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**Carrying the Baggage with Me: How living with Clinical
Anxiety intersects with Doing a Master's Thesis among
Female Students**

A thesis presented in partial fulfilment of the requirements
of the degree of
Master of Science
in
Psychology (Endorsement in Health Psychology)
at Massey University, Wellington
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Abstract

Purpose: To better understand the lived experience of doing a master's thesis for women with clinical anxiety.

Background: Anxiety disorders are significant mental health issues that interfere with daily functioning and quality of life. There is a high prevalence of anxiety within Aotearoa/New Zealand, especially amongst females, which may be intensified by doing a thesis. Research has previously identified postgraduate thesis students as vulnerable to anxiety and its ill effects. Yet, little is known of the impact of anxiety disorders on women's ability to complete higher education programmes including a research thesis, or how study programmes and processes might intensify these disorders.

Method: Eight female students who identified as having clinical anxiety, and who were currently completing, or had completed a master's thesis at a New Zealand university, were recruited via purposive sampling methods. Semi-structured interviews in conjunction with participant-created timelines were used to collect data. Interpretive Phenomenological Analysis (IPA) was performed on the participant interview transcripts to enable rich insights into the participants' personal experiences while completing their thesis.

Findings: Three superordinate themes were generated in the analysis process of interview data. The first theme 'Internal 'baggage' is activated in the thesis journey' illustrated how certain traits and pre-existing tendencies that participants possessed were activated during participants' thesis journey, adding further complexity to an already arduous process. The second theme, 'The thesis as a catalyst for anxiety' highlighted specific components of the research process that participants identified as being significant contributors to their levels of stress and anxiety throughout. The third theme, 'Human connection - The people along the way make the difference' described support structures and systems that participants relied upon. This theme enabled an analysis of what it was about those supports that helped to minimise the level of anxiety that they experienced while writing their thesis.

Conclusions: This study identified unique and complex challenges that women with clinical anxiety face when undertaking a thesis. In showing how a thesis may intensify anxiety to the detriment of students' performance and well-being, this study highlights the importance for universities to offer specialized support to students and supervisors to enable women with clinical anxiety to reach their potential within higher education. The thesis concludes with important directions for future research as well as outlining the kinds of support and resources universities might provide to enhance the student experience for this population.

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Dedication

For my 'little loves' Louie and Billy

I am so proud to be your Aunty

Stay kind, be brave and always believe in yourself

You are capable of anything you put your mind to

I love you x

Preface

My interest in the topic of anxiety stems from my own lived experience. I have struggled with anxiety to varying degrees since early adolescence, and during my most challenging times with it, anxiety has had a debilitating impact on my life. One of those times was when I first started a master's thesis in 2019, during which time the pressures associated with research (and other life circumstances that occurred) resulted in me withdrawing from my studies. In 2021, I decided to come back and try again. In the process of talking with other thesis students (who were predominantly female), I quickly recognised that I was not the only one who had, or did, struggle to manage their anxiety during their postgraduate study, nor was I alone in feeling incredibly overwhelmed by the thesis process. It was from this that I recognised an issue, and from which the creation of the present study stemmed.

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List of Abbreviations

ADHD: Attention Deficit Hyperactivity Disorder

BDD: Body Dysmorphic Disorder

DASS: Depression, Anxiety and Stress Scale

DSM-V: Diagnostic and Statistical Manual of Mental Disorders Fifth Edition

GAD: Generalised Anxiety Disorder

GAD-7: General Anxiety Disorder 7-item Scale

GLSNZ: Graduate Longitudinal Study New Zealand

IP: Imposter Phenomenon

IPA: Interpretative Phenomenological Analysis

Kessler-10: Kessler Psychological Distress Scale

MDD: Major Depressive Disorder

NATs: Negative Automatic Thoughts

OCD: Obsessive Compulsive Disorder

PMS: Pre-Menstrual Syndrome

PTSD: Post Traumatic Stress Disorder

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale

Chapter 1: An Overview of Anxiety

The following chapter introduces the construct of anxiety and draws attention to its growing prevalence worldwide, particularly so among females. Next, key determinants and maintenance factors of anxiety are outlined, with a particular focus on factors that have been identified within the literature to increase a female's vulnerability to developing anxiety. The purpose of this section is to complement the presented statistics and to demonstrate the importance and relevance of research with the female population when investigating the topic of anxiety.

Clinical Anxiety: Prevalence and Trends

Research signals a growing concern regarding the high prevalence of clinical anxiety (henceforth referred to as anxiety) on both national and international levels. For example, results from the 2021 Global Burden of Disease Study, which quantifies the morbidity, mortality and extent of disability caused by hundreds of diseases and illnesses worldwide, identified anxiety disorders as the most prevalent mental health disorder, with an estimated 300 million people meeting the criteria for a clinical diagnosis; this represents a 50% increase since 1990 (Yang et al., 2021). Further, a recent systematic review illustrated the substantial impact that COVID-19 has had on the increasing global prevalence rates of anxiety, with an estimated additional 76.2 million cases of anxiety being diagnosed in 2020 due to the pandemic (Santomauro et al., 2021).

New Zealand statistics reflect these alarming global patterns. Data gathered between 2020 and 2021 for the New Zealand Health Survey demonstrated that the prevalence rates of anxiety disorders have increased over time across most age groups. For example, the survey showed that 12.4% of the adult population (15 years and older) reported having received a formal anxiety disorder diagnosis in 2020/21; more than double that of 2011 (Ministry of Health, 2021). Despite these statistics highlighting the need for concern in their own right, several factors suggest they may be a potential underestimation of the true prevalence of anxiety among the New Zealand adult population. For example, the study indicator definition for anxiety specified that participants met inclusion criteria if they had received a formal diagnosis, thus excluding those who may experience significant anxiety but who had not

received a formal diagnosis from a health professional at the time of the survey's data collection. Additionally, given that data for the survey was collected between September 2020 and August 2021, the presence of COVID-19 in the community meant that collection was intermittently suspended due to risk and thus may fail to account for the true effect that the pandemic has had on prevalence rates. Combined, these factors suggest that these official prevalence statistics may be an underestimate of the total number of adults who experience and struggle with significant levels of anxiety within the New Zealand population.

Gender is also important when seeking to understand the prevalence of anxiety. For example, the 2021 Global Burden of Disease Study illustrated that the prevalence rates of anxiety were on average 1.6 times greater among females than males (Yang et al., 2021). Further, Santomauro et al. (2021) demonstrated that females were significantly overrepresented in their statistics on anxiety in response to the pandemic, with a significant proportion (51.8 million) of cases being reported within the female population. Consistent with these global trends, women are overly represented within New Zealand statistics, with prevalence rates of anxiety being greater for females across most age groups. The greatest differences have been shown among younger age groups (15-34 years), with these females being two to three times more likely to be diagnosed with an anxiety disorder than males within the same age bracket (Ministry of Health, 2021). Therefore, despite anxiety being prevalent across both genders, the risk appears greatest for young females and suggests gender may play a role in its development and maintenance (McLean et al., 2011). These statistics highlight the importance of understanding the female experience of anxiety.

Defining Anxiety

Anxiety may be defined as “a future-orientated emotion characterised by anticipatory cognitive, behavioural, and affective changes in response to uncertainty about potential threat” (Grupe & Nitschke, 2013, p. 489). It serves an important adaptive function in response to stress and is experienced by everyone to some degree (Matsumoto & Hwang, 2012). Clinical anxiety, which requires a diagnosis from a mental health professional, is distinguished from levels of anxiety considered normal or functionally adaptive by the increased frequency, intensity, and duration at which associated symptoms are experienced, and the subsequent impairment and/or distress this causes in important areas of functioning (Sadock et al., 2015; Penninx et al., 2021). Some of these symptoms are outlined below.

Symptoms of Anxiety

A multitude of symptoms accompany anxiety and can be broadly categorised as behavioural, physical, cognitive, psychological, and social factors (Sadock et al., 2015). Behavioural symptoms include restlessness, avoidance, and procrastination; physical symptoms include digestive disturbances, numbness in the extremities, tremors, shortness of breath and heart palpitations; cognitive symptoms include impaired concentration, rumination, mind-blanks, racing thoughts and irrational thinking; psychological symptoms include feelings of helplessness and emotional dysregulation, and social impacts include social withdrawal and vulnerability to instability within relationships (Sadock et al., 2015). Further, clinical anxiety has been linked to increased work absenteeism, chronic stress, and increased risk of suicide, and commonly presents comorbidly with other mental diagnoses such as Major Depressive Disorder (MDD) adding further complexity to the psychopathology of those affected (Plaisier et al., 2010; Iancu et al., 2014; Meier et al., 2016; Lamers et al., 2011). Therefore, clinical anxiety can significantly interfere with daily functioning and the quality of life for those that experience it.

Summary

The above section serves as an introduction to the thesis topic. It highlights the growing prevalence of anxiety both globally and in Aotearoa (the most commonly used Māori name for New Zealand), illustrates that it is more commonly experienced among females from younger age brackets (e.g., 15-34 years,) and outlines some of the symptoms that accompany anxiety. The section below expands on my overview of the topic and outlines the factors that have been identified as contributing to the development and maintenance of anxiety. Given the heightened prevalence of anxiety among females, any gender-specific factors are noted to illustrate some of the contributing factors that have been shown to increase a female's vulnerability to developing anxiety and its associated symptoms.

Determinants and maintenance factors of Anxiety

Anxiety is a complex mental health issue, with a range of etiological influences. The rest of this chapter provides a comprehensive overview of the research literature on anxiety etiology to contextualise the study within existing knowledge and to support the interpretation of the lived experience of anxiety among young women. The biopsychosocial approach is useful for

summarising the complexity of determinants and maintenance factors of anxiety, which are used to structure the discussion of anxiety below.

Biological Determinants

Genetics

Research suggests that genetic factors play a role in the development of anxiety, with studies suggesting that they account for 30-40% of heritability across the various anxiety disorders (Freeman & Freeman, 2012; Hettema et al., 2001). Further, in assessing the effect of gender, research suggests that there may be a stronger genetic link to anxiety and associated traits such as neuroticism and the tendency to ruminate among females (Lake et al., 2000).

Neurology

Studies suggest that anxiety has a neurological basis due to overactivity in the amygdala (the fear control centre of the brain); a malfunction that has been identified as a key contributor to the development and maintenance of anxiety (McLean & Anderson, 2009). This malfunction has been shown to be more common among females, suggesting that females are more likely to have a heightened response to stressors and/or a tendency to overestimate danger and harm more so than males (Menzies & Clarke, 1995; McClure et al., 2004; Remes et al., 2016).

