

# “I realised that, if I am dead, I cannot finish my PhD!”: A narrative ethnography of psychological capital in academia

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## Research Article

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# Abstract

Despite the increasing quantitative evidence that there is a mental health crisis in doctoral education, there is a lack of qualitative research that highlights 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 the use of narrative ethnography, this study highlights the need for doctoral educators to build an environment that fosters students' psychological capital by helping them develop efficacy, optimism, hope, and resilience. In this way, doctoral education environments can become more welcoming, compassionate, inclusive, and growth-focused. This study also demonstrates the benefits for educators of employing narrative ethnography as a methodology to improve their own pedagogical practices by better understanding their own lived experiences as well as those of their students.

## Introduction

I have been working in the higher education setting for more than a decade. In my role as an academic advisor, I work closely with graduate research students to help them succeed in their studies. While my role as an academic advisor is technically related to helping students develop their academic language and literacy, in reality, much of my role is focused on the provision of pastoral care during the PhD. I have realised that PhD students come to me for support because they either do not know why they are feeling the way they do, or they do not know where else to go. While I am a trained counsellor and mental health first aider, these students often require specialised psychological assistance, so my main 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 can be defined as a state of wellbeing where a person can realise their potential, cope with daily stress, work productively, and make a contribution to their community (World Health Organization, 2013). In contrast, mental illness is considered a medical condition that "affects a person's feelings, thoughts, and behaviour, disrupting a person's ability to function effectively in their everyday life" (Lau & Pretorius, 2019, p. 38). While research indicates one in five people in Australia aged 16-85 experience mental ill health in any one year (Australian Bureau of Statistics, 2008; Australian Institute of Health and Welfare, 2017; Kitchener et al., 2017), there is still significant stigma surrounding mental illness (see, e.g., Kitchener et al., 2017; Pietikäinen, 2015; Schomerus et al., 2012). As a result, there is a hesitancy for people who are experiencing mental ill health to seek out treatment.

Given the societal stigma associated with mental illness, it is not surprising that high-achieving individuals such as PhD students are hesitant to acknowledge that they too experience psychological distress. In my experience, it often takes several long conversations for my PhD students to even acknowledge that they may need assistance. This is despite the now quite well-established body of research highlighting the stark mental health landscape in academia (see, e.g., Pretorius et al., 2019),

which is increasingly referred to as an academic mental health crisis (see Evans et al., 2018; Lau & Pretorius, 2019). A study by Levecque et al. (2017), for example, highlighted that 51% of the PhD students in their study experienced psychological distress. Similarly, Evans et al. (2018) showed that 41% of the students in their study experienced anxiety and 39% experienced depression. 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.

When I reflect on these statistics, I realise that they should not surprise me. PhD programmes are still traditionally isolated and characterised 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 (Lau & Pretorius, 2019). Additionally, the systems within academia are complex and the knowledge required to navigate these structures is often unspoken; PhD students often need to discover the rules and norms of academia for themselves to navigate this complex space (Pretorius & Macaulay, 2021). At the same time, however, the systems and structures of academia exert force back onto the PhD student, particularly when they try to push academic boundaries. This process of developing a collectively shared and internalised understanding of the rules within academia has been shown to have a significant impact on a PhD student's academic identity (see Pretorius & Macaulay, 2021).

While a growing body of research demonstrates the incidence of mental ill health in PhD student cohorts, there are very few studies that explore individual PhD students' experiences of mental illness in a qualitative sense (a notable exception is Lai, 2019). These types of studies are important, as they highlight not only that there is a problem within academia, but also showcase the PhD students' lived experiences. Importantly, qualitative studies can put a human face to the aforementioned stark numbers associated with psychological distress in PhD student cohorts, thereby further advocating for institutional change within higher education. As such, 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 contextualise the findings within the culture of the PhD. Through the use of narrative ethnography, this study highlights the need for doctoral educators to build an environment that fosters students' psychological capital by helping them develop efficacy, optimism, hope, and resilience. In this way, doctoral education environments can become more welcoming, compassionate, inclusive, and growth-focused.

