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**“I REALISED THAT, IF I AM DEAD, I CANNOT FINISH MY PHD!”:  
A NARRATIVE ETHNOGRAPHY OF PSYCHOLOGICAL CAPITAL IN ACADEMIA**

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## **ABSTRACT**

Despite increasing quantitative evidence that there is a mental health crisis in doctoral education, there is a lack of qualitative research highlighting the voices of individuals experiencing mental illness. This study highlights the experiences of a second-year PhD student as she discovers that she is mentally unwell. The participant's experiences are interwoven with the reflections and experiences of the researcher, a doctoral educator. Through narrative ethnography, this study highlights the need for doctoral educators to build an environment that fosters students' psychological capital by helping them develop hope, efficacy, resilience, and optimism. In this way, doctoral education environments can become more welcoming, compassionate, inclusive, and growth-focused. This study also demonstrates the benefits of employing narrative ethnography to improve educators' pedagogical practices by helping them better understand their own lived experiences and those of their students.

## **KEYWORDS**

DOCTORAL EDUCATION; WELLBEING; PSYCHOLOGICAL CAPITAL; ANXIETY;  
LIVED EXPERIENCE; AUTOETHNOGRAPHY

## INTRODUCTION

I have been working in higher education for more than a decade where I work closely with graduate research students to help them succeed in their studies. While my role is technically related to helping these students develop their academic language and literacy, a significant proportion of my time is dedicated to providing pastoral care. I have realized that PhD students contact me for support because they either do not know why they feel the way they do or do not know where else to go. While I am a trained counselor and mental health first aider, these students often require specialized psychological assistance, so my primary role is to help them see their need for additional support.

As a result of these experiences, I have become increasingly interested in the mental health landscape of academia. Mental health refers to a state of wellbeing where a person can manage life's various challenges and stresses, realize their capabilities, learn and work effectively, and contribute to their community (World Health Organization, 2022). Mental illness, by contrast, is considered 'a medical condition that affects mood, behaviour, energy, habits, or personality, inhibiting a person's ability to function effectively in their everyday life' (Lau & Pretorius, 2019, p. 38). Notably, mental health is more than just the absence of a mental illness; mental health 'exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes' (World Health Organization, 2022, para. 2). Various social and structural factors also contribute to the wellbeing or ill-health of individuals (World Health Organization, 2022).

Research highlights that mental illness is of significant concern in the Australian population. Data from 2020/2021 showed that 43.7% of the Australian population aged 16-85

experienced a mental disorder in their lifetime, with 21.4% experiencing a mental disorder in the 12 months prior to the survey (Australian Bureau of Statistics, 2022). The most commonly experienced mental disorders included anxiety disorders (16.8%), affective disorders (7.5%), and substance-use disorders (3.3%) (Australian Bureau of Statistics, 2022). Concerningly, 15.4% of Australians aged 16-85 experienced either high or very high psychological distress (Australian Bureau of Statistics, 2022). These conditions can be significantly debilitating, as illustrated by Grant-Skiba’s (2023) description of her experience: ‘I have no energy to even get out of bed. [...] I eat to fill the void, but it’s always there. Sometimes, it gets so bad that I can’t breathe. I just curl up in a foetal position’ (p. 95). The high incidence of mental illness demonstrates the need for further research into how to foster resilience.

The incidence of mental illness in academia is even starker than in the general population. In fact, researchers have dubbed the mental health landscape in academia an *academic mental health crisis* (see, e.g., Evans et al., 2018; Gushulak et al., 2023; Lau & Pretorius, 2019). There is a significant incidence of psychological distress in graduate student cohorts, with studies indicating that mental illness is more than twice as likely in this cohort compared to the general population (Barreira et al., 2018; Levecque et al., 2017). In fact, graduate students in Evans et al.’s (2018) study had a six times higher likelihood of experiencing depression and anxiety than the general population. Perhaps most notably, Barreira et al. (2018) found that the prevalence of anxiety and depression in their cohort of Economics PhD students was comparable to those found in incarcerated populations. Recent studies have also demonstrated the significant mental health impact of the COVID-19 pandemic on those studying and working in academia (Grant-Skiba, 2023; Mokbul, 2023; Patel, 2023; Pretorius et al., 2023; Rangarajan & Daneshfar, 2023). These findings should act as a clarion call for educators to

improve their practices and educational programs to create more welcoming and compassionate environments which foster optimism and hope for the future.

