

# LOOKING AFTER YOUR SANITY DURING THE DOCTORATE

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**Cassily Charles for DHCRC  
September 2020**



# Outline

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- Introductions
- Focus on mental health in the doctorate – why & how?
- Factors: common, individual and situational
- Develop your plan: regular maintenance + priority interventions
- Your experiences
- Resources





# Introductions

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- Cassily Charles
  - Please introduce yourself...
    - Where are you?
    - What is your area of research/professional interest?
    - Plus one 'human' fact about you
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# Why focus on your mental wellbeing?

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- Research students >> higher likelihood of mental health problems
- More than other students & academics: 50% psychological distress, 33% mental illness (Levecque et al. 2017)
- 6 times the risk of mental illness as the general population (Evans et al. 2018)
- Australian Council of Graduate Research - September 2019 forum - mental health of graduate researchers

<https://www.acgr.edu.au/key-initiatives/wellbeing-and-mental-health/>

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# Conceptualising mental health

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- Health & wellbeing versus absence of illness - WHO <https://www.who.int/about/who-we-are/constitution>
  - Continuum of experience
  - A common model: Stress vulnerability (Zubin & Spring 1977)  
<https://slideplayer.com/slide/14388381/89/images/1/1/The+Stress+container.jpg>
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# Conceptualising mental health

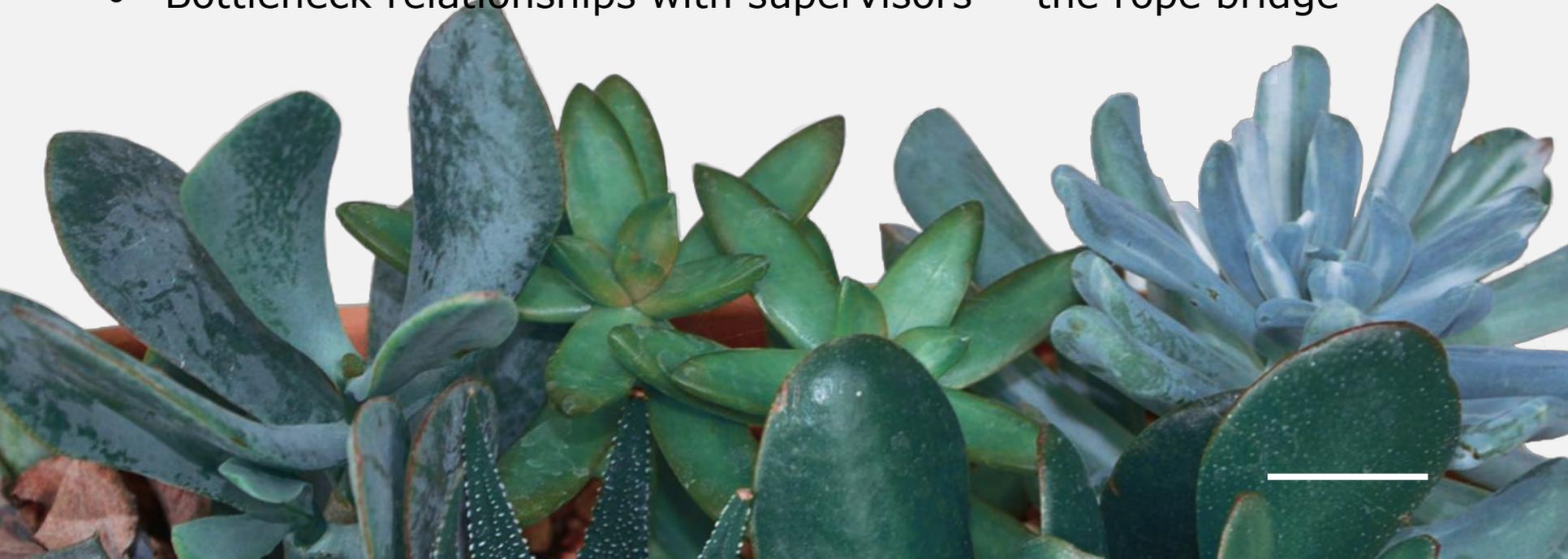
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- Health & wellbeing versus absence of illness - WHO <https://www.who.int/about/who-we-are/constitution>
  - Continuum of experience
  - A common model: Stress vulnerability (Zubin & Spring 1977)  
<https://slideplayer.com/slide/14388381/89/images/1/1/The+Stress+container.jpg>
  - Elements of mental health & wellbeing
    - vulnerability & strength
    - stressors
    - coping
    - overflow/crisis
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# Common factors in the PhD