## **Theoretical Framework And Research Philosophy**

In this study, I utilise psychological capital as my theoretical framework. There have been many definitions of psychological capital in the literature, but I have chosen to adopt Luthans et al.'s (2015, p. 2) definition:

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.

Psychological capital, therefore, requires efficacy, optimism, hope, and resilience.

In this study, the philosophy of narrative inquiry was used as a way to understand and highlight the lived experience of a participant with mental illness. 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). Furthermore, narrative researchers acknowledge that education and educational research act in a way to construct and re-construct personal stories through interactions with others (Connelly & Clandinin, 1990). As a consequence, narrative research highlight that "learners, teachers, and researchers are storytellers and characters in their own and other's stories" (Connelly & Clandinin, 1990, p. 2). By exploring and presenting the rich and detailed experiences of participants, narrative inquiry can therefore help to amplify the voices of participants and bring to the fore discourses which may otherwise be silenced (Trahar; Wang & Geale, 2015). This was important in the present study, given the focus on the experience of mental illness, a topic which is still traditionally stigmatised.

## **Methodology**

### **Ethics**

The design, data collection, and analysis procedures of the project were approved by Monash University's Human Research Ethics Committee (project approval number 19306). Em provided informed consent to participate in this project. Given the sensitive nature of the research topic, it was deemed important to also reaffirm consent to publish Em's experiences at the end of the project. Consequently, the 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**

This study utilised narrative ethnography as the methodology to examine the participant's and the researcher's experiences. Narrative ethnography is a form of autoethnography, a qualitative research methodology which employs a reflexive research approach to systematically explore personal experiences to understand cultural experience (Ellis et al., 2011; Holman Jones et al., 2016).

Autoethnography, therefore, necessitates the visibility of the self within the research process and the writing (Holman Jones et al., 2016). It has been noted that "the existence of different social and cultural practices, or at times a perceived lack of practices, cultivates an unspoken world in academia – the

culture of doctoral training” (Pretorius & Cutri, 2019, p. 31). Consequently, the culture of the PhD should be explored through an insider perspective (Pretorius & Cutri, 2019), something that the methodology of autoethnography provides.

Through their use of personal stories, autoethnographers are able to 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, emphasis in original). This purposeful evaluation of autobiographical information allows researchers to tell the stories that explain how sociocultural phenomena have shaped an individual’s perspectives and behaviours (see, e.g., Patel et al., 2022). Therefore, autoethnography is not merely narration of personal experiences; it is a methodology that critiques cultural practices, contributes to existing research, embraces vulnerability, and creates a reciprocal relationship with an audience (Chang et al., 2013; Holman Jones et al., 2016).

There are a variety of autoethnographic approaches that can be applied by researchers, depending on their intended purpose (Holman Jones et al., 2016). Ellis et al. (2011) note that narrative ethnographies are “stories that incorporate the ethnographer’s experiences into the ethnographic descriptions and analysis of others” (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). This is accomplished through purposeful exploration of the encounters between the researcher and participants (Ellis et al., 2011; Tedlock, 1991).

## Data Collection and Analysis

To accurately reflect Em’s experiences, I explored the data I had previously obtained from a larger mixed-method study that was designed to investigate the wellbeing of 29 doctoral students predominantly from the social sciences (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. As noted by Pretorius and Macaulay (2021), email-based conversations are appropriate in the context of sensitive mental wellbeing discussions, as it reduces the impact of the unequal power relationship within the research design.

In this study, researcher reflexivity, thick descriptions of data, and triangulation of data between the different parts of the online survey, the email-based conversations, and the researcher’s personal experiences were used to establish the trustworthiness of the data analysis. I conducted reflexive thematic analyses (see Braun & Clarke, 2006, 2019; Braun et al., 2019) of the open-ended online survey questions and email-based conversations. I also consulted my field notes during the analysis process to provide richer contextual details regarding Em’s responses. Importantly, I allowed Em to contribute to the data interpretation by allowing her to validate data analyses and provide contextual explanations where necessary. In this way, Em co-constructed meaning with me (Varpio et al., 2017). 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. I have conveyed Em's story through her own authentic voice, with no alterations made to syntax or grammar. The emotionally evocative imagery used are Em's own, highlighting her often-times tumultuous PhD journey.