Trauma and Neuronal Pathways

Neuronal networks that contribute to the development of anxiety have been shown to be significantly impacted by the effects of trauma (McLean & Anderson, 2009). Research has shown that when experienced, and especially for prolonged periods, trauma can weaken neuronal pathways associated with feelings of security and strengthen those associated with fear, hypervigilance, and anxiety (McLean & Anderson, 2009; Daitch, 2011). In considering the role of gender, McClure et al. (2004) suggests that females are more sensitive to the effects of trauma, putting them at a greater risk of altered neuronal pathways that favour the development of anxiety. Epidemiological studies have provided evidence to support this, demonstrating that women are on average twice as likely to develop Post Traumatic Stress Disorder (PTSD) in comparison to men despite a lower rate of trauma exposure overall (Kimerling et al., 2013; Tolin & Foa, 2008).

These gender disparities in the prevalence of trauma exposure and PTSD suggest that there is something about the type of trauma females experience and/or their response to it that puts them at a greater risk of impaired psychopathology. For example, research suggests that a female's tendency to experience more societal trauma, sexual abuse, discrimination, and be seen as obtaining an unequal position within society in comparison to men may be particularly strong risk factors for anxiety (Critelli & McPherson, 2019; McLean & Anderson, 2009). Further, women's tendency to rely on emotion-focused coping mechanisms (e.g., avoidance, procrastination) in response to aversive events may contribute to anxiety maintenance given that they are less effective than problem-focused coping strategies (e.g., weighing up pro's and con's) at reducing distress (McLean & Anderson, 2009).

Hormones

Hormonal fluctuations related to the menstrual cycle have also been shown to contribute to the development and maintenance of anxiety for females (McLean & Anderson, 2009). Premenstrual syndrome (PMS) is the term used for a variety of physical, emotional, and behavioural symptoms that many females experience in the weeks leading up to menstruation such as irritable mood, poor concentration, bloating, and tension/anxiety (Pearlstein, 2007). The prevalence of PMS among females of reproductive age is high, with research suggesting 30-40% of females are affected (Pearlstein, 2007). Further, of females who experience PMS, research indicates that 25% experience symptoms to an intensity that causes significant impairment to their daily life (Pearlstein, 2007). Anxiety is a common symptom of PMS and has been shown to exacerbate behavioural avoidance and neuroticism for females, especially when combined with stress (Gonda et al., 2008; Van Veen et al., 2009; Ekpenyong et al., 2011).

Insomnia and Anxiety

The 'typical' adult requires on average eight hours of sleep per night for optimal functioning (Okano et al., 2019). However, research suggests that very few achieve this, with some scholars suggesting that an 'epidemic of sleep deprivation' is among us (Talbot et al., 2010). Insomnia, a sleep disorder that impacts a person's ability to fall or stay asleep (Krishnan & Collop, 2006) has been shown to impair both the sleep quality and quantity for many, particularly so for the female gender; this may be in part due to females increased tendency for thought rumination (Krishnan & Collop, 2006; McLean & Anderson, 2009). Further, research has shown that students are another population particularly vulnerable to

experiencing insomnia, which may be in part due to anxiety and rumination about academic responsibilities (Lund et al., 2010). Biologically, prolonged periods of too little sleep results in the heightened activity of the amygdala, which is a key contributor to the development and maintenance of anxiety (Yoo et al., 2007; McLean & Anderson, 2009). Therefore, these findings suggest that both females and tertiary students are particularly vulnerable to insomnia and its anxiety inducing impacts.

Psychological/Cognitive Factors

Becks Cognitive Theory of Anxiety

Several cognitive processes and subsequent maladaptive thought processes are thought to contribute to the development and maintenance of anxiety disorders (Fisher & Wells, 2008). One key theory used to better understand the cognitive component of anxiety is Beck's Cognitive Theory of Anxiety (Beck et al., 1985). This theory has three core components: core beliefs shaped by early life experience and influence, negative automatic thoughts (NATs) and systematic biases in thinking styles. For individuals with anxiety, the theory proposes that their core belief is that the world is a dangerous place, and this belief has a flow on effect to their interpretation of events and subsequent behaviour. NATs are referred to as the gateway to negative core beliefs and are often activated during, or after, stressful situations. In people with anxiety, NATs are commonly associated with the overestimation of risk and underestimation of one's ability to cope, which leads to excessive worry and fears for future outcomes (Fisher & Wells, 2008; Beck et al., 1985). Lastly, systematic biases in thinking styles in people with anxiety often align with their danger themed core beliefs. This leads to engagement with unhelpful thinking styles such as catastrophising (expecting the worst possible outcome) and rumination (repeating the same thoughts over and over) (Fisher & Wells, 2008; Weems, 2007).

Intolerance of Uncertainty Model

In contrast to considering cognitive patterns, other researchers have focused on personality, identifying an intolerance to uncertainty as a common personality trait among people with anxiety (most common among females) and a crucial component to its development and maintenance (Fisher & Wells, 2008). One theoretical framework that expanded upon this idea is the Intolerance of Uncertainty Model (Dugas et al., 1998) which proposes that people with anxiety have a "tendency to react negatively on an emotional, cognitive and behavioural level to uncertain situations and events" (Dugas et al., 2004, pp. 143-144). Therefore, situations

present as highly distressing and challenging for anxious individuals where certainty is not possible, and research suggests that such situations of uncertainty are most problematic among anxious females (Fisher & Wells, 2008). Situations of uncertainty often result in a vicious cycle of worry and rumination for anxious individuals; emotional responses and behaviours commonly employed under such conditions that feed the cycle of anxiety (McLean & Anderson, 2009; Fisher & Wells, 2008).

Given these challenges, research has shown that people with anxiety develop coping mechanisms, one of which is cognitive avoidance, which when practiced serves to maintain anxiety levels (Beck et al., 1985; Dugas et al., 1998). According to Beck et al. (1985) individuals with anxiety respond to their overestimation of risk and underestimation of their ability to cope by engaging in behavioural and cognitive avoidance such as by procrastinating or ruminating on thoughts in an attempt to minimise distress. However, engagement with such behaviours and cognitions removes opportunities for these beliefs to be disproven and ultimately serves to reinforce and maintain anxiety (Grupe & Nitschke, 2013). Dugas et al. (1998) echoes these sentiments explaining that in an attempt to diminish distressing thoughts/images associated with uncertainty, individuals engage in an array of cognitive avoidance strategies such as mental distraction or avoidance of certain situations (Fisher & Wells, 2008). However, by avoiding certain situations, these avoidance tendencies are negatively reinforced and anxious individuals develop a belief that they must engage in them to remain safe (Fisher & Wells, 2008). As highlighted previously, research suggests that females have a heightened response to stress and a propensity to overestimate threats more so than males (e.g., Remes et al., 2016). Therefore, such findings would suggest that females are more likely than males to engage in these safety behaviours (Beck et al., 1985; Dugas et al., 1998), and in the process of doing so, exacerbate and maintain their experience with anxiety.

Imposter Phenomenon

Imposter phenomenon (IP) is a form of intellectual self-doubt commonly used to describe high achieving individuals who struggle to internalise their accomplishments due to a belief that they are not as smart or worthy of success as their peers; they have an intense fear of being found out to not be as competent or capable as they seem (Clance & Imes, 1978; Parkman & Beard, 2008). Oriel et al. (2004) and Cusack et al. (2013) investigated the relationship between IP, trait anxiety and perfectionism and found a positive correlation

between all three constructs. Parkman and Beard (2008) also suggest that IP and perfectionism are strongly related because those who identify with IP are likely to invest excessive effort into making something perfect due to their perceived levels of incompetency.

In assessing the effect of gender, several studies have found women tend to experience IP significantly more than males (Cusack et al., 2013; Cowie et al., 2018; Jostl et al., 2012). For example, Jostl et al. (2012) investigated the prevalence of IP among postgraduate students and found that female thesis students reported suffering from imposter feelings and associated anxieties more so than males. In considering why this may be the case for females, factors such as the multiple demands and pressures women face in society, neoliberal frameworks around success, or an increased tendency to feel inadequate may provide some explanation (Campbell & DiPaula 2002; Chrisler, 2008; Business Matters, 2019; BBC News, 2009; Critelli & McPherson, 2019). These factors are discussed in more detail next.

Social Factors

Social factors also play an important part in the development and maintenance of women's anxiety. As previously suggested, some psychological factors (e.g., IP) are interconnected and may be intensified by societal factors (e.g., neoliberalism – discussed below). The remainder of this chapter discusses the concept of perfectionism in a society structured by nearly bought rationalities and explains the way in which these societal structures work to intensify the anxiety experience, and predominantly so among young females.

Perfectionism and Neoliberalism

As noted above, prevalence statistics show increasing rates of anxiety, particularly so among females within younger age groups (e.g., Yang et al., 2021; Ministry of Health, 2021). One explanation thought to encourage and feed the cycle of anxiety in this population is the increasingly prevalent drive and efforts for 'perfection' among young people today.

Perfectionism is characterised by “excessively high standards and overly critical self-evaluation” (Curran & Hill, 2019, p. 410) and is a trait commonly seen among individuals with anxiety. Perfectionist tendencies are often carried out in an attempt to avoid criticism, uncertainty and to establish control, and can lead to excessive concerns about making mistakes, self-doubt, harsh self-criticism, and feelings of incompetence (Frost & DiBartolo, 2002; Slaney et al., 2001).

Curran and Hill (2019) explored this phenomenon among 146 college and university students in their meta-analysis looking at data from over the last three decades. Their research found that mean levels of self-orientated perfectionism (having unrealistic expectations and standards on oneself), socially prescribed perfectionism (perceiving that our social environment is excessively demanding of us) and other-orientated perfectionism (having unrealistic expectations and demands of others) had increased significantly across all three measures within student populations: 10%, 33% and 16% respectively. They concluded that recent generations of young people are placing significantly higher expectations on themselves than past generations and are increasingly basing their perceived levels of self-worth on their academic performance and subsequent job prospects in a competitive job market. For Curran and Hill (2019), the increase in displays of socially prescribed perfectionism indicates that young people are finding social demands to succeed increasingly onerous and are responding with perfection in an attempt to gain approval in the eyes of others. Similar trends were found by Gharibi (2017) in their study of 1762 tertiary students from across various New Zealand universities, with several respondents indicating that a fear of making mistakes, failing, and harsh self-critique were common concerns and internal narratives experienced. These traits - combined with the academic pressure students felt - exacerbated their experience with anxiety and subsequently led to over half the sample (56.3%) considering withdrawing from their studies (Gharibi, 2017).