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- Isolation, few opportunities for peer learning
- Long duration, novel tasks, low scaffolding/mentoring
- High responsibility, low power/autonomy
- Financial stress, balancing commitments, opportunity costs
- High stakes, narrow options (perceived)
- Bottleneck relationships with supervisors – ‘the rope bridge’



# Common factors in the PhD 2

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- Transition in role, status & identity
- Expected experience versus reality of experience
  - Rugged journey
  - Developmental trajectory & impostor syndrome
  - Traditions/visions of the academy versus today's university
- Invisibility/opacity of PhD experience to others in your life



# Common factors in the PhD 3

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- Elements of competition, judgment and rejection: publications, grants, post-docs
- Small, localised pools of academic jobs
- Uncertainty about the future of higher education institutions



# Your own doctoral situation

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- Working in a team / working solo
- Full time / Part time / Employment / Parenting / Partnered
- Trajectory from previous degree / profession / life history
- Cross-disciplinary or writing for / working with other disciplines
- Circumstances of funding / own financial situation
- International/ online / on-campus / impact of covid



# For a moment of relief...

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Puppies

<https://p0.pikrepo.com/preview/980/75/two-puppies-leaning-on-a-wooden-fence.jpg>



# Your own doctoral situation

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# Develop your plan

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**1. Audit your situation**

**2. Plan your regular maintenance**

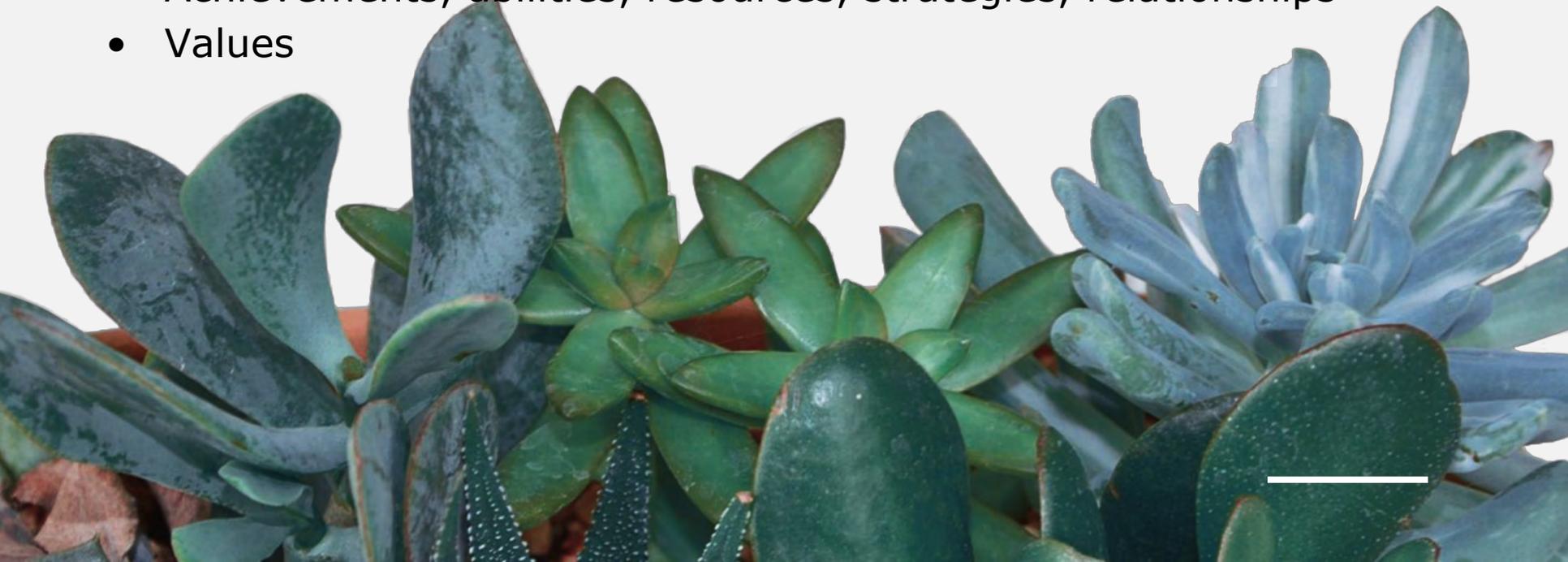
**3. Plan your priority interventions**



# Develop your plan

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- 1. Audit your situation:** Assess your strengths & vulnerabilities
  - Common PhD factors and your own doctoral situation
  - Health, home, financial, work, language, environment
  - Racism, transphobia, intergenerational trauma, other sociocultural burdens
  - Achievements, abilities, resources, strategies, relationships
  - Values



# Develop your plan

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2. Plan your **regular maintenance**: Make your bucket bigger

This part is crucial, to *prevent* over-flow / crisis ...

so you can bend with the high winds, and sway back again

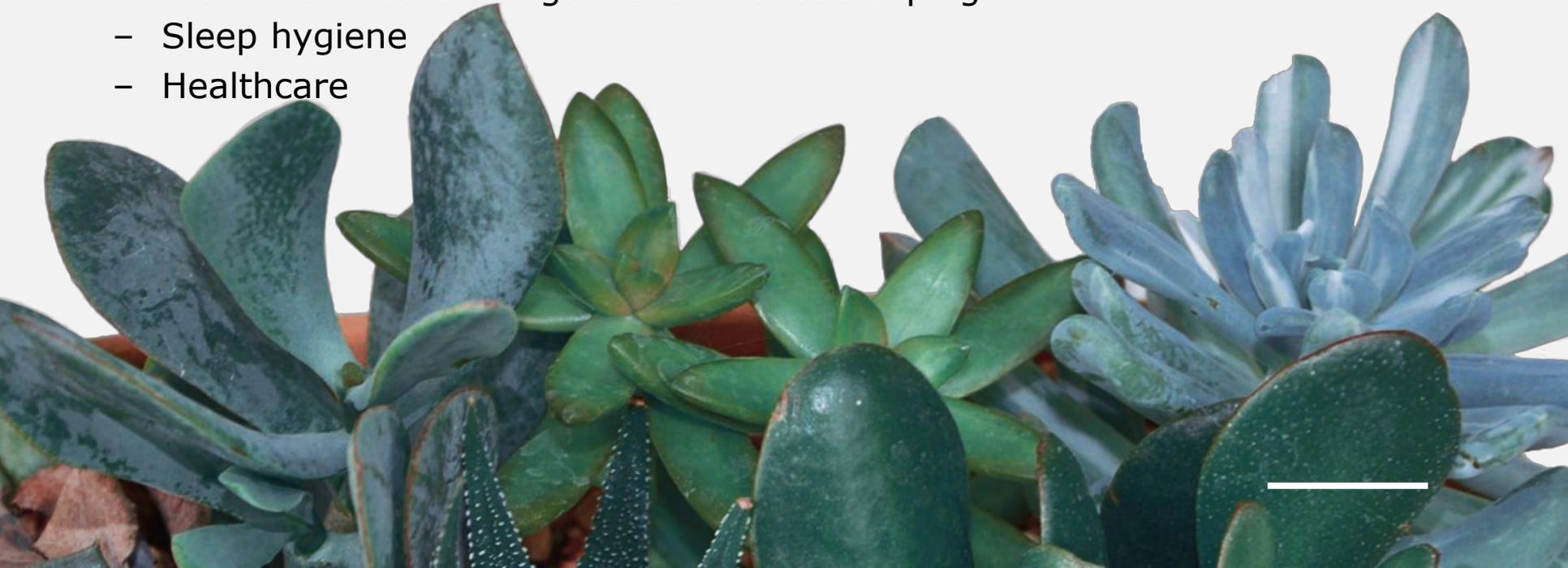


# Develop your plan

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## 2. Plan your **regular maintenance**

- Physical health impacts strongly on mental wellbeing
  - Exercise type and amount
  - Food & microbiome
  - Alcohol and other drugs – see also 'bad coping'
  - Sleep hygiene
  - Healthcare



# Develop your plan

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## 2. Plan your **regular maintenance**

