by Munabi et al. (2022) suggested that medical interns also experienced challenges related to inadequate supervision and a lack of resources in their respective internships. Most importantly, a standardised supervisory practice was recommended, as supervision was identified to play a mediatory role in the stress and psychological wellbeing of medical intern practitioners in a very demanding work environment. A discrepancy exists between interns' responses concerning the quality of supervision due to research methodology approaches, as structured quantitative surveys have suggested that medical intern doctors are satisfied with supervision (Zhao et al., 2023). In contrast, semi-structured

qualitative methods suggest that interns experienced poor and inadequate supervision. Although their supervisors provided sufficient supervision, it was suggested that medical intern practitioners do not communicate their concerns during internship training. According to medical interns, their silence is a result of their fear of being negatively evaluated, as supervisors sign their workbooks, and second, they feel that their internship situation will not change (Zhao et al., 2023).

In another inquiry into the prevalence of burnout among medical doctors, Naidoo et al. (2020) reported that 27% of medical doctors experienced moderate depression and that 3% experienced severe depression. Naidoo et al. (2020) reported that 76% of medical doctors experienced burnout due to long working hours, a lack of resources, a lack of supervision and negative working conditions. Some of the recommendations mentioned in Naidoo et al. (2020) to prevent burnout and depression among medical doctors are to evaluate the organisational culture, be more person centred and apply health technology.

In South Africa, the medical profession experienced the largest number of medical interns' appointments in history in 2020, with 2369 interns incorporated into the public health system (Singaram et al., 2022). The period was viewed as an opportunity to review the challenges and opportunities of medical intern training. The outcomes of the study revealed that medical intern practitioners experienced inadequate and poor supervision, challenges with supervisory unprofessional conduct and challenges with the hierarchical nature of the medical health system. The interns experienced elevated stress and burnout because they were at the bottom of the food chain and used as sacrificial pawns, as they perceived their lives as less important (Singaram et al., 2022). Singaram et al. (2022) reported that medical intern practitioners experienced hindrances in their willingness to learn due to abuse and being dismissed if they refused to perform certain tasks.

The effort to achieve universal health coverage and attainment of a good functioning district health system is one of the goals of the National Development Plan 2030 Human Resources Health strategy (Hutton et al., 2024). The call is to build a motivated, productive, and empowered health workforce, which requires an inquiry into the evaluation of medical internship programmes, among other aspects of medical health professional training. The impact of organisational culture has been overlooked

and not given sufficient attention. From the experiences highlighted above, internship training experiences in various health disciplines have a similar pattern and are impacted by organisational structures and the culture of the internship training site.

This is consistent with Stacy et al.'s (2022) finding that a call is made for a culture change approach beyond the suggested policy and procedure. The suggested culture change includes all levels of medical culture, from the provision of healthcare systems, training, and supervision and at an individual level, to limiting harassment and unfair practices in the health service sector. The following section will investigate inherent challenges and situations in terms of internship training in the context of occupational therapists.

### **2.8.2. Intern Occupational Therapists**

Ideally, the acquisition of theoretical knowledge should be consolidated by experiential/practical exposure to develop skilled health professionals (Deshni et al., 2020). Occupational health practitioners are required to undergo 1000 hours of service-learning in a public sector, such as in hospitals, communities, non-government institutions to meet local and international standards of training and requirements to enter the occupational health profession. According to Deshni et al. (2020) the placement of service learning occurs at various sites, and the hosts are mostly under-resourced. Although the role of service learning is recognised, a gap exists in identifying factors that influence the acquisition of professional knowledge and assimilation of professional culture to deliver services. A paucity of research in South Africa has focused on occupational therapists' experiences with service-learning and its impact on their professional development (Deshni et al., 2020). According, to Naidoo and Van Wyk (2016), they identified difficulties in occupational therapy students' experiences of fieldwork as they encountered elevated anxiety due to fear of failure. Furthermore, supervisors identified students as exhibiting increased dependency and lacking initiative and autonomous learning. Naidoo and Van Wyk (2016) further highlighted that students lack clinical skills in providing appropriate interventions after assessments.

These problems identified by their supervisors were said to be resolved by ongoing mentorship and support from supervisors. Owing to the limited research on the

experiences of occupational therapist interns, further research in this area and avoidance of the current needs that occupational therapists might have in their internship placement are needed. This approach is not very different from that of clinical psychology interns and medical practitioners in that their needs are investigated and met, which forms a fundamental developmental area of internship training.

### **2.8.3. Intern Physiotherapy**

In my effort to understand the state of physiotherapy internships, specifically with respect to physiotherapists' experiences in South Africa, scant literature exists. My inquiry led me to a mixed methods study in Nigeria by Akinpelu et al. (2022) that explored and explained physiotherapists' expectations, experiences, and outcomes of physiotherapy internship training. Akinpelu et al. (2022) reported that 58% of physiotherapy interns experienced unfair treatment, which was consistent with the findings of a study by Muhammad et al. (2021) that revealed the unfair treatment of intern physiotherapists as a common practice. The outcome of interns' experience receiving adequate supervision was found to be good by Akinpelu et al. (2022), although a discrepancy existed between surveys and focus group methods of enquiry.

In Akinpelu et al. (2022), negative experiences were reported by utilising focus groups that yielded richer personal intern experiences. The reports from the focus groups indicated that interns who experienced unfair treatment as senior physiotherapist exhibited inadequate or poor supervision and treated interns as labourers rather than graduates in training. Akinpelu et al. (2022) further suggested that, due to the dysfunctional health sector in Nigeria, 54% of interns reported a negative perception of physiotherapy internship training, particularly at the organisational level.

Muhammed et al. (2021) captured similar accounts measuring the prevalence of 40 interns' experiences of their maltreatment during their physiotherapy internship training. Two-thirds reported experiencing unfair treatment, of which 60% reported being shouted by their supervisors, 50% reported experiencing humiliation, and 27.5% reported being threatened that their internship training would be extended after the specified 12 months. The experience subsequently led to 40% of the participants developing depression, 70% of whom acquired stress, of whom 62.5% reported that

unfair treatment affected their self-confidence and 45% had significant implications for work output as a result.

Unfortunately, research on the mistreatment of physiotherapy interns in sub-Saharan Africa is scarce. Health service professionals with relatively minimal experience are likely to experience mistreatment of some form in the health sector or organisation (Muhammed et al., 2021).

## **2.9. POSTCOLONIAL COUNTRIES AND THE SIGNIFICANCE OF NATIONAL AND ORGANISATIONAL CULTURE**

According to Davy and Beddoe (2020), work roles are informed by certain knowledge systems, and no one can claim to know knowledge and how to work in isolation of the premise of those knowledge systems. Second, Stacy et al. (2022) suggested that people who work in the health and medical sector are exposed to highly bureaucratic organisational systems. Therefore, it is important to take note of the social, political, and historical implications of colonial forces for national culture and the transference thereof at an organisational cultural level. As highlighted by Dlamini (2020), psychology is not an isolated entity or vacuum; hence, Dlamini rejects the idea that it is not driven by social, political, and historical events that shape society in a particular manner. I will highlight certain historical and political influences on contextual the significant thereof on organisational culture in South Africa and within the internship training and academia sphere.

As stated earlier, Baloyi (2021) suggested that since the inception of a democratic South Africa in 1994, the country and government carried along with it the post-apartheid and colonial epistemologies. Baloyi (2021) suggested that some of the epistemological and ethical injustices embedded in the apartheid system are still maintained in psychological training and education. Baloyi (2021) acknowledges that, in comparison with the apartheid system, a larger proportion of black psychology students are included in the profession. The racial transformation agenda cannot be limited to simply the increase in the number of black students, lecturers and practicing psychologists in the profession. According to Baloyi (2021), the philosophical, epistemological, theoretical, and methodological frameworks are those of colonialists/conquerors and exclude those of African or black people. Despite the

increase in the number of black students and lecturers in psychology fraternity post-apartheid, only a quarter of professional psychologists are black (Padmanabhanunni et al., 2022). According to the Health Professions Council of South Africa's most recent statistics dated 31 October 2024, the number of black clinical psychologists registered has increased slightly. According to the HPCSA, 27% of the 3355 clinical psychologists registered are black/African, 58% White, 6.1% Indian, 5.8% Coloured, 0.1% Chinese and 2.5% classified as unknown and other (Y. Daffue (HPCSA), personal; communication, 22 November 2024).

The influence of European and American epistemology on previously colonised nations is pervasive, as suggested by Ndlovu-Gathseni (2015), who calls it Euroamerican-centrism. Ndlovu-Gathseni (2015) suggested that Euroamerican-centrism informs the othering and marginal positionality of former colonial communities with respect to their cultural beliefs and epistemology. Euroamerican-centrism is associated with whiteness or western middle-class lifeworld, which are representation of a culture transferred goods with interpretive patterns (Dlamini, 2021). The lifeworld according to Dlamini (2021), which he adopted from the German philosopher Jurgen Habermas, is linguistic organisation and views language and culture as key determinants of the lifeworld. The latter suggests the significance of language and its association with the current research's epistemological position. This study focuses on postmodern social constructionism and uses language as a key feature to explore the impact of organisational culture on interns' subjective experience with internship training. Systemic encounters/episodes in supervisory practices are considered to derive meaning and understanding through the self in relation to the cultural context (Ellis, 2004).

Several writers have alluded to the transportation of Western epistemology in non-Western societies (for example, Guma, 2019; Hendricks 2017; Malherbe et al., 2021; Baloyi 2021, Langa et al., 2018). According to Guma (2019), the transportation of Western epistemology in non-western societies also affects organisational practices and standards in Africa. To illustrate the variations in organisational culture across countries, Hofstede (1980) noted that organisational practices in the West are self-centred and individualistic.

On the other hand, Hofstede (1980) noted that African organisational management and culture centred on collectivism and proposed the idea of valuing people and considering their dignity.

According to organisational psychology studies, as highlighted by Feldman (2019), South Africa has succumbed to a shift from a Eurocentric to an Afrocentric organisational culture. Feldman (2019) suggested that a serious challenge exists in South African organisations given the two types of approaches or organisational culture. According to Feldman (2019), although many black people have been integrated into managerial positions, they tend to adopt a Eurocentric approach or organisational culture.

Owing to western epistemologies and dominance, conflict may arise between the organisational culture and the lower-level workforce, which tends to be black. In psychology, owing to statutory redress, the number of black lecturers and students has increased in South Africa, as noted by Baloyi (2021), although a Eurocentric approach has been adopted. As a result of the adoption of Eurocentric approaches, this may cause a misalignment in understanding the cultural archetypes or original interpretative patterns of the group in question (Feldman 2019).

One of the motivating factors for this research was to understand the influence of this adoption of transported goods of Western dominance on the impact of how I experienced my internship training. Dlamini (2021) noted that Euroamerican-centrism is associated with whiteness or Western middle class life worlds, which are representations of a culture of transferred goods of interpretive patterns. My inquiry will hopefully shed light on the impact of organisational culture on my subjective experience of internship training in consideration of Dlamini's (2021) point of view.

## **2.10. REFLECTION OF ORGANISATIONAL CULTURE IN UNIVERSITIES/ACADEMIA**

Universities are the bearers of knowledge and how this knowledge is utilised in shaping society and culture. The same principle or interplay exists in how society has shaped the epistemological and methodological principles that govern the dissemination of that knowledge in universities. According to Pillay (2019), psychology

should resist any means of being a tool in the name of science and serve a government regime that is morally corrupt given its apartheid heritage. Pillay (2019) called for a socially just profession encompassed in rigorous research and training and included the provision of excellent care, research, and training of psychologists. This also includes the condemnation of racist practices in academia. Unfortunately, racial practices and events are recurrent in South African academia, as illustrated in Pithouse-Morgan et al. (2021) through collaborative autoethnography. The violation of their basic human rights, equality, dignity and being othered has been previously learned from their colleagues Pillay et al. (2015, 2016) in how they were marginalised and resisted discrimination in the realm of academia.

As mentioned previously by Baloyi (2021), an increasing number of black people have been integrated into universities, particularly through psychological training and management. Although Baloyi (2019) highlighted that the same colonial philosophy, epistemology, and methodology still permeates the psychology fraternity. This alludes to the notion that the increased number of black psychologists will still maintain the status quo of colonial philosophy, epistemology, and methodology. An example of that is what Sparkes (2016) noted, as since the inception of neo-liberalist and scientific dominance, a key determinant of higher education cultural ethos has become what is known as “audit culture”.

Baloyi (2021) argues that although the increasing representation of black professional psychologists in South Africa marks a significant step toward demographic transformation, it has not effectively challenged the entrenched dominance of colonial epistemologies and methodologies within the field. The persistence of these paradigms is evident in the adoption of an "audit culture" within South African universities, which reflects the ongoing institutionalisation of Western-centric knowledge systems and evaluative frameworks.

The term *audit culture* has been noted as the global re-culturation of higher education institutions' present-day organisational culture. This audit culture emphasises productivity and speed, which are adopted from the private sector and promote rapid efficiency and profit. The approach enforces a corporate managerial narrative/discourse and should be approached with apprehension according to Clare and Sivil (2014), as it proposes certain behaviours and normative desires in an

organisation. According to Pithouse-Morgan et al. (2021), this type of management (audit culture) informs how people in the organisation view themselves and others in quantifiable ways. The mass-production standards and norms suggest a particular manner in which academics are valued by others and, in many ways, how academics influence self-judgment. Pithouse-Morgan et al. (2021) further elaborate that the academic sector has become increasingly controlled, rigid, excessively monitored, and undermined connections among colleagues, which undermines the intellectual motivation of curiosity.

Pithouse-Morgan et al. (2021) exemplify the approach of Michel Foucault, who suggested that the constant normalised behaviour characterised by corporate managerialism is a disciplinary power. This re-culturation of institutions of higher learning was also mentioned by Pheko (2017), who experienced bullying and mobbing because of power structures that are normative in the academic sector. It is important to note that organisational culture is a complex entity characterised by certain behaviours, norms, and values and emerges from employees and managers of the organisation.

It is apparent that the tension mentioned earlier concerning African organisation's influence on Euroamerican-centrism organisational culture, as stated by Ndlovu-Gathseni (2015), has facilitated the creation and maintenance of unsatisfactory working environments. Notably, experiences of workplace bullying cannot be exclusive to the contextual factors/cultural values embedded in the organisation mentioned by organisational culture (Arenas et al., 2015). Researchers and academics have adopted a Euro-American organisational culture, which tends to be misaligned with group members' motivation and intuitive processes, thus leading to diminished creativity because of disciplinary power.

The debate over the influence of Euroamerican-centrism in South African universities is not a recent discussion, as it was previously highlighted by Habib et al. (2008) that the influence of particularly US corporate models has limited the autonomy and creativity of scholars. Habib et al. (2008) further suggested that this informed the departure of key scholars, administrators, and students alike at South African universities.

Clinical psychology internship training is not very different from the ideas stated above about disciplinary power, as the clinical supervisor serves as a gatekeeper and determines who is worthy and unworthy of becoming a member of the psychology fraternity. This is exemplary of what Pithouse-Morgan et al. (2021) propose as neo-liberalism and how academics/researchers in academia view colleagues and make self-evaluations on the basis of the dominance of the proposed audit culture. The intern clinical psychologists value and sense of worth sharing similarities to how Pithouse-Morgan et al. (2021) discuss disciplinary power and the Euro-American influence of their organisational culture.

## **2.11. IMPLICATIONS OF ORGANISATIONAL CULTURE ON CLINICAL PSYCHOLOGY MASTER'S TRAINING**

The field of clinical psychology has come a long way in South Africa. One of the fundamental problems with psychology is self-evaluation. From the research literature reviewed in this dissertation, it appears that one of the first key studies regarding the evaluation of master's training was Marchetti's (1989) work. Marchetti (1989) recognised that research has focused mostly on issues of competency development, training models, ethics and professional identity and has shifted the focus from the experiences of students in clinical psychology to masters' training evaluation.

Since Marchetti (1989), the research attention to focus on master's training in clinical psychology has increased specifically in considering the experiences of students, as mentioned by a few writers, among others like Nel (2011); Wichmann (2012); Mhambi (2014); Fouche (2000); Van der Merwe (2013).

For example, Nel (2011) focused on positive aspects of clinical psychology master's training and reported that high motivation, students' level of self-awareness, spirituality, interpersonal connections and training group dynamics were positive factors identified by the master's students in training. In another study by Nel and Fouche (2017), clinical psychology master's degree students were interviewed to explore their experience with supervision. A few themes were identified, such as self-acceptance, autonomy and personal growth, which are correlated with students' supervisory experiences. The studies reviewed left a gap that this dissertation seeks

to fill, as none of them focused attention on the impact of internship site organisational culture on the intern clinical psychologist's experience of supervision.

Another study by Dhlamini (2020) suggested that an African-centred approach to supervision needs to be used to align training within the African context. Dlamini discusses the misaligned composition of master's training and identifies several discourses, namely, diversity, aspects of access, exclusion resulting from language, meritocracy, class, and relevance. The latter is inclined towards the subject matter of clinical psychology, as it discusses the cultural relevance of the curriculum and internship organisational culture. For Dlamini (2020), no particular attention is given to the implications of organisational culture and its influence on master's training for counselling or clinical psychology interns. In psychology, Dlamini (2020) proposed that being misaligned with the culture-specific needs of master's degree students can be transferred to internship training. Hence, this is one of the reasons that informed the need and quest to explore the impact of organisational culture, particularly of an autoethnographic nature. The use of an autoethnographic approach was motivated by a lack of depth in quantitative studies, as highlighted earlier. For example, a discrepancy exists between intern's responses concerning the quality of supervision due to research methodology approaches, as structured quantitative surveys suggest that medical intern doctors are satisfied with supervision (Zhao et al., 2023). In contrast, semi-structured qualitative methods suggest that interns experienced poor and inadequate supervision. Furthermore, in Akinpelu et al. (2020), negative experiences were reported by utilising focus groups that yielded richer personal intern experiences. Thus, a personal subjective account of the internship training intersection in becoming a psychologist can have greater value from an autoethnographic approach. The following section will cover the reviewed literature and how it is aligned with my internship experience and exploration of organisational culture and clinical supervision.

In summary, the literature review described above reveals that several challenges exist in psychology at the international and national levels, which raises fundamental problems that the study aims to address. As noted by Sticker (1995), psychology training, particularly internship training, has been idiosyncratic from its inception. Given its colonial history and adoption of Western ideologies and methodologies in research

and practice, South Africa has faced tension in negotiating from a Eurocentric to an African training model. As stated by Long (2013), to maintain international standards, the South African psychology fraternity is faced with what appears as a non-negotiable stance to fall prey to continued Western domination.

South African psychology is faced with a complex socio-economic challenge and history of apartheid in the provision of psychological services to the community and to the detriment of psychological training and research. In South Africa, psychology has been inclined to address issues of racial transformation and the provision of psychological services to all, particularly the disadvantaged (Pillay et al., 2013). Importantly, as more black students are trained and recruited into the psychology profession, racial inclusion remains a challenge, as only 27% of black clinical psychologists are registered on the HPCSA psychology board. From these statistics provided by the HPCSA (2024), the racial transformation agenda in terms of numbers is lagging and requires better approaches and intervention. Furthermore, writers such as Baloyi, Dlamini, and Ndhlovu-Gatsheni proposed an African-centred approach to training, as they reported that training is misaligned with African students.

This misalignment can be associated with the negative supervisory practices identified in internship training. For example, according to Hendricks et al. (2021), several unethical practices have been found in clinical psychology supervision because clinical psychologists enter supervision prematurely and lack formal training in supervision. Internationally, Hendricks et al. (2021) reported that clinical supervision is better monitored and evaluated. Thus, Hendricks et al. (2021) propose the same model of supervisory training and monitoring implemented by the HPCSA to address issues of unsatisfactory, inadequate, and harmful supervisory practices. Although, internationally, according to McNamara et al. (2017), clinical psychology supervision is structured better in terms of training and monitoring, harmful supervisory practices persist. The adoption of a western model of having better training systems, monitoring, and evaluation of psychologists in supervision might lessen the number of harmful supervisions but appears to not have a definite resolution of the problem.

This draws my attention to what Davys and Boddoe (2020) observed: supervisory practices are informed by organisational culture. Furthermore, the influence of organisational culture has been noted to impact service delivery, as stated by Lebina

et al. (2020), who reported that positive organisational cultures are associated with positive service delivery. In contrast, negative organisational cultures have been attributed to low staff morale, burnout, and trauma-related symptoms and, in turn, negatively impact service delivery.

The impact of organisational culture has not been explored and thoroughly investigated in internship training across various disciplines, namely, medical intern practitioners, physiotherapists and occupational therapists. The challenges are not isolated to South Africa but rather across other African countries and are detrimental to the loss of health practitioners, especially in the public health sector. Investigations of intern health professionals also differ in methodology, as quantitative methods have not yielded an in-depth understanding of the reality that medical professionals face (Akinpelu et al., 2022). Hence, a qualitative inquiry is needed to provide the depth of information needed to understand what intern health practitioners are in intern training. According to Feldman (2019), although many black people have been integrated into managerial positions, they tend to adopt a Eurocentric approach or organisational culture.

This raises concerns about the cultural identity of African organisations, specifically health institutions, and aligns with this study's internship training.

## **2.12. CONCLUSION**

The first part of the literature review included a deeper engagement with the chosen theoretical frameworks and concepts to be utilised. The section also covers the fundamental philosophical underpinning of the study and epistemological and ontological frameworks. The chapter captured the history of interns' clinical psychology training and movement from purely a psychometric activity and transformation to a psychotherapeutic process and the emergence of clinical supervision. Traces of the need for and focus on the provision of psychological services were illustrated in its inception internationally and resemblance in the South African context. Inherent challenges related to racial redress and curriculum changes were identified given South Africa's history of apartheid and colonialism. The present challenges of unsatisfactory supervisory practices were also highlighted internationally and nationally, and one of the factors contributing to negative supervisory practices

was identified to be organisational and systemic practices embedded in institutions. Furthermore, the internship experience was viewed across various health disciplines and revealed the power-laden structures in organisations that make working in public health facilities unfavourable. Given the shortage of health care workers in the public health system according to the World Health Organisation, this issue is concerning. This calls for a look at organisational cultural practices, as they are important for health worker retention and service delivery. Chapter three presents this literature review and describes how ecosystem theory and Hofstede's culture dimensions inform the methodology and approach chosen. From here onwards, the form of writing will weave between third- to first-person accounts in the spirit of autoethnography and personal writing.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1. INTRODUCTION**

The current chapter covers how the nature of the research inquiry was shaped by a particular scientific belief and philosophical underpinning. This is followed by an explanation of the research design or chosen research methodology (autoethnography), a description of autoethnography and the reasons why it was chosen, including a brief history of autoethnography. Different autoethnographic techniques are explained, and reasons for choosing moderate autoethnography are provided. The chapter further highlights the limitations in the use of autoethnography and discusses how data were collected and analysed. Before the chapter concludes, key ethical issues in maintaining rigour in research are discussed in the context of autoethnographic approaches.

### **3.2. RESEARCH PARADIGM**

According to McDougal (2014), a paradigm is a representation of a framework used to interpret and engage with knowledge about the world. It is a vehicle that guides the foundation of researchers' process of acquiring and developing understanding. According to Kuhn (1970), a paradigm is a structure that is systematically composed of ideas and concepts that influence and inform decision making, practical actions and policy development. McDougal (2014) further explains that paradigms are different from theories because they are inclined to a broader range of understanding that provides an extensive field of inquiry and is composed of broader human ideas and behaviours. According to McDougal (2014), paradigms and theories that are dominant are difficult to change or rather resistant to change once they have become accepted and institutionalised.

Most importantly, McDougal (2014) reported that dominant theories and paradigms are widespread, but they frequently serve the interests of a limited group of people in society and require critical review to engage in other means of theoretical perspectives to emerge.

The significance of alternative theoretical perspectives will foster constructive tension in the academic community. Although paradigms are shaped by active practice, this may lead to oppression or empowerment in real-life outcomes. According to McDougal (2014), two dominant paradigms have been suggested for Africans by Western scientific traditions and are impactful even today, namely, the inferiority paradigm and the culture paradigm. McDougal (2014) explain that the inferiority paradigm is an analytical framework that claims that black people are inherently inferior due to their genetic make-up or composition. According to McDougal (2014) the culture paradigm differs from the inferiority paradigm because social dilemmas and life problems are not attributed to the biological factors of black people but rather to deficits in black people's social order and environmental factors.

A fundamental question that needs to be answered by researchers is whether they believe reality to be something "out there" as an objective external reality. This objective reality would entail a position where the researcher is aloof and detached from the phenomenon or event being studied (De Vos et al., 2011). In contrast, the external reality embedded in objectivity is the belief that reality is subjective and socially constructed and can be understood only from the research participant's meaning of his/her life. The latter highlights beliefs about how knowledge and perceptions about reality inform one's ontological belief. This is important, as it informs how one thinks about observing others and defining truth (Babbie, 2005). De Vos et al. (2011) share the same view as Babbie (2005), as they suggest that scientific belief and philosophy set the premise of any research endeavour, as they set the tone of how the researcher views reality.

Parallel to ontological beliefs are epistemological beliefs, which explain how the process of attaining knowledge and, subsequently, reality is conceived. According to De Vos et al. (2011), a fundamental question that researchers need to ask after clarifying their ontological belief is which rules and principles to follow to best answer their research question or epistemology. Epistemology involves different paradigms, namely, objectivist (positivism), interpretivist (modern realism) and constructivist (postmodernism) paradigms. A positivist paradigm entails the belief that an objective, scientific and empirical reality exists in the production of knowledge. Furthermore, this can be formed through scientific reasoning and observation and the use of quantitative

methods to quantify and measure facts. Positivist methods value hypothesis testing and statistical numbers and analysis and pay attention to linear causality and predictable outcomes.

According to Denzin and Lincoln (2008), a positivist paradigm entails the belief that an objective, scientific and empirical reality exists in the production of knowledge. Furthermore, this can be formed through scientific reasoning and observation and would ordinarily employ quantitative methods to quantify and measure facts. Finally, positivist methods value hypothesis testing and statistical numbers and analysis and pay attention to linear causality and predictable outcomes.