One possible explanation to explain the rise in perfectionism among young people and the subsequently increased prevalence of anxiety worldwide is the neoliberal frameworks around market forces that we live within, which have created a culture that is individualising, encourages competition and enables ranking against one another, whether it be within the realms of education, the workforce, or on social platforms (Curran & Hill, 2019). Such frameworks cultivate anxiety and uncertainty, with those falling short of this predetermined ranking system being perceived as inferior and drawing attention to their personal deficiencies (Curran & Hill, 2019). Therefore, as a means of coping within this culture and ascribing to the rules within it, having perfectionist tendencies minimises a person's chances of failing and being subject to criticism.

Perfectionism is also a gendered issue. Research suggests that the pressure to excel in the workplace, in parenthood, in family relationships, and to meet society's expectations of beauty is most commonly and acutely imposed on females (Business Matters, 2019). The work of McRobbie (2015) supports this argument and highlights the way in which perfectionist codes are strongly emphasised and actively encouraged in women. Through the process of socialisation, McRobbie (2015) discusses how females who perform to a high standard on all tasks presented to them, whilst at the same time remaining positive and well put together, has become the expected 'norm' of them by society. Further, research has shown that females more frequently report feeling that they perform inadequately at work and fail to meet the high standards they set for themselves compared to men (BBC News, 2009). Collectively, these pressures and stressors result in a toxic culture rooted in excessively high standards and overly critical self-critique among women in which anything other than perfection is considered a failure. Further, such a culture constructs a deficit lens through which women learn to make sense of the world, and from which they develop their identity and sense of self-worth (Campbell & DiPaula, 2002; Chrisler, 2008). Combined, this research highlights how females are greatly at risk of developing anxiety because the pressures of perfectionism in a neoliberalist society are more intensely expected of, and experienced by, women.

Summary

The review above described research showing a heightened prevalence of anxiety in young people compared to older people; in younger people now compared to young people in previous generations, and a higher prevalence among females than males. It described anxiety to be a complex and multi-faceted phenomenon with intersecting biological, psychological, and social components; and evidenced how these factors are particularly impactful on and prevalent among women. This points to the importance of research focusing on women's experiences of anxiety, particularly in New Zealand, where little research on anxiety has to date been conducted, although what has been produced statistically reflects patterns identified in international research. The research reviewed in this chapter highlighted the importance of focusing on young adults, and in the chapter that follows, I drill down further into this issue and discuss research on anxiety for young adults in tertiary education.

Chapter 2: Anxiety within Tertiary Education

In this chapter, I review the quantitative research on the prevalence of anxiety within tertiary student populations and highlight the unique stressors and pressures associated with postgraduate research. The purpose of this chapter is to demonstrate the concerning prevalence of anxiety among postgraduate research students (particularly among females) and to illustrate the need for further research on this population within a New Zealand context.

Anxiety within Undergraduate Populations

Tertiary students are a population of interest within the mental health literature due to a surge in the prevalence rates of anxiety and other mental health disorders within this group. For example, a recent longitudinal study demonstrated a 92 % increase between 2007 and 2018 in the trends of reported anxiety symptoms (moderate to severe) among undergraduate students in the United States (Duffy et al., 2019). In line with broader trends about young people, as discussed in chapter one, this research further demonstrated that increases in anxiety prevalence between 2007 and 2018 were largest among females when compared with males; 74% and 49% respectively (Duffy et al., 2019). Researchers concluded that results demonstrate a concerning generational trend that could result in numerous downstream negative consequences and academic impacts for the student population if not addressed that is particularly prevalent and concerning among female students.

Anxiety within New Zealand Undergraduate Populations

Much of the research on anxiety among students is conducted on students in the United States. One piece of research that attempted to contribute to the gap of knowledge within New Zealand literature was conducted by Gharibi (2017) via an extensive online survey made available for tertiary students from various universities across New Zealand. In this survey, students were asked to report their level and causes of mental distress, creating an important body of self-report information into the state of mental health among the New Zealand tertiary student population. 1762 students studying either full-time or part-time participated, with the majority studying towards a bachelor's degree (72.7%); the remainder were studying at postgraduate level, either for a degree, certificate, or diploma. Eleven percent of the respondents described problematic levels of anxiety that interfered with optimal functioning. The main contributing and triggering factors of their anxiety were reported to be academic pressure, stress and adjusting to, and coping with, university life.

Concerningly, over half of the participants (56.3%) reported that they had considered dropping out of their studies. The main reasons given for this were feeling overwhelmed (28.4%), mental illness (20.2%) and a fear of failure (17.3%).

Gharibi (2017) also incorporated the Kessler Psychological Distress Scale (Kessler-10) into their methods to compare reported distress levels between undergraduate and postgraduate populations. Data comparison revealed that students studying at undergraduate level reported greater levels of distress than postgraduate students. Causes of distress differed between undergraduate and postgraduate students. For example, undergraduate students gave reasons such as navigating the new terrain of university, homesickness, flatting and not knowing anyone as some key sources of their distress. At postgraduate level, for which master's students scored highest on the Kessler-10 distress measures, respondents identified factors such as exhaustion, difficulties achieving a work-life balance, academic supervisors not understanding student struggles and the anxiety-inducing nature of a thesis as key contributing factors to their distress (Gharibi, 2017).

These findings demonstrate that both undergraduate and postgraduate students have particular needs and stressors. It also suggests that postgraduate research students experience specific research-related difficulties that increase their vulnerability to anxiety and other forms of mental distress. Additionally, it highlights how master's students might have particular anxiety-inducing stressors, and thus points to the importance of research specifically on postgraduate research populations.

Anxiety within Postgraduate Research Populations

Along with Gharibi (2017) several studies point to postgraduate research students as being a unique group within the student population that warrant further attention given the concerning trends and prevalence rates of anxiety among them. One such study by Evans et al. (2018) surveyed 2,279 respondents (90% PhD students, 10% master's students) from 26 different countries across 234 different universities and assessed the trends and prevalence rates of anxiety among these postgraduate research students using the General Anxiety Disorder 7-item scale (GAD-7). Survey results showed that 41% of postgraduate research students reported experiencing moderate to severe levels of anxiety on a frequent basis

compared to 6% of the general population. In line with previous research, females reported moderate to severe levels of anxiety to a greater degree than males (43% vs 34%). Additionally, over half of those who were surveyed belonged to the School of Humanities and Social Sciences at their university suggesting that the subjects or way in which programmes within this discipline are structured may be contributing to prevalence rates of anxiety. In light of such findings, Evans et al. (2018) concluded by saying that there is “evidence for a mental health crisis in graduate education” (p.282). Garcia-Williams and Moffit (2014) highlighted similar concerns for postgraduate populations following their online mental health survey of 301 postgraduate students from a South-Eastern university (232 females, 69 males) in the United States. Additional to other measures (such as depression and suicidal tendencies), anxiety -characterised by nervousness, worry, and overwhelm - was a frequently reported issue. 86% of respondents - a significant proportion being female - reported having had these feelings throughout the four weeks prior to taking part in the survey; statistics which arguably are cause for concern (Garcia-Williams & Moffit, 2014).

Woolston (2019) echoed similar sentiments in their survey with 6,300 PhD students from various parts of the world including Europe, America, and Australasia. 36% of respondents reported having sought professional help for anxiety and/or depression as a result of their studies; a 24% increase from the 2017 survey. Concerningly, among those who reported seeking help for their mental distress, only 26% reported feeling supported and having received the assistance they felt was necessary from their academic institution (Woolston, 2019). Additionally, a recent systematic review provided further support for the growing concern for student researchers using data from 32 studies across America, Australia, Belgium, China, Iran, Mexico, and South Korea to explore the patterns of depression, anxiety, and suicidal ideation among PhD students (Satinsky et al., 2021). On average, results suggested that one in five PhD students suffer with clinical anxiety, leading the researchers to conclude that clinical anxiety is a prevalent health condition affecting many PhD research students globally.

Anxiety within New Zealand Postgraduate Research Students

Responding to Evans et al. (2018) and Woolston's (2019) claims about the 'crisis' state of mental health among postgraduate research students, Winter et al. (2021) sought to explore the state of mental wellbeing among postgraduate students in New Zealand using data from the Graduate Longitudinal Study New Zealand (GLSNZ). A key purpose of Winter et al. (2021) was to identify if similar trends pertaining to mental wellbeing were present among New Zealand postgraduate research students as seen with international research students. Mental wellbeing was measured using the 14-item Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007) and recorded at two time points: between July and December 2011 and then followed up in 2014. Participants consisted of two groups: 269 PhD entrants who transitioned into PhD study between the 2011 survey and 2014 follow-up and 4,230 non-entrants who did not transition into postgraduate research following completion of their undergraduate degree in 2011. The mean age of PhD entrants and non-entrants was 26.7 and 28.6 years respectively, and females made up 58% of the PhD sample compared with 64% in the non-entrant group.

Multi-level Bayesian regression revealed non-entrants as having slightly better scores (49.9) on measures of mental wellbeing on the WEMWBS compared to PhD entrants (49.7) at follow-up. Despite these differences being smaller than would be expected from previous research (e.g., Evans et al., 2018) PhD entrants did experience a decrease in mental wellbeing between 2011 and 2014 compared to non-entrants, whose levels of wellbeing had improved at the 2014 follow-up compared to baseline in 2011. As a result of only a small decline in the mental wellbeing scores among PhD entrants, Winter et al. (2021) concluded that their results suggest that New Zealand Doctorate students' mental health is notably better than their peers at overseas universities, and poor mental health is not necessarily an inevitable component of the student-research process.

The findings of Winter et al. (2021) point to a positive context and state of mental wellbeing for PhD students in New Zealand. While this finding is an important one, the study has several limitations in relation to giving a comprehensive assessment of mental health issues for postgraduate research students in New Zealand. For example, in line with other literature (e.g., Woolston, 2019; Satinsky et al., 2021), Winter et al. (2021) did not include all student

levels in postgraduate research such as master's students. The exclusion of this group is important. First, given previous research had shown that master's students report the highest levels of distress among New Zealand postgraduate cohorts (Gharibi, 2017) failing to distinguish between master's and PhD students may have led Winter et al. (2021) to not capture an accurate picture of the state of mental health among postgraduate research students in New Zealand. Second, in excluding representation of master's students, Winter et al. (2021) may only be capturing a sample of individuals for whom the education system and research process has worked for (perhaps explaining their progression into PhD) and therefore may fail to take into account those who could have had a problematic journey.