While this study focuses on the experiences of Em, there were wellbeing data from the other 28 students that were also relevant in helping to explain the context in which Em found herself. As such, I included the responses of all participants in the larger study to a non-clinical assessment of mental wellbeing at a particular moment in time (the General Health Questionnaire-12, see Goldberg, 1972, 1978; Goldberg & Williams, 1988). Responses to the items in the General Health Questionnaire-12 were quantified using the bimodal 0-0-1-1 scoring method, as this method has been shown to eliminate the response bias that can occur when participants prefer to choose either extreme or middle responses regardless of the statement (Rey et al., 2014). Psychological distress was identified when a participant reported a score of one for at least two items in the General Health Questionnaire-12. Em's responses to the General Health Questionnaire-12 have been used to contextualise her level of psychological distress at this moment of her studies. The level of psychological distress in the larger participant cohort was used in order to provide contextual insight into the broader mental health landscape in which Em found herself. Consequently, I have presented the other participants' responses to the General Health Questionnaire-12 graphically.

As noted earlier, narrative ethnography incorporates insights from the autoethnographer's own experiences (Ellis et al., 2011). To reflect on my own past experiences, I used the simple reflective prompt strategy which was previously described by Pretorius and Cutri (2019). This allowed me to describe the experience, analyse 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 engaged in conversations with myself using Zoom to record these personal discussions. Throughout the manuscript writing process, I then further reflected on what I was thinking and feeling during the experiences I was describing. These reflections reminded me of other experiences which shaped my own identity during my childhood, which helped me to deepen my engagement with my experiences and those of Em. Reflecting on the vulnerability of Em's own words also prompted me to more deeply consider and analyse my own experiences within academia, allowing stronger researcher reflexivity throughout the manuscript writing process. I present my reflections as personal stories which combine the excerpts of my recorded conversations with the additional experiences I remembered while writing the manuscript.

## Findings

### Reflections on my Own PhD Experience

As I reflect on my own experience during my PhD, I realise that there were several moments which not only changed the course of my career but also fundamentally reshaped my academic identity. When I use the term academic identity, I draw on the work of Yuval-Davis (2010) and Pretorius and Macaulay (2021)

to understand the concept as 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. I consider myself as an insider within the higher education sector. As noted earlier, I am an academic adviser at a large and highly-ranked research-intensive university in Australia. I have multiple degrees, have published many journal articles as well as an academic book, and I am considered an expert in the doctoral education field. I have also won several teaching awards particularly for my work with graduate research students. Yet, at the same time, I feel like I need to better equip myself to succeed in academia in the future. Despite all the objective evidence of my scholarly success, I am still sometimes marginalised in practice when it comes to both teaching and research. This is partly due to the fact that doctoral education is not currently considered a distinct discipline in education research more broadly, but also because staff overlook my expertise due to my age, gender, job title, and non-English speaking background.

My experiences as a PhD student highlight a time when, despite significant setbacks, I was certain of my goals.

*I chose to complete a PhD in order 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 is different to my initial imagined reality of academia is that I now work in a significantly different disciplinary area to that which 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 as it meant that there were several different parts of my experiments that I could not conduct by myself. I needed someone else to do parts of the experiments because I could not go near the chemical to which I was now allergic.*

*As a result of my allergy, I could no longer teach in medical labs. But all that meant is that I decided to switch what I taught. I decided to move into an area which I had studied as part of my undergraduate degree. So in the end, I am now teaching in the Faculty of Education and I teach future teachers, education policy makers, researchers, as well as those in Psychology and Counselling. 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.*

During my PhD, I also sustained a significant injury when I burst two discs in my lower back. This was a very traumatic experience, particularly for someone who was in their mid-20s at that point in time.