- Relationships and connections – a common shortfall
  - What is the right amount and kind of togetherness for you?
  - Types of support and community, e.g. writing group, book club...
  - Professional networks, mentoring (but save some examiners!)
  - Family



# Develop your plan

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## 2. Plan your **regular maintenance**

- Know & develop your mind, just a little bit
  - Be curious about your cognitive-emotional-behavioural patterns
  - Mindfulness, for self-awareness + for increased neocortex connections



# Develop your plan

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## 2. Plan your **regular maintenance**

- Part of something larger than yourself
  - Nature
  - Spiritual / religious practice or reflection
  - Community activities or volunteering
  - Creativity

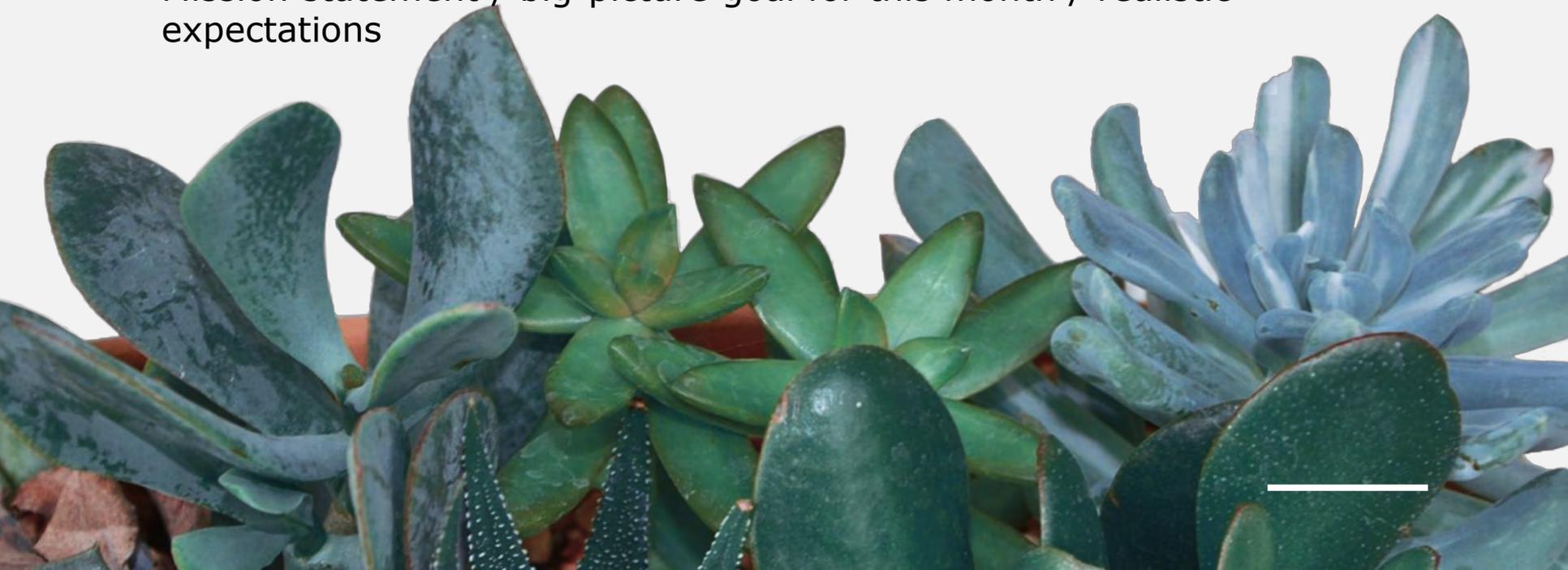


# Develop your plan

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## 2. Plan your **regular maintenance**

- Personal policies
  - Working hours / days / priorities for time & energy / mix of tasks
  - Willingness to say 'no' to opportunities / requests
  - Mission statement / big-picture goal for this month / realistic expectations



# Develop your plan

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## 2. Plan your **regular maintenance**

- Look at your own specific strengths and vulnerabilities (bucket)
- What can you change, just a little, to reduce vulnerabilities or increase strengths? What has worked for you in the past?



# Develop your plan

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2. Plan your **priority interventions**: Taps to drain the bucket

Have these ready to go, long before you need them...

When over-loaded, our decision-making is often difficult & poor.