Third, Winter et al. (2021) used the WEMWBS to gain a sense of the overall wellbeing of participants. Despite being useful in providing a picture of the subjective and holistic wellbeing of the groups, the WEMWBS did not explicitly assess anxiety which is important to measure given the evidence for its high prevalence among younger age groups/ tertiary students (e.g., Ministry of Health, 2021; Evans et al., 2018). Further, given that Winters et al. (2021) was in response to the claims of Evans et al. (2018), the same psychometric tool (i.e., GAD-7) should have been used in order to be able to attain more accurate comparisons pertaining to the differences in the prevalence rates of anxiety between students internationally and within New Zealand. Lastly, Winter et al. (2021) provided no breakdown of the differences between wellbeing scores across genders. This is problematic given the heightened prevalence of reported anxiety among females within the New Zealand adult population (Ministry of Health, 2021) and indication of female research students representing a potentially vulnerable group within earlier studies (e.g., Evans et al., 2018). Therefore, in considering these limitations, results from Winter et al. (2021) may present an inaccurate or incomplete picture of the cumulative impact that research stressors are having on the mental health of master's students (specifically female) at New Zealand Tertiary institutions.

Summary

Despite some contradictory findings from Winter et al. (2021), overall, the literature points to a concerning prevalence of anxiety among postgraduate research students (e.g., Evans et al., 2018; Woolston, 2019; Satinsky et al., 2021). These findings suggest that completing postgraduate research may pose unique pressures and stressors that increase postgraduate research students' vulnerability to various forms of mental distress such as anxiety, and this

may be intensified for female students. These findings are based on quantitative analysis of survey data. What is missing from this literature is an understanding of the impact of this anxiety, which can be gained from analysis of the lived experience of young people with anxiety, which is the focus of the following chapter.

Chapter 3: The Lived Experience of Anxiety

The following chapter first reviews the qualitative literature on the lived experience of anxiety for young people and highlights the multitude of ways in which it can negatively impact people's lives. Next, the lived experience of anxiety among females is explored. Despite the prevalence of anxiety among women, limited research looking specifically at the lived experience of anxiety among them has been conducted, meaning that a review of the 'grey literature' (e.g., personal blogs) was conducted. Next, literature pertaining to the lived experience of completing a research thesis is discussed, and factors that contribute to making the thesis experience particularly stressful and anxiety provoking for postgraduate students is considered. One of few studies that explores two important constructs of the present study (living with anxiety while completing higher education) is reviewed, followed by a brief discussion of the pastoral care obligations of tertiary institutions, in particular the supervisor-student relationship. The chapter then concludes with the research rationale for this thesis, the key research question and its research aims.

The Lived Experience of Anxiety

Research exploring first person accounts of experiencing anxiety highlight various struggles of people with anxiety. One recent and relatively large study by Woodgate et al. (2017) interviewed 58 young people (44 females, 14 males) between the ages of 10-22 years to gain insight into their experiences of living with an anxiety disorder. Participants were recruited from hospital-based anxiety clinics located in Canada and took part in two interviews four weeks apart. Photovoice methods were incorporated into the second interview to give participants an opportunity to document images that represented their thoughts and feelings about living with an anxiety disorder. Data revealed five key themes that participants felt encapsulated their daily reality of living with anxiety. Firstly, "*Hiding the Struggle*" described how participants felt they had to hide the pain they experienced because of their anxiety. Secondly, "*Fear of the Unknown*" described how participants found engaging in everyday tasks more difficult while living with anxiety especially when certainty wasn't possible. Thirdly, "*Taking up Space*" described the overwhelm participants experienced in response to everyday life that often led them to isolating themselves to certain places/spaces. Additionally, participants explained that their anxiety left them feeling inadequate and therefore not worthy of taking up space. The fourth theme, "*Feeling Different*" spoke to

participants feelings of being judged and different to everyone else due to their anxiety. Lastly, “*Can’t you see I’m struggling?*” described the heavy burden that anxiety placed on participants and the way in which it depleted their levels of resilience. Authors concluded that these accounts illustrate some of the challenges participants experienced that gave rise to inner turmoil and suffering, juxtaposing these findings against a common belief that anxiety is easily managed (Woodgate et al., 2017).

Despite evidence to suggest that pain and suffering in its various forms are integral components of many people’s experiences with anxiety, research suggests that this concept is often downplayed due to anxiety’s invisible presentation and the perceived importance health professionals place on physical pain over mental and emotional (Woodgate et al., 2017; Woodgate et al., 2020; Leone et al., 2013; Hjeltnes et al., 2016). Therefore, to build upon the findings of Woodgate et al. (2017) and better understand the suggested relationship between the concept of pain and anxiety, Woodgate et al. (2020) conducted an additional study using the same methods as previously, but with not only clinical but also community populations. Like Woodgate et al. (2017), an overwhelming number of the participant sample identified as female and alluded to the invisible nature of anxiety that disguised the extent of their struggle to others. Analysis of the findings from Woodgate et al. (2020) produced one overall theme “*Anxiety is very much about pain*” describing how pain and anxiety are intricately connected. The first of four subthemes, “*The embodied experience of anxiety: Physical pain*” spoke to the way in which participants anxiety manifested itself physically, such as with headaches, digestive disturbances, and chest pain. The second subtheme, “*A prominent symptom of anxiety: Mental-emotional pain*” described the way in which some participants' experience with anxiety was predominantly mental and characterised by constant worry, overthinking impaired concentration, and a feeling of being out of control. The third theme, “*Difficult interpersonal relationships: Social pain*” spoke to the way in which participants’ fears of being judged and perceived unfavourably prevented them from taking part in social activities, and subsequently, impaired their ability to develop and maintain interpersonal relationships. The final subtheme, “*Articulating their pain*” described how participants struggled to communicate their pain with others, leading to intense feelings of frustration. Woodgate et al. (2020) concluded that the relationship between pain and anxiety is both significant and complex, and highlighted the importance of qualitative research exploring these lived experiences. Further, Woodgate et al. (2020) supported previous findings (as discussed in

chapter one) in that anxiety is multifaceted, and is experienced across the biological, psychological, and social realms.

In Leone et al. (2013) earlier works, participants' accounts of their experience with anxiety acknowledged anxiety's multifaceted nature as later echoed in Woodgate et al. (2020), reporting that their anxiety affected them physically, mentally, and emotionally. Eight young adults (three males, five females) aged 18-24 years who experienced everyday anxiety (and who were either currently attending or had attended high school in the last five years) took part. Participants spoke of the embodied experience of anxiety which expressed itself both internally and externally, including symptoms of sweating and rashes, feelings of sadness, decreased motivation and self-doubt. Additionally, participants spoke of the way in which their anxiety impaired their ability to concentrate, prevented them from sleeping and was something that they felt alone in experiencing (Leone et al., 2013). Further, participants talked about how their anxiety significantly affected their academic performance and fuelled the pressure they put on themselves to be perfect, attain high grades and excel in all they did. Similar to Woodgate et al. (2017) the concept of space was highlighted. Participants spoke about the way in which being bullied during high school, feeling the need to hide their anxiety from their peers, and the intense academic pressure they put on themselves all served to taint the way in which they viewed, and felt, in academic spaces. As a result, participants found academic environments anxiety-provoking and a place that they did not feel comfortable in.

Research on the lived experience of anxiety among tertiary students maps onto the patterns found in the above studies with late adolescents. In their study with 29 Norwegian university students, Hjeltnes et al. (2016) conducted in-depth interviews with young adults with Social Anxiety Disorder. Thematic Analysis revealed five main themes to describe their lived experience within a university setting. Firstly, "*From being shy to interpreting anxiety as a mental health problem*" described the transition participants went through in realising that their anxiety had become problematic and a hindrance upon their ability to pursue personal and academic goals. Participants talked about feeling frustrated and like something was wrong with them. The second theme, "*Experiencing emotions as threatening and uncontrollable*" illustrated the struggle participants had with regulating their negative

emotions, particularly in social situations. Not feeling in control was highly distressing for participants and led to patterns of harmful rumination about all that could go wrong. The third theme, *“Encountering loneliness as friendships fell away”* spoke to the emotional burden of loneliness participants experienced. Past coping mechanisms such as avoidance and social withdrawal had resulted in participants having minimal meaningful connections in their lives. The fourth theme, *“Hiding the vulnerable self from others”* encapsulated participants' descriptions of existing behind a façade and viewing themselves as flawed, weak, and unworthy. Practising self-compassion or disengaging with critical self-dialogue was particularly challenging among participants, and despite knowing that other people struggled with similar problems, they ultimately felt alone in their experience of social anxiety and detached from the larger university community. The final theme, *“Deciding to face social fears in the future”* described how participants acknowledged that their social fears had prevented them from having important social experiences and that the decision to confront these fears had to be a personal choice. However, the thought of confronting these fears was too overwhelming for many participants given how deeply engrained these fears were; and were an issue that many talked about returning back to address at a later date when they felt more resilient.

The Lived Experience of Anxiety among Females

Given the prevalence of anxiety amongst women, and the knowledge that anxiety is shaped by biological, psychological, and social elements of being female (discussed in chapter one) surprisingly little research has explored the lived experience of anxiety amongst females specifically. An in-depth search on qualitative research of women's experiences of anxiety elicited very little relevant research to this thesis. Search terms used included “female”, “qualitative study”, “anxiety” and “lived experience”. Existing research, other than described above, focused on specific elements of anxiety as it intersected with other elements, such as fear of childbirth during pregnancy (Arfaie et al., 2017), body image changes during pregnancy (Watson et al., 2016) postpartum experiences (Ali, 2018) experiences of sexual objectification (Watson et al., 2012) and sporting performance among female athletes (Guillén & Sánchez, 2009). With such a gap in research it was necessary to turn to the grey literature to develop a stronger understanding of the experience of anxiety among females. Personal blogs were reviewed to identify what females say about their lived experiences with anxiety. The three blogs presented below were reviewed due to their in-depth descriptions of

female's experiences with anxiety, and therefore provided a thorough account of how anxiety can affect the lives of women.