Various factors contribute to the high incidence of mental illness in doctoral programs. PhD programs are still traditionally isolated and characterized by high work demands, significant pressures to publish and receive research funding, a marked lack of work-life balance, as well as significant career precarity and financial insecurity (Charles et al., 2022; Lau & Pretorius, 2019). Additionally, the systems within academia are complex and the knowledge required to navigate these structures is often unspoken (Pretorius & Macaulay, 2021). As a result, PhD students often need to discover the rules and norms of academia for themselves to navigate this complex space (Pretorius & Macaulay, 2021). Developing a collectively shared and internalized understanding of the rules within academia significantly impacts a PhD student’s academic identity (Hoang & Pretorius, 2019; Hradsky et al., 2021; Pretorius & Macaulay, 2021). The recent COVID-19 pandemic exacerbated these challenges to academic identity, with increasing experiences of isolation and marginalization (Cahusac de Caux et al., 2023a). If we, as educators, want to help the future generation of researchers flourish in academia, we must create environments where students can develop an academic identity which makes them feel as if they belong within the academy and can succeed in their chosen field. In this way, we can create more inclusive and growth-focused environments.

Despite the high prevalence of these conditions, there is still a significant stigma associated with mental illness (see, e.g., Kitchener et al., 2017; Pietikäinen, 2015; Pretorius & Ford, 2017; Schomerus et al., 2012). As a result of this societal stigma, there is a hesitancy to seek treatment. This is also the case in the doctoral education landscape. For example, Mokbul (2023) noted that ‘there is a lot of stigma associated with mental illness in my culture; the person

is treated negatively, as if they have gone mad. As a result, I was unsure of seeking help from my institution’ (p. 81). Similarly, Lai (2019) preferred to describe herself as experiencing physical symptoms such as fatigue, chest tightness, or an upset stomach. She chose to diagnose herself as experiencing ‘neurasthenia’ (Lai, 2019, p. 98), a condition which is ‘considered an acceptable medical diagnosis [in Asian cultures] that conveys distress without the stigma of a psychiatric diagnosis’ (Schwartz, 2002, p. 257). In my experience, it often takes several long conversations for my PhD students to acknowledge that they may need assistance. This highlights the need for doctoral educators to have better practices which normalize help-seeking for mental health concerns.

While a growing body of research demonstrates the incidence of mental ill health in PhD student cohorts, few studies explore individual PhD students’ experiences of mental illness qualitatively (a few notable exceptions include Grant-Skiba, 2023; Lai, 2019; Lau, 2019; Mokbul, 2023; Patel, 2023). Qualitative studies are essential as they can highlight the lived experiences of PhD students, thereby advocating for institutional change within academia. In this study, therefore, I set out to highlight the experiences of one PhD student (Em, pseudonym) at a large research-intensive university in Australia. This exploration is interwoven with my own experiences and insider knowledge of academia to contextualize the findings within the culture of the PhD. Through narrative ethnography, this study highlights the need for doctoral educators to build an environment that fosters students’ hope, efficacy, resilience, and optimism – the four components of psychological capital.

## **THEORETICAL FRAMEWORK**

The concept of psychological capital initially arose as an attempt to augment other forms of capital such as economic, human, and social capital (Luthans et al., 2004; Luthans



et al., 2015). Luthans et al. (2004, p. 46) note that economic capital can be considered as ‘what you have’, human capital can be understood as ‘what you know’, and social capital can be described as ‘who you know’ (see also Bourdieu, 1990, 1998; Bourdieu & Wacquant, 1992 for more information on economic, social, cultural, and symbolic capital). Psychological capital, however, moves beyond these and can be considered as ‘who you are’ as well as ‘who you are capable of becoming’ (Luthans et al., 2015, p. 6). Psychological capital interacts with other forms of capital, requires investment, and can be developed (Luthans et al., 2015).

Psychological capital draws on positive psychology, a field that focuses on wellbeing, specifically increasing the flourishing of individuals (Seligman, 2012). As noted earlier, there is a mental health crisis in doctoral education and a need to foster educational environments which are more welcoming, compassionate, inclusive, and growth-focused. Therefore, adopting psychological capital as my theoretical framework was an intentional choice to help me focus on ways to help doctoral students flourish in academia.

There are different definitions for psychological capital, but I have chosen to use Luthans et al.’s (2015) definition, which they describe as ‘the HERO within’ (p. 5). HERO here refers to the four components characteristic of psychological capital: hope, efficacy, resilience, and optimism (Luthans et al., 2015). Psychological capital, therefore, can be defined as:

An individual’s positive psychological state of development that is characterized by (1) having confidence (*efficacy*) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (*optimism*) about succeeding now and

in the future; (3) persevering toward goals and, when necessary, redirecting paths to goals (*hope*) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (*resiliency*) to attain success. (Luthans et al., 2015, p. 2, italics added for emphasis).

## RESEARCH PHILOSOPHY

In this study, I adopt a constructivist paradigm. Similar to Hoang (2018), I understand that my reality and those of my participants are our unique perceptions of the world constructed and reconstructed through our experiences. As Guba (1990) notes, these realities are mental constructions which are dependent on the individual and consequently, constructivists aim to ‘reconstruct the “world” at the only point at which it exists: in the minds of constructors’ (p. 27). Therefore, the aim of this study is to explore how Em and I (re)constructed our understandings of our subjective realities through our experiences.