*The doctors had given me lots of medication and I was not able to move at all. In fact, I spent about three months, basically lying on the floor. I had to take several months of intermission from my studies to focus on my recovery. Even after I got up off the floor, I still needed to learn how to walk again. It was quite painful for quite a long time and it was 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. Once I could go back to the lab, I could not drive myself, because my left leg was not yet working properly and obviously it would be unsafe. This meant that I relied on others,*

*predominantly, my parents and my siblings to drive me to and from the city which was an effort on their part because the lab was quite far away.*

Despite these two quite dramatic experiences, I discovered that I actually had quite a strong sense of who I was and confidence in my capacity to move forward. I was determined to succeed and I eventually completed my PhD in 2010 (see Pretorius, 2010).

*I succeeded, very successfully actually! I got a commendation from my examiner, my thesis fell within the top 5% of all theses in the field.*

As I reflect on these two experiences though, I wonder how I managed to find the perseverance to continue. What in my past prepared me for such traumatic experiences?

*I vividly remember one day I received a visit from our local pastoral care worker. This was after I had started to recover from my injury and was able to get up off the floor, but I was still in quite a bit of pain though. I was sitting on my nice comfy chair that my family had organized for me and I remember clearly her asking me how I could be so positive about the situation, given how severely injured I was. At that time I probably did not really think about it much; I was too focused on getting better. I just knew inside that I would find a way through; I knew that I would get to the other end and be fine.*

I firmly believe that it is these two experiences which have shaped my research interests into the mental wellbeing of PhD students.

*It is stark, the numbers that you see for PhD student mental wellbeing. The incidence of mental illness is significantly greater in PhD populations than in the general population and this is fascinating to me. What is it about the doctoral education programs and the way they are structured that causes this to happen? While I did not myself experience mental illness during my PhD, I knew of other students who were struggling. In my role now, I am also in frequent contact with PhD students who are experiencing poor mental health due to a variety of factors. Clearly there is something about the PhD that is not good for promoting good mental health. I want to better understand students' experiences of mental illness during the PhD, in order to transform pedagogical practices in the doctoral education landscape.*

To reform doctoral education practices, however, it is essential to understand the lived experiences of PhD students living with mental illness. In the next section of this paper, therefore, I highlight the lived experience of Em as she reflects on her own 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. At the time of the initial data collection in this study, Em was approximately half-way through her PhD. From the online survey it was clear that Em thought she had a good relationship with her supervisors and that she felt her supervisors understood her needs. She also felt confident that she could find help with her studies if she needed it. However, Em noted that she did not have a lot of friends in her research area and that she usually worked in isolation. She also felt significant pressure to publish and was worried about her potential to attract research funding. Interestingly, however, Em thought that her PhD studies had helped her build a good work-life balance.

Throughout my interactions with Em, I have always been impressed by her passion for her particular research topic. Em started her PhD because she wanted to improve the experiences of marginalised children in her society, a topic which she frequently discussed. It was clear that she was very passionate, yet she was also unsure whether she would recommend a PhD to another student. Em noted:

*It is really challenging doing a PhD. It is substantially more so if you are an international student. I would think the university should make well-being an integral part in the PhD studies.*

From my discussions with Em, I became aware of significant mental health challenges that she had experienced during her studies. In the online survey, Em noted that she was concerned about her own mental health and that she was 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”.

Given Em's focus on the importance of mental health in the PhD, I needed to first understand how she conceptualised the term mental wellbeing.

*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.*

Em's General Health Questionnaire-12 results demonstrate that, at the time of data collection, she was experiencing seven symptoms of psychological distress. In particular, she was unhappy, depressed, and no longer enjoyed her day-to-day activities, she experienced constant strain, could not face her problems or overcome her difficulties, and had lost confidence in herself. This is a clear indication that Em was in significant need of support and particularly more specialised support than I could provide. In her online survey responses, Em had noted that she felt that counselling support was easily accessible and that she had previously sought help from a counsellor to cope with her studies. I referred her to a mental health professional as a consequence of her responses to the General Health Questionnaire-12 and it was good to hear later that Em had sought help to try and manage the feelings she was experiencing.