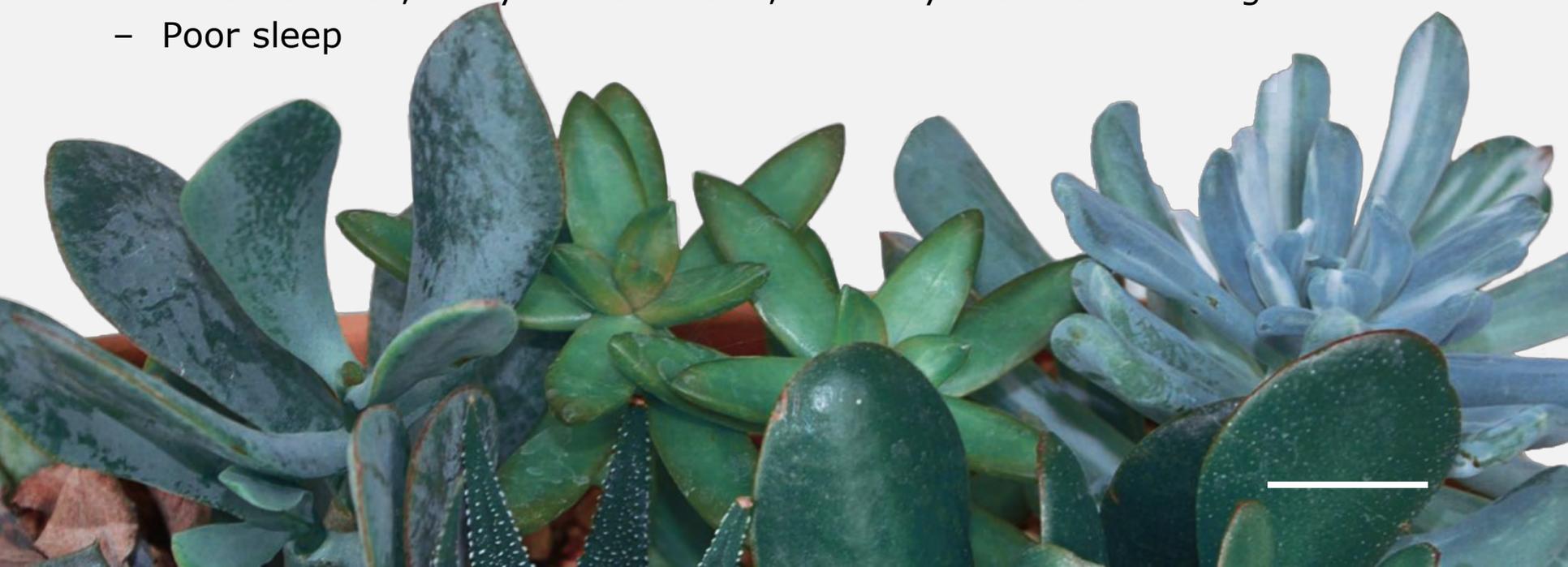


# Develop your plan

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## 2. Plan your **priority interventions**

- First, what are *your* red flags; when do you need interventions?
  - Irritability, tearfulness, road rage, withdrawing from people
  - Negative thinking, pessimism, low self confidence, rumination, worry
  - Writer's block, fuzzy concentration, difficulty with word-finding
  - Poor sleep