The philosophy of narrative inquiry was used in this study to understand and highlight lived experiences. Narrative researchers believe that stories highlight how humans experience their everyday world (Connelly & Clandinin, 1990); consequently, these researchers focus on illuminating the meaning of particular events or stories in a person’s life (Wang & Geale, 2015). Narrative researchers acknowledge that education and educational research act in a way to construct and reconstruct personal stories through their interactions and that, consequently, ‘learners, teachers, and researchers are storytellers and characters in their own and other’s stories’ (Connelly & Clandinin, 1990, p. 2). By exploring and presenting participants’ rich and detailed experiences, narrative researchers can help amplify participants’ voices and bring to the fore discourses which may otherwise be silenced (Trahar, 2013; Wang & Geale, 2015). This was

important in the present study, given the focus on the lived experience of mental illness, a topic which is still traditionally stigmatized.

## **METHODOLOGY**

### **Ethics**

Monash University’s Human Research Ethics Committee approved this project’s design, data collection, and analysis procedures (project number 19306). All participants in this project provided informed consent through a written consent form. Importantly, this paper includes particularly sensitive data regarding Em’s lived experiences. As such, it was also essential to reaffirm consent at the end of this project. Consequently, the draft manuscript was sent to Em before submission and she provided written approval via email to publish her experiences.

### **Narrative Ethnography as a Form of Autoethnography**

In this study, I used autoethnography as a research design to explore Em’s and my own experiences. Autoethnography is a qualitative research methodology which employs a reflexive research approach to systematically explore personal experiences to understand cultural phenomena (Ellis et al., 2011; Holman Jones et al., 2016; Pretorius, 2023; Pretorius & Cutri, 2019). Through personal stories, autoethnographers can provide vivid ‘windows to the world, through which they interpret how their selves are connected to their sociocultural contexts’ (Chang et al., 2013, pp. 18-19). This purposeful evaluation of autobiographical information allows researchers to tell stories that explain how sociocultural phenomena have shaped an individual’s perspectives and behaviors (see, e.g., Cahusac de Caux et al., 2023b; Patel et al., 2022; Pretorius et al., 2019). Therefore, autoethnography is not merely a narration of personal

experiences; it is a way to critique cultural practices, contribute to existing research, embrace vulnerability as well as the visibility of the self within research, and create a reciprocal relationship with an audience (Chang et al., 2013; Holman Jones et al., 2016; Pretorius, 2023).

Specifically, this study utilised narrative ethnography, a form of autoethnography that showcases ‘stories that incorporate the ethnographer's experiences into the ethnographic descriptions and analysis of others’ (Ellis et al., 2011, p. 278). Narrative ethnographies are, therefore, focused on the experiences of others while illuminating these experiences with insights from the researcher’s own experience (Ellis et al., 2011).

### **Data Collection and Analysis**

To accurately reflect Em’s experiences, I re-explored data I obtained from a larger mixed-method study that was designed to investigate the wellbeing of 29 doctoral students predominantly from the social sciences. The data collection process for this study has been previously described (see Pretorius & Macaulay, 2021). This dataset contained closed and open-ended responses from an online survey, narratives obtained through several follow-up email-based conversations, and field notes taken during the research process. I conducted reflexive thematic analyses (see Braun & Clarke, 2006, 2019, 2022) of these open-ended online survey questions and email-based conversations. I used the concepts of psychological capital (hope, efficacy, resilience, and optimism) to conduct my reflexive thematic analysis deductively.

In keeping with the philosophy of narrative inquiry, I have conveyed Em’s story through her authentic voice, with no alterations made to syntax, spelling, or grammar. The emotionally evocative imagery used is Em’s own, highlighting her often-times tumultuous PhD journey. Thick descriptions of data and triangulation between the different parts of the online survey, email-based conversations, and the researcher’s personal experiences were used to establish the

trustworthiness of the data analyses. Importantly, Em contributed to the data interpretation by ensuring the trustworthiness of the data analyses and providing further explanations where necessary. In this way, Em co-constructed meaning with me. This highlights that, while the initial data collection occurred as part of the online survey, the final data used in this study included non-linear conversations between myself and Em.