I was interested in understanding how Em felt her mental wellbeing had changed over the course of her doctoral studies. She highlighted how she had started her PhD with a positive outlook and a clear purpose. However, this changed during her data collection stage, when she started experiencing panic attacks.

*I think I have been constantly fighting to come back to the "ideal" state of balance. 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, the start of 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. 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. I think perhaps it was because I myself was not clear what panic attacks were and why they happened. After all, I was just reading and not worrying about anything when it happened. 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.*

While I was discussing the findings from my study with Em, she exclaimed "I realised that if I am dead I cannot finish my PhD!". Through her struggles, she had come to acknowledge her need for support, but she had also realised that her PhD was not the focus of her whole life.

*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. So yes, 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. For me as a self-funding international student who does not come from a rich family, it also means I have used up all my savings and every dollar that I am earning now. At times I*

*question my own decision to start this journey, and wonder whether I should continue or minimise the damage—financial, physical, and psychological.*

For her, this was a real turning point in how she approached her mental wellbeing so I asked her to further explain what she meant.

*It was really scary when the symptoms happened, even though I knew it was just another panic attack. So 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 [...] I seriously considered quitting when panic attacks came frequently, because it was very scary, every single time, even though I learned the strategies and they were helpful. I was miserable, frustrated, and quite lost. I really did not care whether I would get the title of Dr. or not—not the reason why I wanted to do a PhD, not afterwards, and not now. This PhD would not be meaningful if I die, or live like a walking dead.*

Em's reflections highlighted the psychological turn she had made during her studies; she had chosen to take proactive steps to improve her wellbeing because she wanted to finish her PhD. This resonated with my own experiences during my PhD. I have since come to realise that by both of us making this conscious choice to reach our goals, we were using our psychological capital.

## Developing Psychological Capital

Em's narrative exemplifies efficacy, optimism, hope, and resilience (the key components of psychological capital as noted earlier). She believed she could succeed, she was optimistic and had hope for the future, and she found ways to rebound from her adversity.

*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.*

Importantly, Em made a conscious decision to continue her studies and find a way to overcome her adversity. Em came to the decision by reflecting on her own experiences, her identity as a Christian, as well as through the insights she had gained from a variety of 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.

*My! [Taking good care of myself] takes a lot of reminding, determination, and time that I don't have! Talking with a mental health professional as well as GP helps a lot! [...] 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. [...] 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. Since that day, I have focused on this curiosity, 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 was also reflected in my own reflections. I was determined to finish my PhD, I had made a conscious effort to find a way to finish my experiments and worked with my supervisors to make this happen.

*While annoying and at times very frustrating, my supervisors were actually very accommodating. We worked together to develop new research protocols where the research assistants could do the parts of the experiment that I could not do myself. [...] Through this I learned that there is always a way; even if it seems like it is a bit annoying and frustrating, there is always a way for you to be able to continue.*

My purpose and sense of identity was shaped through my experiences as a child as well as my faith. This instilled in me a sense of perseverance during challenging times and a 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 with a lot of violence and 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 were 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. This allowed me to focus on my studies at school and my family at home.*

*Also, I think that it is a function of my own faith that I have a strong sense of who I am. I find my purpose in the knowledge that I am a child of God and that He has placed me in the situation I am in for a reason. Additionally, throughout the two challenging experiences I mentioned earlier, I knew that even though I was going through trials, I would come out of the trials 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>.*

My parents also always taught me to be the strong person I am today; they instilled in me an inner confidence in my own 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; my childhood experiences shaped my view of the world as something to be explored and understood.*

Em noted that she had become more willing to share her “struggles” with others. 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. However, whatever does not kill me, I think I am strong enough, for now at least!*

I discovered that I did this too, as can be seen in this reflection on my current practices as we return to on-campus teaching following the lifting of COVID-19 lockdown restrictions.