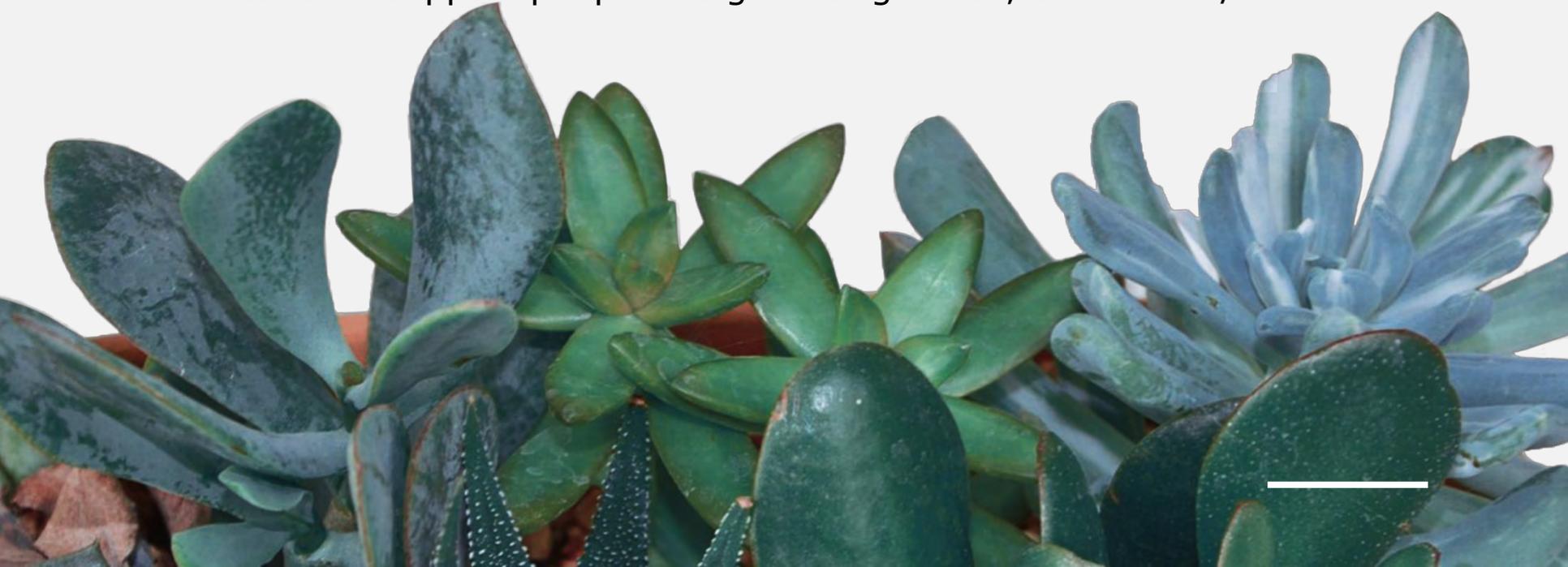


# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions involving talking / seeking advice & support
  - Someone who has been in this situation themselves – e.g. PhD peer
  - Trusted close relationship: friend or family member – flag monitoring
  - Institutional support people – e.g. writing coach, counsellor / EAP



# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions involving talking / seeking advice & support
  - Someone with a formal role in your candidature – e.g. Sub Dean
  - External support person: doctor >>> MHCP >>> social worker/psych
  - Mentor in your field/profession, with no formal role in your PhD



# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions which reduce stressors
  - Time off – e.g. a weekend, leave from PhD/work, focus on a new task
  - Recruit allies to help – e.g. childcare, cleaning, renegotiate home tasks
  - Stop / delay / reduce a commitment – e.g. go part-time, get extension



# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions which reduce stressors
  - Check the expectations: are they realistic & aligned to your values?
  - Positive self-talk & visualisation