An essential component of reflexive thematic analysis is the reflexivity of the researcher during the process (Braun & Clarke, 2022). By incorporating my experiences in this study, I could explore the concepts of hope, efficacy, resilience and optimism with a reflexive lens. To reflect on my past experiences, I used the simple reflective prompt strategy described by Pretorius and Cutri (2019). This allowed me to describe the experience, analyze the experience to explore my thoughts and feelings, both at the time of the event and now, as well as explore how this experience has informed my pedagogical practice today. I started my reflective journey by engaging in recorded conversations with myself through Zoom. Throughout the manuscript writing process, I further reflected on what I was thinking and feeling during the experiences I was describing. These reflections reminded me of other experiences that shaped my identity during my childhood, which helped me deepen my engagement with my experiences and those of Em. Reflecting on the vulnerability of Em’s words also prompted me to more deeply consider and analyze my own experiences within academia, allowing stronger researcher reflexivity. I also consulted my family regarding my recollections and reviewed relevant documents, including leave applications and my thesis examiner reports. Finally, I consulted my field notes during the analysis process to provide richer contextual details regarding Em’s responses. I share my reflections as personal stories which represent the amalgamation of the ideas from my recorded

Zoom conversations with the additional thoughts and experiences I remembered while writing the manuscript.

The larger mixed-methods dataset also included responses from all participants to a non-clinical assessment of mental wellbeing at a particular moment in time (the General Health Questionnaire-12, GHQ-12, see Goldberg, 1972, 1978; Goldberg & Williams, 1988). Em’s responses to the GHQ-12 were used to contextualize her level of psychological distress at this moment of her studies. The level of psychological distress in the larger participant cohort was used to provide contextual insight into the broader mental health landscape in which Em found herself. Responses to the items in the GHQ-12 were quantified using the 0-0-1-1 scoring method, which has been shown to eliminate response bias (see Rey et al., 2014). Psychological distress was identified when a participant reported a score of one for at least two items in the GHQ-12. The results from the GHQ-12 have been represented visually in this study.

## FINDINGS

From the data analysis, I constructed four themes: *I am working towards my dreams* (i.e., hope), *taking care of myself is hard, but I can learn the skills I need* (i.e., efficacy), *sharing my experiences with others helps me bounce back from adversity* (i.e., resilience), and *I know I can succeed* (i.e., optimism). Importantly, these themes were often inter-connected, demonstrating the complexity of Em’s and my experiences. Consequently, I have chosen to present the findings as a holistic story of our journeys through our experiences.

### Reflections on my PhD Experience

As I reflect on my own experience during my PhD, I realize that several moments changed the course of my career and fundamentally reshaped my academic identity. When I use

the term academic identity, I mean the stories I tell myself and others about who I am, who I am not, as well as who I should be in the context of academia (Pretorius et al., 2023; Pretorius & Macaulay, 2021; Yuval-Davis, 2010). I consider myself an insider within the higher education sector. I am a lecturer at a large and highly-ranked research-intensive university in Australia. I have multiple degrees, have published many journal articles as well as two academic books, and am considered an expert in the doctoral education field. I have also won several teaching awards for my work with graduate research students. Yet, despite all this objective evidence of my academic success, I am still sometimes marginalized in practice when it comes to teaching and research. This is partly because doctoral education is not currently considered a distinct discipline in education research, but also because staff sometimes overlook my expertise due to my age, gender, and non-English speaking background.

To understand my academic journey, I started by exploring my experiences as a PhD student. This was a time when, despite significant setbacks, I was certain of my goal and found ways to redirect the path towards my goal when I was faced with adversity; I describe this sense of hope under the theme ‘I am working towards my dreams’:

I chose to complete a PhD to teach at a university; this was my dream and as I reflect on my journey, I realise now that I have indeed achieved this dream. What differs from my initial imagined reality of academia is that I now work in a significantly different disciplinary area from what I studied as part of my PhD. I developed an allergy to a common laboratory chemical halfway through my PhD due to an unfortunate laboratory accident. This was quite problematic, but my supervisors and I found a way for me to adapt my project so that I could finish my PhD. My allergy also meant that I could no

longer teach in medical labs. As a result, I decided to switch what I taught. I decided to move into an area which I had studied as part of my undergraduate degree.

During my PhD, I also sustained a significant injury when I burst two discs in my lower back. I had to take several months of sick leave from my studies to focus on my recovery. I spent about three months basically lying on the floor. Even after getting up off the floor, I still needed to learn to walk again; I needed extensive treatment and physiotherapy. It was quite painful for quite a long time and also very challenging for me because I am a very independent person, and I needed to have other people help me a lot. I did not like the feeling of being dependent on someone else.

Despite these two experiences, I successfully completed my PhD in less than four years (see Pretorius, 2010). I also received a commendation from my thesis examiner; they noted that my thesis ‘fell within the top 5% of all theses in the field’. Through my reflections, I discovered that I had a strong sense of who I was and where I was going. I also realized that I had optimism regarding my journey because my childhood experiences had given me confidence in my abilities and purpose, as well as the certainty that I could succeed if I put my mind to something. I describe this sense of optimism under the theme, ‘I know I can succeed’.