The emergence of interpretivism was in response to positivism, with a fundamental acknowledgement of subjectivity in view of social reality. From this perspective, social reality is viewed not as an objective truth but rather as accommodating human experiences in understanding meaning about social phenomena (Sefotho, 2015). Interpretivists often accommodate qualitative research in the form of but not limited to ethnography and human participants (interviews) and subsequently systematically analyse meaning and researchers interpret what subjects provide about their reality (De Vos et al., 2011). The understanding of people from their subjective experience is viewed as a fundamental principle according to an interpretivist paradigm and philosophy.

Social constructionism departs from positivism and interpretivism further, as the belief about reality is that there is “no single truth”; rather, reality is constructed through social processes and interactions (De Vos et al., 2011). Social constructionism emphasises the notion that meaning is fluid and constructed in language and social discourse in the production of knowledge. The key determinants of reality mentioned in this context are social discourses, for example, culture, power dynamics and social norms, which are considered essential features in understanding reality (Denzin & Lincoln, 2008). Constructionism emphasises an ontological belief that there is no one truth or single truth but rather a narrative truth that is known by those who experience it personally (De Vos et al., 2011). Second, epistemological belief is grounded in the idea that the truth is constructed by those who personally experienced it through self-conscious practice. According to De Vos et al. (2011), narrative exploration takes the form of a variety of methodologies, namely, autoethnography, narrative inquiries, the latest

ethnographies, and participatory action research. The tools of inquiry that are generally utilised are fictional texts, poetry, narrative texts, interviews and observations of participants (De Vos et al., 2011).

The ontological and epistemological view of the phenomenon of the impact of organisational culture on my subjective experience in internship supervision was viewed from the subject and hence inclined towards social constructionism under the umbrella of postmodernism. The idea of an external reality (positivism/objectivity) would not have been suitable to answer questions about the impact of organisational culture on an intern clinical psychologist under supervision. As stated by De Vos et al. (2011), objectivity or positivism entails the belief that an external reality exists “out there” and, second, that the researcher is viewed as not being part of that reality but rather detached and aloof. This study is of a personal nature, as I encountered experiences exemplary to night and day, and I was immensely impacted by the clinical psychology internship intersection on my journey in becoming a clinical psychologist.

Furthermore, a social constructionist paradigm was undertaken based on what I mentioned in Chapter 1 under the positionality and reflexivity section. My experience of the impact of organisational culture in my personal narrative cannot be of the belief that, it is the only truth; therefore, a postmodern philosophy would benefit the research inquiry and purpose.

In Chapter 1, I mentioned how I always viewed “truth” as dynamic and that multiple constructions of reality exist. This view is substantiated by De Vos et al. (2011), as they indicate that social constructionists believe in a world of multiple realities and that truth can be understood and that meaning could be derived from the person who underwent an experience of a particular social phenomenon. Based on that idea described by De Vos et al. (2011), the most suitable paradigm that would best frame my experience of the impact of organisational culture on my personal subjective experience in internship supervisory processes was a social constructionist method of enquiry.

The ontological and epistemological view of the phenomenon of internship training and the implication of organisational culture is viewed from the subject, hence an inclination towards social constructionism as a suitable method of enquiry.

Postmodernism incorporates multiple realities and paradoxes and assumes that there is no single truth and that different viewpoints are given importance. The participants' personal accounts of a particular event or phenomenon are subsequently given significance (McMillan & Schumer, 2010).

### **3.3. AUTOETHNOGRAPHY AS A RESEARCH DESIGN**

According to Johnson-Bailey (2021), autoethnography is different from other interpretive methods because it is innovative and distinct. The approach goes beyond basic interpretive methods because it embraces personal disclosure, critical self-exploration and reflexivity that moves beyond just the personal narrative but sheds light on broader cultural analysis. Johnson-Bailey (2021) further suggested that the method is interactive in nature, as the reader is invited and journeys with the researcher through his/her life experience. In this instance, subjectivity is not just embraced or regulated but the central and most prominent feature that is active throughout the research process. The following section covers the scientific methods employed and highlights how autoethnography fits within that epistemological and ontological direction.

I explored my personal experience in understanding the phenomenon of organisational culture with a particular focus on supervisory processes. My intention was to qualify my personal experience, as this cannot be analysed in a statistical or quantifiable manner. The emphasis of qualitative research is the description of the meaning of social events using a variety of tools, such as case studies, interpersonal relationships, and personal values, in the understanding of difficult experiences or events (Denzin & Lincoln, 2008). A distinctive feature of qualitative research in contrast to quantitative research, as stated in De Vos et al., 2011, is that qualitative approaches induce information in the absence of quantifying it. Furthermore, one of the most positive contributions of qualitative methods is their ability to construct new channels of understanding.

To clarify the selected research route leading to autoethnography, it may be necessary to highlight the key differences between qualitative and quantitative research. Notably, the purpose of qualitative research is to study life events in context or natural settings in a systematic and process-oriented manner (De Vos et al., 2011). The lived

experience of the phenomenon of internship training in its natural state is ascribed meaning and understanding. Hence, the focus of this research is the exploration of the internship experience while considering cultural influence in the context of the relationship between interns and supervisors. According to De Vos et al. (2011), this story or experience of the research participant in context retrospectively may lead to themes emerging from his own account.

The use of a qualitative research approach was further elaborated by De Vos et al. (2011), who reported that qualitative research is inductive and phenomenological in its ability to locate human life and experiences. Thus, this approach is focused on understanding humans' unique frame of reference in making sense of their emotional, psychological and behaviour in relation to their environment. De Vos et al. (2011), further elaborates that qualitative approaches have unlimited boundaries or parameters that were previously defined, as they aim to understand intricate social events.

One approach that speaks to unlimited possibilities and understanding of human experiences and interplay with intricate social events is autoethnography. Autoethnography is a relatively unorthodox qualitative method and is inclined to oppose more traditional qualitative methods (Ellis et al., 2011). Autoethnography has been deemed a method that opposes contemporary narratives and is viewed as a method of those subordinated and given a voice to represent themselves (Pratt, 1992).

Autoethnographic research entails writing retrospectively and selectively about a particular event that happened rather than about a current event (Ellis et al., 2011). Ellis et al. (2011) further highlighted the importance of using artefacts to aid in the process of memory recall, which may include photographs, records, documents, and journals that reflect the cultural experience. Fortunately, I still have some supervisory records or formal reports from one of my internship sites that assisted in memory recall, and the reports proved valuable, as suggested by Ellis et al. (2011), to recall past events. Autoethnography is aligned with sociological understanding by utilising the lived experience of the researcher and is a highly personalised narrative of self.

Two approaches to autoethnographic (analytical and evocative) were considered; however, Stahlke Wall (2016) suggests that researchers typically prioritise one over

the other, highlighting a complementary relationship between them. According to Stahlke Wall (2016), the clear similarity between the two forms is that the researcher has been inside/familiar with the social context under study and aims to further understand, produce theory and gain insight from the social phenomenon through experience.

Evocative autoethnography is focused on the emotional and meaning-making journey of the researcher's experience while considering social events (Ellis, 2004). It attempts to avoid the limitations of developing a process of rationally producing data associated with dominant discourses. The authentic voice, emotions and journeys in the study of social events are given precedence over the methods of Grant et al. (2023). In contrast, analytic autoethnography is inclined toward more traditional qualitative research methods with an emphasis on objectivity and analysis (Wall, 2016). The latter was considered and given the opportunity to be included as a deductive process of inquiry without losing the core feature of autoethnography (inductive) and was thus deemed important for the study.

The research design for the study is what Stahlke Wall (2016) calls moderate autoethnography, which involves balancing the two forms (evocative & analytical autoethnography) in a way that follows traditional research without losing the essence of the writer's story and the intricate, complexities of a personal nature embedded in his personal narrative.

According to Stahlke Wall (2016), careful balancing of intellectual rigour with emotive expression in autoethnographic writing practices is essential. Thus, I attempted Stahlke Wall (2016) suggestion to demonstrate researchers' engagement in novel methods of expression and commitment to methodological coherence. The next chapter focused on the significance of autoethnography and the process of selecting this methodology.

### **3.4. SELECTION AND SIGNIFICANCE OF AN AUTOETHNOGRAPHIC APPROACH**

#### **3.4.1. History of Autoethnography**

My intention was never to enter any political or controversial ideas in this section, especially given what I have heard about examiners' emphasis on the methodology section. However, in reading Ellis et al. (2011) about the history of autoethnography, I thought of an article by Grosfoguel (2013) about how western universities have dominated knowledge production universally. Grosfoguel (2013) accentuates the Cartesian philosophy of "I" think therefore "I am" as a premise of Western civilisation and industrialisation. After people refuted the existence of God and found the ability to think and build, this laid the foundation for having control over the external environment with the belief that man is God. According to Grosfoguel (2013), this laid the foundation of knowledge production, as man, in that context, saw himself separate and disembodied from his environment.

The disembodied perspective referenced by Grosfoguel (2013) has historically underpinned Western scientific inquiry and epistemological frameworks. In contrast, I adopted a research approach rooted in a worldview that acknowledges the inherently subjective and affective nature of the research process, recognizing that the researcher plays an active and influential role and cannot be considered detached or absent from the inquiry (Ellis et al., 2011).

This premise is important for contextualising autoethnography and its purpose. Different definitions of autoethnography exist, but Ellis' (2004) definition will be adopted, as it stipulates that, fundamentally, autoethnography is the study of self (auto), systematic analysis (graphy) to understand culture (ethno). The approach is used to give voice to those previously silenced and challenge established means of research and treat research as a tool for social justice (Ellis, 2004).

According to Ellis and Bochner (2000), a crisis in how scientific inquiry was conducted ensued in the 1980s, initiated by postmodernism and the emergence of new possibilities beginning with research methods and objectives. Ellis et al. (2011) further elaborate that social scientists were challenged by the limits of ontological and

epistemological beliefs. The understanding of “facts” and “truth” was found to be inseparable from the scientific beliefs or paradigms utilised in the presentation of research (Kuhn, 1970). The impossible notion that a universal truth and narrative suggested by a disinterested master appeared to become questioned and that an interplay between an author, spectators and texts became apparent (Ellis et al., 2011). The academic world also came to understand the intricacies of narratives in that they provide meaning of social phenomena, meaning for people and, importantly, moral and ethical suggestions (Bochner & Ellis, 1996).

There was also a reason to resist colonial and linear research practices that exploited cultural members by entering their cultural group in an authoritative approach, conducting research on them and subsequently departing for financial and career incentives. According to Ellis (2004), the researcher would appropriately neglect the relationship between the self and the cultural group that was investigated.

According to Bochner and Ellis (1996), researchers in multiple disciplines have started to appreciate narratives over theories, consider new possibilities in social science and undertake a value-laden approach compared with the value-free research approach. Ellis (2004) indicate that many researchers have focused on autoethnography, as it aims to produce meaningful and evocative research embedded in people’s experiences or personal narratives. The personal narratives were deemed essential to highlight and conscientize people about the politics of identity, provide a platform for those previously silenced and thus provide a light to express their experiences, and represent people who may appear different from us and elicit empathy.

Fundamental autoethnography identified the multi-faceted influence of personal experience in shaping the research process and product. As stipulated in Ellis et al. (2011), the researcher sets what, who, how, when, where and why a study needs to be undertaken.

Although researchers are bestowed with great power and influence over the research process, some still resist the notion of value-laden research (Ellis et al., 2011). The latter still maintain that research can be value free, detached and maintain objectivity, although Bochner and Ellis (2002) reported that most researchers have changed their belief that a value-free approach is impossible. Autoethnography was born from the

premise that the research process is subjective and emotional, and that the researcher cannot be viewed as non-existent in influencing the research process.

For the most part, researchers who still believe in traditional approaches in conducting research essentially advocated a sectional perspective, which was predominantly composed of a white, middle-upper social class, heterosexual and abled-bodied community. According to Ellis et al. (2011), by maintaining this perspective, not only do such researchers overlook different approaches towards knowledge production, but they also propose that different methods of knowledge production are invalid and unsatisfactory. Autoethnography resists this narrowed perception by acknowledging multiple lenses through which the world can be viewed and denounces what is rigidly defined as meaningful research.

Autoethnography provides an opportunity for the researcher to understand his or her identity through self- or external suggestions and shape interpretations of what is studied and the narratives the researcher can construct about a topic or social event. My lived experience with internship training was a period of tremendous self-doubt, insecurities and uncertainty at the personal and professional levels. Hence, my interest in understanding the social context I was exposed to reflects on what is already known and provides an account of my own interpretation based on my subjective experience.

Another interesting development in autoethnography is its influence on life history research, which involves the research of one person's life history without any attempt to compare it with the experience of another person (Schmid, 2019). Interestingly, in a South African context, the psychology scholar Chabani Manganyi, recognised 'psychobiography' as a method of research that entailed "truth and truth-telling" about the subject (person) of interest to the researcher (Manganyi, 2016:72). My inquiry is not an interpretation of a particular period (internship training) in my life as an absolute truth or an effort to compare my personal experience with that of any other individual who underwent clinical psychology training in any manner. The inquiry is my "truth and truth-telling," as Manganyi (2016) describes it. The following section provides descriptions of several autoethnographic techniques that are undertaken in autoethnographic studies.

### 3.4.2. Different Autoethnographic Techniques

There are several autoethnographic techniques that can be applied, depending on a researcher's focus, academic discipline and direction.

According to Ellis et al. (2011), this depends on the level of importance of the researcher's focus on studying others, self in relation to others, the utilisation of conventional analytic research methods, the importance of interviewing others in context and the exploration of power dynamics. Although contested assumptions about these approaches exist among writers, Ellis et al. (2011) stipulate the following:

According to Ellis and Bochner (2000), personal narratives are becoming a common practice among researchers in the social sciences. Ellis et al. (2011) define personal narratives as an assumption of dual roles by the researcher as he or she partakes in the role of being researched and researcher. The main feature of the personal narrative is the exploration and understanding of self at a deeper level and the exploration of self and existence embedded in a particular cultural environment.

According to Denzin et al. (2008), indigenous ethnographies are products of people who have found themselves marginalised and othered due to colonisation and aim to perturb the power-laden composition of research. There are fundamental questions these writers have about researchers who study their communities and question their relevance and authority in writing about them. Ellis et al. (2011) suggested that the initial ethnographer was normally invested in the interests of a white, middle class, heterosexual and masculine society. According to Ellis et al. (2011), the indigenous ethnographer challenges the status quo that is proposed about the lived experience of their people/community and rejects the commonly held cultural discourse by producing their own narrative.

Interactive interview ethnographies are normally used to explore deep and intricate personal experiences that are extremely sensitive and stimulate subjects. A subject such as an eating disorder can be a possible inquiry and allows a researcher to collaborate with participants through conversation. The process normally involves multiple encounters or consultations, and unlike conventional interviews, the researcher is part of the research study group and forms a relationship with his or her participants (Ellis et al., 2011).

Another way of conducting autoethnography is called collaborative or co-constructed narratives, and emphasis is placed on the ambiguity, tension embedded in intimate partners, familial roles and friendships among others (Ellis et al., 2011). According to Ellis et al. (2011), the central feature is on collaboration based on a significant event or epiphany, and each researcher shares their narrative and co-construct the research project.

Reflexive ethnographies embody the transformation of the researcher because of his or her fieldwork. According to Ellis (2004), the main feature of reflexive ethnography is the uptake of what is called a confessional tale, which entails the background activities of the research process and experience. Ellis (2004) further suggested that the shape and form is that of a memoir and biography of the researcher, which essentially explores the life experience of the researcher and the life of the cultural members under study.

Several other autoethnographic studies combine different techniques, namely, indigenous, collaborative, personal narratives, and reflexive or interactive interviews, among others. Hence, Ellis (2007) suggested that autoethnographic studies have no linear structure and that it is imperative for the researcher to tailor a methodology. A personal narrative was undertaken, as it best describes the lived experience that I encountered; it can also cut across the broad continuum of analytical and evocative autoethnography. The above techniques may be used in combination or individually, but the broad continuum that one takes will move across analytic or evocative autoethnography (Stahlke Wall, 2016).

According to Le Roux (2017), a continuum of evocative and analytical autoethnography results from the orientation a researcher takes. Le Roux (2017) identified that social-scientific orientation is associated with analytic approaches and that interpretive humanistic orientations are inclined to be evocative autoethnography, as they are performative, creative and centred in the arts. The next section will explain the choice to have a balance between the two autoethnographic approaches, evocative and analytical autoethnography.

### **3.4.3. Selection of Evocative and Analytic Autoethnography (Moderate Autoethnography)**

According to Stahlke Wall (2016), in her years of reviewing autoethnographic studies, not all autoethnographies are termed and categorised correctly. Although Stahlke Wall (2016) acknowledges that many of her reviews were highly one-dimensional in terms of autoethnographic approaches (analytical/evocative), she often found herself identifying a continuum between analytical and evocative autoethnographic approaches; hence, she suggested moderate autoethnography.

A discussion between evocative and analytical autoethnographic approaches is due to a debate of evocative autoethnographies being known to be emotional, therapeutic and self-indulgent. In contrast, analytic autoethnography is focused on scholarly, scientific and theory-based orientations. According to Stahlke Wall (2016), the central issue in analytic autoethnography is that the researcher views itself as connected to a broader social context but not the focus of the research and thus maintains traditional ethnographic positions. Evocative autoethnographic studies such as Ellis (2006) have questioned analytic autoethnographies as an attempt to provide traditional research methods with greater prominence and silence the unruly and creative realm of evocative autoethnography.

Stahlke Wall (2016) also suggested that evocative autoethnographies are questionable given that in his reviews of numerous autoethnographic manuscripts, she encountered unanalysed narratives and poetry but termed them autoethnography. Therefore, Stahlke Wall (2016) noted that failure to analyse the data in this presentation defeats the objectives of the research, as no cultural understanding was provided. There is also a cryptic and hidden messaging associated with poetic presentations embedded in evocative autoethnography, which Stahlke Wall (2016) finds problematic. The writer and audience of such autoethnography studies are misaligned in the message being conveyed owing to the cryptic nature of poetry.

Another problem that Stahlke Wall (2016) encountered was the presentation of self-reflections during the research process by some writers, who utilised a particular methodology (qualitative methodology) and called such projects autoethnography. The latter, according to Stahlke Wall (2016), were mere methodological accounts rather

than deep explorations of social issues and culture. Some of the work reviewed was found to be too personal and traumatic, with the objective that evocative autoethnography is therapeutic and healing. Stahlke Wall (2016) warned against such evocative autoethnographies, as they often provide few themes, analyses, and linkages to theory and, most importantly, share very few cultural reflections and analyses.

According to Anderson (2006), analytic autoethnography involves various guidelines, one being that the researcher is an active member of the cultural group, and the researcher embodies analytic reflexivity in the research process. Anderson (2006) further highlights that strict adherence to theoretical analysis is necessary and that the researcher is actively present in the text presented. As highlighted in my literature review, Hofstede's cultural dimensions Hofstede et al. (2010) and systems theory Becvar and Becvar (2013) were used to frame and conceptualise my personal experience of internship training. Thus, the use of theory and literature is unavoidable given the complexity of the study of culture or, in this context, organisational culture.

In conclusion, as guided by Stahlke Wall (2016), although most autoethnographies he reviewed writers are inclined to either evocative or analytical autoethnography. Stahlke Wall (2016) warned against being highly evocative or analytical, as this leads to either the report being excessively emotional and self-centred and lacking scientific reflections. On the other hand, Stahlke Wall (2016) warned against highly analytical autoethnographies, as she has witnessed some manuscripts being excessively scientific, technical and theoretical and lacking the personal depth associated with autoethnography. On the basis of Stahlke Wall (2016), I decided to maintain a balance between evocative and analytical autoethnography, as my clinical psychology internship experience was a deeply personal process, and I underwent a great deal of literature and theory to understand and analyse my social context and nuances; hence, moderate autoethnography was adopted. The next section briefly discusses the significance of autoethnography in a South African context, followed by limitations of autoethnographic approaches and justifications for why (autoethnography) was selected.

### **3.4.4 Significance of autoethnographic approaches in South Africa Context**

According to Ally (2020), transformation in South Africa has been limited to investigating matters regarding race and curriculum in the practice of psychology. Ally (2020) argues that psychology lacks contextual methodologies that can be specific to South Africans and that are performed by South African psychologists. Ally (2020) proposes that not only should psychology produce more local research but also personal reflexive methodologies such as autoethnography should be used. According to Ally (2020), the decolonial project in South Africa can be practised by utilising subjective, personal research that not only objectifies and analyses others but also analyses the researcher. Ally (2020) suggests that this approach is transformative not only for the researcher but also for the audience of such work and thus yields contextual knowledge production. As stated earlier, McDougal (2014) indicated that paradigms and theories that are dominant are difficult to change or rather resistant to change once they have become accepted and institutionalised. The proposal by Ally (2020) sets a stage for challenging dominant epistemologies and research methodologies, as he suggested that autoethnographic approaches could be an alternative voice.

As a result, a background of hard sciences psychology has been entrapped in objective research, and even though critical self-reflections in research are important, objective realities are still the trend. This, Ally (2020) believes, is the cause of psychology, dismissing the lived experiences of the researcher and subordinating them to the experiences of others or research participants. The use of autoethnography can be a powerful channel for exploring issues of “othering”; for example, Isaacs (2020) wrote an analytic autoethnography about past oppression experienced by disabled people. Isaacs (2020) explored his personal experiences of being enrolled at two South African universities as a person who stutters, and he analysed his personal experiences in relation to the political climate of academic institutions. Tewolde (2020) conducted a personal narrative of her experience in South Africa as a refugee, which is an often-looking aspect of research. Tewolde (2020) focused on how she experienced racial classification as a refugee living in South Africa.

#### **3.4.4. Limitations of Autoethnography**

I think it is important that before I discuss the limitations of autoethnographic approaches, I outline some of the critiques of such a research approach. According to Ellis et al. (2011), autoethnography is derived from ethnography and autobiography, although its primary objective differs from the two components. Critics of autoethnography base their argument on maintaining a perspective of evaluating autoethnography from a traditional autobiography and ethnography benchmark.

Criticism of autoethnography is largely due to its association with autobiography and ethnography and is thus perceived as being non-scientific and highly emotional and artistic based on a traditional social science criterion. According to Ellis et al. (2011), it is also criticised for not having sufficient participants, limited fieldwork and conical observations of the group studied. Furthermore, critics highlight that autoethnography is self-indulgent, biased, and highly narcissistic due to its use of personal subjective experiences, which results in a watered-down scientific project that lacks rigour, theoretical complexity and, subsequently, scholarly expectations.

As a result of autoethnography's association with autobiography, it is often deemed a soft science that is embedded in the arts and lacks scientific substance given its emphasis on personal subjective narratives. Ellis et al. (2011) highlighted that although autoethnography was born from ethnography, critics evaluate autoethnography negatively as an approach that does not meet the scientific rigour aligned with ethnographic standards. The latter was also stated by Holt (2003 p. 22) that autoethnography disregards the standards of qualitative research methodology and thus nothing more than "journalism with a sprinkle of theory".

Like the evaluation of autoethnography from an ethnographic perspective, the same criteria and evaluation are aligned with autobiographic writing standards. The main feature highlighted by critics is that autoethnography lacks the artistic dance and rhythm associated with literary elegance. Ellis et al. (2011) highlighted that some critics perceived autoethnography as exceptionally scientific and subsequently lacking in artistry.

Some have gone to an extent in describing autoethnography as a danger of treating ourselves as more interesting than the social world around us. The overexaggeration

of the self overlooks the complexities and thickness of the encompassing terrain (Madison, 2006). As one's gaze is on one's own belly button, one cannot see the ground upon which one stands, or significant others stand nearby. Some have openly ridiculed autoethnographic approaches, going as far as seeing its 'indulgence in personal ratiocination' as a form of 'academic wanking' cited in Beatie (2022, p 24) that perceptions of these confessional tales as 'public masturbation'. According to Beatie (2022), the latter statements are alarming, as these overtones have generated an instinctive link to a different type of discourse.

Beatie (2022) elaborates that the discourse is based on the patriarchal mode of reasoning that privileges masculinity in the construction of meaning, the style of thinking that was once defined as 'phallogocentric'. In Phallogocentric discourses, the construct of masculinity has taken upon itself the right to speculate about the world, about women and about itself: above all, it avoids the right to self-reflection, the right to self-speculation, self-critique and self-justification (Beatie, 2022). The latter is indicative of the power laden premise of traditional qualitative methods, and it is important for the researcher to acknowledge and highlight this.

To contest the criticism related to the autoethnographer's overvalued emphasis on self, Beatie (2022) looked at earlier exploration of a researcher's self by Mooney in 1957, who perceived research as 'a personal venture', where who a researcher is, is central to what the researcher does. The importance of who the researcher is was also highlighted by Bochner and Ellis (1996), who confirmed the prominence of the researcher's self in research as a vehicle through which culture flows. Bochner and Ellis (1996) offer a compelling assertion that the body needs a voice to resist the colonising powers of discourse and that a personal narrative provides such a voice. Stahlke Wall (2016) also confirms that using oneself as a subject is a way of acknowledging the self that was always there and of exploring personal connections to the culture under examination.

Beatie (2022) expands this discussion by adding that autoethnography revolves around the exploration of self in relation to others and the space created between them, thus providing ripe grounds for a social construction of knowledge that places emphasis on transformative or emancipatory processes for both the researcher and the wider sociocultural domains of which the researcher is a part. Beatie (2022) further

looks at Grant and Zeeman (2012), who argue that, with respect to the issue of autoethnography being self-indulgence, it can only be the case if the researcher's self is assumed to be autonomous and culturally, dialogically and relationally disconnected from other people, whereas autoethnography is predicated on quite the opposite, that is, seeing researchers as inscribed within socially shared cultural and representational practices rather than unconnected phenomena.

Based on Grant and Zeeman (2012), by no means would I consider myself self-indulgent, and if you had to ask anyone who knows me, they would most certainly tell you I am far from being self-centred. In conclusion, some writers such as Holt (2003), Madison (2006), and Denzin (2018) perceive autoethnography as a self-independent and narcissistic research practice. I believe that research is a personal endeavour, as stated by Ellis et al. (2011) and that who a researcher is, is central to what the researcher does. My personal experience is a fundamental part of the research, and thus, in understanding my personal experience, the social context requires analysis and exploration.