Following the death of her father, Zoe McWilliams developed Generalised Anxiety and started having panic attacks (McWilliams, 2016). Zoe describes her early experience with this anxiety as “crippling, overwhelming and all-encompassing” (McWilliams, 2016, para. 8). She explained her anxiety as cyclical, having periods where she felt a fraud to even suggest she struggles with anxiety followed by a rapid onset of crippling anxiety and associated emotions that would come out of nowhere. Similarly, Kelly Jean shared her experience of social anxiety on a mental health blog called the 'Anxious Lass' (Jean, 2019). Kelly talked about how her social anxiety had warped her perception of how she believed others to see her and led to her convincing herself that all situations would result in a terrible outcome. She talked about feelings of shame and embarrassment because of her anxiety which made her want to hide any symptoms she experienced. Kelly went on to say that in an attempt to hide her anxiety and not burden anyone, she would respond to their concerns by saying she was fine when in reality she was “drowning in fear and low self-esteem” (Jean, 2019, para. 12). Lastly, Rachel Hawkins wrote a personal blog for the Huffington Post UK about her experience with Generalised Anxiety Disorder (GAD; Hawkins, 2016). In her very honest account of her daily experience with anxiety, Rachel described herself as a chronic worrier despite looking externally confident and explained an intense fear she had of offending others. She concluded by saying that “GAD is scary. It can make your fears and worries seem real. At its worst, it has left me feeling irritable, tense, and exhausted. Exhausted from the incessant worrying, exhausted from the constant "what ifs?" circling my brain” (Hawkins, 2016, para. 19).

A review of the grey literature aligns well with the literature reviewed previously (e.g., Hjeltnes et al., 2016), describing anxiety as an overwhelming and all-encompassing experience, with a significant distinction between the lived internal experience and an individual's external appearance. Further, as previously identified in Woodgate et al. (2017) and Hjeltnes et al. (2016), Jean (2019) spoke to how she felt the need to hide her anxiety due to feelings of shame, embarrassment, and in attempt to not burden others with the challenges she was facing.

Within the qualitative literature there is also some work specifically looking at the lived experience of writing a research thesis. Given the concerning prevalence of anxiety among postgraduate students (discussed in chapter two) the next section focuses on what the lived experience for students completing research is like and attention paid to any specific factors of the research experience that may be contributing to anxiety levels within this student population.

The Lived Experience of Writing a Research Thesis

In their phenomenological study with recent graduates who had completed either a Master's by Research or a Doctorate of Philosophy in Occupational Therapy at an Australian University, Dawkins and May (2002) interviewed five participants in an attempt to describe the experience of completing higher degree research. Data analysis revealed five key themes. The first theme "*Living with a higher degree isn't easy*" spoke to participants experience of research being isolating, lonely, exhausting and something that required sacrifice in many areas including hobbies, time for relationships, self-care, and the ability to bring in a steady income. Combined, these factors created a sense of missing out on life among participants. The second theme, "*Being and feeling supported makes all the difference*" discussed support networks that participants relied upon during their studies. Additional to the support from family and friends, participants described the way in which having a supervisor that was tolerant, respectful, who provided positive feedback and guidance, and who genuinely cared for their students was vital to a positive research experience and lessened participants' sense of isolation. The third theme, "*Doing research is an exciting yet uncertain process that requires discipline, motivation and determination*" described how participants experienced feelings of overwhelm and incompetence at various stages of the research process, which was in part exacerbated due to the lack of intrinsic structure when conducting research. However, despite these challenges, the fourth theme, '*Doing a higher degree is a great journey of learning and transformation that leads to personal and professional benefits*' highlighted positive aspects of the research process, with some participants speaking about the opportunities that research provided them. These included career development, intellectual challenge, and the development of skills in critical analysis, thinking and writing – all which could be applied in both working and non-working life. The final theme, '*An enormous sense of achievement and satisfaction is gained from mastering the research process and achieving a goal*' described the immense feelings of satisfaction and pride that participants felt post thesis completion. Participants spoke of how overwhelming these feelings were, especially

considering they had mastered something so complex and demanding of their time and mental capacity (Dawkins and May, 2002).

A further study exploring the lived experience of postgraduate research students was conducted by Bazrafkan et al. (2016) via a qualitative content analysis that explored PhD students' experience of stress and anxiety while writing their thesis and the strategies they employed to cope. For this, the researchers interviewed 16 medical PhD students from four different Iranian universities. Four key themes were identified as describing participants' thesis experience. The first theme, "*Thesis as a major source of stress*" described the anxiety and distress participants experienced in relation to selecting a good thesis topic, managing their time, writing to a scholarly standard and due to a lack of financial support. Participants viewed their thesis as their greatest academic achievement to date and needing to be of the highest standard possible; these factors combined exacerbated their anxiety and stress associated with it. The second theme, '*Supervisors' relationship*' spoke to participants challenges with nonresponsive supervision, ineffective evaluation, and lack of feedback from their supervisors. Participants talked about feeling that they weren't given the time they deserved, and needed, as postgraduate students which resulted in inadequate guidance throughout the overall research process. The third theme, '*Socioeconomic problems*' discussed the financial burden that came with research, the fear of unemployment after graduation, and the overwhelming demands of multiple commitments additional to studying - all factors identified by participants as reducing their psychological capacity to cope with thesis demands. The final theme, '*Stress, anxiety, and depression*' described how for some participants, they had never experienced so much stress and anxiety until the process of completing their PhD, and experienced many symptoms including insomnia, headaches, fatigue, and digestive problems. Coping strategies such as talking to loved ones, listening to music, and watching movies were common among participants. However, it was agreed upon by participants that completing their thesis was the ultimate solution to resolving their stress and anxiety and therefore finalising the thesis became a motivation for many throughout their thesis journey (Bazrafkan et al., 2016).

By way of qualitative enquiry Marshall et al. (2017) examined the reasons for delayed dissertation progress among 14 doctoral students from a Midwestern university in an attempt

to gain a better understanding of challenges these individuals experienced while conducting research that contributed to this delay. Participants spoke of personal and environmental factors (i.e., life events) that contributed to their dissertation progress and echoed the sentiments of Bazrafkan et al. (2016) in highlighting that additional to research commitments, students are also required to manage external life stressors and pressures. The experience of IP, difficulties with self-confidence and self-doubt were common reasons given for delayed dissertation progress among participants. Participants talked about experiencing anxiety when submitting ‘imperfect’ drafts to supervisors and being fearful that they would waste supervisors time. Lack of previous research experience and structure within the thesis process was reported by some participants as contributing to their dissertation delays and anxiety. Interestingly, the value placed on institutional support varied between students, with some relying heavily on their supervisors throughout the dissertation process to get them through compared to others who preferred a hands-off approach. Importantly, students who identified as more anxiety prone reported relying on their supervisor for guidance and support significantly more throughout the thesis process in comparison to their less anxious peers, suggesting that anxious research students may have unique needs and require more and/or different types of guidance in comparison to their less anxious peers (Marshall et al., 2017).

Research findings from Dawkins and May (2002), Bazrafkan et al. (2016) and Marshall et al. (2017) provide valuable insight into the lived experience of writing a thesis and identify aspects of the research process that contribute to it being a distressing and anxiety invoking experience among many postgraduate students. These findings help shed light as to why the prevalence of anxiety is high within this population (e.g., Evans et al., 2018). However, in failing to conduct a gendered analysis, and recognise that many of the issues identified such as IP, self-doubt, perfectionist standards, and insomnia (Marshall et al., 2017; Bazrafkan et al., 2016) are more common and intensely experienced among females (as discussed in chapter one) these researchers missed an opportunity to explore how these findings might more strongly apply to, and shape, the experiences of female postgraduate researchers. The next section of writing further explores reasons identified within the literature that may contribute to the thesis being a key source of anxiety and distress among many students. In this section, both quantitative and qualitative studies are discussed.

The Research Thesis as a Stress Point

The completion of a research thesis is a core component of many postgraduate programmes and has been identified as a key source of anxiety for some students (Bazrafkan et al., 2016). Multiple reasons have been put forward to suggest why this may be the case, including the intellectual pressure, uncertainty of research, emotional investment, social isolation, long hours, academic rigour required and open structured format of research; all factors which create a site for anxiety to thrive (Lewis, 2004; Hawlery, 2003; Lovitts, 2008; Woolston, 2019). To further investigate this topic, Barry et al. (2018) interviewed 81 doctoral candidates from an Australian university about the challenges they had while conducting research. Reasons given included: developing their own expertise, mastering research methods, juggling multiple literatures, and having to think from a critical perspective. General work processes included writing issues, trouble with research identity, self-doubt, limited guidelines, and supervisor issues. Participants reported that these stressors delayed progress in their studies, decreased their confidence, made them feel incompetent and reduced their capacity to think critically. A significant proportion of the sample (25%) used descriptions such as feelings of being overwhelmed, incapacitated and being ‘crippled with anxiety’ when asked by researchers to describe how these stressors affected their personal wellbeing (Barry et al., 2018).

Additional to assessing the statistical trends and prevalence rates of anxiety among postgraduate research students, Evans et al. (2018) asked their respondents whether they agreed or disagreed with certain statements to better understand some of the contributing factors to the significant prevalence levels of anxiety among this group. Difficulty attaining a work-life balance and poor mentorship/supervision were among the most highly reported factors that contributed to respondents’ anxiety levels. Further, Woolston (2019) gave respondents the opportunity to provide free-text comments about their challenges and sources of emotional strain with postgraduate research. As previously found in Evans et al. (2018) and Bazrafkan et al. (2016), respondents spoke about their difficulty maintaining a work life balance that was further amplified for many due to having to hold down a job at the same time as conducting their research. Additionally, the uncertainty of the research process, cloudy job prospects, feeling overworked and overextended, the competition for funding and feeling like an imposter in an environment of highly intelligent individuals were other key

sources of stress and anxiety identified by student researchers. Further insight into Woolston (2019) was given by Educational Psychologist, Anna Sverdlik, who highlighted that by the time students get to postgraduate level, there is a view that they are in a privileged position, know what they are doing and thus have the skills and competencies required to manage themselves and their research independently. However, by having these expectations, an environment of anxiety is fostered in which student-researchers may feel too ashamed or embarrassed to admit when they are struggling and therefore prevent them from asking for help in times of need (Woolston, 2019).

Lastly, writing anxiety - characterised by feelings of tension and worry when required to complete writing tasks (Huerta et al., 2017) - has been identified as a common experience among postgraduates, causing impaired writing quality (Onwuegbuzi, 1997), reduced confidence in writing abilities (Huerta et al., 2017), an immense fear of failure, and a tendency to procrastinate (Onwuegbuzie & Collins, 2001). Given that completing a research thesis is a writing heavy task and a crucial component of completing a research thesis, this finding is problematic, especially when considering the way in which it creates and/or exacerbates anxiety for postgraduate students.