My parents also always taught me to be the strong person I am today; they instilled inner confidence in my skills and abilities. At an early age, I was identified as ‘gifted’. In second grade, I actually won an award for reading the most books in the entire school. I was provided with the opportunity to complete additional programmes outside of school, such as Astronomy, Chemistry, and Latin. Indeed, I completed a Latin diploma at a university during my primary and early secondary school years. Throughout this time, I



was encouraged to develop my love for learning and embrace my identity as a future scholar. As I reflect on these experiences, I realise I was always going to go into some sort of academic career. I think that this is actually the perfect home for me; it is exactly what was meant for me from the beginning. I feel that this is where I belong.

My experiences have shaped my research interests regarding the mental wellbeing of PhD students.

‘While I did not experience mental illness during my PhD, I knew of other struggling students. What is it about doctoral education programmes and how they are structured that causes this to happen? I want to transform pedagogical practices in the doctoral education landscape.’

To reform doctoral education practices, however, it is essential to understand the lived realities of PhD students experiencing mental illness. In the next section of this paper, therefore, I highlight the lived experience of Em as she reflects on her journey through mental illness during her PhD.

### **A Narrative Ethnography of Em’s PhD Experience**

I met Em in the first year of her PhD after she had temporarily migrated to Australia from East Asia to complete her PhD. Throughout my interactions with Em, I have always been impressed by her passion for her research topic. Em started her PhD because she wanted to improve the experiences of marginalized children in her society, a topic which she frequently and passionately discussed.

At the time of the initial data collection, Em was approximately halfway through her PhD. She thought she had a good relationship with her supervisors and that her supervisors understood her needs. Em also felt confident that she could find help with her studies if needed. However, she noted that she did not have many friends in her research area and usually worked in isolation. Em also felt significant pressure to publish and was worried about her potential to attract research funding. Em noted that she was worried about her own mental health and significantly concerned about the mental health of some of her friends. When asked what she thought the most important challenges were that PhD students faced, Em highlighted ‘mental health, financial, loneliness’.

Em’s GHQ-12 results demonstrated that she was experiencing significant psychological distress at the time of initial data collection. She was unhappy, depressed, and no longer enjoyed her day-to-day activities; she also experienced constant strain, could not face her problems or overcome her difficulties, and had lost her self-confidence. I referred Em to a mental health professional and it was good to later hear that Em had indeed sought help to try and manage the feelings she was experiencing.

To understand Em’s experiences, it was first necessary to elucidate what she meant when she used the term mental wellbeing. In our email-based conversations, she noted:

I think mental well-being is about how we respond to different incidence, events, emergencies, etc that happens in life, how we regulate our emotions and actions, and how we help ourselves to come back to an state of equilibrium. I think that stressful events and sufferings are an integral part of life, just like joy and excitement. We cannot entirely avoid the seemingly negative events (they might have a silver liner, and they might not), but it is mostly our understanding, out interpretation of it that matters to us, and have an

effect on our wellbeing. I also think that the community we are in has a major impact on our mental health too.

I was also interested in understanding how Em felt her mental wellbeing had changed throughout her doctoral studies. She started by reflecting on the time before her PhD, noting ‘Before starting my PhD, I felt I was living a content and purpose-driven life, and I was happy about where I was, and how I viewed myself’. However, her PhD journey significantly affected her wellbeing.

I think I have been constantly fighting to come back to the "ideal" state of balance. [...] this PhD journey has been like driving a tiny little boat on the fierce and intimidating ocean. Sometimes it is wildly stormy and I have no idea if this boat called PhD studies will be able to see tomorrow, and yet sometimes it is all peaceful and I know where I am sailing. [...] A month after I came back from data collection, I started having very scary physical symptoms, lump in my throat, palpitation, tingling sensations in my body, shortness of breath, dizziness, etc., which eventually turned out to be panic attacks. [...] All the physical symptoms around those panic attacks really scared me, and each time I thought I was having a heart attack and that was it.[...] I seriously considered quitting when panic attacks came frequently, because it was very scary, every single time. [...]

I was very ashamed of it and felt I was weak and incapable, and I was afraid that people would judge me for having panic attacks, or blame me for not taking good care of myself. [...] Also, because I am a Christian, I was afraid that my Christian friends would blame me for not relying on God enough, which was probably true, but I just could not take it at that time. I needed people to be respectful and gentle with me when I was really

vulnerable, but again, it might just be me projecting on others my own harsh criticism to myself. [...] I was miserable, frustrated, and quite lost.

While discussing my study findings with Em, she exclaimed, ‘I realised that, if I am dead, I cannot finish my PhD!’ She explained:

I was literally afraid that I would drop dead because of studying too much! [...] but I guess when it is the only thing that you do all day every day, for three to four years, and you are alone in a foreign country, it becomes your whole world, the only thing that matters, and there is no way back. [...] I told myself that no matter how important this PhD is, it is not worth my life. It would not worth it either if I die right after I finish my PhD. There is just so much more to life than this [...] This PhD would not be meaningful if I die, or live like a walking dead.