I cannot assume that to be disconnected from the social context of my internship training, as stated by Bochner and Ellis (1996) is self-indulgence and complete autonomy and assume a position in which one is culturally and relationally disconnected. I would also not want to position my experience as an absolute truth but rather my personal and deeply subjective experience of a challenging time in my development towards being a clinical psychologist based on the internship training intersection. In contrast, I dread being the centre of attention and putting my personal experience on paper has not been an easy process; the next section describes why I selected myself as the participant.

### **3.5. STUDY POPULATION: (SELF-DRIVEN DATA)**

Consistent with the study's ontological, epistemological, theoretical and research question grounding, the participant of the study is *Me*. Hence, the study population included only the researcher, who was the researcher and provided retrospective personal narratives of his internship experience at two distinct internship sites over a period of 12 months after completing his internship training. Although I must admit that even in the writing stages of this dissertation, I often found myself writing other aspects

of my internship experience after reading literature. This is consistent with what Johns (2020) experienced in her autoethnography about personal and professional identity regarding her challenges with a terminal illness (breast cancer). Johns (2020) highlights how her writing process was never a linear and sequential process with her chosen approach (autoethnography).

The focal point of research in autoethnographic studies is the cultural group being explored, and the researcher may be part of the group and function as an observer and participant (Ellis et al., 2011). Unlike classical ethnographers, autoethnographic researchers are not intending to be part of a group but rather are insiders of the group (Duncan, 2004). Second, the researcher's goal is to explore the dual process of personal nature and group involvement to shed insight about the cultural group. This approach can be employed via introspective methods to gain an understanding of the social event or phenomenon that he or she was part of.

### **3.6. DATA COLLECTION**

According to Denzin (2018) and Ellis et al. (2011), the source of data in autoethnographic studies is the researcher, as he served as a participant observer in the social event or phenomenon. According to Ellis (2004), the participant-observer position allows researchers to illuminate the hidden culture with the intention of fostering understanding for those outside and inside the social event experienced. Hence, in autoethnography, the researcher is *the research* as he or she serves as the study with an effort to understand his social context as far as it could enrich disciplinary knowledge about interest. In accordance with Ellis' (2004) proposition, the required group, or population, is the researcher, and I considered several data collection tools to capture my personal narrative.

Autoethnography employs several data tools, namely, personal experience, personal narratives and reflexive dialogue (Ellis et al., 2011). Ellis et al. (2011) further highlighted that memory recall may be assisted by artefacts and that the researcher may reflect on past experiences in highlighting behaviours, norms, values and culture of the social event or phenomenon. I used past supervisory reports, diary entries I made during my internship days, to recall memories of my past and constructed a personal journal that became my personal narrative of the internship experience.

Data were collected from personal memory via dairy entries, notes, and evaluation accounts during the internship training period to serve as tools for recollections and “in the moment” experiences during the research writing process. Furthermore, working with the literature to integrate researchers’ efforts toward critical engagement with the literature into an autoethnographic narrative that connects subjective experiences with wider scholarly perspectives on the subject. Self-reflexivity was utilised as a filter of the kind of information to include and exclude another feature of data collection, referred to a layered account, which entails in- and out-movement between academic sequences and personal narratives.

In alignment with the approaches of Malhotra (2013) and Botha (2010) in their respective autoethnographic studies, deliberate measures were taken to protect the privacy of individuals involved by employing pseudonyms, altering locations, and modifying dates to prevent potential harm. Ellis (2004) cautioned that autoethnographic research does not adhere to a linear methodological or analytical framework, a notion further illustrated by Johns (2020), who described her writing process as non-sequential and non-linear, deviating from conventional research formats. Consequently, the data analysed in this study were gathered and revisited throughout two internship training periods as well as during the process of writing this work.

### **3.7. DATA ANALYSIS**

As stated by Keles (2022), most autoethnographic studies often elaborate on one form (evocative autoethnography) rather than the other (analytic autoethnography); hence, complementarity exists, and elements of the two can be used. I have also followed how Berlein (2021) used thematic analysis in how she came to draw main and sub-themes in her autoethnography of being a mixed race individual in South Africa. As mentioned previously, there is no prescribed data analysis method in autoethnography, and my selection of thematic analysis was influenced by Berlein (2021) and Harris (2019).

Thematic analysis has been widely used in qualitative research and is concerned with searching for patterns and similarities in various data collection tools (interview

transcripts or journals). The data are then organised into themes according to Braun and Clarke (2006). The research question directs the identification of similarities embedded in the texts.

Autoethnography has no linear manner of how it can be conducted given that personal experiences the researcher or researchers have undertaken in their life, which is especially significant with respect to methodology and analysis (Ellis, 2004). I was also inspired by the autoethnographies by Vermuelen (2017) and Berlein (2021) in how they analysed their data and produced inductive and deductive themes from their autoethnographies. Berlein (2021) used thematic analysis, which I identified as fitting my research methodology, as I wanted to combine evocative and analytical autoethnography to achieve moderate autoethnography. Furthermore, according to Harris (2019), thematic analysis is extensively used in qualitative research data analysis and in autoethnographic approaches. The method can provide means in a systematic process to identify similar patterns within the data of a qualitative nature, in data tools such as interview transcripts or journal entries and make provisions for the organisation of the data into logical themes.

Thematic analysis was deemed suitable because it inherently provides epistemological and related underlying assumptions to data analysis given the importance of qualitative research approach requirements to explicitly show how they conducted data analysis in their report.

As an early-career researcher/scholar, I employed the foundational framework for thematic analysis outlined by Braun and Clarke (2006) to guide my understanding and application of this qualitative method. While subsequent developments and refinements have been proposed in their later work (Braun & Clarke, 2021), my analysis of the data was grounded in their original conceptualisation.

According to Braun and Clarke (2006), qualitative data analysis methods are divided into two camps or groups, and one should carefully delineate between the two camps prior to data analysis. In the first camp, Braun and Clarke (2006) suggested that the approach is linked to a particular theory and epistemological framework. For example, in conversational analysis and interpretative phenomenological analysis, the methods are confined to applying uniform analytical processes to a particular framework. On

the other hand, approaches such as grounded theory and narrative analysis have a greater degree of variability in their implementation. The latter falls within the second camp, which is essentially independent of any theory and epistemological position and can be applied to a range of theoretical and epistemological positions. Braun and Clarke (2006) suggest that thematic analysis is positioned in the second camp, as it is compatible with mutually essentialist and constructionist paradigms within psychology. This theoretical flexibility makes thematic analysis an increasingly adaptable research method that can produce highly complex, detailed findings.

Before I explain the process of how the themes of the research study were produced, it is important to explain how I came to select the dataset first. Braun and Clarke (2006) indicate that when data are collected, the general data collected are called a data corpus, and this requires work before the actual analysis takes effect, although the process is an essential part of the early stages of analysis. According to Braun and Clarke (2006), the overall data collected, or data corpus, will be adjusted into a dataset that includes a portion of the data corpus. The decision to come to a particular dataset from a dataset is guided by two essential approaches. According to Braun and Clarke (2006), one way to arrive at a dataset will be guided by the research question. Another way to arrive at a dataset in addition to being guided by the research question is by paying attention to a specific analytic focus on a specific topic within the data corpus.

My overall question was how organisational culture impacted my subjective experience of clinical psychology internships in clinical supervision. The data I collected by using a journal had instances of how I struggled financially and issues regarding my romantic and familial relationships due to this intersection in my personal life, which was highly influenced by my professional journey. Although the accounts are important and indirectly related to the research question, I focused on supervisory processes and episodes; thus, my 48 pages were reduced to 24 pages of supervisory experiences that detailed conversations, feedback, and reflections on how I was impacted by certain behaviours and encounters in clinical supervision. Braun and Clarke (2006) further indicate that a discrete piece of data collected is called a data item, which is essentially made up of a dataset or corpus. This can be a single interview among several interviews that a researcher might have undertaken and collected. I used a single episode or supervisory encounter with individual supervisors,

as this made up the collective supervisory processes that I encountered throughout my clinical psychology internship training. Thus, my 24 pages of journal entries were further reduced to significant encounters guided by research questions drawn from the main research question. Based on my subjective account of supervision of the two internship sites, what were the prominent accounts/events of cultural practices that underpinned barriers and facilitated supervisory practices?

Finally, Braun and Clarke (2006) indicated that a data extract needs to be gathered from the data item, which entails coded segments of data that have been gathered from the data item. Several extracts are produced across the dataset, although Braun and Clarke indicate that only a subset of these extracts will be utilised or included in the final analysis.

Braun and Clarke (2006) suggest a six-step process in data analysis, which involves the following steps:

- Step 1: Familiarisation of data, this entails the transcribing the data when applicable, thoroughly reading and rereading the data and making initial notes on emerging ideas.
- Step 2: This entails generating the initial codes, which essentially systematically code features of interest in the entire dataset and simultaneously organising the corresponding data to each code.
- Step 3: This stage is when one searches for themes, themes are grouping of codes from the previous step and collecting all the data associated with each potential theme.
- Step 4: After identifying the themes, the following process involves reviewing the themes that were identified. This means evaluating the logical connection and relevance of the themes in connection with the coded extracts and broader dataset and producing a thematic map to represent the analysis.
- Step 5: This process entails the definition and naming of themes, which involves conducting process-driven analysis to refine the aspects of each theme and the overall narrative conveyed by the analysis. This will lead to the creation of precise names, definitions and meanings for each theme.
- Step 6: The final stage is the production of the report, which is the final stage of analysis, the selection of compelling and evocative extract illustrations or

examples. It also includes providing a detailed analysis of the extracts, connecting the findings back to the research question and relevant literature covered and presenting an academic systematic analysis that is cohesive and logical.

Another important aspect to consider is the process of how inductive and deductive themes are suggested to emerge and provide a detailed account of events. Given that I undertook a moderate autoethnography, meaning a combination of evocative and analytical autoethnography. Inductive and deductive themes are essential features of the analysis to maintain the personal and transformative spirit of autoethnography, and scholarly requirements embedded in the literature and theory.

According to Braun and Clarke (2006), the level of analysis and emergence of themes differ, and this is informed by the epistemological position of the research study. Braun and Clarke (2006) highlighted that semantic and latent themes may be undertaken and defined latent or explicit themes as explicit and surface meanings of the data. Semantic approaches describe what the participants have stated then progress into an analytical stance by moving from descriptions by organising and summarising the data to illuminate patterns in their semantic content. This leads to interpretation, which normally entails theorising the value of these patterns and the broader meaning and implications. The interpretative process is usually a contextualisation of findings within the literature.

On the other hand, latent or interpretative analysis searches beyond the surface-level semantic content of the data revealed and engages the underlying ideas, conceptual frameworks, assumptions and ideologies that are theorised to shape or influence the surface-level content. To illustrate the difference between semantic and latent analysis, imagine a worn-out partially deflated leather soccer ball. The semantic analysis accounts for or describes the surface roughness, texture, colour, form and meaning of a soccer ball, and the latent approach seeks to identify the features that give the ball its form and meaning on the basis of the surface description.

The following procedure was followed, which was consistent with Braun and Clarke (2006) and adopted from Berlein (2021), as she illustrated how autoethnographic data in particular can be systematically analysed.

I initially went in depth and immerse myself with the data text and revisited my journal or personal narrative; I was also making notes of prominent events, words and phrases.

Table 3.1: Emergence of Theme One

<p>Codes:</p> <p>Power and Control, fear, formal and rigid, authoritarian, militant, hesitation, peculiar expectations, in and out intern group.</p> <p>Power, positive encouragement,</p> <p>Empowerment, openness, success</p>	<p><b>Extract from supervisory episode at Flakfontein Clinic</b></p> <p>On the first day of internship training, I had already heard negative comments about the internship site and was quite nervous and uncomfortable although I trusted that I would do well. On the first day the consultants that welcomed us introduced themselves in a formal manner which sounded quiet militant and formal. A random question was asked to the intern group about what to do in the first session of therapy and as a novice in the profession we all were hesitant to answer and ultimately did not provide an account/response that was expected. The consultant questioned how we are going to be clinical psychologists if we barely knew the basics and if we didn't understand "process" we might as well forget about being psychologists. Subsequently, we were told that some of us will be signed off, some of us might not be signed off and some might be extended. I was scared, I felt a great sense of power that supervisors had, and it made me feel uncomfortable. Having a group of interns from the previous year was unsettling as I could see how fearful and uncomfortable they were given that their internship was extended. Later during that first week I felt a sense that they were also excluded and seen as "that group that never made it" which scared me to be honest.</p> <p><b>Extract from supervisory episode Ilanga Clinic</b></p> <p>On the first day of internship training I was scared given my past internship experience, I felt like I had issues and didn't truly want people notice, that I was doubtful about successfully completing my internship. We were welcomed by one of the senior members in the department and he apologised that the HOD was not present as he had other obligations but will join us soon. We all mostly were from outside the city and the supervisor assured us that the city is beautiful and very welcoming and that one day this could be our home. He encouraged asking questions and not being afraid as he also underwent internship training at one point in his life and knows the sense of uncertainty and anxiety about being in our position. He encouraged openness and success as he expressed how he foresees everyone successfully completing the internship as they pride themselves in excellence. He also indicated that it's their responsibility as supervisors to ensure that we leave here as skilled clinicians but most importantly ethical and good humans who will make a positive impact to the people we serve. I felt a sense of relief, I could literally feel like "I could breathe" and empowered.</p>
<p>Codes: Professional Readiness; Game Playing; Public interest; Intern group and belonging; sharing of personal information; Integrity and accountability; experiences of supervisors</p> <p>Possible subthemes: Gatekeeping and Control; Coercion and Influence; Authority and Professional Boundaries</p> <p>Main Theme: Power Dynamics and Hierarchy</p>	

Note: The table illustrates one extract from my personal narrative or journal entries. The codes initially created are indicated on the left-hand side under codes for the respective internship sites. The bottom row illustrates the significant supervisory episodes along several extracts and presents the sub-themes which I later termed **Power Dynamics and Hierarchy** as Theme One.

I subsequently organised the phrases and sections of the text into codes and went through the process of coding as a preliminary stage before developing the themes. The process facilitated the identification of similar patterns with the dataset.

I then went about developing themes from the codes identified, which, as highlighted by Braun and Clarke (2006), can be both deductive and inductive themes. I utilised theoretical concepts and literature to identify the deductive narrative and simultaneously allowed the emergence of codes and subsequent themes to emerge from the data (inductive narrative) as proposed by Braun and Clarke (2006).

Table 3.2: Emergence of Theme One from literature

Code from theory and literature	Boundaries are made up of rules that set members of a system separate and provides a particular identity for that system as stated by Barry (1990) that boundaries emerge from the rules set.
"Power Distance" Power Dynamics and Hierarchy	According to Hofstede's cultural dimension theory Power distance relates to the measure to which less powerful members of a group (family, society, organisation) accept unequal distribution of power. The concept entails inequality and mostly considered by less powerful members in a group rather than those in positions of authority. It suggests that the power distribution in society is accepted and maintained simultaneously by the leader and the follower. Some societies have been identified to have greater power distribution/inequality than others and viewed as a basis of their societies

For the third stage, I organised the codes into potential themes by drawing a thematic map that illustrates the grouping of codes that brought about thematic headings and repetitively refined them into final themes and subthemes. As an example, Figure 1, which details Theme 1, serves as an illustration of how the data were sorted into themes and subthemes. It also included the relevant codes that later formed an essential feature of the subthemes. In the final stage, I used the themes and their

subthemes to structure and organise the discussion and analysis of my findings in Chapter 4.

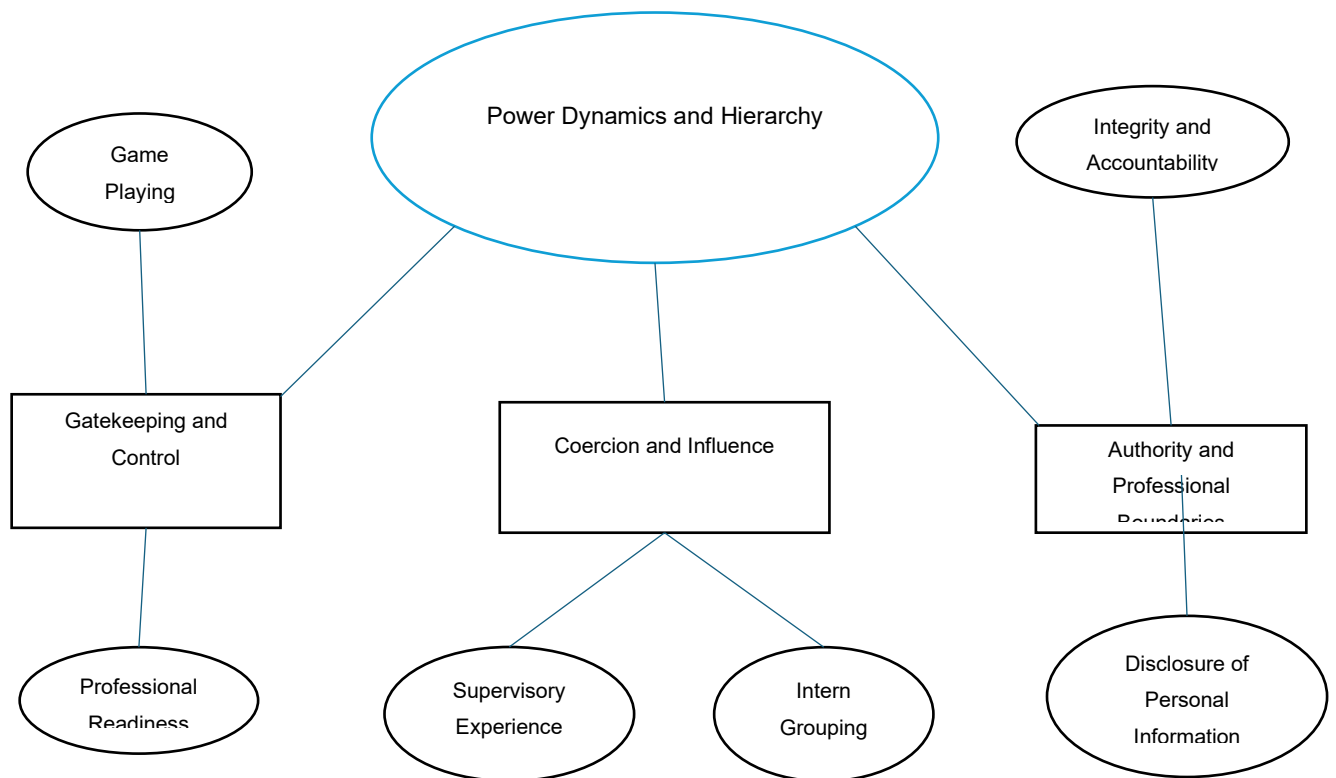


Figure 3.1: Diagram of Theme One, Subthemes and codes

Note: The large oval represents the primary theme, whereas the rectangular shapes correspond to the headings of the subthemes. The smaller ovals contain the relevant codes, which are explored in more detail in the analysis. The main theme, subthemes, and their associated codes are interconnected by blue lines, signifying the relationships and interconnections among all the elements.

### 3.8. RIGOUR

The ontological and epistemological view of the phenomenon of the internship experience is viewed subjectively and hence leans towards social constructionism under an umbrella of postmodernism. The question of whether autoethnography involves or can involve rigorous research methods is a matter of great debate (Le Roux, 2017). Furthermore, like most postmodern research, diverse orientations can

be approached, and consequently, it is not possible to arrive at a list of generally accepted procedures of rigour, particularly autoethnography. With that said, it would be preferable to arrive at a checklist to ensure rigour, but a checklist cannot be substituted for informed judgement (Ellis et al., 2011). First, the researcher needs to acknowledge the significance of reflexivity not only for autoethnographic studies but also for the responsibility of the construct in relation to adhering to theory and providing an honest account. Autoethnography is inclined to provide scientific knowledge to the existing body of academia and is related to the emotional and personal value of the reader to ensure trustworthiness.

To further highlight the complexities of appraisal of autoethnography, Ragan (2000) stated that it is difficult for autoethnography to be a measure based on the mainstream paradigm and criteria of appraisal. The research approach is neither systematic nor methodical in contrast to more traditional qualitative methods. Ragan (2000) proposed a non-methodological means of assessment that should adhere to several “checklists” to establish rigour.

1. The narrative is important.
2. If readers will benefit from the narrative.
3. If there are scholarly contributions in the narrative and if the narrative propels further scholarly inquiry about the social event.

The proposed study acknowledges the “shortfalls” of an autoethnographic approach and will adhere to the proposed measures to establish rigour. I would also like to investigate two concepts identified by Botha (2010) in her autoethnographic study in addressing rigour. Botha (2010) employed two concepts that depart from traditional research methods, namely, verisimilitude and transferability.

One of the fundamental principles in maintaining rigour in autoethnography is the concept of verisimilitude (credibility), which entails the ability of the researcher to connect with his or her audience (Le Roux, 2017). Given that autoethnography is about having a relationship with the reader and forming a relationship with the reader, it is imperative for the researcher’s story and reality to be understood and resonate with the reader to reach verisimilitude. I have reached this goal by being self-reflexive and acknowledging the disadvantages of memory recall and hindsight. I have written in an emotive and rich manner to capture the challenges and scars I had endured during

my internship training experience. I have also written honestly and acknowledged that my truth is not taken as an absolute reality (truth), but in sharing the experience, it may be someone else's truth.

The second aspect of rigour in autoethnography is transferability, which entails the notion of research results being transported and generalised in different situations or, specifically, how research outcomes can be applicable in different situations (Mayor, 2016). Generalising is a more traditional approach to research; thus, transferability in autoethnography takes a different form and shape (Mayor, 2016). According to Berlein (2021), in her autoethnography, she was able to reach transferability by employing a balance between evocative and analytic autoethnography, her provision of an analysis of her journey. Autoethnography is suggested to reach transferability when the audience of the research can gain insight, relate to the topic and engage in discussions about the research topic (Mayor, 2016).

### **3.9. ETHICAL CONSIDERATIONS**

Notably, the researcher acknowledges that ethical issues in autoethnography are, perhaps, among the most challenging aspects of the autoethnographic research process and appreciates that ethical integrity is the responsibility of the researcher. This is aligned with the adherence of the University of South Africa to the ethical research code. As a researcher, I acknowledge that the onus is the primary responsibility of the researcher in conducting research in a respectful, honest manner and maintain academic integrity. The researcher adhered to the following ethical requirements:

- Confidentiality and anonymity were guaranteed through confinement of any identifiable information regarding the internship sites and personnel.
- Act honestly and with integrity

The suggested study (autoethnography) is a relatively new method but is widely used as a means of self-development and means to understand the world or social relations, cultural underpinnings and institutions that one has experienced. A particular point of significance is verification to maintain integrity throughout the research process. Hence, the researcher's supervisor is important, as he serves as a point of verification in maintaining the integrity of the proposed study. Furthermore, autoethnography is an

exploration or study of people and hence relationships and situations of human interactions (Ellis 2004). Given the relationship aspects that are highly emphasised in autoethnography, Ellis (2004) suggests a third measure beyond procedural and situational ethics.

According to Ellis (2004), the third ethical principle (relational ethics) should adhere to the recognition and value of conducting autoethnographic studies in a respectful and dignified manner, as it connects the researcher to the researched and larger environment of work. Ellis (2004) proposes the idea of comprehending the greater benefit of the research and if its risks are justifiable considering that greater good. Unlike other qualitative approaches, autoethnography serves to speak about power and social justice from the perspective of the researcher. In contrast to traditional research approaches rooted in objectivity, the researcher is viewed as an observer and hence has limited views about the research. In autoethnography, the researcher aims to understand the social and cultural phenomena of their experiences/environments. Although the importance of procedural ethics is acknowledged, its application may not always fit in situations where the researcher is studying others through self.

Consistent with the procedural ethics outlined by De Vos et al. (2011), the researcher recognises the limitations inherent to the autoethnographic approach employed in this study. A proposal exists that trustworthiness in qualitative research can be ensured by fulfilling the following conditions: confirmability, dependability, authenticity, credibility and transferability. Given that the study is an autoethnography, the privacy of others that could be implicated in the study will be maintained. In doing no harm to those implicated as in Malhotra (2013) discussed how she navigated the issue in her autoethnography of intercountry adoption through a combination of applying pseudonyms where possible and possibly obtaining permission from individuals identified. In line with respect to others, given that autoethnography reflects upon one's family members, coworkers, or friends, it is the responsibility of the researcher to minimise the risk of identification. The presentation of the lived experience of the intern will also be presented in variation between the first and third person, as this has been found to create distance for others (including readers), establishing distance within the researchers themselves and striving to write in a tentative and authentic way, avoiding

sound certainty about feelings and events, allowing readers to make their own judgement, and allowing space for otherness. This is in consideration of Ellis (2004), who stated that evocative autoethnography takes up a first-person voice or writing style such as that of a novel or story. To maintain features of traditional research (analytic autoethnography) within autoethnography, the first three chapters were written more in the third person. One often overlooked ethical consideration in autoethnographic research is the safety of the researcher.

According to Allen et al. (2015), owing to the personal nature of autoethnographic research, the researcher is required to reveal personal, sensitive and vulnerable information with personal and professional implications. The process of recollecting past experiences may be traumatic and pose psychological risks to the researcher. To be honest, I had not envisaged the impact of undergoing such a study, as I often found myself trying to avoid working on my dissertation to forget about my past experiences. To complete my studies, I had to force myself to sit and read, write, think deeply and reflect about what I had encountered; the reflections were sometimes pleasant and sometimes uncomfortable. I am fortunate that I have a good family system and very supportive partner who was able to talk to on the regular basis I have also found comfort in my spirituality and trusting in God which is something I practiced partially until now.