*We are returning back 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. Last week I went into the office and I had to sit at my desk in my office area and I felt like the walls were closing in with people all around me. It was feeling like it was dangerous for me to be there, that I was putting myself in danger. As someone who comes from South Africa, where my parents taught me from a very early age, to listen to my senses (or as my father says: to trust my skin – to trust not just what I can see, but also my feelings in a situation), it is ingrained in me to trust that feeling of danger and take myself out of that situation. I had to remove myself and because of that I now work predominantly outside or in very large open air type places, so as to make myself feel safe. I have been sharing my experiences with my colleagues and it has been comforting to see that many of them feel the same way. We have also been able to work together to think of ways that we could make ourselves safer while still being able to do what we love – teach.*

At the conclusion of my data analysis, I shared my findings with Em and was happy to discover that her positive outlook for her studies has 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 really have told a similar story about most of the other participants' in my larger study. When I analyzed the results of the other participants' responses to the General Health Questionnaire-12, I found that 20 of the 29 participants were in psychological distress at the time of my data collection (see Figure 1). Indeed, nearly half of the participants (13) reported experiencing five or more anxiety and/or depression-related concerns, indicating a significant level of psychological distress (see Figure 1). In consideration of the diagnostic criteria for anxiety- and depression-related disorders (American Psychiatric Association, 2013), these participants were formally referred to professional mental health support services for further assessment. All other participants in the study were provided with details for mental health support at the university with the recommendation that they seek help.

[1] Romans 5:3-4, English Standard Version

It is likely that the cohort for my study does represent a group of people that may have a higher incidence of psychological distress than the overall PhD student population. After all, students tend to come to me in my role as an academic advisor if they already have concerns about their studies. That being said, the experiences these students have shared are representative of the larger mental health crisis in academia (see Lau & Pretorius, 2019). In the dataset from my larger project, most students were aware of the mental health support that was available at the institution (19 of the 21 responses). 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". This is where staff, and particularly research supervisors, can play a particularly important role in reducing the stigma associated with psychological distress.

## Insights And Recommendations

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 significant challenges; 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 narrative, psychological capital requires a sense of confidence in one's abilities, which is usually developed over many years through a variety of experiences. Psychological capital also requires optimism, hope, and resilience, which in our cases came from our own sense of purpose, our identities, our faith, and our childhood experiences. These concepts, too, take time to develop and are dependent on a variety of

factors. It is, therefore, incumbent upon us as fellow scholars within the academy to help build an environment that fosters psychological capital. When those in positions of perceived power can model to students that seeking help is normal and a healthy strategy for success, it can reduce stigma and promote a healthier student environment in academia.

In our practices, we can also help students discover the knowledge and skills they require to succeed. Luthans et al. (2015) note that psychological capital necessitates an interplay of a variety of knowledges, skills, and educational experiences, as well as relationships and social networks. This illustrates that it is important for us as educators to help students learn the knowledge and skills they require to succeed. In practice, this involves not ignoring problems or adversity, but helping students to interpret these obstacles as opportunities for learning and growth (Luthans et al., 2015). In my own practice, I share both my successes and failures. For example, when one of my papers is rejected, I share this with my students, purposely showcasing how I manage my feelings of failure and how I use the experience to improve my paper for future publication. I not only reflect on my actions, but also share them with my students. Through this practice, I model a growth mindset (see Dweck, 2007) and highlight the importance of self-compassion (see Neff, 2003).

We can also integrate more supportive learning environments into our pedagogical practice to help students flourish in academia and beyond. There are many educational strategies that help foster community, including collaborative learning. Writing groups, as a type of collaborative learning community, have been shown to foster students' academic identity, sense of belonging, academic writing skills, and ability to learn through purposeful reflective practice (Cahusac de Caux et al., 2017; Chakraborty et al., 2021; Hradsky et al., 2021; Lam et al., 2019). I have found that my writing group students often develop significant friendships and that these friendships become supportive academic networks when the students graduate. These types of support networks have been shown to allow students to share their struggles, build a sense of belonging, and gain emotional support (see, e.g., Hradsky et al., 2021). This helps my writing group students develop efficacy and resilience during their studies. We also formally celebrate significant successes (including publications, successful milestone review panel presentations, and graduations) together. This optimism can help others in the group persevere towards their goals, thereby building hope. Consequently, writing groups are an excellent way in which we as educators can help build students' psychological capital, as it fosters efficacy, optimism, hope, and resilience.