### **Developing Psychological Capital**

For Em, this was a real turning point. Her reflections highlight the psychological turn she made during her studies; she had chosen to take proactive steps to improve her wellbeing because she wanted to finish her PhD:

I had to make a decision, either to quit and get on with my life, or to prioritise self-care and somehow (try to) enjoy my study. I mapped out all the PhD-related things that mattered to me to help myself decide, and I realised that I actually really want to complete it, because I was still curious about the answers that I was going to find, through data analysis, reading, and writing, even though they are often very painful.

Em believed she could succeed; she was optimistic and had hope for the future, and she found ways to rebound from her adversity. I have conceptualized Em’s efficacy under the theme ‘taking care of myself is hard, but I can learn the skills I need’.

In the process, even though it is painful and hard and takes a lot of trial and error, I learn to master skills that helps me stabilise this boat and sail towards my destination. Skills include not only those related to research and academic writing, but also how to take good care of myself even when it does not seem to deserve the top of my priority list. My! That takes a lot of reminding, determination, and time that I don't have!

Importantly, Em consciously decided to continue her studies and find a way to redirect her paths to achieve her goals. Em came to that decision by reflecting on her own experiences, her identity as a Christian, and the insights she had gained from various medical professionals. This has given her optimism and hope for the future, as well as fostered her confidence in her ability to succeed in the PhD.

Eventually I came around and remembered to have compassion with myself, and that was when I stopped worrying so much about what others would think or say. [...] Since that day, I have focused on this curiosity [about my research topic], and needless to say, my faith helped me tremendously. I told myself that I am on a journey of treasure hunt, and God has hidden precious stones that He will help me find! It is childish, I know, but I am just a child in front of Him. So I am allowed!

This optimism and hope were also reflected in my reflections. I was motivated to finish my PhD because I had a goal in mind, so I worked towards achieving my dream with the

assistance of my family, supervisors, and research colleagues. Furthermore, my purpose and sense of identity were shaped through my experiences as a child as well as my faith. This instilled in me a sense of resilience during challenging times and hope for the future.

I think that my sense of perseverance probably comes from my experience as a person who grew up in South Africa during a time of significant political turmoil characterized by a lot of violence, death, and destruction. I was a victim of crime multiple times. I still vividly remember one morning waking up to the sound of an army helicopter outside my window; I later discovered they were searching for people who had been shot the previous night next to my house. There was fear and danger all around and I needed to learn how to compartmentalise the danger of my country and my everyday experiences as a young person.

Also, I think it is a function of my faith that I have a strong sense of who I am. I find my purpose in the knowledge that I have been placed in the situation I am in for a reason. I vividly remember a pastoral care worker asking me how I could be so positive about my back injury, given its severity. At that time, I probably did not really think about it much; I was too focused on getting better. Now, however, I realise that I knew that even though I was going through trials, I would emerge stronger. I always remember the Bible verse ‘Not only that, but we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope’<sup>1</sup>.

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<sup>1</sup> Romans 5:3-4, English Standard Version

Em noted that she had become more willing to share her ‘struggles’ with others, which I describe under the theme ‘sharing my experiences with others helps me bounce back from adversity’. Through sharing her difficulties, she has found a community that has helped her build resilience.

I have also decided to not hide my struggles, but share them with my fellow PhD friends. It turns out that they all--yes, all of them--are struggling in one way or another. Still, my struggle is not a blessing, but I am certainly blessed to be able to have this group of friends with whom we can share our pain, be there for each other, remind each other to rest, and laugh about it from time to time.

I discovered that I did this too, as can be seen in this reflection about returning to on-campus teaching following the lifting of COVID-19 lockdown restrictions.

We are returning to work and it is causing me quite a bit of re-entry anxiety, which is not surprising – I think that’s probably true of everyone. I feel like it is dangerous for me to be there, that I am putting myself in danger. As someone who comes from South Africa, where my parents taught me to listen to my senses, it is ingrained in me to trust that feeling of danger and take myself out of that situation. I have been sharing my experiences with my colleagues and it has been comforting to see that many of them feel the same way.

After my data analysis, I shared my findings with Em and discovered that her positive outlook for her studies had been sustained several years later.

Wow! I had forgotten about the survey and what I had written, until I read this paper. I love it! It has not been an easy journey for me, hasn't it? Surprisingly, I had forgotten most of the pain that I wrote about LOL As a participant, I can really see how this survey helped me reflect on my own experience and grow from it. [...] This is supercool!!