An ongoing area of ethical contention in autoethnographic research concerns the necessity of obtaining consent from individuals, organizations, or entities implicated in the researcher's personal narrative (Sparkes, 2024). Ellis (2004) argues that conventional procedural ethics may be insufficient or inapplicable in the context of autoethnography, given its emphasis on subjective experience and self-reflection. In the present study, consent was not sought from referenced individuals, as the data consists solely of the researcher's own lived experience. This aligns with the positions of Adams et al. (2015) and Tullis (2021), who assert that when autoethnographic narratives are based on retrospective personal memory particularly in cases where re-engaging with individuals may cause psychological harm or reopen traumatic relationships obtaining consent may be neither appropriate nor ethically required.

Furthermore, Measures to protect the privacy of those involved were taken by using pseudonyms, changes in location and dates as demonstrated by Malhotra (2013) in doing no harm to those implicated.

It is also important to mention that Ellis (2004) suggested that autoethnography is an opportunity to bring forward the unfamiliar and previously unheard narratives a voice. Ellis (2004) suggested that researchers should assess the broader benefits of the study and evaluate whether its potential risks are justifiable considering the greater good it aims to achieve. The prevalence of harmful supervisory practices in clinical psychology and other internship training programmes in the health sector is pervasive, as captured by several writers (Cartwright, 2020; Hendricks, 2017, 2018; Pillay & Johnston 2011). I am inclined to align with Ellis (2004) in accepting the associated risks of disclosure, given the growing concern regarding harmful supervisory practices within clinical psychology training, particularly during internship placements.

### **3.10. CONCLUSION**

This chapter captured the essential features of how I chose the selected research approach. Beginning with an outline of my research beliefs and view of reality on a philosophical level, which informed me of my ontological and epistemological positioning. I investigated the design of the chosen methodology and the selection of moderate autoethnography to explore the social phenomenon of the organisational culture of internship training. I described limitations of autoethnography and how the data were collected, analysed and explained rigour and the ethical principles associated with autoethnographic studies. The next chapters serve as an analysis and discussion of the findings and identified recommendations.

## CHAPTER 4: ANALYSIS AND DISCUSSION

### 4.1. INTRODUCTION

The current chapter explores the impact of organisational culture on my clinical psychology internship training and subjective experience in clinical supervision from a personal narrative. Systems theory (Becvar & Becvar, 2013) and Hofstede's cultural dimension theory (Hofstede et al., 2010) provided the framework to structure my personal narrative in exploring the complex organisational culture I were exposed to during my training. I utilised supervisory episodes at the two internship sites to critically reflect on socio-cultural aspects of my internship training experience. Consistent with the autoethnographic approach adopted for the research, this chapter is presented as a story to critically analyse my social context and position my subjective experiences within a broader organisational culture and associated features that are of historic and sociological significance.

The chapter consists of three main themes, namely, *Power Dynamics and Hierarchy*, *Erosion of Professional Identity and Humanistic Approach to Training and Emotional Wellbeing*. The three main themes are further allocated subthemes, and, as done by Berlein (2020) and Vermeulen (2017), significant journal extracts were included before individual subthemes in a manner to familiarise the reader with my personal narrative and draw links between the supervisory episodes and the ensuing analysis and discussion that followed. The analysis was guided by Braun and Clarke's (2006) analytic method in providing accounts of inductive and deductive analysis based on classification of semantic and latent analyses in Chapter Three.

The selected journal extracts are presented in a linear manner, which means that encounters from my first internship training site (Flakfontein Clinic) are presented first, followed by an extract from the second internship training site, the Ilanga Clinic. My experience at Flakfontein Clinic was an exceedingly difficult experience in my life both professionally and personally, as it was characterised by great self-doubt, insecurities and, at times, thoughts of exiting the profession of psychology. I gave the Flakfontein Clinic experience great attention, as my experience there is what motivated the need for this research. For the latter section of my analysis and discussion, I delved into my

personal narrative at Ilanga Clinic, which was the opposite of that of the Flakfontein Clinic. The Ilanga Clinic experience is worth reporting, as it accounts for the corrective training experience after being demoralised by the experience at the first training site.

The themes that formed the foci of the analyses are presented next.

#### **4.2. THEME ONE: POWER DYNAMICS AND HIERARCHY**

Theme One explored the impact of organisational culture on my subjective experience during internship training from a significant supervisory encounter at the Flakfontein Clinic. The main theme is divided into three subthemes: 1. *Gatekeeping and Control*; 2. *Coercion and Influence*; 3. *Authority and Professional Boundaries*. The subthemes illuminate ways in which I was significantly impacted by the organisational culture of the institution. The analysis is based on my personal narrative of supervisory events and experiences.

##### ***Extract 1a: My encounter with Terence at the Flakfontein Clinic***

*The first day I started internship training at Flakfontein Clinic I was consumed by anxiety and uncertainty but because I had previous work experience in other contexts where I had good interpersonal relationships with colleagues. I was uncertain about how work relations were going to be like at this new work environment. Terence was my first supervisor at Flakfontein Clinic and unfortunately was away for the first few days when I started training. The first few days of orientation had already made me feel unsettled with supervisors emphasising that not all interns will successfully complete the year their comments intimidated me significantly.*

*Their repetitive emphasis on understanding “process” and insinuating that interns had a deficiency of understanding “process” made me feel cornered. I would often wonder what (process) was and when would they teach it to us since were so ‘efficient’ in it. The demeanour from supervisors in presenting how we lacked understanding of “process” made me feel unsure about my placement from the onset.*

*The clinic’s history inflated my doubts about my placement, as I heard previous years’ intern had faced serious problems which resulted in some of them having been terminated, some extended and one was reported to the Health Professions Council of South Africa as*

*“impaired.” These stories scared me but for some reason I thought I would make it as I have always done.*

*On Terence’s return I was eager to start with the work and learn as much as I could especially given that other interns had already started their supervision. Unfortunately, our first supervision session was postponed due to his schedule as he was away on vacation, but I was flexible enough not to be concerned about that. This created an unforeseen problem later as he felt I did not take initiative to reschedule and take responsibility for my learning process which I found quite confusing as he had initiated the postponement.*

*During the initial session I enquired about the history of interns’ difficulties and the site resulting in having fewer interns, as it came across to me that NO one wanted to train there. Terence’s response was evasive and demeaning as I felt targeted for even asking. He also warned me not to talk about past events nor associate closely with two returning interns from the previous year’s cohort, he described them as resistant to training and alluded to them not being signed off even after their internship extensions. I was scared and confused by his response as one of the interns who he was referring to was placed in the same service point as I. Normally the psychology department places four interns at that particular service point but because we were only five interns overall in the department only the two of us could be placed there, I realised very early that I needed to work well with her and develop a good interpersonal relationship because the two of us ideally had to do the work of two other interns.*

*I was with Terence for a period of six months and at every supervision session I was incredibly tired emotionally and psychologically. Terence’s feedback often made me feel belittled as he came across as harsh and very personal. For example, in one instance early on in supervision he criticised my omission of certain historical details in a case I presented to him, accusing me of not caring about the patient. When I attempted to explain that my focus was influenced by the patient’s presentation, he framed this as defiance and resistance to training. This provided a blueprint of how supervision was done as my mistakes were treated as personal failures and I often felt attacked rather than supported.*

*His personal critiques were also regarding my patients, he often accused me of being aloof, disinterested, and lacking empathy and attributed the patients who defaulted due to this shortcoming. This feedback was vastly different to my previous experiences during my MA*

*training where I had successfully maintained long term therapeutic relationship which were supervised through a one way mirror the entire year. These conflicting narratives left me very confused, and I started questioning my identity and competence as a psychologist in training.*

*Terence also had a pattern of sharing unflattering views about other interns, even interns at other internship sites, which left me feeling uncomfortable. This created a feeling of distrust and fear as I often sat and wondered what Terence was saying about me to other interns or supervisors.*

*Flakfontein Clinic had a very sectarian and divided grouping of interns and supervisors alike. Interns were divided, and alliances seemed to form based on favouritism and relationship with certain groups of supervisors. I failed dismally at what my peers were doing as some suggested that I needed to “play the game,” implying I needed to form alliances with more dominant supervisors in the organisation as a means of “survival.” I perceived this as superficial and incongruent and could not adopt that survival strategy. Instead, I avoided the in-group alliances and informal discussions.*

*Terence’s opinions about other interns and covert encouragement to align with his views escalated this sectarian dynamic. For the duration of my internship, I also had chosen to live off-site (outside the clinic accommodation premises) the internship site due to practical reasons (travelling with a family member and taking care of my aunts two children) unfortunately this was perceived as detachment and perpetuated being isolated from the group.*

*My choice to stay off-site the training facility became a frequent discussion in supervision with Terence commenting that my living arrangement affected my training and professional development.*

*The constant negative feedback eroded my confidence considering positive comments for example after my first case presentation from the head of department. It was overshadowed by Terence’s dissatisfaction when we had supervision in private as he felt my case presentation was “watered down and superficial.” I started feeling inadequate and incompetent or not worthy of being a psychologist.*

*One painful experience involved a Draw-A-Person (DAP) test whereby I had to draw myself; Terence and the intern analysed the DAP group; it was then discussed during one of the psychology department’s training sessions on psychometric tests. Terence facilitated the*

*training my DAP was analysed and discussed in my absence as I was ill on the day. I later heard from a peer that during the training session the analysis indicated that I was emotionally aloof and overly intellectual. This hit home and left me feeling out of place as it propelled the narrative that I was detached and lacked empathy which damaged my credibility and self-esteem in front of my peers. I requested that the training session be recorded on the day, but Terence refused although my DAP was discussed in my absence which seemed unfair; but I would not dare raise the issue due to fear. Even the reasons why intern's DAP had to be analysed and discussed instead of patients was confusing as Terence alluded to the fact that we needed to have hands-on experience. Which seemed unethical as consent is needed to perform any form of psychological assessments on people. But I was positioned in a manner that if I raised my displeasure, it would only propel the narrative that I am defiant to the learning process due to my inability to be emotionally open and aware.*

*The persistent stress started causing my absence at work as I would be often ill, and I was blamed by supervisors of being psychosomatic and suffering from a weak ego-strength. I also started sharing less and less in supervision, fearful of what would be shared to others about me because my childhood experiences were already a point of analysis amongst my peers even though I had never shared such information with them.*

*The competitive environment among interns intensified my stress as not only was I trying to create a particular impression with my supervisor but peers as well. I also started to stress excessively as another intern told me that my internship will indefinitely be extended as I was not meeting the minimum requirements, and most supervisors were dissatisfied with my performance and annoyed that I was often sick. Despite many efforts to improve and adapt I honestly felt entrapped in a cycle of negative feedback regardless of what I would do.*

The above journal extract is an illustration of the complex organisational nuances that I was exposed to and how it impacted my subjective internship experience. I discuss the analysis of extract 1a in Section 4.2.1 below in greater detail, with attention given to the chosen theoretical frameworks and the literature review discussed in Chapter Two.

#### **4.2.1. Extract 1a Analysis and Discussion: Gatekeeping and Control**

Gatekeeping in the field of psychology is defined as a critical role of assessing, addressing and, if necessary, dismissing students and trainees who exhibit

deficiencies in professional competence (Bodner, 2012). Common gatekeeping practices are structured to assess the professional competence of trainees and students and address deficiencies by utilising a remedial plan or, in some cases, dismissal. Bodner (2012) stated that the remedial plan may include that students or trainees enrol in additional training, coursework, engage in personal psychotherapy, have an extended internship, postdoctoral training and, in some cases, re-evaluate career paths.

According to Wrobel (2021), individuals in pursuit of becoming health service psychologists (e.g., clinical, counselling) are met with gatekeeping practices at various stages of the training process, including admission processes and curriculum gatekeepers, and at internship training, they encounter field supervisors as gatekeepers. Rapp et al. (2018) suggested that despite the significance of the gatekeeping role, supervisors presented minimal knowledge and comprehension of their role and responsibilities. The latter was concurred by Levine et al. (2019), who reported that most supervisors did not possess formal training to effectively integrate gatekeeping consistently with ethical practices and standards. Ladany (2007) previously reported that the psychology profession in the United States of America had little activity in understanding the gatekeeping function. In my search for the literature about gatekeeping practices in psychology in South Africa, the subject of gatekeeping practices remains unexplored.

Although several trainees have been dismissed from clinical psychology training programmes, several writers, such as Ellis et al. (2014), have identified the prevalence of harmful and inadequate supervisory practices that may cause negative evaluative practices. According to Ellis et al. (2014), harmful supervision causes long-standing trauma, which may cause physical, emotional, and psychological harm to interns. Ellis et al. (2014) coined inadequate supervision as a practice whereby the clinical psychology supervisor is not interested in supervision. Disinterested investments by supervisors are demonstrated by how they are inattentive to supervisees' needs, provide limited evaluation and feedback and disregard supervisees' perspectives. The function of gatekeeping psychological training in the context of my supervisory subjective experience is viewed from the perspective of the organisational culture of training internship training.

The sub-theme, gatekeeping, and control emerged from how I was impacted by supervisory practices or organisational culture that emphasised who entered or rejected from successful completion of their internship training rather than Bodner's (2012) formal definition of gatekeeping. Bodner (2012) proposed that gatekeeping is a function or role for critically assessing, addressing and, if necessary, dismissing students and trainees who exhibit deficiencies in professional competence.

From an organisational cultural perspective, in reference to Hofstede's et al. (2010) cultural dimension theory, organisations that exhibit high power distance are inclined to exert control on those with less power. In my experience with Terence, this formed the basis of institutional norms and behaviour. The supervisors who orientated us set a tone from the onset that they had the control and power to decide who entered and who was prohibited from entering into the profession of psychology. According to Hofstede et al. (2010), power distance refers to the acceptance of unfair distribution of power in a group/society and organisation.

My experience with clinical supervision at Flakfontein Clinic revealed an organisation with high-power distance and control over interns, which was evidenced by the demeaning orientation session in which supervisors positioned themselves as 'gatekeepers' – the people with control and power. I felt extremely unsettled in such a stratified system, and although I was never oppositional towards the supervisor's authority, I struggled to find the necessary foundation to integrate at a lower level of authority. The way supervisors positioned themselves as "gatekeepers" instilled a thought of failure from how our relationship was defined from the onset, laying the foundation of how I perceived my experience going forward.

Most supervisors in psychology departments pronounce the possibilities of internship extensions and terminations, indicating a collective effort and function of control from an institutional level. This is consistent with what Palitsky et al. (2022) suggested, as they identified organisational or institutional factors as the main drivers of ineffective supervision. Collectively, the supervisors maintained a narrative of persistently emphasising their power over who has control over who enters and rejected entry into the psychology profession.

My position of feeling disempowered and paralysed was also exacerbated by the fact that my confidential information was shared without my consent with both interns and supervisors; thus, I could not control the narrative used to characterise me. There appeared to be a generalisation about my personal characteristics from the supervisors and adopted by other interns because they wanted to survive in this environment. Thus, the individual who did not fit within the system's rules and norms had to be chastised and seen as a problem to maintain system balance; I happened to be the unfortunate "black sheep" or identified patient. The notion that interns are accustomed to failure at the Flakfontein Clinic was also of particular interest, as this was a normal occurrence, and supervisors were content with it.

The supervisor's perception that the training environment at Flakfontein Clinic was not attractive to prospective clinical psychology interns was alarming, especially given that we were understaffed. The external negative image that the institution acquired appeared to go unnoticed or rather justified by the supervisors as "*interns are just scared of hard work.*" This appeared one-dimensional or linear and ignored some important contextual factors that the Flakfontein Clinic perceived as unfavourable by prospective interns. According to Davys and Beddoe (2020), clinical supervision practices (social care, nursing, counselling, and allied health professions) in the American public health system are influenced by the organisational culture of the health system, which, in turn, impacts the retention of health care workers. At the beginning of my cohort's internship, the Flakfontein Clinic faced significant understaffing because several interns selected alternative internship sites upon discovering the clinic's high failure rate.

The dismissal of external information (e.g., interns' complaints and enquiry about the Flakfontein Clinic by the HPCSA) about the possible problems encountered within the Flakfontein Clinic appeared to maintain the norms and practices of the organisation. According to Becvar and Becvar (2013), a well-functioning and healthy system is outlined by an emphasis on personal autonomy, and within such a system, individuals demonstrate mutual respect and care for one another. Becvar (2009) further stated that healthy systems have a network of external inputs beyond the family system and reported that abusive systems often exclude external inputs into the system. I experienced dismal external information, as the Flakfontein Clinic exhibited a closed

system with closed boundaries outside and within the system. I was impacted in a manner that gave me the impression that supervisors believed a distorted reality about the organisation.

Flakfontein Clinic's system was closed, meaning that it was not open to external influences or information; thus, feedback was negative, indicating that the system fed back into itself to maintain stability or homeostasis. The system regarded what it does as correct, and no inputs from outside were incorporated due to closed boundaries, which were made by unspoken rules and norms. The unspoken rules are demonstrated by Terence's agenda to dismiss and discourage faults and problems within and outside the system, and my engagement with this narrative (internal flaws) suggested that I was negatively influenced by discussing "negative" intern's perceptions and experiences with the Flakfontein Clinic. Terence also discouraged close relationships with the previous year's intern cohort, indicating that I would be "negatively" influenced, the function of which was to maintain homeostasis of excluding internal information within the system.

The sharing of personal intern information was a norm and conventional practice in the institution, which I analysed and interpreted as another form of control. According to January et al. (2014), key confidentiality and privacy problems were encountered by clinical psychology students, as 12.9% of the students reported having their personal information shared by faculty supervisors. I witnessed the sharing of my personal information and performance to control a particular narrative about me (e.g., cold, aloof, incompetent, lazy). This also created distance between myself and my intern group because my peers started to view me as a patient, someone who required assistance and a great deal of personal and professional development.

The negative narrative was similar to that of the intern group cohort from the previous year, as Terence would openly discuss their performance and the fact that they would never be signed off even after their extended internship. In a study by White (2022), interns who experienced violations of personal boundaries during clinical supervision had a sense of confusion and concealment of emotions to avoid further harm when faced with harmful supervisory practices. I once attempted to be vulnerable to another supervisor in the department and disclosed that Terence had discussed my performance (internship extension) with another intern; unfortunately, that situation

only led to further harm, as I was made to feel like I violated him by discussing him with other supervisors.

The appreciation of gatekeeping and control has also been identified by several writers, such as Ammirati and Kaslow (2017), Beddoe (2017), Davys and Beddoe (2020) and Hendricks (2018), who reported that, owing to power imbalance, it emphasised gatekeeping. Elevated appreciation of power imbalance was noted as informing the misuse of power and yielding harmful and inadequate supervisory practices. When I was at Flakfontein Clinic, threats were a normal occurrence and highlighted a function for control and power by supervisors, as they were conscious of their positional power as “gatekeepers” in the profession.

According to Becvar and Becvar (2013), all systems have a particular status quo (homeostasis) or a state of equilibrium that needs to be maintained. Homeostasis is a state of balance and is viewed as a dynamic and ever-changing state. In instances whereby one member in a family changes, another member will alter his/her behaviour to maintain system balance and equilibrium. The Flakfontein Clinic reported that the termination and extension of interns was a normal occurrence, which suggests that, as part of maintaining system stability (homeostasis), a “black sheep” had to be created. Two interns from the previous cohort were the identified patients or “black sheep” in the system, and during my year, another intern became the “black sheep” or identified patients to maintain system balance. The gatekeeping role formed an essential feature in systems maintenance, as it created an opportunity for the identified patient to be created in the system, which I was positioned into with another intern who also encountered profound difficulties at the Flakfontein Clinic and was subsequently not signed off.

Bowen (2012) posits that families function as interdependent systems; in this view, the family is viewed in an organisational context. According to Bowen (2012), the identified patient or IP is one or several members of the family system who bears more visible indicators of distress, such as depression, anxiety and isolation, which highlights underlying family dynamics or dysfunctions. Bowen (2012) further stated that the “sickness” of the identified patient reflects system homeostasis rather than individual pathology and that the IP is often used as a scapegoat as family members in the system unconsciously project their own unresolved problems onto the IP. The family's

focus on this individual can maintain the problem by ignoring underlying relational dynamics.

According to Vorster (2011), homeostasis is an important factor in shaping behaviour and patterning. Through feedback, the system can maintain balance from external forces and maintain stability. To maintain the power and control of supervisory practices in the organisation, threats to induce fear among interns by frequently emphasising the possibilities of internship extensions, terminations were the central narrative to maintain the system's function of serving as key gatekeepers and maintaining control. The extract below further illustrates the elicitation of fear of maintaining control and power.

***Extract 1b: “If you don’t stay behind you going to fail”***

*I often had other responsibilities after work and therefor was not able to attend the after-hours group supervision which was provided by Terence. I was approached by a peer who told me Terence had shared with him, that he was going to say I am not committed and dedicated to my work at the next quarterly feedback and my internship extension is on the horizon. Primarily because I could not stay behind for his after-work hours group supervision sessions.*

Extract 1b illustrates how supervisory practices “singled-out” interns who were not worthy or unfit to be signed off according to their standards and adherence to their instructions. There was a pattern of using threats about internship extensions at Flakfontein Clinic and when interns deviated from supervisors’ “expectations” threats became a prevalent theme. According to Rapp et al. (2018), emphasis on gatekeeping may overshadow other supervisory practices, such as mentorship and support. My decision not to attend the after-hours supervision sessions was perceived as defiance and non-compliance and hence failure to conform to group standards and rules that maintained systemic homeostasis.

The frequent scrutiny of interns and intimidation of potential failure and extensions appeared to serve a function to maintain supervisors’ “gatekeeper” role. In retrospect, owing to my failure to adhere to the after-hours group supervision sessions, other ‘corrective measures’ were applied to me to get me “back on track” with the rest of the group. As stated by Becvar and Becvar (2013), in instances whereby one member in

a family/system changes, another member will alter his/her behaviour to maintain system balance and equilibrium.

It appears that the initial suggested threat of being extended did not make significant changes to me; thus, Terence's negative behaviour towards me intensified as I was pathologised and criticised on a daily basis from then on. The systems rules in maintaining control were maintained, and the function of supervision with Terence became a way for him to criticise my personal characteristics and create the IP required to maintain homeostasis. As illustrated in extract 1a, Terence would attribute my inexperience in patient history taking to my lack of care for patients, which informed his perception that I was emotionally absent and aloof.

I felt cornered whenever he mentioned how emotionally absent, I was, as he could make inferences to "quantify" the narrative. For example, when my D-A-P was analysed, the discussion perpetuated the narrative that I was emotionally absent and aloof. I felt bullied, with little room to improve or make changes about how I am perceived by him and other supervisors. I respected and valued my supervisors by virtue of their age and status as qualified clinical psychologists, who were the epitome of a role and qualification. I have always aspired to achieve academically and professionally; therefore, I suppressed my pain and remained silent about how he impacted me to avoid jeopardising my circumstances further. As much as I admired Terence's experience and clinical skill, he impacted me as very belittling and demeaning in all encounters. He once called me out in front of my peers as a delinquent, which I casually laughed at, but it was hurtful.

According to Botha (2008), organisations that emphasise excessive control over employees facilitate increased opportunities for bullying to occur, as it is the fundamental element of organisational culture. Similarly, Crawford (1997) asserts that elevated hierarchical organisations are likely to create a culture of bullying if power imbalances are not controlled with maturity and ethical standards. Booyesen (2000) reported that white and black South African managers presented a high power distance that increased the likelihood of bullying in the workplace.

Botha (2008) also stated that bullying is not solely caused by an individual's personal attributes but rather by organisational practices and structures that facilitate bullying

behaviour. Botha (2008) stated that managers are often held responsible for bullying behaviour, but the premise is in the organisational system; therefore, bullying may not be a result of interpersonal dynamics and tension but rather organisational control mechanisms.

According to Hofstede (1980), in cultures that are inclined toward a high-power distance, subordinates are likely to fear their superiors and thus refrain from disagreeing with those in authority. The perceptions of those in authority are usually paternalistic or autocratic; conversely, low-power distance societies promote a reduction in power imbalances and uphold justification for inequality. According to Magang and Magang (2017), African cultures are commonly characterised by high power distance, and superiority is based on experience and age. My silence to express the pain I was enduring in supervision was a result of fear of deviating from the norm to respect and trust my superiors.

My experience was consistent with the accounts of clinical psychology interns investigated by Hendricks (2018), who reported being threatened with the possibility of having their internships extended right from the onset of their training. According to Hendrick (2018), this was followed by frequent comments of being pathologized, receiving negative feedback, feeling isolated and fearful of supervision and developing a position of avoidance. This is consistent with Becvar and Becvar (2013), as they suggest that in instances whereby one member in a family/system changes, another member will alter his/her behaviour to maintain system balance and equilibrium. My accounts of being controlled by using fear and ultimately dismissal are not only isolated to my intern's clinical psychology internship experience but also across other health profession internship training experiences.

Singaram et al. (2022) investigated the experiences of medical intern practitioners and reported that, owing to the hierarchy in the medical health system, they found themselves feeling like they were at the bottom of the food chain. Singaram et al. (2022) reported that medical intern practitioners experienced hindrances in their willingness to learn due to abuse and being dismissed if they refused to perform certain tasks. My refusal to attend group supervision after hours is an illustration of being dismissed by the institution. A study by Muhammad et al. (2021) of physiotherapists' perceptions of their internship training highlighted maltreatment and neglectful

supervisory practices, which made them feel that the profession was unfavourable for them.

Furthermore, Akinpelu et al. (2022) reported that, owing to the dysfunctional health sector in Nigeria, 54% of interns reported a negative perception of their physiotherapy internship training, particularly at the organisational level.

When I started at the Flakfontein Clinic, several clinical psychology interns declined the invitation to train at the internship site, as many perceived the site unfavourably at an organisational level, which is consistent with the findings of Akinpelu et al. (2022).

According to Vorster (2011), a healthy system adapts by providing feedback loops that promote learning and development. My encounter with Terence was composed of negative feedback loops. According to Becvar and Becvar (2013), feedback loops are information about past behaviours that are reintroduced into the system through a circular process. Positive feedback occurs when the system has transformed and facilitated a process of adaptation because of changes that have been implemented in the system and accepted. On the other hand, negative feedback is an indication that the system maintains homeostasis governed by system rules and boundaries; therefore, no change occurs in the system. Deviances and disturbances to system rules and norms are counteracted to preserve system stability and homeostasis. According to Becvar and Becvar (2013), this would typically involve patterns of acceptance and cooperation or behaviour to rebel and resist within the system.