To further investigate writing anxiety, Huerta et al. (2017) conducted a survey with 174 master's and doctoral students from a research-intensive university in the United States. Findings demonstrated that a significant negative correlation between writing anxiety and writing self-efficacy exists. Gender and level of qualification played a role in this relationship, with both female and master's level students reporting higher levels of writing anxiety and subsequent decreases on levels of self-efficacy when compared to males and doctoral students respectively (Huerta et al., 2017). Despite this study not exploring reasons for this heightened writing anxiety among female master's students, previous literature (discussed in chapter one) would suggest this may be due to various factors such as females' genetic predisposition to anxiety (Lake et al., 2000), sensitivity to stressors (McClure et al., 2004), tendency for perfectionism (Chrisler, 2008) and gendered pressures and standards (Campbell & DiPaula, 2002), as well as the time-intensive pressures of master's research (Massey University, n.d.-a). Further, several programme structures and processes highlight potential factors that may make the master's thesis a particularly stressful and anxiety-

inducing experience. For example, in New Zealand, a PhD or doctorate takes on average three to four years to complete full-time, involves writing a thesis of approximately 60,000-80,000 words, and may involve coursework components (Winter et al., 2021). In contrast, a full-time master's research thesis involves writing a thesis of approximately 40,000 words over a 12-month period and includes no class component during this year (Massey University, n.d.), making for what some experience as a particularly time-pressured, isolating, and lonely thesis experience.

Very few studies have investigated the relationship between the two - living with anxiety and writing a research thesis specifically. This is despite previous literature demonstrating the prevalence of anxiety among postgraduate research students (particularly females) (Satinsky et al., 2021; Evans et al., 2018; Garcia-Williams and Moffit., 2014) and evidence to illustrate that writing the research thesis is a key catalyst for stress and anxiety among postgraduate students (e.g., Barry et al., 2018; Bazrafkan et al., 2016). The closest was conducted by Bogardus et al. (2021) who explored some of the challenges faced by postgraduate students who were living with significant health challenges while completing higher education. In this mixed methods study, 1228 students who were enrolled in the Doctor of Physical Therapy programme from across various American Universities first completed the Depression, Anxiety, and Stress Scale (DASS) (Lovibond & Lovibond, 1995). Next, 20 participants from the original 1228 were selected to take part in a phone interview due to their scores on the DASS; 90% of participants scored moderately high or above for levels of anxiety. Further, in line with previous gender trends and anxiety, 18 were female and two were male.

Following analysis of the data in Bogardus et al. (2021) four key themes emerged following analysis of the data. Firstly, "*When accessing resources becomes a stressor*" described how the engagement in self-care practices and/or professional help became a stress to participants and something that they didn't feel they had the time and/or financial means to engage with. Participants highlighted that despite university services being free, sessions were limited and did not provide the totality of support and standard of care that was sometimes required. Theme two, "*Seeking support from trusted confidants*" described the resources and supports most frequently relied upon by participants. Participants spoke of specific people (e.g., loved ones) and how much they valued meaningful interactions characterised by a sense of trust,

familiarity, understanding, comfort, and freedom from judgement. When describing interactions with faculty members (e.g., supervisors) participants consistently commented on the value they placed on having a supervisor who demonstrated genuine care, who made them feel seen as a ‘person’ as opposed to just another ‘student’, and who demonstrated a willingness to self-disclose about personal challenges they had experienced with their own mental health. The third theme, “*Growing up in Grad school*” centred around the transition from undergraduate to postgraduate study and the increased expectations in both academic and personal responsibilities as a young adult. As a result of the increased expectations, participants spoke about an overwhelming fear of failure in a high-stakes environment. These comments link on to the final theme “*Fear of failure drives perfection*”. Participants spoke about their challenges with peer comparison, feelings of inadequacy and the pressure to excel given that they were doctoral-level students. Lastly, as also shown in Hjeltnes et al. (2016), Jean (2019) and Woodgate et al. (2017) participants described going to extreme lengths to try and hide any mental health issues and vulnerabilities they had (Bogardus et al., 2021).

Importantly, one of the key themes in Bogardus et al. (2021), “*Seeking support from trusted confidants*” highlighted the value that participants placed on meaningful connections and support systems during their postgraduate study while living with anxiety. Similar findings were found by Dawkins and May (2002), with family and friends being identified as primary support figures for student-researchers. Additionally, Bogardus et al. (2021) highlighted the importance that students placed on the supervisor-student relationship and the way in which they viewed the quality of this relationship as an ingredient to their success in both the thesis and their ability to manage their anxiety while studying. Findings from Marshall et al. (2017) complemented this, reporting that individuals who struggled with anxiety required additional guidance and support from their supervisor in comparison to their less anxious peers. Several other studies in this review have highlighted the importance students placed on quality supervision-student relationships and dynamics (Gharibi, 2017; Dawkins & May, 2002; Bazrafkan et al., 2016; Marshall et al., 2017; Barry et al., 2018).

Pastoral Support

Previous literature has highlighted the importance students place on quality supervision-student relationships and dynamics (Gharibi, 2017; Dawkins & May, 2002; Bazrafkan et al., 2016; Marshall et al., 2017; Barry et al., 2018, Bogardus et al., 2021). University policies

recognise the importance of their pastoral care responsibility and the student-supervisor relationship. For example, 'The Education Pastoral Care of Tertiary and International Learners Code of Practice' (New Zealand Qualifications Authority, 2021) broadly outlines the pastoral support that all tertiary students should receive from their university. This includes being physically and mentally safe on campus, supported in their learning and wellbeing, and able to have a say in decisions about services (New Zealand Qualifications Authority, 2021). Supervision agreements (see appendix A for an Agreement to Supervise Postgraduate Research Form from Massey University) focus specifically on the supervisor-student relationship and outline several responsibilities that a supervisor has about their student (Massey University, n.d.-b). Responsibilities include: to provide guidance about the thesis process, to maintain regular contact with their student, and to give advice on necessary completion dates for various sections of work. Complementary to this, the student's responsibilities may include: to accept principal responsibility for the research and its progress, to take initiative in raising problems and difficulties and to maintain regular contact with one's supervisor as agreed between both the student and the supervisor (Massey University, n.d.-b).

Despite the supervisor-student relationship being acknowledged as important in such policy documentation (e.g., Massey University, n.d.-b) little research has explored the lived experience of how this policy is enacted. However, what research has been conducted suggests that the supervisor-student relationship is central yet complex and nuanced, with significant challenges and potential risks. For example, Gill and Burnard (2013) explored the relationship between nursing PhD students and their supervisors in the United Kingdom, with a focus on identifying what constitutes 'reasonable expectations' from both parties, and what ingredients are required for an effective supervision relationship. Findings from this study illustrated the importance of the supervisor and student discussing and agreeing upon their needs, expectations of one another, and ways of working early on in the research process. Gill and Burnard (2013) emphasised that most supervisory issues develop as a result of not setting such parameters up at the outset. Importantly, findings demonstrated the advantage of having a 'good fit' between supervisor and student, and one in which both parties felt safe to communicate openly and honestly. Further, despite the success of the thesis being a joint effort between both the supervisor and the student, Gill and Burnard (2013) highlighted that it is vital that supervisors take the time and responsibility to get to know their students. The

purpose of doing such would be to identify the type of working-relationship and supervisory approach (e.g., direct, gentle) that would best support their student to reach their potential and foster their positive wellbeing.

Research Rationale for the Present Study

As described above, anxiety disorders are a significant mental health condition, globally and within New Zealand. Young females present as a population particularly vulnerable to developing anxiety and thus experiencing its associated impacts; all of which is further intensified in the high stake's environment of tertiary education. The research thesis that is a part of graduate programmes has been identified as a key contributor to psychological distress and the development and/or exacerbation of anxiety among female students, posing a threat to their academic achievements and endeavours within higher education. This makes understanding female students' experiences of doing a research thesis an important topic, in part because it relates to gendered equity in the student experience.

To date, master's students have been largely overlooked in studies of postgraduate research students and anxiety, with the majority of studies focusing on doctoral and PhD level students (e.g., Satinsky et al., 2021; Winters et al., 2021; Woolston, 2019) despite other research positioning master's students as particularly vulnerable to anxiety and thesis associated stressors (Gharibi, 2017; Huerta et al., 2017, Massey University, n.d.). Within the New Zealand context, Master's programmes in the Social Sciences and Humanities are two years long, the first year with teaching coursework and the second a yearlong thesis (Massey University, n.d.). This thesis structure contrasts with completing a PhD which is over a longer period, and with a master's thesis in the United Kingdom, where the taught and research components occur in a single year (University of the People, n.d.). Therefore, it is possible that the year-long master's thesis that occurs in New Zealand is a particularly vulnerable point for students with anxiety because it makes what is an overwhelming, uncertain, and self-driven endeavour an even more isolating, lonely, and time-pressured task.

Despite the prevalence of anxiety for female postgraduate students and its detrimental impact on their wellbeing and academic potential, little research has been conducted investigating the impact of anxiety disorders on women's ability to complete higher education such as a research thesis, or how study programmes and processes might intensify the disorder. Nor is there much research on how higher education institutions might better support such students to succeed, despite a broad institutional commitment to developing inclusive policies to

enable all students to meet their potential. In light of this gap and the knowledge of previous literature, the present study explored the lived experiences of completing a master's thesis for females (enrolled in the Humanities and Social Sciences) while living with anxiety in New Zealand. To the best of our knowledge, no such research has been conducted making it the first of its kind and providing a novel contribution to the current literature. The primary research question and research aims for the present study are outlined below.

Research Question

- What is the lived experience of women with anxiety disorders when undertaking a master's level thesis at a New Zealand University?

Research Aims

By addressing this research question the current thesis aims to meet the following objectives:

1. Gain a greater understanding of the lived experience of female master's thesis students living with an anxiety disorder in New Zealand;
2. Identify key stages in participants' studies that affect their wellbeing/mental health;
3. Identify how the wellbeing, supports and academic attainment of female research students can be enhanced and improved at both an individual and institutional level.

Chapter 4: Methodology and Methods

The following chapter discusses the qualitative approach of inquiry and the philosophical assumptions that underpin this thesis. I outline the chosen methodology of the present study, its core principles and subsequent fit with this study's research questions. The methodology of data collection is outlined, followed by an overview of the study design and procedure including how participants were selected and recruited. Next, I outline the process of Interpretative Phenomenological Analysis and how I applied its steps to the data collected. Ethical considerations of the present study are discussed, followed by an outline of the quality criteria that I assessed this research against to ensure that it was trustworthy and of the highest possible standard. Lastly, I reflect on the overall process of data collection and analysis.