## 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 that models efficacy, optimism, hope, and resilience to my students in order to help them discover what I hope academia can be, rather than what it is at present. Through this practice, I believe I can contribute to making the academic environment more welcoming, compassionate, inclusive, and growth-focused.

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Figures

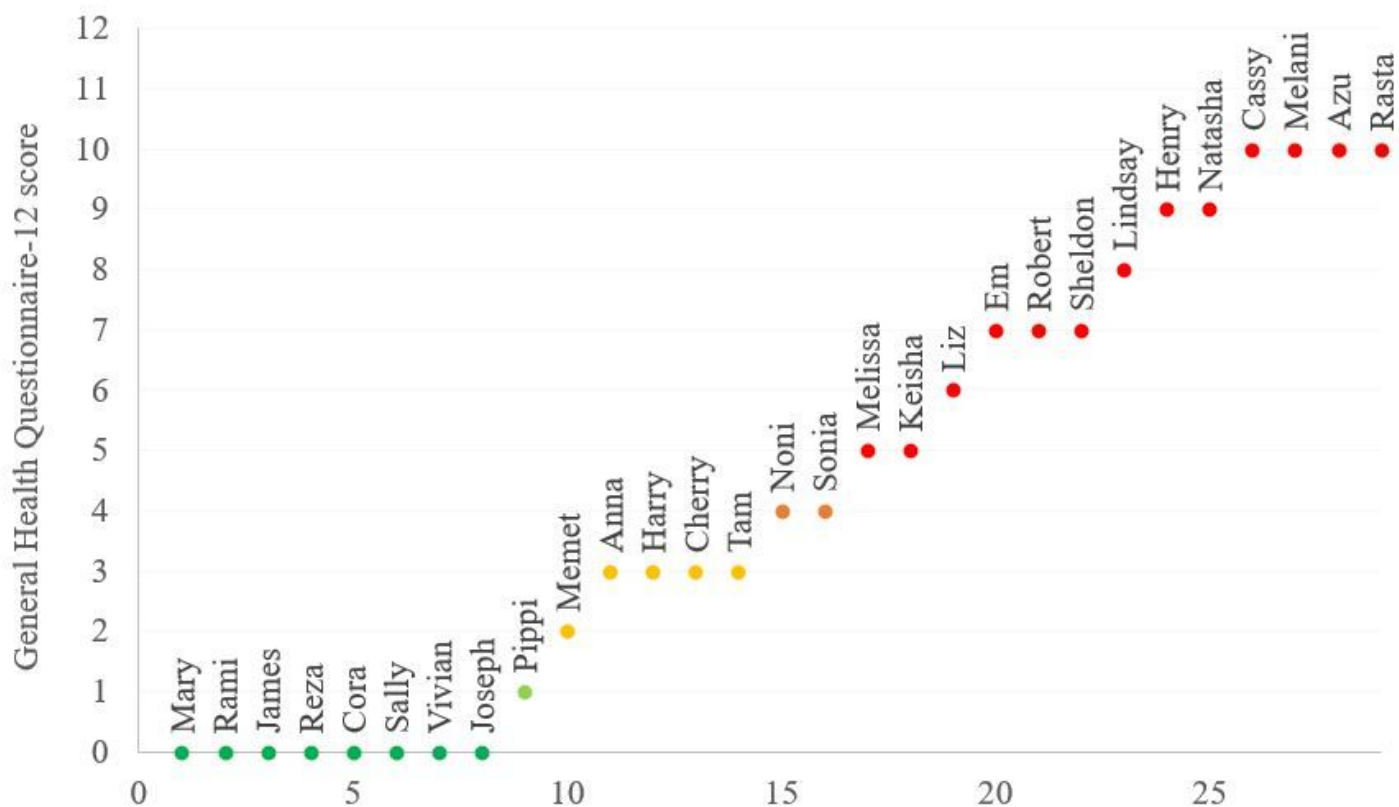


Figure 1