Terence's explicit and implicit messages that I need to distance myself from the previous internship cohort, including his dismissal of any degree of discussion regarding widespread dissatisfaction and the reluctance of prospective interns to reject offers to train at the Flakfontein Clinic, created confusion and intensified my sense of isolation. My confusion was also due to Terence's declaration that he wanted to assist me in navigating the internship training successfully, but his actions and implicit messages were not indicative of a helpful supervisor. I often felt like he intentionally wanted to hurt me by emphasising my "blindspots" (e.g., aloof, detached, lazy) but, on the other hand, proclaiming that he is assisting me in developing and growing.

The messages impacted me in a very conflicting and paradoxical manner. The same paradoxical messages I demonstrate in a later section of this chapter are when one of

the supervisors agreed to postpone my case presentation only to turn around and claim that he never agreed to the postponement. My supervisory experiences at the Flakfontein Clinic impacted me in a very paradoxical manner whereby messages of care and support would immediately be cancelled by an opposite and disappointing action.

This conflicting messaging brings me to a system's concept of the double-bind, which was popularised by Gregory Bateson; the term double-bind means communication between two or more people, resulting in one feeling like a victim.

This is because the victim receives conflicting messages from a source, which makes it difficult for the victim to respond effectively. The victim is mostly placed in a no-win space, resulting in stress, anxiety, and confusion. I was always feeling like there is nothing "right" about me personally and professionally; the daily pathological labels of being aloof and detached became a central feature of how I viewed myself and affected how I thought others viewed me.

Becvar and Becvar (2013) state that in a double-bind, the victim feels trapped and feels anxious and helpless given that, regardless of how he/she responds, it will lead to a negative consequence. Julmi (2022) provides a framework for understanding elements of organisational power that includes a constructive and comprehensive proposal to understand a double-bind in an organisational context. Unlike Berti and Simpson (2021), Julmi (2022) provides a broad account of the double-bind, which can be viewed as an indirect power dynamic function in the systemic evolution within an organisational context.

Furthermore, for the receiver or victim of the double-bind, the only means to escape is an emergence of a perception of the world through a double-bind pattern of thinking and subsequently an association with a "schizophrenic" framework. According to Julmi (2022), it is important to highlight that double-bind situations occur in general relationships where similar patterns of behaviour may be observed as individuals living with schizophrenia. Given that typical relationships are operationalised through communication, the double-bind analysis by Julmi (2022) was deemed essential in the analysis of how I was impacted by the organisational culture of my internship experience. Double-binds originate from enduring maladaptive communication

patterns, and I was exposed to several maladaptive communication patterns with Terence.

The importance of the dark side of organisational paradoxes has long been captured in the literature (Wagner, 1978). The practice of organisational paradoxes was defined by Berti and Simpson (2021) as situations in which oppressive power conditions and restricts the ability of organisational members to legitimately make choices in the face of interdependent contradictions or paradoxes. My entrapment regarding how I was impacted by Terence and the organisational culture at Flakfontein Clinic was messages that I was being assisted in developing in the profession and simultaneously felt oppressed and bullied.

As previously stated, double-binds originate from organisational paradoxes, which are viewed as situations whereby oppressive power dynamics constrain organisational members' autonomy and legitimacy to make choices when confronted with interdependent contradictions. The power dynamics at play can either be episodic or systemic and directly or indirectly exercised by its actors. The power dynamics used to exercise the double-bind are coercion, manipulation, domination, and subjectification.

According to Julmi (2022), coercion and manipulation are episodic types of power highlighted by identifiable actions of respective actors that influence the behaviours of others. Coercion is the direct application of power to achieve objectives, and manipulation involves indirect and episodic enforcement of power directed towards setting an agenda by implicitly creating boundaries of what is deemed relevant and permitted for discussion. My encounter with Terence entailed being told to be "open to training", thus sharing personal information and being permitted what and what not to discuss in supervision. In extract 1a, this is illustrated as I was told not to dwell on the grounds why the internship site was perceived unfavourable by prospective interns and second, that my engagement with interns from the previous cohort year was deemed unfavourable.

According to Blom and Lundgren (2020), manipulation may influence others in a manner that conceals the manipulators' intentions from the victim. In hindsight Terence

dismissal of having a relationship with the previous year's intern cohort influenced my relationship with them, as I initially attempted to distance myself from them.

Julmi (2022) identified systemic forms of power as ways or mechanisms in which established knowledge structures and, similarly, individual and collective identities influence actors' perceptions of the world and their actions. The other two forms of power domination entail efforts to depict power relations as natural and inevitable, while subjectification functions at a deeper level, as it shapes the individual's identity, sense of meaning and emotional experience.

According to Julmi (2022), a double-bind by coercion is episodic, meaning that the power enforced pertains to distinct actions undertaken by self-interested actors to influence and change in others. Importantly, coercion, although episodic, can be exercised by repetitive actions that become institutionalised and reinforce power dependency between individuals and groups.

Julmi (2022) further stated that power in the context of coercion entails the presentation of absurd demands by the leader, which is unreasonable, and simultaneously, the follower may not have the right to meta-communicate about the irrationality of demand, as this may be interpreted as challenging the leader's authority. Consequently, followers are incapable of responding to demand effectively or addressing the irrationality of demand at the metalevel. The double-binding of coercion is a result of either the outcome of a strategy to subjugate followers to achieve certain political ends or an unintended consequence of episodic power dynamics. In my experience with Terence, he had a certain group of interns in his corner; thus, coercion served a particular agenda that made him seem favourable among interns and put him in a different light than other supervisors did.

Double-binds emerging from manipulation result from the establishment of an agenda that either negates itself or conflicts with an existing boundary situation. Furthermore, the extent and scope of acceptable discussions and arguments are limited, thereby suppressing any attempt to address or meta communicate about the double-bind. The primary directive to be open to the training process for my personal and professional development appeared logical and unquestionable at a logical level; it conflicted with practical boundary conditions serving as secondary directives that trusted that Terence

was unattainable given how he talked about other interns and how he shared personal information. My predicament came because of failure to be open to the training process and system while simultaneously being restricted to openly addressing the manner in which I was treated as talking about the training institution, whose internal problems were prohibited.

According to Julmi (2022), double-binds of domination are characterised by systemic communication patterns that present paradoxical demands as a natural and inevitable reality that is embedded in ideological values. Julmi (2022) further stated that such double bonds exist in organisations where stated policies and legislation are in direct contradiction with actual practices and what is truly valued in the organisation.

The Flakfontein Clinic had measures to serve as corrective procedures, such as issuing incident reports to interns who either came late to work or experienced any form of transgression. Interns deemed the incident report a normal aspect of the training institution even though I thought of it as a punitive control measure, I had to accept it. The application of the incident report was a kind of no-win situation in one supervisory encounter in which a supervisor wanted to give me an incident report but retracted, only to give it to me two weeks later, after she wanted to justify reporting me to the HPCSA as an impaired intern. The function of the gatekeeping role was justified as supervisors in their endeavour to protect the public against unethical and incompetent psychologists while simultaneously doing harm to interns. The sharing of personal intern information without their consent, assigning pathological labels and the misuse of power were common “unethical” features at the Flakfontein Clinic. The latter were in contravention of good ethical practices, and I had to accept that being harmed was part of the training process. The acceptance of harmful supervisory practices was consistent with the findings of Ellis et al. (2017), who reported that harmful supervisory practices were deemed normal. The acceptance of harmful supervisory practices was an unquestionable assumption, which was a fundamental principle in the formulation of the organisational culture.

According to Shein (2010), when a group of people have reached a position of accepting non-negotiable values, it is referred to as assumptions that would be their culture or, in this context, organisational culture. If the culture has historical significance and achievements, the culture will be taught to newcomers as the right

way to think, feel and behave in that context and, subsequently, as a means of addressing problems. The assumptions will be learned and utilised to resolve external influences. The emphasis is on internal integration, which has worked well in the past and proven to be valid and effective. A double-bind by domination is similar to Shein's (2010) formulation of a culture or, in this context, organisational culture; the dismissal and extension of interns at the Flakfontein Clinic were common and had worked for the organisation in the past. To elicit fear as a means of control and maintain a gatekeeping role was prevalent in the previous intern cohort and in my cohort group.

A double-bind by subjectification entails a much deeper impact according to Julmi (2022), which becomes embedded in the identities of the organisational members that subsequently inform a perception of the world through a double-bind framework of thinking. The persistent paradoxical pattern of communication inevitably creates a paradoxical pattern of thinking. Julmi (2022) describes this adherence to the double-bind as doublethink. Julmi (2022) draws upon Oswell's definition of doublethink as the power to hold two contradictory beliefs in one's mind simultaneously and accept both beliefs. Berti and Simpson (2021) illustrate this by making an example of someone deliberately telling a lie and genuinely believing in it and forgetting any facts that have made it inconvenient. In the evolution of someone exposed to multiple and prolonged double-binds and the subsequent emergence of schizophrenia, the victim no longer recognises the paradox inherent in the demand for action, which leads to a loss of self-reflection and direction for self-guidance.

After my first case presentation, my work was deemed satisfactory, and suggestions that I was called into the profession given the manner in which I understood the patient presented; the latter was the Head of the Department's (HOD) first-quarter feedback. Terence's opinion was the opposite, as he thought that my case presentation was superficial and lacked diagnostic skills.

I felt shattered and started to believe in his feedback even though other positive comments were made. The negative comments about my performance escalated over time, and I internalised all the negativity, which increased my doubts and insecurities about my competence and suitability for the profession.

I was often harshly criticised from the onset with limited constructive affirmation, which created a position of entrapment, self-doubt, and diminished capacity to adapt. The supervisory process displayed a closed system whereby information from outside was not considered, for example, even when I received positive feedback from the HOD, Terence dismissed the assertion to maintain a cycle of control over me.

Julmi (2022) further highlighted that prolonged exposure to a double-bind pattern ultimately creates a schizophrenic mode of perception, which is consistent with Watzlawick et al. (1967), who reported that when the double-bind is prolonged and chronic, it creates habitual and autonomous expectation regarding the nature of human relationships and the world in general, this expectation does not require any reinforcement to exist.

Therefore, the double-think can be comprehended as an “institutional double-bind” Sutherland (2011, p. 134), and my experience of the organisational culture of the Flakfontein Clinic impacted me within this context. The impact of the organisational culture at Flakfontein Clinic made me feel paralyzed for a very long time and constantly doubtful of my competence and abilities because of what Julmi (2022) proposed as a double-bind by subjectification. Subjectification is parallel to what McNamara et al. (2017) identified several commonalities between supervisees’ perceptions of how they had internalised negative feedback and how they developed long-standing trauma because of harmful supervision. Ellis et al. (2014) reported that harmful supervision caused long-standing trauma, which may cause physical, emotional, and psychological harm to interns. Furthermore, there appeared to be systemic and institutional tolerance and appreciation of power and the imbalance thereof, which may lead to misuse of power and yield harmful supervisory practices (Ammirati & Kaslow, 2017; Beddoe 2017; Davys & Beddoe, 2020; Hendricks 2018).

Similarly, Raiser and Milne (2017) reported that interns who experienced persistent harmful supervision experienced profound trauma, resulting in entrapment in a vicious cycle of feeling shame, erosion in self-confidence and isolation. Wong et al. (2013) reported that counselling intern psychologists experienced significant doubts about their suitability for the profession and seriously contemplated exiting the psychology profession after harmful supervision. I experienced intense emotions regarding my suitability for the profession; at one point, I had mentally withdrawn from anything

related to psychology. I had no perspective on what I was going to do in the future or could rationalise my internship experience; engagement with other psychologists and previous colleagues assisted me regain why I started this journey in the first place. In conclusion, Raiser and Milne (2018) assert that long-standing harmful supervisory practices affect victims by creating a self-perpetuating cycle that contaminates the capacity to gain perspective.

My role among my peers was also confusing, as I subjectively started feeling different as if they were ahead or better than me in many ways. This was due to Terence's sharing of information with other interns about me, which, unbeknown to him, my peers brought to my attention. The internal subsystem was divided and competitive rather than cohesive and supportive. This divisiveness stemmed from external factors such as structural tensions emerging from supervisory comments that encouraged competition or mistrust, thereby disrupting the dynamic of collaboration among interns. The differential treatment or favouritism led to the formation of alliances among interns, and I experienced further isolation because of not "playing the game."

According to Hofstede's cultural dimension theory (2010), organisations or societies that exhibit individualistic approaches are self-interested, and competition is elevated. Individual-oriented cultures emphasise loose connections between members, as individuals are expected to take care of individual interests, and in a family life or system, only one's immediate family takes precedence. In individualist cultures, education is directed towards learning how to learn, and tasks are deemed to take dominance over relationships.

According to Hofstede et al. (2010), individualism is mostly witnessed in Western nations, and developed Asian countries are indicated to fall in moderation. According to van Niekerk et al. (2024), support from fellow interns was highlighted as important by a group of industrial psychologist interns; I felt alone as the group was divided, and everyone was looking to get ahead because of the individualistic culture of the system. I experienced Flakfontein Clinic's organisational culture as individualistic, employing a mechanism of gatekeeping and control to maintain the system homeostasis of division, self-preservation, and interest. This misaligned with my values and assumptions about the profession due to my communal socialisation and culture parallels Hofstede et al.'s (2010) findings that African countries are inclined toward a collective culture.

#### 4.2.2. Coercion and Influence

*Extract 1c: “You need to give them what they want or else you out”.*

*I think your problem Trevor is that you do not want to give these people what they want, just go to their office, and ask random questions as if you are interested in what they have to say.*

The above extract was a peer giving me advice on how to navigate the terrains of Flakfontein’s passages. Unfortunately, at that time, I was too tired to walk based on the negative feedback I had endured. The extract is of particular interest because, as much as my peer was advising me, it was also for her greater benefit or advantage. The reason is that when both of us enter spaces where Terence is present, she reflects on how she is trying to assist me in the training process. This was a vastly different narrative than what she had shared with me earlier. The extract is an attempt to illustrate “playing the game” and how I consistently failed to play the game.

Terence’s stance from the onset was of division, as he warned me to stay away from the intern group that was extended from the previous year; I was soon to become categorised as part of the intern group to be avoided and labelled as not conforming to the system. This was frequently framed under a narrative that I was resistant to the training process or incapable of understanding the “process.” My fellow intern group was told of their superiority above me, as one supervisor publicly questioned why I am not like another black male intern; I was positioned as someone who needed aid and lacked clinically and interpersonally compared with my intern group.

This is consistent with the experiences of interns stated by Hendrick (2018), who also found themselves publicly humiliated and given the inescapable feelings of “inadequacy”, thus being in a victim role. Supervisors would single them out and disempower them in front of their peers (intern cohort), further exacerbating their anxiety and vulnerability to harm.

My choice to stay off the hospital premises also perpetuated and maintained negative perceptions about me. In hindsight, perhaps if I stayed onsite, things might have been different. The “cunning” persuasion or propaganda about my DAP also created perceptions of aloofness and detachment, which were used as grounds for negative feedback from peers and supervisors. According to Stanley (2015), propaganda aims

to eliminate rational debate by enticing people's affective and emotional states and that it exploits an ideal.

Stanley (2015) further highlights mechanisms of propaganda, which entails manipulation of information by using partial truths, distorted to mislead while maintaining a veneer of plausibility. Propaganda also exploits ideologies by reinforcing certain narratives through the use of stereotypes and biases. The idea that men are insensitive propelled a narrative that I was emotionally unattainable and failed at meeting the most basic criteria of psychological work. Another mechanism aligned with my experience at the Flakfontein Clinic was what Stanley (2015) called polarisation, which refers to the amplification of division within a group or society, creating a "us" vs "them" dynamic that demonstrates opposing groups. Stanley (2015) reported that through repetitive suggestions of certain views and behaviours, they normalise harmful and extreme views and thus make them acceptable over time. The customary views of my emotional cut off and questionable competence become an acceptable engagement between myself and supervisors and interns alike. This placed me outside the group through coercive strategies to polarise the intern group, as the likelihood of supporting me would limit other interns' internship outcomes.

I was deeply impacted by social exclusion; it is an inherent feature of competition during internship training, but the divided individualistic culture at the Flakfontein Clinic intensified the competition. Personally, I would not regard myself as extremely competitive; I never liked sticking out or being the centre of attention, hence my unwillingness to impress for my personal benefit. I think my weakness at the time was a desire to be accepted, and I naively assumed that psychology being a helping profession, psychology professionals would be non-judgemental and unconditionally accepting of others.

Hofstede et al. (2010) suggested that organisations may be inclined to an organisational culture that is either individualistic or collective. The two cultural dimensions are not individual characteristics but rather a collective effort where one culture is concerned with personal benefits (individualism) and the other is concerned with the greater good and well-being of the community or larger group (collectivism). I found the experience at Flakfontein to be individualistic more than collective, as everyone was looking for their own personal benefit and gains. Becvar and Becvar

(2013) suggest the concept of recursiveness, which is the relationship of one into another and acknowledges the absence of linearity. Terence's utterances about me were a linear isolated stance that propelled an idea that he was excluded from my performance.

The sense of supervisors being isolated from the environment and not taking mutual accountability appeared to be the general rule at the Flakfontein Clinic, which highlights a disembodied view of reality and hence an individual and self-interested opinion and belief about reality. Grosfoguel (2013) accentuates the Cartesian philosophy of "I think therefore I am" as a premise of Western civilisation and industrialisation. After people refuted the existence of God and found the ability to think and build, this laid the foundation for having control over the external environment with the belief that man is God. According to Grosfoguel (2013), this laid the foundation of knowledge production, as man, in that context, saw himself as separate and disembodied from his environment. According to Hofstede et al. (2010), societies in Europe and America have an individualistic orientation as opposed to African and Asian countries. The individualistic organisational culture of the Flakfontein Clinic is indicative of the adoption of a Euro-American worldview. I encountered great difficulties adapting to the individualistic organisational culture of the Flakfontein Clinic as an African socialised in a collectivist culture I felt lost.

My experience of a misaligned culture appears like suggestions by Baloyi (2021) that since the inception of a democratic South Africa in 1994, the country and government carried along with it the post-apartheid and colonial epistemologies. Baloyi (2021) suggested that some of the epistemological and ethical injustices embedded in the apartheid system are still maintained in psychological training and education. Baloyi (2021) acknowledges that, in comparison with the apartheid system, a larger proportion of black psychology students are included in the profession. Although the racial transformation agenda cannot be limited to simply the increase in the number of black students, lecturers and practicing psychologists into the profession. According to Baloyi (2021), the philosophical, epistemological, theoretical, and methodological frameworks are those of colonialists/conquerors and exclude those of African or black people.

Feldman (2019) proposed that the adoption of Eurocentric approaches may cause a misalignment in understanding the cultural archetypes or original interpretative patterns of the group in question. In conclusion, Guma (2019) stated that the transportation of Western epistemology in non-Western societies also affected organisational practices and standards in the affected area.

My experience of the theme of coercion and influence is consistent with Julmi's (2022) account of double-bind by coercion, which is episodic, meaning that the power enforced pertains to distinct actions undertaken by self-interested actors (Terence) to influence and change in others. Importantly, coercion, although episodic, can be exercised by repetitive actions that become institutionalised and reinforce power dependency between individuals and groups. The latter indicates that the actions taken by Terence are institutionalised and create the organisational culture of the training institution by maintaining an individualistic cultural orientation.

Julmi (2022) further stated that power in the context of coercion entails the presentation of absurd demands by the leader, which is unreasonable, and simultaneously, the follower may not have the right to meta-communicate about the irrationality of demand, as this may be interpreted as challenging the leader's authority. Consequently, followers are incapable of responding to demand effectively or addressing the irrationality of demand at the metalevel. Terence's coercion of the intern group informed "understanding" of those who were committed and worthy of being psychologists and outsiders who were unable to be trained and thus maintained a homeostasis of "othering."

#### **4.2.3. Authority and Professional Boundaries**

##### ***Extract 1d: The unquestionable truth.***

*I am not sure why I am telling you this Trevor, but you need to leave or do exactly what they want; he said you are not "open to the training process" and hopefully you will be extended, that is better than termination Trevor.*

The above statement or extract 1d is emotionally charging, as the person who told me the above was part of the cohort from the previous intern group, and I recalled how frail, depressed and depleted she was. We later developed a friendship and saw her

progress and eventually qualify as a clinical psychologist to prove how untameable the human spirit can be.

Supervisors assumed authority by virtue of their position as supervisors, and I never had problems with authority, especially given that I had previously worked for the South African Police Service (SAPS). The SAPS is a para-military organisation and strict adherence to rules and regulations governed the institution. The manner in which I addressed supervisors at the Flakfontein Clinic was similar to my experience at SAPS, as some supervisors demanded being addressed in a formal, rank-based manner, and their opinions were never questioned.

Extract 1d draws attention to the misuse of power and authority embedded in the position of a supervisor and uses it to control and manipulate interns given how I was impacted by the organisational culture at the Flakfontein Clinic. The other area of focus is the sharing of personal information with other interns and supervisors without my consent, invading boundaries. I also had an incident whereby after agreeing to postpone my case presentation, the supervisor turned around and said he did not agree to the postponement. The latter illustrates how authority blurs professional boundaries and draws upon several ethical discussions. Similarly, the use of pathological labels such as *aloof*, *delinquent*, and *narcissistic* and creating a supervisory space that resembles “psychotherapy” as personal characteristics and attributes of the interns are central features of supervision.

The perversion of clinical supervision into psychotherapy sessions to pathologize and subsequently demoralise interns was a common feature of the Flakfontein Clinic: some interns experienced this more than others did, but it was there. I felt like I missed an opportunity to learn valuable skills and be able to openly talk about my personal and professional struggles and concerns in supervision. When I was vulnerable, the content was used against me (invalidation and rejection by my late paternal grandfather), and second, supervision was based on personal criticism rather than professional feedback. My developmental goals and needs were not met; in hindsight, maybe if I played the game, I would have gained some valuable lessons in supervision or not.

The persistent and prolonged stress I endured with the hostility in supervision impacted me psychologically and mentally. I was constantly sick from work, as I struggled to sleep and eat properly. When I told one of the supervisors that I was unable to sleep and constantly felt tired at work, he emphasised that my problem was that “*You think you need to sleep,*” in front of my peers. In his account, the internship journey requires dedication and commitment, and sleeping is not part of that. I felt like he did not hear me, which also compounded my stress because I was of the belief that there was something wrong with me; I felt like a victim. Lansky’s (1999) account of humiliation closely reflected my own experience in supervision, where I felt humiliated and perceived as underperforming, attributed to a presumed lack of commitment and interest in my work. According to Lansky (1999), humiliation is characterised by all the features of shame, which includes public devaluation and the perceived hostile intent of one on others.

Similar accounts were identified in Hendricks’ (2018) study, as clinical psychology interns were labelled “not good enough” to enter the profession and exhibited self-blaming behaviours as a defense mechanism in response to public humiliation and rejection. Hendricks (2018) makes inferences that a need to be affirmed and validated exists because interns’ personal insecurities require supervisors, as they are “ticket holders” and “gatekeepers” in the profession; thus, their rejection intensifies shame.

Additionally, Hendricks (2018) suggested that, owing to their inexperience, some interns may perceive themselves as flawed or inadequate, which can perpetuate an unsatisfactory, self-reinforcing cycle in the supervisory process and maintain homeostasis. Prior to working at the Flakfontein Clinic, I would affirm that my confidence was low and experienced doubts about my skills, which may have made me more vulnerable to feeling “not good enough”. I expressed my struggles about my lack of confidence in supervision, but according to my fellow intern group, they indicated that supervisors perceived me as confident and impressionistic based on “speculations” that I had a family member working at Flakfontein Clinic in a senior managerial position. Although I had no family relationship with that manager, I felt a sense of shame about the comment, as I anticipated that the association would bring about adverse encounters.

May (2017) identified shame as a central emotion of how organisations function from a systems psychodynamic point of view. Shame, according to Alonso and Rutan (1988), is a perceived flaw within the self that disturbs an individual from achieving their ego ideal, meaning that shame emerges and intensifies because of the gap that exists between the actual self and the ideal self. It is also said to be a conscious devaluation of self from a position of the other with a particular focus or attention on self as bad. As illustrated before, I experienced Terence's feedback extremely harshly and insensitive, as I was called a variety of labels (aloof, delinquent). This resulted in me feeling humiliated, fearful, and ashamed of myself, as I wanted to avoid supervision in most instances.

Psychoanalysis suggests that as a signal of anxiety, shame initiates defensive responses focused at avoiding unwanted painful awareness of negative emotions, intrapsychic conflicts that the ego desires to resist or distressing ideas. May (2017) emphasises that shame is not a defence against drives and instincts but rather resistance to the unwanted feeling of unworthiness and possessing a bad sense of self. May (2017) further highlights that, unlike mechanisms that repress drive conflicts, shame is characterised by the suppression of conscious recognition of conflicts regarding feeling unlovable, inferior, and having similar vulnerabilities, specifically in relation to internal and external objects. From this point of view, shame works as an emotional regulator, assisting individuals in preserving social bonds when their lovability, status and acceptance are perceived to be at risk.

When the self is impacted by internal conflict created from narcissistic self-evaluations in relation to important internal and external objects, shame arises. Therefore, shame is closely associated with internalised object relations, which encompass an internalised self-view that is shaped by the introjected perspective of others. The self-view assesses or evaluates the ideal self rather than the actual self; thus, shame results from defense mechanisms, emotional regulation, processes, and conflict in the formation of object relations.

The shame I felt was looked at from an organisational point of view, given that my analysis is centred on systems theory, a systems psychodynamic comprehension was included to understand the complex culture to which I was exposed. According to May (2017), systems psychodynamics allows us to analyse and interpret the collective,

interdependent, unconscious, and conscious processes that occur at the individual, group, and intergroup levels in a social system. The framework also assists in the understanding of unconscious dynamics within individuals (inside-out) and the organisational context (outside-in) and the interplay between the two elements.