The Rationale Behind a Qualitative Approach of Inquiry

Qualitative research is commonly used to study various aspects of human experience (Jacob & Furgerson, 2012). Qualitative researchers are particularly interested in meaning making, opinions, interpretations, and perceptions with a focus on producing detailed accounts of how phenomena are experienced by an individual (Pietkiewicz & Smith, 2014). From this qualitative standpoint, researchers believe that every individual has a subjective view of reality which is shaped by social interaction, various contextual factors, and the meaning they assign to phenomena (King et al., 2018; Gelo et al., 2008). Therefore, the goal of qualitative research is not to generalise, but instead describe and understand how phenomena are experienced differently and made sense of among individuals. This contrasts with the quantitative approach that seeks to test hypotheses and generate causal relationships that are often reduced and represented as numerical values (Pietkiewicz & Smith, 2014).

The central aim of this study was to explore the lived experiences of women with anxiety disorders who undertake a master's thesis. A qualitative framework that focuses on understanding how individuals experience a particular phenomenon maps onto this primary aim. Further, an in-depth understanding of experience cannot be reduced to a quantitative numerical value, but instead requires detail-rich accounts from the perspective of the participant. Such an account requires qualitative methods (Pietkiewicz & Smith, 2014; King

et al., 2018). Therefore, the use of a qualitative methodology was selected and deemed most appropriate in the present study.

Methodological Approach

Interpretative Phenomenological Analysis (IPA)

A central objective of IPA is to gain a thorough understanding of a lived experience from the perspective of the person having the experience; in other words, to try and gain an understanding of what it is like to walk in their shoes (Shaw, 2019). To do so, IPA employs an interpretivist approach whereby the researcher attempts to explore and understand an experience and the meaning it holds for an individual from their perspective. The three core principles that IPA is built upon (phenomenology, hermeneutics and idiography) and that were applied in this study are described next.

Core principles of IPA

Phenomenology

Phenomenology is the study of lived human experience (Smith et al., 2009). A phenomenological approach involves a detailed exploration of a person's lived experience; it focuses on what the experience with a certain phenomenon is *like* from the perspective of the participant and *how* the participant comes to understand that experience in that way (Smith & Osborn, 2008). To do so, the focus is given to identifying salient components of an individual's experience that make it distinguishable from another (Pietkiewicz & Smith, 2014). Through this process, the researcher uncovers meaning by focusing on the participants' stream of consciousness and point of view such as their thoughts, feelings, and memories (Noon, 2018; Pietkiewicz & Smith, 2014).

Hermeneutics

Hermeneutics refers to the theory of interpretation (Smith et al., 2009). Practically, IPA is based on a dual interpretative process more commonly known as the *double hermeneutic* (King et al., 2018). Through this process, the researcher attempts to understand what it is like to stand in the shoes of their participant. Firstly, researchers ask participants to describe and reflect on their experiences and what they mean to them. Secondly, the researcher attempts to make sense of what the participant tells them about their experience (King et al., 2018; Pietkiewicz & Smith, 2014). Thus, IPA recognises that analysis always involves

interpretation and acknowledges the active role that the researcher plays in the research process and the construction of knowledge (Pietkiewicz & Smith, 2014). Further, IPA acknowledges that it is impossible for the researcher to fully eliminate their personal beliefs, opinions, prejudices, and judgements when interpreting the participant's experience. Therefore, it is the role of the researcher to manage personal biases as much as possible to enable them to be open to hearing the perspective of another (Shaw, 2019).

Idiography

IPA is an idiographic method of inquiry and is concerned with the concept of individuality (Noon, 2018; Smith et al., 2009). IPA views each case study as central to the research and demonstrates its commitment to idiography by conducting an in-depth and systematic analysis of every case before moving on to the next to ensure that participant's subjective meanings of experience are captured (Noon 2018; Shaw, 2019; Pietkiewicz & Smith, 2014). Secondly, IPA's commitment to idiography is demonstrated by its focus on trying to understand *how* phenomena are understood and experienced by the participant within their unique context (Smith et al., 2009; Pietkiewicz & Smith, 2014). Combined, these two factors enable salient details of a participant's experience to be illustrated and retained as well as more general themes across the data sets to be highlighted.

Strengths and weaknesses of IPA

IPA uses a bottom-up, inductive coding approach. This means that the researcher works to put aside their own opinions and any pre-existing theories when analysing and interpreting the data to let it speak for itself and form subsequent themes (Smith, 2009). Additionally, IPA is a popular and useful method for examining both the similarities and differences of lived experience with a specific phenomenon among individuals, as well as upholding an idiographic commitment that places value on each individual narrative and ensuring that themes derived from the data remain personalised (Noon, 2018; Smith et al., 2009). Further, IPA provides participants with a platform to voice their thoughts and opinions that may otherwise go unheard. Lastly, IPA offers an accessible method with clear procedures and flexible guidelines for those interested in an in-depth exploration of lived experience (King et al., 2019).

However, critics of IPA highlight several flaws in the method. They propose that when a study involves more than one participant, the researcher cannot uphold the idiographic commitment of IPA and generate unique themes; both of which are integral components of the method's theoretical framework (Noon, 2018). A further criticism of the method is its encouragement of reflexivity throughout the process, despite minimal consideration or instruction of how this is done within the procedures offered by the method (King et al., 2019). This lack of guidance could prove challenging, particularly to novice researchers. However, despite the suggested limitations of IPA, its highlighted strengths gave confidence in its suitability and applicability to the research aims of the present study.

In summary, this research employed an epistemological standpoint informed by phenomenology. Given IPA's commitment to phenomenology, its use as a methodological approach aligned well with the overall aim of the current research; to understand the lived experience of women with anxiety disorders who undertake a master's thesis. Further, the double hermeneutic acknowledged the importance of the interpretation of the data. Lastly, IPA's commitment to idiography demonstrated an understanding of human experience as unique and acknowledged that individual experiences with anxiety and the master's thesis could differ between participants.

Methodology of data collection

One-on-one interviewing

IPA is best suited to data collection methods that encourage participants to offer detailed first-hand accounts of their experiences (Smith et al., 2009). Phenomenological analysis focuses on the individual person and aligns well with individualised methods such as one-on-one interviewing (Shaw, 2019). Further, qualitative interviews give voice to groups who may not have had a platform to speak from previously (Reeves et al., 2015). Therefore, one-on-one interviews, as well as participant created timelines (described below), was the chosen methodology employed to collect data in this study.

A semi-structured interview format was deemed appropriate for interview proceedings and complemented IPA nicely. The use of a semi-structured interview schedule (see appendix B) enabled access to participants' experiences through their talk. Semi-structured interviews are

preferable when the primary goal of the research is to understand the subjective perspectives of participants rather than of large groups from which generalisable understandings can be produced (McGrath et al., 2019). Lastly, semi-structured interviews are deemed the exemplary data collection method in IPA research (King et al., 2018). They provide the researcher and participant with the opportunity to engage and interact with one another in the present moment as well as create a flexible structure for both predetermined and unexpected questions to be asked and explored (Pietkiewicz & Smith, 2014).

Formulating the interview schedule

Before any interviews were conducted, I designed the semi-structured interview guide. Questions were developed with the aim of tapping into participants' thoughts, memories and feelings associated with the research topic to ensure that the schedule complemented IPA and would provide the information needed to answer the research questions. When designing my schedule, a funnelling technique was used, starting with a few broad questions focused on getting to know the participant (e.g., "Can you tell me a little about yourself") before proceeding to ask specific questions relevant to the research topic and participants timelines (Noon, 2018). In line with good qualitative practice, simple and easy-to-understand language was used in the questions and further prompts were prepared in case participants found questions too general or abstract (McGrath et al., 2019; Pietkiewicz & Smith, 2014).

Participant timelines

Participant timelines (see appendix C for a participant example) were used to complement the semi-structured interview in the process of collecting data. Participants were asked to construct a timeline that represented key points/significant moments that related to their experience with anxiety while doing postgraduate research. All instructions were outlined in the participant information sheet (see appendix D). The use of timelines in conjunction with in-depth interviews has been suggested to enhance both the data collection experience and data quality obtained in qualitative studies, especially when researching sensitive topics (Kolar et al., 2015). Further, use of such methods gave participants a sense of ownership in the data collection proceedings and the opportunity to provide a visual representation of significant milestones that contributed to their experience.

Study Design

Sampling method and criteria

To obtain participants for the current research, a purposive sampling method was used. This method enabled a homogenous sample to be reached for whom the phenomenon under investigation held relevance and personal significance (Noon, 2018; Pietkiewicz & Smith, 2014). Therefore, to identify an appropriate sample, specific inclusion and exclusion criteria were outlined. These included:

1. Identifying as a female with anxiety that causes significant impairment or distress;
2. Be currently completing, or have completed within the past 12 months a master's thesis (within the Social Sciences or Humanities) at a New Zealand University, either part-time or full-time, internally or via distance, and;
3. Being comfortable discussing some of the experiences participants have had to date with their anxiety and associated thesis factors.

In conversation with my supervisors, it was decided that individuals with anxiety related to either a Specific Phobia or PTSD would not be eligible to take part in the present study for the following reasons.

1. Specific phobia is triggered for a person in a specific context (in the presence of their phobic object), but they are likely to function well in other life domains in its absence (American Psychiatric Association, 2013).
2. Individuals with PTSD were identified as particularly vulnerable given the nature of the diagnostic criteria provided within the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V); interviewing people with PTSD could cause distress and/or be triggering. Therefore, including them presented a risk that we deemed unethical and that was too high.

Ethical approval process

After the full research project had been planned, a full ethics application was submitted to the Massey University Human Ethics Committee on 19/07/21. In addition to a range of research methods literature pertaining to ethics, two key institutional policies informed this application: The Massey University Code of Ethical Conduct for Research and Teaching involving Human Participants (Massey University, 2017) and various documents from the National Ethics Advisory Committee's website relating to research with female populations

and the collection of ethnicity data. After required amendments were made, a full ethics approval was granted on 04/10/21 by the Human Ethics (Southern A) Committee. A summary of the main ethical considerations of this study are discussed later in this chapter.

Recruitment Process

Once ethical approval had been granted, recruitment officially opened. An advertisement was posted on social media platforms including my personal Facebook and Instagram page outlining some basic information about the study including the research topic, inclusion/exclusion criteria, what participation would involve and my email address to contact should anyone want further details and/or an information sheet. Additionally, an advertisement was posted on two private Facebook groups created and occupied by Massey University students, as well as two Massey University stream sites.