### **Broader Mental Health Landscape in Doctoral Education**

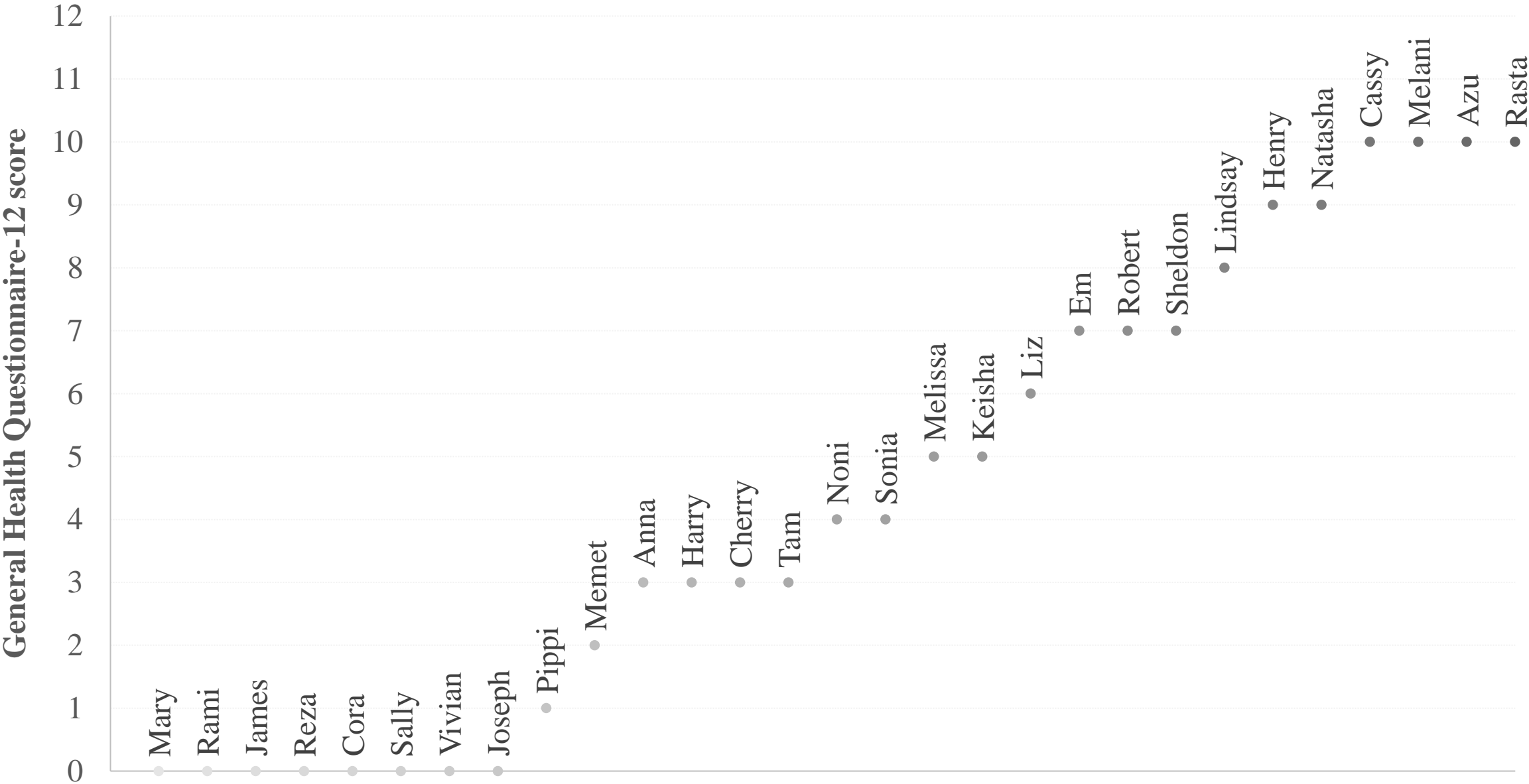
While this study has focused on Em's experiences, it is important to note that I could have told a similar story about most of the other participants in my larger study. In my participant cohort, 20 of the 29 participants were in psychological distress at the time of my data collection (Figure 1). Concerningly, nearly half of my participants (13) reported experiencing five or more anxiety and/or depression-related concerns, indicating significant psychological distress (Figure 1).

[INSERT FIGURE 1 HERE]

My data also highlight that the stigma surrounding mental illness remains high in PhD student cohorts. Most of my participants (90.5%) were aware of the mental health support available at their institution. However, several noted that they had not 'thought about going there', 'would probably not seek them out unless I was very desperate', would prefer to seek help from 'a private professional', 'need encouragement' to seek out that type of help, or 'think everyone has to learn to deal with their own problems'.