Systems psychodynamics is drawn from Bion's foundational theory, which proposes that within any group, two essential parallel processes take place simultaneously, although to varying degrees. The two processes suggested by Bion (1975) are the work group and basic assumption group; the two are dually essential in the functioning of the group. Utilising Kleinian concepts, Bion comprehended that the basic assumption group has its roots in infancy, helping to shed light on group dynamics.

Bion (1975) proposed that when group members interact or engage in rational, reality-based actions, the group functions as a working group that is similar to Freud's conception of the ego. Working groups are structured such that members behave, focus on addressing environmental opportunities and challenges and pursue objectives that make use of available resources. The members of the group function in alignment with the goal that the group has been assigned.

According to the Psychology Board for Psychology of the Health Professions Council of South Africa HPCSA (2014), supervision involves supervisors working with interns during a 12-month internship by offering structured clinical supervision for at least two hours per week. The HPCSA provides guidelines in terms of supervisory responsibilities and roles, which foster professional growth for interns and safeguard the welfare of the interns' clients. Psychologists who undertake supervision are required to work within parameters of their education, experience, competence and training. Supervisors also act as gatekeepers to the field and ensure that aspiring psychologists are judged to be qualified to practice.

The HPCSA's outline of the aim and goals of clinical psychology internship training is important, as it defines the collective trajectory of clinical supervision work. Compared with the work group, basic assumption groups are defined by and reflective of the group's underlying primitive psychic processes, which are inherently irrational and grounded in phantasy rather than objective reality.

According to May (2017), the basic assumption group is accustomed to diverting work group activity but can simultaneously assist it. Behaviour within the basic assumption group is marked by defensive and regressive tendencies, which may include primitive splitting, projective identification, infantile regression, depersonalisation, and a collective desire to escape. A fundamental premise for understanding defense mechanisms is the object relation. An object is used as a term to describe not only interactions with individuals but rather connections with groups, ideas, organisations, symbols and, in infancy, even parts of the body.

Given that Bion drew from Klein's objection relations theory, it would be unjust not to highlight a brief outline of Klein's ideas within consideration of the limited scope of the research project. Klein (2018) suggested that adulthood is deeply rooted in infancy as the earliest activity of the ego involved in defense mechanisms such as splitting, introjections and projections to manage and exclude certain anxieties from consciousness. Klein (2018) further stipulated two different stances, although they had overlapping developmental positions, namely, the paranoid-schizoid position and the depressive position.

The paranoid-schizoid position is associated with mechanisms such as splitting, introjection, projection, and projective identification, which inform the perception of others as part objects with a view as either entirely good or entirely bad. According to Klein (2018), in infancy, the significant other is split into good (nurturing object) and bad (withholding object), which subsequently results in the conceptualisation of part of the objects. Lanksy (2003) noted that the intense anxiety experienced in this position often creates shame, as the self is perceived as unlovable by the rejection, exploitation and humiliation of others.

According to Klein (2018), on the other hand, the depressive position is marked by the capacity and ability to see others as whole. Separate objects containing both good and bad aspects. The nurturing (good) and withholding (bad) are recognised in infancy and embodied by the infant as the significant other possessing both qualities. The realisation allows the self to organise experiences through emotional and cognitive states, and the self is now experienced as being distinct from the other.

From the Kleinian perspective mentioned above, Flakfontein's organisational culture impacted me in the manner that my supervisory encounter with Terence embraced splitting and categorising interns into "resistant" (bad) and "open" (good) groups. I felt immense pressure to avoid closeness with the previous year intern cohort and adopt Terence's perception of them as bad. This dynamic is similar to Klein's concept of splitting, where elements of self or others are divided into all good or all bad categories in a way to manage internal conflict, which is associated with the paranoid-schizoid position. The pressure to exclude certain interns and dynamics of favouritism, being coerced into dismissing individuals and simultaneously fearing the categorisation of bad created confusion, as projections of "resistance" and "untrainable" were directed towards me. This form of splitting informed an organisational culture of division and tension, impacting my sense of belonging and self-perception in the environment because of Terence supervisory practices instilled by organisational operations or culture.

The main idea is that anxiety arises from the nature of the work itself as well as from interpersonal relationships connected to one's role within the organisation or system. Jaques (1990) suggested that, to cope with the anxiety and challenges of the collaboration of work tasks, individuals often depend on organisational structures as mechanisms for defense as opposed to work-related functioning.

Owing to the idea that organisations serve as a function to manage anxiety, they enable stakeholders to deflect and suppress the emotional challenges of their work. The manner in which I was impacted by the organisational culture at the Flakfontein Clinic regarding the management of anxiety was that the reality of unethical, unprofessional supervisory practices was avoided and dismissed at all costs. Those who entertained the narrative like me were dealt with "accordingly" to avoid the shame associated with inappropriate supervisory practices suggested internally and externally.

I have briefly described Bion's foundational theory and his appreciation of Kleinian concepts; the explanation was deemed necessary to explain the systems or organisational link of psychodynamic understanding in a systems context, particularly with respect to organisational culture. This draws attention to Jaques (1990), who extended Kleinian concepts to explain adult behaviour in an organisational context.

Jaques (1990) postulated that primitive anxieties and defense mechanisms aligned with paranoid-schizoid and depressive positions can explain social systems, as they function as social defenses against persecution and depressive anxiety.

Another important aspect of shame, according to May (2017), and its hidden operations are envy or envious attacks, which function as a defense mechanism against anxiety. Kane (2012) proposed that an envious attack can serve as a response to the anxiety emanating from an overwhelming sense of shame and perceived inadequacy. The catalyst for such an attack may be the painful experience of shame, emerging from implicit self-comparison, where the self is perceived as inferior, deficient, and flawed in comparison to another's creativity or overall good fortune. This shame reflects a concealment operation embedded within the comparison of envy. Therefore, envious attacks represent primitive defensive ways aimed at managing or displacing the intolerable emotions associated with shame. The Flakfontein Clinic is a system that consists of subsystems among supervisors and subsequently influences the intern group. Some senior experienced supervisors undermined the less experienced and younger group of supervisors, which created a sense of envy and tension between them.

May (2017) further suggested that shame is closely related to contempt, which is a defense mechanism against shame. It serves to allow the avoidance (consciously) of shame by displacing it onto others through a process of projective identification. Projective identification is an unconscious interpersonal dynamic characterised by an individual disowning a part of themselves and attributing it to an external object other person. According to Ogden (1983), the receiver of the projection may unconsciously internalise and respond to the projection and associated feelings as if it were their own. Projective identification is thus a cycle of unconscious collusion between the projector and the receiver, which requires a degree of susceptibility and on the part of the receiver to accept and act accordingly to the projected attributes.

My anxiety at Flakfontein Clinic started from the first day of training as supervisors during the orientation week presented themselves as gatekeepers and protectors of the profession from unethical candidates. The narrative about failure and the gatekeeping function of supervisors according to Ogden (1983) may have served as projective buffers for supervisors' own anxieties about managing interns and projecting

their fears of incompetence or non-conformity onto the intern group. Like Ogden (1983) suggested that the receiver intimately internalise the projection, as I was impacted by the comments, I felt inadequate and feared failure. The overemphasise of interns not understanding the “process” also made them feel insecure about their competence, which, according to Ogden, could have been a defensive strategy by supervisors and a larger system (organisational culture). Owing to the reality of experiencing fear and uncertainty about providing effective training or maintaining control over interns, they projected their fears on me.

According to May (2017), when the recipient of the projection has internalised the shame and exhibited behaviours associated with someone experiencing shame, this permits the projector to be free from their own feelings of shame. The projector retains a sense of contempt towards the receiver of the projected shame. Unfortunately, the receivers’ shame remains hidden and unattended; it is important to note that this description relates to individuals but can and is prevalent at a broader scale, such as between an individual and a cultural group, between cultural groups or between a group and an organisation. In May’s (2017) view, my internalised shame and victimhood could be means that the organisation was managing its anxiety.

According to Bion (1961), the management of anxiety by projective identification occurs when disruptions occur in a system or organisation, such as threats to job security and status among an array of other work-related “threats”. The basic assumption group according to Bion (1961) may operationalise one of three basic assumptions, namely, fight/flight, dependency, or pairing.

Fight or flight mode entails groups’ identification of a specific threat that may be internal or more prevalent and common external as the primary cause of its problems, which it seeks to eliminate or avoid. The dependency mode is initiated when group members perceive themselves as inept and place their trust in a leader whom they idealise as the saviour; I will illustrate this later with my encounter with Cindy when she included a more senior supervisor to “whip me” into order. The last assumption is pairing, which is characterised by group members functioning from the belief that if two members unite, solutions to their current problems will emerge. The basic assumption functions as a cognitive filter that simplifies complicated realities and serves as an emotional defence mechanism that provides reassurance to the group. Bion suggested that the

group unconsciously activates these basic assumptions that they are overwhelmed by their work, which subsequently inhibits their ability to function effectively.

The literature suggests that a fundamental role of clinical supervision is to contain the anxiety of interns, particularly in highly stressful environments such as those used in clinical psychology internship training (Ellis et al., 2014). Kahn (2001) further argued that a need for a holding environment is more necessary given the uncertainty and insecurities of today's workplace environment. In my experience at the Flakfontein Clinic, the environment failed to act as containing figures (objects). In contrast, Terence, according to Klein (1985), exhibited the transfer of anxiety to me through criticism and discussions of other interns' faults, facilitating a competitive and exclusionary culture. I felt unsafe and unsupported and was unable to trust the supervisory system, the manifestation of which was my diagnosis of major depressive disorder. Consistent with Kleinian concepts, Terence's comments about my personal characteristics as aloof and emotionally detached, which I embody could be informed by Terence's projections of emotional disconnection and ability to foster a safe and trusting environment for interns. The successful interns emphasised the idea of playing the game, which highlights a superficial and incongruent relationship to meet a particular agenda and successful completion of the internship training.

Through manipulation by Terence, other interns adopted the perception that I was aloof and emotionally disconnected, as it was a repository for their own fears of being isolated or judged harshly and reinforced the perception that I was an outsider aligning themselves with Terence's views. Terence involves using projective identification to maintain control and manage system stability in the face of problems associated with harmful and unethical supervisory processes at the institution.

In conclusion, according to Petriglieri and Petriglieri (2020), basic assumptions represent collective regression characterised by group members unconsciously evading and facing feared knowledge and instead embodying roles that fulfil the group's unspoken needs. Petriglieri and Petriglieri (2020) further highlight that in extreme cases, groups project their shared anxiety, perceived incompetence, or malevolence on a single individual, thereby designating them as scapegoats to carry what the group collectively strives to avoid. Although other functions of systems psychodynamics exist, such as sociotechnical systems, boundaries in task and

sentient systems and social defences explaining each of them would be far expanded for a mini dissertation of this scope. Thus, a broad overview of the elements suggested by a systems psychodynamic approach was discussed considering the selected systems theory and flexibility to incorporate various points of view, even psychodynamics.

My request to postpone my case presentation came at the latter stages of my internship training, and discussions of an indefinite extension of my internship were concluded. Given the significance of this case presentation, I was not ready, and my colleagues suggested that I ask one of the supervisors for a postponement. The supervisor agreed, as witnessed by other interns who were present during the telephone conversation. The next day, the supervisor denied ever agreeing to the postponement, and I had to present a partially completed PowerPoint presentation, which “confirmed” my incompetence as an intern. I felt humiliated, betrayed, demotivated and completely stupid for even trusting that someone would consider my account of this situation.

The supervisor misused his authority to manipulate the situation and got away with it. In the same breath, other supervisors insinuated that I wanted to get away by cancelling my own presentation. I later reflected on how the organisation exhibited questionable accountability and integrity, which highlights several ethical issues. The shame and guilt I felt after the public humiliation of presenting a partially completed case presentation was the last straw. I could not return to work after that. In hindsight, if it were not for my psychologist at the time, I do not know what would have happened to me. After this unprecedented betrayal I experienced, therapy became my buffer, with the aim of accepting the loss of not ever being able to complete my internship in the 12 months and accepting that my internship will be extended or terminated. I was also certain that even after the 6-month extension, I would not be signed off because I witnessed two extended interns fail after being extended. My perception and impact of the extension was that supervisors wanted to prove or validate that the extended intern is untrainable even after being afforded a chance to rectify their “shortcomings.” I think that if it were not for my psychologist at the time I would have given my life to alcohol or even worse-made means to end my life, my existence was unbearable, and the only thing available was to escape.

The same supervisor, who vehemently denied postponing my case presentation, also had a problem with where I was staying. He often suggested that a township is not a good place for one to study, as *“it is full of social ills.”* The narrative that I was negatively influenced by my residential area (black township) was a common occurrence. This draws my attention to what McDougal (2014) stipulated as two dominant paradigms that have been suggested for Africans by Western scientific traditions and are impactful even today, namely, the inferiority paradigm and culture paradigm. McDougal (2014) explains that the inferiority paradigm is an analytical framework that claims that black people are inherently inferior due to their genetic make-up or composition. The culture paradigm, according to McDougal (2014), differs from the inferiority paradigm because social dilemmas and life problems are not attributed to the biological factors of black people but rather to deficits in black people’s social order and environmental factors. By virtue of where I resided (township), the supervisor was suggestive that my professional, analytical and competence would be tainted negatively by the people I associated with if not already tainted and damaged. The association between black residential areas and badness impacted me negatively, especially given that the commentator was a black supervisor.

Like McDougal (2014), Baloyi (2021) suggested that since the inception of a democratic South Africa in 1994, the country and government carried along with it the post-apartheid and colonial epistemologies. Baloyi (2021) suggested that some of the epistemological and ethical injustices embedded in the apartheid system are still maintained in psychological training and education. According to Guma (2019), the transportation of Western epistemology in non-western societies also affects organisational practices and standards in Africa. The supervisor’s perception of township dwelling or residency as substandard and a cause of my failure, and therefore a validation of my professional incompetence, highlights the presence of epistemological and ethical injustices that persist as remnants of the apartheid system, as Baloyi (2021) suggested. To further highlight the relevance of history in the present, it is best captured by Faulkner in 1951 in his pronouncement that the past never dies and not even the past. Pillay (2013) noted that training psychologists in South Africa has been organised and cultured from the beginning of the country’s adoption. A different form of exclusion measure exists in the form of social class, as Pillay et al. (2013) noted that middle class blacks are most likely to benefit from racial inclusion

and admission into the psychology profession. From my encounter at the Flakfontein Clinic, given its predominantly western orientated organisational culture centred on individualism and training structured to benefit middle class black people, township dwelling fell outside the parameters of such an institution.

### **4.3. THEME TWO: EROSION OF PROFESSIONAL IDENTITY: ANALYSIS AND DISCUSSION**

Theme Two explored the theme Erosion of a Professional Identity and was further divided into two subthemes, namely, 1. *Workplace Bullying and Psychological Harm* and 2. *Lack of Constructive Feedback and Development*. The main theme emerged from observing crossover events at Flakfontein Clinic, where systemic efforts to undermine my professional identity were consistently evident. Crossover events in the data refer to supervisory encounters that elicited parallel or similar experiences with different supervisors. The section includes a main excerpt 2a that is meant to provide context to the reader about the subsequent analysis and discussion.

#### **4.3.1. Workplace Bullying and Psychological Harm**

*Extract 2a: Cindy was my second supervisor and arrived six months into my internship training with a preconceived narrative about me. She established her dominance and authority from the first day of supervision highlighting how she was going to turn my “internship around.” Her body language was unsettling and uncomfortable as she usually made strange facial expressions (e.g. rolling eyes, raise eyebrows and look away from me) when I would say something as if I was insignificant. She asserted her authority from the onset, for example, as she had been away for six months I updated her on some supervision protocols. She dismissed my inputs and stepped out the office to verify with another supervisor. She confirmed the changes in the supervisory protocols but did not acknowledge my accuracy nor apologised as she vehemently refused that I was right from the beginning. This exchange left me questioning myself and doubtful of my ideas and opinions.*

*Cindy was aligned to Terence; my previous supervisor and I was worried about what was said about me in their meetings. This became apparent one day when Cindy and two other supervisors called me and confronted me about the smell of cigarettes on my clothes, implying that it is insensitive to other people, especially patients. Safeguarding patients from*

*psychologists who could harm them was a frequent discussion. Nonetheless, I left that meeting feeling embarrassed and ashamed of myself. Although I have smoked for years most people are not aware of it as I smoked away from colleagues, therefore their insinuations were strange to me as none of my colleagues were aware (as far as I was aware) that I was a smoker.*

*Cindy often appeared ready for confrontation. For example, I was once tasked to read up on the 16 variables by Charl Vorster from a book we were trained on in my MA coursework. My explanation of the first variable was dismissed by her indicating that I did not know what I was talking about, and I should not talk any further.*

*When I requested clarification about my understanding of the variable and guidance, she perceived this as defiance and inability to take “constructive feedback” on my part. I brought up the incident to my psychologist in personal psychotherapy session and although it buffered the experience I was deeply hurt by her comments as it implied that I was incompetent.*

*Division amongst the supervisors complicated our supervision context further. Other senior supervisors would talk negatively about Cindy and share their opinions with interns. She was often absent from work and only supervised me three times in five months. The missed supervision sessions were not rescheduled, and she blamed me for failing to take initiative to get supervision. In one instance she chastised me for not fetching her from another supervisor’s office during our allocated supervision time, she reflected on this situation suggesting that I was “stuck” as I fail consistently to take initiative.*

*Cindy’s perception of me was of a subhuman in many ways as I shared with a peer once that “ga a mpone” (Setswana for “she does not see me” - in Setswana it is an expression for extreme contempt). The negative treatment and overall internship experience coupled with the case presentation postponement situation left me exhausted. I was diagnosed with Major Depressive Disorder and booked off sick for some time by my psychologist and medical doctor.*

*On my return from sick leave Cindy and another supervisor called me in for a meeting which I experienced as invasive and intrusive. Firstly, Cindy questioned my medical certificate as if insinuating that I had changed the dates or fraudulently printed my own medical certificate. Cindy and the other supervisor further questioned what my psychotherapy process was about, indicating that sharing the process will be beneficial to me. When I refused, they become visibly angry indicating that the ‘smug’ face I held so high will soon ‘disappear.’ They further*

*questioned my relevance and suitability to be a clinical psychologist, reflected my past failures and labelled me as 'cold,' 'aloof,' 'narcissistic' and a 'danger to the public.'*

*In fact, they suggested that they would make it their priority that people in the psychology fraternity know about me and how bad I was. I was broken and just wanted to run away or away from their presence, but that meeting felt like an entire lifetime. I have had people talk down on me but never in that personal and deep manner, I started believing that they might be right. They are psychologists, Afterall!*

Extract 2a illustrates how my environment encouraged me to feel unfit and unworthy of becoming a psychologist, given the demands of the profession in getting accepted into the master's training and performing at an internship level. The organisational culture at Flakfontein impacted me in such a manner that I felt like an outsider, a mistake, an imposter who finally was supposed to quit because someone had made a mistake in clinical master's selection by choosing me.

According to Tambur and Vadi (2012), workplace bullying is characterised by repeated unpleasant behaviours committed by one or more employees who are not wanted by the victim. It is an unwelcomed act that may be intentional or unintentional but results in great distress and humiliation for the victim. The bullying behaviour may result in disruption in work performance or produce an unpleasant work environment. Leymann (1996) stated that bullying behaviour is not a once-off incident but rather a hostile and unethical communication that systematically focuses on the target (that is, the person being bullied), thus leading to the target feeling helpless and defenceless.

I experienced several unpleasant behaviours from Cindy and her alliance (that is, the people who joined her in her bullying behaviour). One embarrassing moment, as illustrated in extract 2a, was being called to a meeting to be told that I smell of cigarettes and that "You not even aware" of how I impact other people or my surroundings, as illustrated in extract 2a. The statement made me feel belittled that I could not understand or respond to it, but one thing I did believe was that I was not self-aware, that is, how I was impacted by the nature of the bullying events at the institution. It left me paralyzed and tired, there was nothing to say, or do as I would "lay" down defeated and internalised the comments.

The practice of harmful clinical supervision is not uncommon, as it has been highlighted by several writers (Ammirati & Kaslow, 2017; Ellis, 2017; Hendricks 2018). Given that supervisees are conditioned to respect and trust their supervisors, the consequence of persistent harmful and negative feedback results in supervisees questioning their competence and suitability in the profession (Ammirati & Kaslow, 2017).

I can identify with the above suggestion because there was a time I thought I was not worthy of being a clinical psychologist. Given my advanced age at the time and the number of years I had struggled to get into the Master's programme, I was constantly feeling under pressure that I could not afford to fail. That made me more vulnerable to try and please and be agreeable to suggestions about my personal characteristics because I held the profession (as represented by my supervisors) at such high regard and respect. Part of me wanted to exit the profession because I thought that I had to become like my supervisor in the profession, not aware that I was being abused and that instances of intern abuse were a prevalent practice across the various health system internship trainings.

The constant negative feedback made me scared to even disclose what I was experiencing at my university. According to Reiser and Milne (2017), supervisors who force supervisees to disclose information against their will often find that those supervisees limit talking about their negative experiences. Cindy was always curious about what I share with my university supervisor, and at some point, she wanted a report when I had to meet my university supervisor. As mentioned in Extract 2a, Cindy also demanded that I know what I was discussing in my personal psychotherapy sessions. The demand to disclose my personal psychotherapy was not to help me in any manner but to track what is known about them as supervisors. I often found it dehumanising having to be ambushed by several supervisors aligned with Cindy and all pretending to be helpful, but the reality was that I was an 'object of entertainment' to them.

As noted in Extract 2a, Cindy and the other supervisor threatened to "expose" me to other members of the psychology profession. According to Zapf (1999), bullies in the workplace are accustomed to discrediting their victims by spreading rumours about them and often disregard their presence. After 'failing' (as would be described by my

supervisors) at Flakfontein Clinic, I applied for an internship position at other placements. As part of the recruitment process, the internship sites requested a report from the Flakfontein Clinic, which my supervisors at the Flakfontein Clinic never sent.

I was also confronted by Cindy that she knew that I had applied at a particular internship site and indicated that the site would know exactly *“how terrible you are, and they would know the truth.”* I felt trapped and “exposed,” and as much as I knew, I was harmed in Flakfontein Clinic; I genuinely felt like it was my fault.

The spread of rumours about me is consistent with what Stanley (2015) suggested as a mechanism of propaganda in manipulating information about me; manipulation in this regard entails using partial truths and distorting information to mislead while maintaining a veneer of plausibility. The Flakfontein Clinic manipulated information about me inside and outside the organisation to manage internal problems, as suggested by May (2017).

I often found myself questioning whether I should have made greater efforts to “play the game” or positioned myself in a more confrontational and bolder stance rather than avoiding the problems I encountered at Flakfontein Clinic. On the other hand, I would ruminate if the challenges I experienced at Flakfontein Clinic were an inherent part of becoming a clinical psychologist the actual “test” of suitability.

This sense of self-doubt impacted me in all spheres; I questioned my intellectual capacity the most and questioned everything before I attempted it. Even completing this dissertation had some emotional and psychological residue during that period, as I questioned my ability to produce a dissertation. The writing of this section has not been a painless process and requires some external consultation and support from my partner, who was present during the internship period.

Employees’ health and care are important features at work, especially in the public health arena, given the need for human resources. Workplace bullying, particularly in the training context, has significant psychological effects, such as anxiety, depression, and burnout (Hendrick, 2018). As stipulated by the World Health Organisation (WHO), there is a global crisis of health practitioners resigning or exhibiting high turnover intentions from various public health disciplines (Li et al., 2024).

According to Liu et al. (2017), by 2030, there will be a shortfall of approximately fifteen million unoccupied health profession vacancies globally. Countries such as South Africa face a severe gap in health care providers, as demand exceeds supply, as Liu et al. (2017) proposed a projection between demand and supply that will be experienced by middle-income countries. According to Davys and Beddoe (2020), clinical supervision practices in the public health system are influenced by the organisational culture of the clinical supervision site, which in turn impacts the retention of health care workers. The impact of organisational culture has a significant impact on supervisory outcomes, as I experienced firsthand at Flakfontein Clinic, which is consistent with what Davys and Beddoe's (2020) finding that supervisee's account of harmful supervisory practices shares similar systemic organisational features of bullying. I also wanted to leave the profession at a certain point after the Flakfontein Clinic, and I thank God I was able to get a placement at the Ilanga Clinic, as recounted below.

According to Hofstede et al. (2010), cultures that exhibit high uncertainty avoidance provide prescriptions of laws, rules and norms, rigid behavioural codes and believe in one absolute truth, and their truth is perceived as correct. High uncertainty avoidance societies exhibit high emotional responses and are informed by the internal force of energy. Hofstede et al. (2010) propose that low uncertainty avoidance cultures exhibit more flexibility and fewer rules and orders. These cultures mostly have an open/flexible perspective and promote relativism because of their philosophical position. The assumptions of people in such cultural contexts may be more calm, reflective and less emotionally expressive.

My experience at the Flakfontein Clinic was confusing insofar as knowing about the organisation's uncertainty avoidance level. For example, Cindy was often sick and changed supervision schedules and expected me to be content and flexible enough with her adjustments. On the other hand, she also expected me to reschedule and fetch her from her colleague's office during our allocated supervision times. She placed emphasis on order and was not ever questioned. A rigid behaviour governed by loosely drawn rules and norms that favoured her at inconsistent times. This was confusing and paradoxical because she expected me to follow rules and norms, while she behaved contrary to the same rules she made. Her emphasis on rules and norms

and projection on my shortcomings and disobedience to adhere to the rules could be reflective of her own conflict with order and rules; thus, the projective identification exonerated her from feeling overwhelmed by her own inadequacies in managing the time and efficiency of work tasks and outcomes.

In Hofstede's et al. (2010) study, most countries with high uncertainty avoidance scores included Eastern and Central European nations, Latin countries and German-speaking countries. Low uncertainty avoidance scores are observed in Nordic and Asian countries, and countries with such low scores are identified as having less emphasis on rules and having greater comfort with ambiguity and disorder. In such environments, a teacher could be found admitting to not knowing an answer, thus exhibiting less stress and anxiety. The opposite is observed in higher-scoring countries, as teachers may experience heightened stress, anxiety levels, neuroticism and intolerance of deviance in others and ideas.