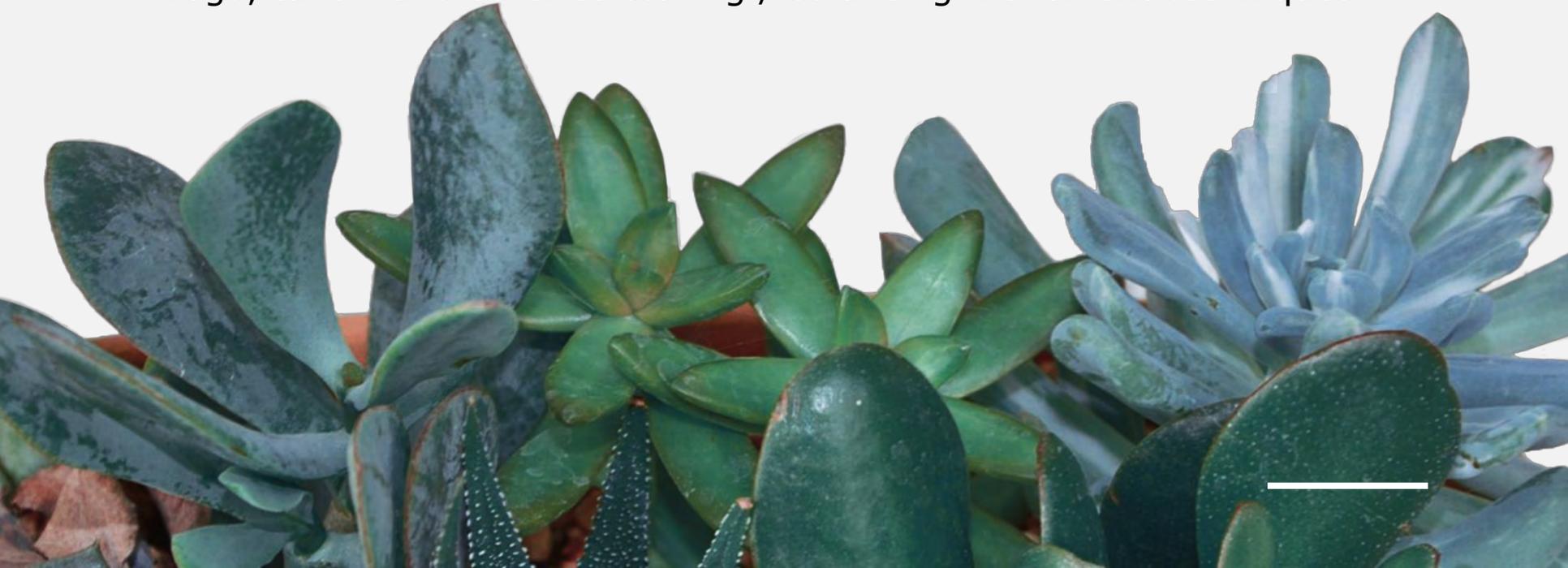


# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions which reduce effects of stress
  - Lower that cortisol: cardiovascular exercise
  - Massage and physical therapies to reduce musculoskeletal effects
  - Yoga, tai chi and other stretching / balancing movement techniques



# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions which reduce effects of stress
  - Medication
  - Vitamin B complex – also immune system supports, anti-oxidants
  - Complementary medicine / herbal supplements, teas



# Develop your plan

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## 2. Plan your **priority interventions**

- Interventions which reduce effects of stress
  - Breathing techniques (slow breathing)
  - Grounding, meditation and other mindfulness practices
  - Acupuncture
  - Others...



# Develop your plan

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## 2. Plan your **priority interventions**: Taps to drain the bucket

- 'Good coping' versus 'bad coping'
- One definition of 'bad coping' is 'no coping' – stress is not let out
- Better definition: 'coping that causes more stress later' – e.g. gambling, family violence



# Develop your plan

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When will you develop your plan?

Put it in the calendar

Arrange to share your plan – e.g. peer, mentor, partner, Cassily

**Consultations** 22<sup>nd</sup>, 23<sup>rd</sup> and 26<sup>th</sup> September - [Education@dhcrc.com](mailto:Education@dhcrc.com)



# Your experiences

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- Other strategies which you have used
- Other challenges which you are facing/have faced
- Further ideas or questions...?





# Resources

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- Doctoral wellbeing in The Conversation  
<https://theconversation.com/phd-students-can-benefit-from-non-academic-mentors-outside-perspectives-140988>  
<https://theconversation.com/1-in-5-phd-students-could-drop-out-here-are-some-tips-for-how-to-keep-going-131902>
  - Online communities
    - <https://researchwhisperer.org/>
    - <https://thesiswhisperer.com/>
    - Socials e.g. #phdlife  
<https://www.thephdforum.com/>
  - Simple mindfulness guides e.g.  
<https://www.elsevier.com/connect/mindfulness-for-researchers-an-approach-for-a-healthier-more-productive-career>
  - ACGR – mental health forum 2019  
<https://www.acgr.edu.au/key-initiatives/wellbeing-and-mental-health/>
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# References

Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T., & Vanderford, N. L. (2018). Evidence for a mental health crisis in graduate education. *Nature Biotechnology*, *36*, 282. doi:10.1038/nbt.4089

Levecque, K., Anseel, F., De Beuckelaer, A., Van Der Heyden, J., & Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy*, *46*(4), 868-879. doi:10.1016/j.respol.2017.02.008

Zubin, J., & Spring, B. (1977). Vulnerability: A new view of schizophrenia. *Journal of Abnormal Psychology*, *86*(2), 103-126. <https://doi.org/10.1037/0021-843X.86.2.103>