**Figure 1** Doctoral Students’ Level of Psychological Distress as Measured by the General Health Questionnaire-12



*Note:* Psychological distress is indicated by a score of two or more on the General Health Questionnaire-12. A score of five or higher indicates significant psychological distress.

## INSIGHTS AND RECOMMENDATIONS

Psychological capital necessitates an interplay of a variety of knowledges, skills, and educational experiences, as well as relationships and social networks (Luthans et al., 2015). This illustrates that it is important for educators to help students learn the knowledge and skills they require to succeed. Bandura (1997) highlights that mastery experiences, modeling, and social persuasion are particularly effective in building efficacy. Additionally, hope can be developed by creating conditions where agency is fostered and planning towards goals is encouraged (Luthans et al., 2004). Therefore, in practice, students’ psychological capital can be fostered by creating supportive learning environments which help students flourish.

Many educational strategies help create supportive learning environments, including collaborative learning. Writing groups, as a form of both mastery experiences and social persuasion, have been shown to promote doctoral students’ efficacy by fostering academic identity, developing academic writing and reflective practice skills, and building confidence in their ability to publish their work (Cahusac de Caux et al., 2017; Chakraborty et al., 2021; Hradsky et al., 2021; Lam et al., 2019). These types of support networks also allow students to share their struggles, build a sense of belonging, and gain emotional support, which helps develop hope, resilience, and optimism (see, e.g., Hradsky et al., 2021). My writing groups also formally celebrate significant successes (including publications, successful milestone review panel presentations, and graduations). This optimism can help others in the group persevere towards their goals, thereby encouraging hope. Consequently, writing groups are an excellent way educators can help build students’ psychological capital, as these groups foster hope, efficacy, resilience, and optimism.

Significantly, educators also need to create environments which do not ignore problems or adversity, but help students interpret these obstacles as opportunities for learning and growth (Luthans et al., 2015). In this way, we can help students develop hope by modelling how we persevere towards our goals. For example, I share my successes and failures in my practice. When one of my papers is rejected, I share this with my students, purposely showcasing how I manage my feelings of failure and use the experience to improve my study for future publication. Consequently, I model a growth mindset (see Dweck, 2007) and highlight the importance of self-compassion (see Neff, 2003). This also helps students see resilience in action, as I am showing them how I bounce back from this problem to ultimately achieve success (i.e., the publication of my paper).

Finally, research supervisors should have frank and open conversations with their students to discuss concerns they may be experiencing and highlight that there is nothing wrong with seeking appropriate mental health support. Too often, I hear fellow scholars noting that their experience as a PhD student was very challenging, so they feel they must make sure their students also experience adversity; purportedly, this will help their students develop *a thick skin*. I argue that merely experiencing adversity does not equate to the development of psychological capital. As illustrated in both Em’s and my narratives, psychological capital requires hope, efficacy, resilience, and optimism, which is developed over many years through various experiences. Our hope, efficacy, resilience, and optimism came from our sense of purpose, identity, faith, and childhood experiences. Consequently, I argue that we should allow PhD students the time and space to reflexively explore the influences of their own experiences on their academic identities. In this way, we can help create an academic environment which fosters

psychological capital by encouraging our fellow scholars to develop efficacy regarding their abilities, discover optimism and hope for the future, and build resilience to face adversity.

Some strengths and weaknesses of this study should be considered. Firstly, it is important to highlight that students tend to contact me if they already have concerns about their studies. Consequently, my study cohort likely represents a group of people that may have a higher incidence of psychological distress than the overall PhD student population. Secondly, this study focuses on the experiences of only a few individuals within a specific time and space. As such, readers may think the findings are less generalizable to other contexts. However, generalizability in qualitative research focuses on providing insight beyond statistical generalization (Smith, 2018). Furthermore, the experiences these students have shared are also representative of the mental health crisis in academia described earlier. Consequently, the findings from this study can be applied to other contexts because it resonates with others’ experiences (i.e., naturalistic generalisability), provides evocative stories which are transferable to other contexts (i.e., generalisability through transferability), and demonstrates the generalizability of the concepts of hope, efficacy, resilience, and optimism to the doctoral education context (i.e., analytic generalisability, see Smith, 2018 for further detail about the different forms of generalisability in qualitative research).

## **CONCLUSION**

Through my narrative exploration of Em’s journey, I have discovered the importance of educators leading cultural reform within academia. I have learnt that I need to use my privileged position within academia to be a force for change. As I have previously noted, the academic mental health landscape is bleak. As educators, we cannot put the onus for mental wellbeing on

the individual PhD student; this is a responsibility for all of us to help ensure our students flourish emotionally. Consequently, I aim to be an educator who models hope, efficacy, resilience, and optimism to my students to help them discover what I believe academia can be, rather than what it currently is. Through this practice, I can contribute to making the academic environment more welcoming, compassionate, inclusive, and growth-focused.

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