The impact of Flakfontein Clinic's organisational culture was profoundly confusing, specifically my encounter with Cindy. In extract 2a, I described how, during my first encounter with Cindy, she dismissed my understanding of a specific concept without indicating a clear explanation of how and why it was incorrect. Instead, she based the issue on my defiance and inability to be open to learn from her and called me stuck and implicitly incompetent. Any deviation from her perspective informed an increased sense of stress, anxiety and neuroticism, which aligns with Hofstede's et al. (2010) observations of high uncertainty avoidance in organisations. Hofstede et al. (2010) further explains that in cultures characterised by high uncertainty avoidance, uncertainty is viewed as an inherent threat that must be tightly controlled and managed through rules driven by emotional needs, although these needs are not always consistently applied.

From a systems perspective, the Flakfontein Clinic was an organisation that exhibited closed boundaries whereby outside information was dismissed for the greater good of organisational survival. It is further suggested that they may be composed of units that are located together in a constant relationship with each other and, in combination, make up a whole that is greater than the accumulation of the units/parts. Cindy and her aligned group of supervisors constituted a subsystem in the psychology department. Although there were several distinct supervisory groups (subsystems) at

the Flakfontein Clinic with their distinct group agendas collectively, they functioned as an interconnected system, especially with respect to interns' evaluation.

When my case presentation was postponed to later be overturned, the supervisor who granted postponement indicated that I would not be presenting on the day in the presence of my intern group. Later, I was called into the conference room, and the very same supervisor refused that he granted me a postponement and was collectively joined by other supervisors, who proclaimed that I attempted to cancel my case presentation and that they could not let me get away with it. The coalition highlights the manner in which system maintenance supersedes supervisory subsystem interests, as, as an organisation, high uncertainty avoidance was managed by creating a "scapegoat" who wanted to "cancel" his case presentation. After I presented a partially completed case presentation, the organisation could decisively conclude that I was an incompetent intern and avoid the real problems faced by the institution.

As interns at the Flakfontein Clinic, we dreaded case presentations, especially those of me and other interns who were not aligned with any supervisory group. The apprehension towards case presentations was influenced by the dynamics within the supervisory group to which an intern was perceived to belong. Interns who aligned with the dominant group, adhered to its rules, and demonstrated compliance with the dominant group's norms were considered "playing the game" and tended to have their case presentations approved.

Despite representing separate groups or subsystems, there was always convergence on one unified opinion that the supervisors undertook. This was demonstrated by disregarding the opinions of visiting university supervisors, resulting in a lack of new information being integrated into the system. According to Becvar and Becvar (2013), closed systems are self-contained structures that function with limited or even no interaction with the external environment. Compared with open systems, closed systems are resistant to the exchange of information, material, or energy from their environment to maintain internal stability. Becvar and Becvar (2013) further suggested that resistance to external inputs may lead to rigidity, as the system becomes highly isolated and resistant to change or adaptation. The system may result in entropy over time, as the system lacks the external inputs that are necessary for renewal and

growth. The next section provides further details of the second subtheme under the erosion of professional identity.

#### **4.3.2. Lack of Constructive Feedback and Development**

Chircop et al. (2023) identified several domains that yielded helpful and unhelpful supervision by performing a meta-analysis of current studies of supervisory practices. Chircop et al. (2023) reported that helpful supervision was fostered by a secure and supportive learning environment, a space that facilitated the capacity for effective learning and space that encompassed a willingness and capacity to recognise differences and negotiate points of difference. On the other hand, unhelpful supervision was identified as spaces in which supervisors displayed behaviours that lacked sensitivity, accountability, and, most importantly, ethical awareness. Chircop et al. (2023) reported that unhelpful supervision failed to provide a safe and supportive space for interns and encompassed a drastic shortfall in the exchange of information, highlighting deficits in effectively sharing and maintaining clinical knowledge.

I never felt safe in Cindy's presence or in the Flakfontein Clinic as a whole. Cindy had a pattern of providing negative feedback to most interns, although I felt singled out for the harshest criticism. I think she had already defined her position in relation to me and decided to exert control through negative feedback. For example, when I tried to find clarity about theoretical concepts, she would dismiss my opinions with little guidance about how to channel my thoughts about certain issues. Instead, she would often label me defiant, being cold and aloof and resorted to the refraining that I did not understand "process" or "not open to training."

The feedback did not yield any form of constructive professional development, and I became emotionally and psychologically exhausted and even more isolated and alienated from my work. According to Becvar and Becvar (2013), the term double-blind refers to communication between two or more people resulting in one feeling like a victim. This is because the victim receives conflicting messages from a source, which makes it difficult for the victim to respond effectively. The victim is placed in a no-win space, resulting in stress, anxiety, and confusion. In a double-bind, the victim feels trapped, anxious, and helpless given that, no matter how he/she responds, it will lead to a negative consequence.

The persistent personal labels and attacks did little to improve my skill level or provide a meaningful supervisory experience. Instead, my supervision experience was cold and unwelcoming from the first day I met Cindy, and it set the tone for the rest of my experience with her. The first meeting with Cindy was also paradoxical because she mentioned that she intended to help me and improve my work. Unfortunately, that was very conflicting, as her actions often proved of the opposite. I often felt like an abused spouse who was beaten daily and entrapped in a wish that something might change, a fantasy of sort that today maybe things might be better, I guess the words “I want to help you” kept me entrapped in the wish that the beatings will soon end; unfortunately, it never ended just increased.

***Extract 2b: You are not good enough, and we going to expose you.***

*“In actual fact you could have made a good lawyer you seem very untrustworthy, you may go try another internship site, but we will tell them about you, psychology is a small community.”*

The above Extract 2b is an illustration of when I was coerced into a meeting by Cindy that was “chaired” by a more senior supervisor. The involvement of the more senior supervisor compounded my anxiety and confusion, as Cindy was being mentored in managing interns such as me. It may be possible that Cindy had limited experience as a supervisor and depended on the guidance of her senior colleagues. Cindy’s inexperience was also once suggested by a supervisor in the department, indicating that Cindy’s clinical skills were not as different as those of interns, diminishing her qualified supervisory status in the office environment. Extract 2b illustrates how a senior supervisor models the provision of feedback to a junior supervisor. The impact was devastating and profoundly disturbing rather than constructive.

Furthermore, the extent of their influence is something I have always ruminated about, as I mentioned before, that I attempted to apply at different internship sites afterwards, but I was unsuccessful. I often wondered how powerful their narrative is about me, but it surely could not have reached and influenced everyone in the profession, as I was able to accept the Ilanga Clinic.

Compared with clinical psychology supervision in America and the West, clinical psychology internship supervision in South Africa has been noted as having no formal

structure, training, monitoring, or approach (Hendricks & Cartwright, 2018). Hendricks et al. (2021) investigated the perceptions of clinical and counselling psychology supervisors' competence before and during internship supervision. The findings indicated that the majority of supervisors took supervisory responsibilities without any structured or formal training in internship supervision practices. The inference they drew from their findings was that supervisors' approached supervision from their own supervisor–supervisee experiences and the clinical skills they acquired over time.

From my experience at Flakfontein Clinic, Cindy drew supervisory skills from more senior supervisors, who, in turn, drew their supervisory practices from organisational norms and customs. Summoning interns for random meetings was a daily occurrence regardless of other obligations that the interns might have had. Extract 2b illustrates the structure adopted from a form of apprenticeship of how to supervise and handle interns. The erosion of the intern's professional identity through bullying and providing harsh and critical feedback was an organisational *raison d'être* I happened to be most impacted by it as I ended up resigning from the Flakfontein Clinic.

From a systems psychodynamic understanding, the encounter with Cindy and her “instructor” alludes to Bion's understanding of organisations of an assumption group operating by one of three functions. One mode is the fight or flight mode, which is the group's identification of a specific threat that may be internal or more prevalent and common external as the primary cause of its problems, which it seeks to eliminate or avoid. I was ambushed into the meeting with a pretext of being “supported”, but the meeting was to build a case against me to justify my termination or being reported to the HPCSA as an impaired intern.

Bion (1961) suggested that the dependency mode is initiated when group members perceive themselves as inept and place their trust in a leader whom they idealise as the saviour. The saviour to manage Cindy's anxiety about having to justify my dismissal required guidance and support, which Bion termed pairing. According to Bion (1961), pairing is the management of anxiety by projective identification in situations when disruptions occur in a system or organisation, such as threats to job security and status among an array of other work-related “threats”. The basic assumption group according to Bion (1961) may operationalise one of three basic assumptions, namely, fight/flight, dependency or pairing. Cindy could have utilised two of the three.

Cindy may unconsciously split supervision into good (supervisor) and bad (me) and view the senior supervisor as a resource of validation and authority while projecting her anxiety or perceived inadequacies on me. The defense of splitting served to manage Cindy's anxiety about her experience and competence as a supervisor. By further idealising the senior supervisor and devaluing me, she avoided conscious awareness of shame and simplified the complex and problematic supervisory process within the organisational culture. The avoidance was done at the cost of eroding my professional identity by eliminating me utilising consistent destructive feedback and counter developmental practices.

Given that my focus is on the organisational culture of my internship experience, I turn to systems psychodynamics, which highlights that institutions hold collective anxieties in my encounter with Cindy, such as competence, power, hierarchy and authority, which are enacted in individual relationships; in this case, projective identification is an organisational function to manage anxiety from a paranoid-schizoid position.

From a purely systems perspective, projective identification can be viewed as the system rules and norms that serve a function to maintain the stability of the system or homeostasis. Cindy's adoption of providing negative feedback maintained a function of control and power, utilising two essential tools (bullying behaviour and lack of constructive feedback) to ultimately erode my "emerging" professional identity.

Supervision has been noted as the cornerstone of key developmental processes during internship training (Andrew & Cook, 2021; Keum & Wang, 2021; Kuhne et al., 2019). The provision of constructive feedback is thus a fundamental feature of supervision; extract 2b is exemplary of a lack of constructive feedback and development as part of eroding my professional and personal identity. This finding aligns with Hendricks' (2018) suggestion that the lack of training in supervisory practices could be one of the factors leading to negative supervisory events and harm. The next chapter will focus on my experiences at Ilanga Clinic and provide an analysis and discussion of my personal narrative.

#### **4.4. THEME THREE: HUMANISTIC APPROACH TO SUPERVISION AND EMOTIONAL WELL-BEING: ANALYSIS AND DISCUSSION**

My experience at Ilanga Clinic, where I was accepted as an intern after I failed (resigned) at Flakfontein Clinic, was radically different from my previous internship site. Being at the Ilanga Clinic felt as if the Flakfontein Clinic was a nightmare or more like feeling “beaten,” “abused,” “ripped,” “broken,” “scarred,” and “eviscerated,” which are metaphors found in narratives of victims of workplace bullying (Tracy et al., 2006). The following section consists of two subthemes, namely, *Mentorship and professional Identity Formation and Supportive Group Dynamics and Collaboration*. Consistent with the previous two themes, an extract was provided to illustrate the context of the organisation, which I was a part of, followed by an analysis and discussion.

##### ***Extract 3a: Meeting Stacey at Ilanga Clinic.***

*The first week of orientation was a whirlwind of introductions and overviews. Each department unveiled its complexities in terms of administration forms, psychotherapy, assessments, ethical considerations unfortunately for me, it was a disorienting start. My supervisor was still on vacation, leaving me adrift while my peers, already guided, began finding their footing. Unlike them, I wandered through unfamiliar hallways, searching for grounding. Yet, I was not alone.*

*Two fellow interns, who knew each other from university, welcomed me warmly. Their kindness turned the strangeness of a new city into something bearable. They enquired about my accommodation, and when I shared my struggles to secure a stable place, they responded with genuine concern, offering advice and support. Zikhona, one of the two, even invited me out for drinks to unwind after orientation week. Although I could not afford to join, her gesture lingered with me it was a simple kindness that spoke volumes.*

*Days passed, and the emptiness of my supervisor’s absence was palpable. Then Stacey arrived. A petite woman in her late forties, she exuded an aura of warmth and openness. Her laughter was infectious, spilling out of the foyer as she conversed with a cleaning assistant. When I approached her to introduce myself, she greeted me with a hug, her kindness instantly putting me at ease. “We’ll start supervision soon,” she promised, and in that moment, a flood of thoughts overtook me. Would this dynamic work? She was older, experienced—surely, she had nothing to prove, no need for power games or unwarranted competition.*

*Our first supervision session loomed, and fear coiled in my stomach. What judgment awaited me? Seated across from her, my nerves felt exposed. Yet, as she spoke, I was disarmed. Stacey formally introduced herself and asked how I was settling in, both at work and in the city. Her acknowledgment of my past experiences felt validating. She did not diminish the challenges I had faced; instead, she assured me it was her responsibility to support me, not just as an intern, but as a person.*

*She encouraged questions, admitting she did not have all the answers, and emphasized that consulting others (supervisors) was not a weakness but a strength. Her philosophy resonated deeply: “You must be in a good emotional and mental space to help others,” she said. Her words struck a chord within me. For the first time, I felt free, emotionally unburdened. Walking through the corridors no longer felt like an uncomfortable act. I could finally breathe.*

*Stacey’s approach was a revelation. She was not just a supervisor but a fierce advocate for her patients. She pushed back against systems that rushed discharges or dismissed patients as “unsuitable” for therapy due to a high external locus of control. “That’s why we’re here,” she said, “to work through these challenges and create a space for change.”*

*Her humanity extended to me as well. Feedback was not an assault on my character but an invitation to grow. My confidence and hesitation were discussed gently, her belief in my potential evident in her words. She celebrated my strengths rather than fixating on my weaknesses. For the first time, I felt seen, not scrutinized.*

*Supervision with Stacey was not micromanaged but individualized, her door always open. She reviewed patient files weekly, providing practical advice without overwhelming us. Her presence during consultations was surprising yet inspiring. Unlike my previous placement, where supervisors rarely engaged directly with patients, Stacey was immersed. Her advocacy in ward rounds left an impression—not only on me but on all of us.*

*Even the organizational culture reflected her ethos. Respect and trust were palpable, a stark contrast to my past experiences. Among the interns, there was no backbiting, no ego battles. Instead, a sense of camaraderie flourished. Stacey’s emphasis on building relationships extended to everyone—cleaners, nurses, and lay counsellors. It was a lesson in humanity: genuine care transcends roles and hierarchies.*

*A gentleman tasked with retrieving files, whose role did not technically include assisting interns, went out of his way to help us. His quiet generosity epitomized the culture Stacey cultivated. We were a team, bound by mutual respect and shared purpose.*

*Under Stacey's guidance, I found not only a mentor but also a profound life lesson. She taught me to see patients as more than cases and diagnoses, to see them as other people's mothers, sisters, and friends. She taught me to care deeply, to confront challenges without fear, and to embrace my vulnerabilities. For the first time in years, I felt the weight of my past lifting.*

*This was not about forgetting my struggles but understanding that they could propel me forward. Stacey created a space where I could unpack my baggage without shame or judgment. Slowly, I began to believe in my worth again.*

*In Stacey's presence, I rediscovered the ability to breathe not just physically, but emotionally, mentally, and professionally. Her humanity reminded me of my own, and for that, I am endlessly grateful.*

#### **4.4.1. Professional Identity Formation and Mentorship**

Stacey played a vital role in shaping my professional identity and utilised a mentorship or more humanistic approach towards supervision. This was an overall experience, as most of the supervisors at the Ilanga Clinic shared the same assumptions and beliefs about how interns should be treated. Her approach to managing a patient was also of particular interest to me, as I often felt that she genuinely cared for her patients. I found that I could easily follow this philosophy, as it was not acted on or incongruent, and through her behaviour, I could identify what and who I wanted to be professionally. According to Gergen et al. (2022), the formation of a professional identity is a complex process, as it includes the integration of personal values and professional goals, and most importantly, supervisors need to model this professionalism. I found that how Stacey managed her patients and myself as an intern was crucial for this identity development.

Clinical supervision, which is centred on the emotional care of interns, has been found to make supervisees feel cared for in their most vulnerable state and is needed to enhance their professional identity and competence (Jackson & Watkins, 2020).

Jackson and Watkins (2020) further reported that the creation of a safe space under supervision significantly decreases anxiety, builds self-efficacy, and increases professional competence.

These findings are consistent with those of Nel (2011), as she focused on positive aspects of clinical psychology master's training and reported that high motivation, students' level of self-awareness, spirituality, interpersonal connections and training group dynamics were positive factors identified by the master's students in training.

Nel and Fouche (2017) also reported that the positive supervision of clinical psychology master's students encompassed a space of self-acceptance, autonomy and personal growth correlated with students' supervisory experiences.

Stacy was always interested in me as a person prior to the clinical aspect of training, as she deemed this important. I valued this interest in my well-being as it created a space, I could be free and open to the process of supervision. Given the number of men in psychology, the typical stereotypical association of men and being insensitive and not in tune with their feelings was never entertained compared with my time at the Flakfontein Clinic.

The stereotypical narrative of men being insensitive and emotionally absent was not a central feature at the Ilanga Clinic, indicating how masculinity and femininity were negotiated at the Ilanga Clinic. According to Hofstede et al. (2010), the two sets of concepts femininity and masculinity, respectively, suggest that in feminine cultures or societies, both genders share similar characteristics of modesty and caring. My sensitivity and caring nature were not deemed a weakness nor were attempts made to "rectify" me, more than anything it was viewed as something I should openly welcome, as it serves as a valuable tool in the type of work that we do. A modest and nurturing approach was celebrated as I once heard a male supervisor talk about how patients are inclined to resolve their problems (autonomous), and we serve as vehicles in that process rather than some kind of "power house" that could heal or not heal. The statement resonated with me because at my previous placement, supervisors positioned themselves as individuals who had "supernatural" abilities to alter people's lives. I clearly did not fit the criteria of having "superhuman" abilities to see patterns

and alter patients at a strike of implementing one technique as proposed at the Flakfontein Clinic.

The manner in which I was impacted by the organisational culture that Stacey operated in and climatised contrasts with the literature (e.g., Barnett et al., 2007; Watkins, 1995), specifically qualitative studies. The studies revealed that effective supervision, as per the interns' reports, was informed by having a positive and supportive supervisor. Furthermore, the interns reported experiencing their supervisors as respectful and empathetic, which was broadly indicated in the organisation and thus fostered personal and developmental development. Interns encountering effective supervision further reported experiencing constructive feedback that was non-judgemental and non-threatening (Ellis et al., 2017). Effective supervision is reported to facilitate transparency, openness and creativity for interns, thus encouraging them to attempt various theories and interventions (Barnett et al., 2007).

Breese et al. (2012) also proposed that through a safe supervisor–supervisee relationship associated with empowering the intern, this leads to greater personal and professional development. My encounter with Stacey was far-reaching and went beyond just my professional life, but I was touched at a personal level by her and the environment's endless efforts to ensure that all interns were progressing well professionally and personally.

#### **4.4.2. Supportive Group Dynamics and Collaboration**

According to Hofstede's cultural dimension theory, Stacey's organisation exhibited low power distance, low uncertainty avoidance, collectivism, and a feminine cultural orientation. Similarly, Hofstede et al. (2010) suggested that the cultural underpinnings of a society or organisation such as Ilanga foster a climate of care, respect, and professional growth.

The dimension of power distance is reflective of an organisation's acceptance of the unequal distribution of power, particularly by those who are less powerful. My interaction with Stacey highlighted a low power distance, as she exhibited an open position, as she often acknowledged her shortcomings and suggested that I consult

other supervisors, as she does not know everything. The acknowledgement of her shortcomings and suggestions that I could ask other supervisors for help highlights a flat hierarchy as no significant adherence to rigid hierarchical structures.

My interaction with Stacy was also collective as compared to individualistic. For example, she often consulted with the multi-disciplinary team efficiently before making decisions. According to Hofstede et al. (2010), organisations that have a collective orientation are more likely to value the group's needs and interests rather than individual needs. I feel a sense of cohesion and collaboration, as Stacey often highlights the importance of developing a healthy and respectful relationship with every staff member. She did not care if one was a cleaner, nurse, clerk or of any professional status she valued everyone the same. This collectivism was exhibited between the interns because there was a clear absence of malicious competition and individualism, and the organisation was more respectful and emphasised cohesion, which highlighted the collective value of the organisation.

Inadequate and harmful clinical psychology supervisory practices are alarmingly common at various levels of psychological training internationally (Ellis et al. 2017) and in South Africa (Hendricks et al., 2021) and appear to persist today. My subjective internship experience highlighted some pertinent issues about the organisational culture of internship training informing an idiosyncratic culture. The absence of standardised clinical psychology supervision training and monitoring informed a dynamic organisation culture that impacted me both "destructively" and "correctively." Broadly speaking, my experience of positive professional and personal development was a result of an organisational culture that was humanistic, maintained a collective orientation and implicitly and explicitly emphasised the value of human relationships. In contrast, I almost lost myself in an organisational culture that was highly competitive, individualistic, rigid, and maintained a closed system, disregarding the value of human relationships and task driven. The two orientations highlight the tension in how psychological training in the context of internship training negotiates the tension between the adoption of a Euro-American and an Afrocentric organisational culture within an African country that is aligned with an African culture centred around collectivism.

My experience at Flakfontein Clinic highlighted a high-power distance, high anxiety avoidance and masculine orientation nested in competition and exhibited individualistic practices that served the interests of specific subsystems within the system. According to Hofstede's cultural dimensions theory (2010), the latter dimensions are exhibited in Western and American societies, groups, and organisations. The implications of such organisational cultures include how I subjectively experienced my internship training at the Flakfontein Clinic as "destructive" not only for interns but also for training institutions' supervisors. As indicated earlier in this chapter, system survival and homeostasis are maintained through projective identification and other defenses, and institutional double-binds to manage the anxiety of the "unclear" practice of how to supervise trainees. Melanie Klein suggested that the splitting of people resulted in seeing the other as good or bad rather than having an integration of the other as both good and bad. This could inform the sectional attributes of the organisational culture of the Flakfontein Clinic given that systems psychodynamics suggest that the management of anxiety is not only applicable to individuals but also a collective unconscious act that can occur at an institutional or organisational level. I believe that the journey towards a collective training orientation and alignment with African organisational culture requires conscious efforts to bring into awareness the maintenance of a paranoid-schizoid position to a depressive position.

The use of culture as a defence against incompetence is not an unfamiliar practice in public service work; according to Mnguni (2012), employees in government utilise organisational process as a means to mitigate emotions of perceived failure and incompetence.

This perspective, in combination with a notable lack of resources, facilitates an environment where frontline workers are scapegoats. The latter is no different from my experience at Flakfontein Clinic, as indicated before: the social defenses placed by the organisation to manage anxiety created a scapegoat (me) due to a fundamental lack of resource (standardised supervision training).

The organisational culture experienced from my encounter at Flakfontein Clinic was an adoption of a Euro-American culture based on the cultural dimension of

individualism, high power distance, high anxiety avoidance and a masculine orientated environment.

According to Baloyi (2021), owing to Western epistemologies and dominance, conflict may arise between the organisational culture and the lower-level workforce, which tends to be black. Baloyi (2021) further highlighted that in psychology, due to statutory redress, the number of black lecturers and students has increased in South Africa, although a Eurocentric approach is still dominant. The impact of the organisational culture at Flakfontein Clinic was similar to Baloyi's (2021) assertion that the philosophical, epistemological, theoretical, and methodological frameworks are those of colonialists/conquerors and exclude those of the African or black people and, in my experience, clinical psychology training at Flakfontein Clinic.

My personal and professional development was hindered at the Flakfontein Clinic and was profoundly disturbed psychologically and emotionally. The experience at the Ilanga Clinic was a "corrective" experience whereby I could start believing in the profession again and see a place to fit in. The most fulfilling experiences encountered by interns and students have been shown to be supervisory practices that support and contain interns, for example, Breese et al. (2012), Jackson and Watkins (2020), and Nel (2011), from anxiety, especially considering the challenging nature of clinical psychology internship training by providing a safe environment.

My experience at the Ilanga Clinic emphasised the importance of human relationships as a foundational gateway for engagement in a collective and communal manner for the greater good of everyone involved. There were no judgements, and everyone was treated equally or at least given respect from my point of view. The organisational culture at the Ilanga Clinic, I experienced as more Afrocentric and grounded in Hofstede's cultural dimensions of community, low power distance, low anxiety avoidance and a feminine-oriented outlook on gender-related issues. The latter provided an environment that could hold me; the concept (holding environment) was coined by Winnicott as suggested by Aguayo (2018), and according to Petriglieri and Petriglieri (2020), holding can be applied at an institutional level and provides dual functions of interpretation and containment. The tenets of Hofstede et al. (2010) indicated that Ilanga Clinic was leaning towards an Afrocentric organisational culture that was far reaching for me professionally and personally. Although Dlamini (2020)

suggested that an African-centred approach to supervision needs to be used to align training within the African context with aster's training. I suggest that an African-oriented approach to clinical internship supervision must align with this perspective to facilitate a culturally relevant and contextually grounded paradigm.

In summary, my subjective experience of the organisational culture impacted me, which was consistent with suggestions from organisational psychology studies, as highlighted by Feldman (2019), that South Africa has succumbed to a shift from a Eurocentric to an Afrocentric organisational culture. Feldman (2019) suggested that a serious challenge exists in South African organisations given the two types of approaches or organisational cultures. According to Feldman (2019), although many black people have been integrated into managerial positions, they tend to adopt a Eurocentric approach or organisational culture. Accordingly, my experience at these two institutions is indicative of tension between the two organisational cultures.

The respective internship organisational cultures in which I was immersed had a significant impact on me, both positively and negatively. The distinction emerged broadly from alignment with Euro-American- and African-centred organisational cultural epistemologies or philosophies. I experienced developmental experience within an African centred organisational culture, which emphasised support, collectivism, and humanistic values. Conversely, exposure to a Euro-American organisational culture encompassed individualism, which resulted in hindrances to personal and professional growth. As a result of my subjective experience, I suggest that the training of intern clinical psychologists and clinical supervision training be rooted in an African-oriented organisational culture, as it facilitates a more supportive and context-specific learning environment.

#### **4.5. CONCLUSION**

The chapter covered the three fundamental themes that emerged from how I was impacted by the organisational culture of internship training in supervision, with analysis and discussions of subthemes. The next chapter provides concluding remarks about the research study, including strengths, limitations, recommendations and final thoughts in the context of autoethnographic studies.

## **CHAPTER 5: CONCLUSION AND RECOMMENDATIONS**

The following chapter provides a concluding exploration of key findings, the strengths and limitations of the research project and recommendations. I also included my personal reflections and final remarks about the challenges and insights in the process of utilising an autoethnographic methodology and specific recommendations in the context of autoethnography.

### **4.6. SUMMARY OF KEY FINDINGS**

Research has shown that unprofessional and unethical clinical psychology supervisory practices are alarmingly common at various intersections of clinical psychological training globally (Ellis et al. 2017) and in South Africa (Hendrick, 2018). The impact of such harmful supervisory practices is detrimental to professional development and occurs across various internship contexts in the health services sector regardless of discipline (Akinpelu et al. 2020; Naidoo & Wyk 2022; Ramoollo et al. 2023)

My research endeavour is consistent with what Stacy et al. (2022) suggested: people who work in the health and medical sector are exposed to highly bureaucratic organisational systems. Therefore, it is important to take note of the social, political, and historical implications of colonial forces for national culture and the transference thereof at an organisational cultural level. Hence, Hofstede's cultural dimensions theory can be incorporated to understand the effects of a national culture and its impact in an organisational setting. As highlighted by Dlamini (2020), psychology is not an isolated entity or vacuum; hence, Dlamini rejects the idea that it is not driven by social, political, and historical events that shape society.

My subjective internship experience highlighted some pertinent issues about the organisational culture of internship training, informing an idiosyncratic culture that sets training sites apart in terms of how interns would experience supervision. The possible outcomes of the absence of standardised clinical psychology supervision training and

monitoring appeared to inform a dynamic organisation culture that impacted me both “destructively” and “correctively” (Hendricks et al., 2021).

My experience of positive professional and personal development results from an organisational culture that was humane, maintained communal orientation and implicitly and explicitly emphasised the value of human relationships. According to Hofstede et al. (2010) cultural dimension theory, my experience at Ilanga Clinic portrayed an organisational culture that exhibited a low power distance, low anxiety avoidance and promoted collectivism and femininity. On the contrary, I was adversely impacted by an organisational culture that was highly competitive, individualistic, rigid and maintained a closed system, disregarded the value of human relationships and was inclined to tasks driven by self-interest. The latter is identified by Hofstede et al. (2010) as having individualistic, high-power distance, high uncertainty avoidance and characterised by masculinity.

The two organisational orientations highlight the tension in how psychological training in the context of internship training negotiates the conflict between the adoption of a Euro-American and Afrocentric organisational culture within an African country that is aligned with an African culture centred around collectivism. The following sections explore some of the concluding findings of how I was impacted by a predominantly Euro-American organisational culture and African-centred organisational culture in clinical psychology internship training in an African country.

The aim of this study was to explore the impact of organisational culture on an intern clinical psychologists’ subjective experience of internship training to derive the meaning of organisational culture. The objective was to utilise autoethnography to describe and understand my subjective experiences in clinical supervision to extrapolate the distinct organisational cultures of the two internship sites to which I was exposed. The aim and objective of the study were guided by the following research questions or inquiries regarding my subjective experiences of the barriers, facilitators, prominent events, and factors that influenced negative/positive supervisory practices that were informed by the organisational culture of the internship site.

The findings highlighted an emphasis on what became Theme One: Power Dynamics and Hierarchy, which was regulated by key gatekeeping practices and control over

interns, coercion and influence and, finally, the use of supervisory authority and professional boundaries. The latter regulatory functions emerged from the first theme, power dynamics and hierarchy, which emerged from my personal narrative with supervisory practices that impacted me to extrapolate an organisational culture structured by hierarchical customs, power dynamics, group conformity over mutual respect and collective learning and development. The power dynamic impacted me in a way that instilled fear and isolation during my internship training, which were the fundamental barriers to such an organisational culture. The elicitation of fear and isolation were the key gatekeeping practices and control measures over interns, which were prominent negative events. An organisational culture that persistently reinforced a narrative of possible failure of my internship training indicated a demonstration of power and hierarchy. The function of eliciting fear in interns also serves as a management strategy by using primitive defence mechanisms such as projective introjections in the management of the organisation's anxiety, such as Bion's (1961) comprehension of the use of social defence by organisations operating from a paranoid-schizoid position.

The prominent events that accounted for barriers at an organisational level that I experienced at the Flakfontein Clinic were found to exhibit elevated hierarchal relationships, rigid performance benchmarks that paid limited attention to interns' well-being and unique learning needs. The practices left me feeling alienated, and the power and hierarchy maintained the sense of alienation. Other normative supervisory encounters that perpetuated my alienation were emotional disengagement and maintenance of professional distance by supervisors, as highlighted by instances when supervisory practices informed by the organisational culture of interns coerced and influenced interns to understand who is superior in the supervisory relationship.

The most common supervisory style that was informed by the organisational culture was strict adherence to rules and norms and deviation from norm-informed strategies to "whip me" into order by using, for example, propaganda. Most supervisory practices or supervisors maintain a one-up position and embody a top-down orientation to learning. This reflected Flakfontein Clinic's rigid system function, which maintained impenetrable boundaries and a closed system to maintain homeostasis. This rigidity resulted in anxiety and feeling incompetent, which are also viewed from a system

psychodynamics framework as the organisational defence mechanism to avoid its own flaws regarding the incompetence and anxiety of effectively training interns and the high failure rate of the internship site.

The differences between the two organisational cultures I experienced were vast and share no similarities based on the selected theoretical frameworks. The main difference between the two organisations was that the Flakfontein Clinic was oriented towards a Euro-American organisational culture that Hofstede et al. (2010) highlighted as having characteristics of individualism, high power distance, high uncertainty avoidance and masculinity. In contrast, the organisational culture at the Ilanga Clinic exhibited a low power distance, characterised by a flat hierarchy that encompassed low anxiety avoidance. This means that the organisational culture emphasises the equal distribution of power and flexibility, given that supervisors would allow “free thought” and autonomy.

Organisational factors that accounted for negative and positive supervisory experiences at the Flakfontein Clinic were the polarisation of interns as “good” and “bad.” “Splitting” the intern group, as there were several supervisory and intern subsystems in the system, which was done to manage anxiety from the parano-schizoid position. Splitting forms an organisational-level-maintained polarisation of interns using coercive and influential supervisory practices informed by the organisational system survival strategies that need to deflect from the core problems of the internship site. Other negative supervisory practices included the provision of pathological labels, negative feedback, misuse of authority and professional boundaries. Private information about my personal and professional information was discussed among interns and supervisors without my consent.

The unethical practices encountered reflect a paradoxical organisational culture that emphasises protecting the public from unethical psychologists and therefore values gatekeeping to exclude “unfit” psychologists such as me. However, simultaneously, the organisational culture was practising unethical practices. My subjective experience of the impact of the organisational culture of the Flakfontein Clinic was an experience of a “double think.” A double think is a sense of doubt and confusion resulting from an organisational double-bind that was found to be a central feature of the organisational culture (Julmi, 2022).

The second theme that emerged as stated in Chapter four was Erosion of Professional Identity and its respective subthemes, workplace bullying and psychological harm and lack of constructive feedback and development. The impact of organisational culture on my subjective experience regarding supervisory encounters created a negative evaluation of myself. Prior to beginning internship training, I had uncertainties and low confidence. When I started at the Flakfontein Clinic, the confidence and belief in my competence and skills were eroded.

The findings highlighted that the destruction of my professional identity was operationalised using workplace bullying and psychological harm and was inadequate or lacked constructive feedback. The organisational culture at Flakfontein Clinic functioned from a norm of discrediting me internally and externally because I was threatened of being “exposed” in the larger psychology fraternity. Internally, a narrative that there was something inherently “flawed” with me created a narrative with peers that I was the “mistake.” I experienced persistent negative feedback and pathological labels as destructive, informing further alienation and a need to escape to avoid the psychological harm I encountered.

Workplace bullying and psychological harm were consistent with Petriglieri and Petriglieri, (2020) systems psychodynamic perspective of “groups of assumption” in organisations that avoid shame of their organisational flaws by utilising projective introjections on another(s) in this context. The main theme was constructed from the organisation creating an identified patient or scapegoat to manage the organisational dysfunctions that existed by eroding my professional identity.

The last theme that emerged from my personal narrative drew a Humanistic Approach to Supervision and Emotional Well-Being and included two subthemes, Mentorship and Professional Identity Formation and Supportive Group Dynamics and Collaboration. The main theme emerged from positive supervisory practices that I encountered at my second internship training and was reflective of an organisational culture centred on ubuntu and collectivism. My experience of my second internship training was different from that of my first training site because I felt like I could be myself and open to the training process. The organisational culture exhibited emotional, psychological and professional support to me through mentorship and investing in my personal well-being to form my professional identity.

The intern group was supportive and operated in a collective manner, which reflected the organisational culture, and human relationships were viewed above tasks and organisational outcomes. The emphasis on interns' emotional and psychological well-being promoted a space to be vulnerable and fearless because the environment managed my anxiety. In alignment with the literature, the most positive supervisory experiences recalled by interns were organisations that support them emotionally, manage interns' anxiety and thus experienced a holding environment. Ilanga clinic was not only supportive from the supervisor's point of view but also cohesive and worked towards one goal. The latter is reflective of the supervisory practices informed by the organisational culture of a working group (Petriglieri & Petriglieri, (2020). According to Petriglieri and Petriglieri, (2020), the working group is a collective effort by a group to work towards one outcome as a whole and has maintained a depressive position. This means that good and bad interns are wholly integrated; thus, a collective collaborative organisational system is the homeostasis of the system.

#### **4.7. STRENGTHS OF THE STUDY**

The main purpose of autoethnographic studies is to provide a voice to those silenced and subjugated and present a story that can connect with its audience. As suggested by Ellis et al. (2011), by employing the writer's story, autoethnographic studies are known to be a voice for the voiceless and resist power structures from a political, cultural, and historical perspective.

Authoring this research project allowed me the opportunity to tell my story of how I was impacted by the organisational culture of clinical psychology internship training. I hope that interns who have experienced similar events will reflect and know that they are not alone, even those who have qualified as psychologists but still have scars from having similar experiences. I hope that they may find affirmation and comfort in knowing that they must be exceptional individuals, who have made it passed that challenging intersection in their personal and professional life. They may use their challenging experiences to help others and change adverse and abusive supervisory encounters experienced by clinical psychology interns.

Writing in the first person also made it possible for me to write from a point of view that traditional research methods would not afford me. Unlike traditional research methods

in which the researcher is presented with a third person, I was able to move between using first- and third-person voices by utilising autoethnography. Using the first-person voice afforded me the opportunity to be able to connect with the reader, unlike just using a third-person voice that creates distance. Autoethnography also affords the writer the ability to transform and journey with the reader through the process, as I shared my personal and sometimes very painful experiences.

The use of evocative expression also facilitates an empathic connection within internship training and allows the reader to think about their individual experiences. My hardship and humiliation at my first internship site provide vulnerable aspects of being a clinical psychology intern. Ellis (2004) asserts that the primary aim of autoethnography is to foster meaningful connections, emphasising that research should not be a detached and impersonal document, read once and then forgotten. It is my hope that this personal narrative resonates with interns in the healthcare sector, psychology students, internship supervisors, and directors, prompting reflection or initiating discussions in which others might find parallels to their own experiences.

Another strength of autoethnography, especially in a South African context, as highlighted by Schmid (2019), is that the writer is afforded the capacity to critically analyse and reframe narratives from an indigenous view. In so doing, the writer reveals perpetual misrepresentations of indigenous knowledge as positivist research approaches tend to do. Schmid (2019) further highlights that autoethnography is useful in capturing not only individual but also collective experiences. My story was silenced as I felt scared to tell my truth, and hopefully, by reading my subjective experience, the narrative about “unsuccessful interns” may be altered. My personal narrative is my personal story, but others may have similar lived experiences in internship training and exposure to similar organisational cultures.

Finally, another strength of the research study is that it was a moderate autoethnography intended to balance evocative and analytical autoethnography. I decided to maintain a balance between the two because autoethnography has often been criticised for being overly self-indulgent and narcissistic; hence, I attempted to provide analysis to my personal narrative. According to Wall (2006), most autoethnography is either too evocative or analytical; thus, he proposed moderate autoethnography to balance the poetic stance and scientific analysis.

#### 4.8. LIMITATIONS

The most common criticism of autoethnographic studies is that they are centred on one person's point of view, life experience(s), and thus are not objective and cannot be generalised to everyone's experience.

In doing so, the personal story of the writer is self-indulgent and narcissistic and fails to meet traditional research methods and criteria. Given that the researcher serves as the primary data source and is writing about others, questions surrounding the validity and credibility of the study emerge. In this context, conducting interviews with those involved would not necessarily enhance the study's credibility or validity.

The primary limitation of this study lies in the small number of participants. The inclusion of the perspectives of supervisors and other intern clinical psychologists could have broadened the scope of the research, offering a more comprehensive account and diverse viewpoints.

Another criticism about autoethnography is the privacy of those involved, as supervisory encounters were presented extensively to contextualise the lived experience in analysing the organisational culture. Measures to protect the privacy of those involved were taken by using pseudonyms, changes in location and dates as suggested by Malhotra (2013) in doing no harm to those implicated.

It is also important to mention that Ellis (2004) suggested that autoethnography is an opportunity to bring forward the unfamiliar and previously unheard narratives a voice. Ellis (2004) suggested that researchers should assess the broader benefits of the study and evaluate whether its potential risks are justifiable considering the greater good it aims to achieve. The prevalence of harmful supervisory practices in clinical psychology and other internship training programmes in the health sector is pervasive, as captured by several writers (Cartwright, 2020; Hendricks, 2017, 2018; Pillay & Johnston 2011). I am inclined to follow Ellis (2004) because of the increasing prevalence of harmful supervisory practices in clinical psychology training, specifically internship training.

In conclusion, and consistent with prior autoethnographic studies that have exempted the procedural requirement of obtaining consent, the present study draws on

retrospective personal experiences in which securing consent from implicated individuals was not feasible. For example, Botha (2010) authored an autoethnography exploring her experiences of workplace bullying in a corporate setting without the consent of others involved. Similarly, Adams (2011) documented their subjective experiences of homophobic violence, and Brison (2002) wrote a personal account of surviving rape also without seeking consent from other individuals mentioned. These precedents illustrate that in certain autoethnographic contexts, particularly those involving trauma, marginalization, or retrospective reflection, the attainment of consent may be ethically and practically unfeasible (Adams, 2011; Brison, 2002; Howard, 2022).

As Ellis (2004) notes, autoethnographers bear the responsibility of justifying the representation of others in their narratives, particularly when consent is not obtained. In alignment with this, I have critically reflected on the ethical implications of portraying others in my personal narrative and have adhered to the principle of "do no harm." Following the practices of Malhotra (2013) and Lee (2018), I have taken precautions to protect the identities of those referenced by employing pseudonyms, altering dates and locations, and omitting any identifying information. These measures were implemented to uphold the privacy, dignity, and integrity of those involved.

According to Tullis (2021), autoethnographers have employed a range of strategies to protect the identity and integrity of individuals represented in their narratives, particularly in situations where obtaining informed consent was not feasible. Commonly adopted methods include the use of pseudonyms and the alteration of demographic details such as gender and age. In addition, some researchers have adopted more creative approaches, such as amalgamating characteristics from multiple individuals into a single composite figure. Another prevalent strategy involves the use of fictionalised accounts of personal experiences, which serve to obscure specific temporal, spatial, and contextual details, thereby distancing the researcher from the factual elements of the narrative (Ellis, 2004). Some autoethnographic works incorporate poetic and performative elements as further means of de-identification, particularly when issues of consent present ethical challenges. Ellis (2004) also advocates for the use of third-person narration in place of the first person, as this narrative distance can further protect the identities of those involved.

In alignment with the ethical guidance offered by Tullis (2021) and Ellis (2004), I have adopted several of these protective strategies in the presentation of individuals featured in my personal narrative. These include the use of pseudonyms, the fictionalisation of a critical supervisory incident, and the integration of third-person narration in certain sections of the text. Nevertheless, as Tullis (2021) acknowledges, such strategies may not always guarantee complete anonymity for all parties involved. Consequently, these limitations underscore the importance of ongoing ethical reflection and dialogue concerning issues of social justice within autoethnographic research.

According to Lee (2018), when procedural ethics restrict the expression of subjective personal narratives particularly those of individuals who are subjugated, silenced, or lack institutional authority such restrictions inadvertently reinforce existing structures of power and oppression. The silencing of these narratives, under the guise of ethical compliance, serves to maintain an ethically oppressive system that privileges institutional norms over lived experience.

#### **4.9. RECOMMENDATIONS FOR FURTHER RESEARCH**

The objective of this research study was to explore the influence of organisational culture on intern clinical psychologists' subjective experiences with internship training within clinical supervision. The personal narrative presented underscores that the most significant personal and professional learning outcomes were achieved within an organisational culture that was person-centred, reflecting elements of an African-centred organisational framework. My narrative illustrates the profound impact of an African-centred organisational culture, which was aligned with both my personal and professional needs. This suggests the potential benefit of continuing internship training sites that are rooted in an African-centred organisational culture. The adoption of a Euro-American organisational culture seems to have negatively influenced my subjective experience. If this organisational culture persists, it is likely to result in the continuation of supervisors who may unintentionally reinforce harmful supervisory practices.

Second, consistent with Hendrick's et al. (2021) recommendation, monitoring and training of clinical psychologists are needed. I have reservations regarding the training

and monitoring of supervisors. The reason is that clinical psychology supervisors in developed countries are provided with training and oversight, but harmful supervisory practices remain prevalent. Therefore, the adoption of Euro-American models and practices may further distance supervisors from understanding and addressing the African experience. While I acknowledge the importance of training and monitoring suggested by Hendricks (2018), I propose that these efforts should be specifically tailored to reflect African experiences and ways of life.

The study would also like to recommend the development of an African-centred epistemology of clinical psychology supervision embedded in African values, for example, in principles of humaneness (ubuntu). The paradoxical message of implementing psychotherapy in an African context and its epistemological foundations firmly established in Western ideologies leads to confusion. This dissonance is indicative of a gap in aligning training methodologies with culturally applicable frameworks. This reinstates the conflict of applicability and authenticity of Western organisational cultures in training within the African landscape.

Deeper research on organisational culture within the clinical psychology community could provide useful insights, especially in the South African context, which is shaped by colonial history and ongoing influences. Conducting comprehensive qualitative and quantitative research methods may provide valuable information on how the profession is aligned with or influenced by colonial legacies. It may be useful to replicate the study and include other voices, exploring the supervisory experiences of recently qualified psychologists and current clinical psychologists in training to juxtapose my experiences.

The above comments are suggested to various parties involved in the training of psychologists and the regulatory body that governs the profession of psychology. Thus, it is intended for the intern clinical psychologist, clinical supervisor and university representative, internship site directors and the Health Professions Council of South Africa.

#### **4.10. FINAL REMARKS AND REFLECTIONS ON THE AUTOETHNOGRAPHIC JOURNEY**

A common misconception about adopting an autoethnographic approach is the belief that the study is simpler than traditional methods, such as conducting interviews and analysing multiple transcripts. This journey has been no easy path for me, and I suspect that reading these words/content may have pressed upon you too. If it moved you, even slightly, then something true was touched. I found the process challenging both at the beginning and especially towards the end when drafting this dissertation. In writing about my experiences, I was overwhelmed by a multitude of supervisory encounters, alongside personal stories of how these experiences impacted me on a personal and professional level.

Initially, my stories focused on how my internship success affected my personal life, including my romantic relationship, which suffered due to marriage prospects and financial constraints. My life was put on pause, affecting my overall functioning. I even had stories (data) about the financial struggles I faced, such as not being able to afford a birthday gift for my niece and how my career stalled due to my internship experience. The writing process was emotionally taxing, as I had to revisit and reflect on parts of my life, I thought I had moved past. It was a painful but also an awakening experience, revealing the false narratives I had unknowingly internalised about myself. Initially, I was unaware of the lingering pain I carried and how it had shaped me both personally and professionally. Writing allowed me to gain a broader perspective on the context of the hurt I was carrying and enabled me to reflect on the social and personal challenges that made my internship journey so difficult.

I began my Master's training at the age of 33, one of only three students in their 30s, with the rest of the cohort being in their early and mid-20s. Qualifying as a clinical psychologist was non-negotiable for me, as I felt that time was not on my side, and I needed to succeed. The pressures of marriage, financial stability, and establishing a stable career added to this stress. I had also previously dropped out of a chemical engineering course earlier in my life, making success in clinical psychology more paramount.

This experience taught me that I have the right to voice my opinions and speak my truth. Conforming to morally wrong behaviours should not be accepted, and unjust practices must be addressed not out of confrontation or opposition but because

everyone deserves to be heard. I can now see how my silence paralyzed me within the context of the organisational culture.

Initially, my perception of the difficult experiences at my first internship site was that I simply encountered “bad people.” Unfortunately, that was overly simplistic and superficial and mostly embedded in anger rather than trying to logically understand what I experienced. The personal narrative or extracts I presented are more inclined towards reflecting my experience at the first internship site, and I deemed that important, as I would have never thought of writing about the internship journey if it were not for that cultural exposure.

I am too human and embroiled in my own personal conflicts, I do though hope that the logic and rationality I have presented is viewed as that and not as the means informed by emotions and missing the point. The study is by no means a retaliation of anger as that would mean I am also involved in ‘othering’ I truly hope that my work is not interpreted in that manner. Instead, we look at the organisational culture and sociological and historical influences thereof, which has a significant influence on African societies at various levels.

Last, to anyone considering an autoethnographic approach, I encourage you to be mindful of how you feel throughout the process. I often paused my work owing to the emotional weight of past experiences. It is important to regularly engage in self-reflection and ask yourself why you are undertaking this journey. Doing so will help you reconnect with your work when the process becomes overwhelming.

#### **4.11. CONCLUSION**

My personal narrative inquiry into how I was impacted by the organisational culture of internship training was an analytical and evocative presentation of a subjective experience of being in internship training in two distinct South African institutions. The research project is my story and a subjective experience but simultaneously provides the reader with the opportunity to find a common ground or the reader may know of someone who is experiencing a similar experience.

Broadly when one considers Braun and Clarke’s (2006) framework for latent and semantic thematic analysis and findings. The semantic or explicit, surface-level findings

suggest that Flakfontein's organisational culture was critical, rigid and valued power rather than collective efforts and collaboration. The environmental culture was also blaming and defensive and attributed shortcomings to me, with persistent reinforcement of punitive measures rather than developmental feedback. The organisational culture was interrogative, placed value on criticism and dismissed open dialogue. The findings also suggested that the organisational culture was misplaced in terms of ethical supervisory practices, as the environment was opposed to principles of growth and support.

The latent analysis and findings suggested that the organisational culture had underlying assumptions, ideologies and meaning that informed its practices. The findings indicated that the organisation exhibited a dysfunctional orientated internship training approach because interns are viewed as "flawed." I was viewed as "inherently inefficient," which is consistent with disembodied epistemologies that value authority (linearity) over co-construction of knowledge (circularity). This is indicative of a Western-oriented organisational culture informing supervisory practices in clinical psychology training, which subsequently ignores culture-specific epistemologies such as ubuntu. The practice of gatekeeping also informed an organisational culture that consistently interrogated interns' competence and career choices, informing exclusionary practices and the misuse of power to control those who enter the clinical psychology profession. A dysfunctional organisational culture was said to misuse power structures to support reflective, critical dialogue to manage organisational anxiety. Systems psychodynamics suggests the use of projective introjections as a key function to avoid the latter and use others as scapegoats in this case.

My personal narrative produced three central themes, namely, Power Dynamics and Hierarchy, Erosion of Professional Identity and Humanistic Approach to Training and Emotional Wellbeing. The three broad themes emerged from various subthemes and were comprehended utilising systems theory (Becvar & Becvar, 2013) and Hofstede's cultural dimension theory (Hofstede et al., 2010) to conceptualise my experience. The dominant feature from the discussion was the misalignment of the organisational culture of internship training with my personal and professional needs. According to the literature, it is also evident that the most effective supervisory experiences are in environments where basic intern needs are met (Ellis et al., 2017). The journey of

internship training is an exceedingly challenging process, and from my experience and findings, it suggests that an internship training site with an organisational culture that is inclined to support, care for and be sensitive to interns yields positive learning outcomes and development.

A fundamental feature of how I was impacted by the organisational culture of the two-internship training site is that there is a noticeable conflict in negotiating between Euro-American- and African-centred organisational culture. This dynamic informed the misuse of power and activated social defenses, as the organisation functioned on individual or sectarian interests rather than a collective progression.

In this concluding chapter, I briefly discuss the key findings of the research study, provide details of strengths and limitations, make recommendations on the basis of the research study and provide my final remarks and reflections on an autoethnographic approach.

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## APPENDIX A: LANGUAGE EDITING



# APPENDIX B: ETHICS CERTIFICATE



## COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

14 March 2024

Dear Mr Trevor Sandile Tshabalala

NHREC Registration # :  
Rec-240816-052  
CREC Reference # :  
61034363\_CREC\_CHS\_2024

**Decision:**  
**Ethics Approval from 14 March 2024  
to 14 March 2025**

**Researcher(s): Name: Mr. T. S. Tshabalala**  
**Contact details: [61034363@mylife.unisa.ac.za](mailto:61034363@mylife.unisa.ac.za)**  
**Supervisor(s): Name: Dr. E. Tlou**  
**Contact details: [tloue@unisa.ac.za](mailto:tloue@unisa.ac.za)**

**Title: The impact of organizational culture on an intern clinical psychologists' subjective experience of internship supervision: An autoethnographic Approach**  
**Degree Purpose: Masters**

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *low-risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**14 March 2025**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

*Note:*

*The reference number **61034363\_CREC\_CHS\_2024** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature:



Prof. KB Khan  
CHS Research Ethics Committee Chairperson  
Email: khankb@unisa.ac.za  
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Signature: PP

Prof ZZ Nkosi  
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