Word of mouth ended up contributing to my recruitment strategy and very quickly I had been contacted by many willing participants. The support from my beautiful family and friends was endless, with many of them reposting my advertisement on their social media accounts and telling their peers about the research in order to broaden the pool of people that the advert would reach across New Zealand. This form of sampling, more commonly known as snowball sampling, has received criticism and is thought by some to be no more than a form of convenience sampling (King et al., 2018). However, given that the inclusion criteria for the present study were tightly defined and the population of interest potentially challenging to access, its use in the current study was considered appropriate and justified.

Those who were interested in taking part in this study were sent a copy of the information sheet and encouraged to contact myself or my supervisors at any point with any questions. Most of these individuals contacted me a few days later (either by email or phone) confirming their desire to participate. A convenient meeting time was arranged for both parties via zoom, and participants were sent a participant consent form (see appendix E) and the interview schedule. Participants were asked to send back their completed consent form (along with their completed timeline) prior to the interview and to familiarise themselves with the interview schedule, noting any amendments they wished to make. Lastly, each participant was sent a reminder message the day before their interview.

Participant sample

10 people were recruited, two of whom had characteristics in the exclusion criteria resulting in eight participants, all of whom identified as female and were categorised as domestic students. No set ‘rule’ regarding the correct number of participants in a research study exists. However, in acknowledging IPA’s idiographic commitment and in-depth analysis of every case, experts recommend using small purposively selected samples (Noon, 2018; Pietkiewicz & Smith, 2014). According to King et al. (2018), six to ten participants is common in research using IPA and provides sufficient data to examine the similarities and differences between individuals whilst not producing an overwhelming amount of data for the researcher (Pietkiewicz & Smith, 2014). Therefore, recruiting and interviewing eight participants in the present study was considered both appropriate and a success.

Relevant participant demographics are presented in Table 1 below to describe the sample. All participant names have been replaced with a pseudonym. Table 2 illustrates the descriptions given by participants when describing their anxiety and the ways in which it affects them. Given the discussion of anxiety as experienced through biopsychosocial elements (see chapter one) these descriptions are broken up into physical/behavioural, emotional/feelings, and cognitive/thoughts. Lastly, it is important to note that in addition to anxiety, several participants presented comorbidly with other forms of mental distress. This included Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD) and MDD.

Table 1*Participant Demographics.*

| Participant | Ethnicity | Enrolment Status |
|-------------|---|------------------|
| Amy | Dutch/ Pākehā | Full-time |
| CK | Chinese | Full-time |
| Clara | Pākehā | Full-time |
| Cate | Cook Island/ Māori/New Zealand European | Full-time |
| Heidi | English | Full-time |
| Lizzy | Pākehā | Full-time |
| Sally | Pākehā/New Zealand European | Part-time |
| Stacey | Māori/New Zealand Pākehā | Part-time |

Table 2*Descriptions of Anxiety given by Participants.*

| | Physical/Behavioral | Emotional/Feelings | Cognitive/thoughts |
|---------------------|--|-------------------------------------|------------------------------------|
| | Tension in pit of stomach | Intrusive emotions | Lack of ability to think logically |
| | Tension in body | Fearful (often of other's opinions) | Impaired concentration |
| | Rapid heartrate | Worrying (often about the future) | Rumination |
| | Impaired breathing/Shortness of breath | | Overthinking |
| Descriptions | Shaking | | Obsessive thoughts |
| | Sweating | | Hypervigilant |
| | Vomiting | | Self-blame |
| | Disturbed sleep | | Pressure on self |
| | Light-headed | | |
| | Fatigue | | |
| | Procrastination | | |

Interview process

At the beginning of each interview, I spent a few moments informally chatting with my participants, checking in on how they were feeling and telling them a little about myself and the ‘why’ behind the present research. Taking this opportunity to build initial rapport was an extremely important part of the interview and I believe helped develop a sense of trust between myself and the participants. Additionally, by sharing a little about myself and my lived experience, I established a sense of proximity with my participants, and we were able to connect over a shared experience (McGrath et al., 2019). Next, I reiterated the participants' rights as outlined in the information sheet (e.g., the right to withdraw, and make amendments to interview proceedings). No participants requested amendments.

As previously described, the semi-structured interview guide and participant timelines were used to guide the interview proceedings. Throughout the interview, I did my best to make each participant comfortable and treat them and their story with the respect they deserved. McGrath et al. (2019) provided some worthwhile tips for researchers that were used as a guide. These included: approaching each participant with openness and curiosity, showing genuine interest in participants’ points of view, using minimal encouragers, allowing participants to lead the conversation (especially when discussing their timeline) and engaging in active listening. Further, if there was something I was unsure about, I made a conscious effort to ask the participant for clarification to make sure I was interpreting what they were saying as they intended. Lastly, I frequently checked my facial expressions and body posture on the zoom video to make sure that I remained present, attentive, and engaged.

Each interview lasted on average 70 minutes. When they seemed to be coming to a natural end, I asked participants if they had any additional comments to make. Before ending the Zoom call, I spent a few minutes debriefing with participants about how they found the interview, checked in with how they were feeling, explained what would happen next and asked for an address to send their supermarket voucher acknowledgement to. When the call ended, I touched base with one of my supervisors. I then emailed each participant two support documents. The first outlined contact details of supports available to them at their university (see appendix F) should they wish to talk to anyone as a result of their participation. The second outlined contact details of nationwide support lines (see appendix

G). Following each interview, I wrote some comments in my reflexivity journal about the process and highlighted anything I found challenging, interesting or that I wanted to raise with my supervisors. Participants who asked to review their transcript for comment were emailed a copy a few weeks after their interview when the transcription process was complete.

Process of Data Analysis - Interpretative Phenomenological Analysis (IPA)

In the following section, I will outline the steps involved in IPA and how I applied these steps to this study's data. Shaw (2019) and Smith et al. (2009) were used to provide the guidance below.

Steps One and Two: Transcription and Familiarisation with the Data

The initial stage of analysis involves the researcher immersing themselves in the data with the aim of getting 'as close to it as possible' (Noon, 2018). Particular attention is given to what participants place importance on (e.g., relationships, places, events) and the meaning the participant assigns to them (Smith et al., 2009). First, I played each interview audio and transcribed it verbatim into a Microsoft Office word document with the assistance of Otter.ai (an online transcription software). Using the recommendations of Smith et al. (2009) I applied transcription notation at the semantic level. This included:

- Transcription of all spoken words. Any words that were inaudible were noted on the transcript in parentheses as a replacement e.g., (Inaudible);
- Fillers were transcribed as and when I heard them e.g., (um, ahhh);
- If laughter occurred, the word laughter in brackets was noted e.g., (Laughter);
- Significant pauses of longer than one second were transcribed using three dots in parentheses e.g., (...);
- Words were underlined for emphasis;
- Where the speaker's train of thought altered midsentence, ... was used.
- Punctuation was used as needed to improve readability;
- Signs of significant emotion were noted. For example, if a participant got upset during the interview, a brief note and the corresponding emotion were noted. My purpose behind noting this was to enable me to conduct a deeper level analysis that focused not only on what participants said but how they said it.

- Lastly, all participants were assigned a random pseudonym and all identifying material was redacted.

Next, I read each transcript with the accompanying audio several times at half speed making any edits or corrections to the transcript to ensure accuracy. Through this process, I became very familiar with the data and made initial notes, and paid particular attention to processes, events, and experiences that participants highlighted as important.

Step Three: Coding and Identifying Initial Themes

Step three involves an in-depth analysis of the data and the development of initial themes that capture important aspects of participants' experiences and reflect an understanding of the phenomenon of interest (Pietkiewicz & Smith, 2014; King et al., 2018). At this step, analysis employs the double hermeneutic principle of IPA and actively acknowledges the role that the researcher plays in the construction of knowledge (Pietkiewicz & Smith, 2014). Firstly, participants provide words and thoughts about various concepts. Secondly, the researcher attempts to interpret what meaning the data holds for the participant to better understand that experience from their perspective.

The process began by creating a table with three columns for each participant. In the middle column, I inserted the participant's transcript, in the left column I typed descriptive summaries and in the right column interpretative codes (see appendix H for one participant example). To ensure that analysis and interpretative work remained grounded in the data, I coded the data in small sections (five to six lines at a time). At the descriptive level, I summarised key issues, events, and feelings expressed by the participant. Then, when I had descriptively coded the whole transcript, I went back to the beginning and coded it at the interpretive level. This involved taking the descriptive codes and associated transcript extracts and interpreting what these issues and events could mean for the participant; in other words, what inferences could be drawn to help understand the participant's experience and thus answer the research questions (Shaw, 2019). These interpretative codes formed the list of initial themes.

Step Four: Clustering Themes

The fourth step of analysis requires the researcher to group initial themes into clusters based on conceptual similarities or connections between them (Shaw, 2019). The final product that

is produced is a table of themes consisting of superordinate themes, subordinate themes and transcript extracts that represent each theme.

To do this, I applied a cut-and-paste method. I printed off the list of initial themes developed in step three, cut them into flashcards and sorted them into piles of related themes. To identify connections between them, I applied methods outlined by Smith (2009) such as abstraction (putting like with like) and numeration (frequency with which a theme is supported). When themes had been clustered to form subthemes, I assigned each cluster a superordinate theme name and listed them in a participant table of themes (see appendix I for participant table example). Supporting extracts from participant transcripts were attached alongside each subtheme as supporting evidence.

Step Five: Moving on to the Next Case and Repeating

When steps one to four have been completed on one transcript, the researcher repeats this process with all additional transcripts enabling further themes to emerge. A key focus of this process is to uphold the idiographic commitment of IPA with each case whilst acknowledging that the analysis from previous cases will inevitably influence subsequent case interpretations (Smith et al., 2009). Therefore, I repeated steps one to four for each of my participant transcripts and produced a participant table of themes for each.

Step Six: Looking for Patterns Across Cases

When all cases have been individually analysed, the researcher collates the whole group's subthemes (using the tables collated in step four for each case) and groups them based on patterns and connections they share. Themes may be renamed or disregarded depending on how frequently they are expressed in the data, or the relevance they hold with the research question (s). When this process is complete, a Master Table representative of themes identified across the group is produced and used as the basis for the final write up.

Flashcards of all the subthemes were created from all eight participant tables. Over the period of a few days, I grouped them into subthemes applying abstraction and numeration methods; many subthemes were disregarded as they either lacked relevance to the research question and/or were ill supported by other participant data. When I was satisfied with the analysis I had conducted and the narrative my data told, I formulated a Master Table (see appendix J)

which listed all superordinate themes, subordinate themes, indicative quotes to support themes and any relevant notes.

Ethical considerations

The following section outlines the key ethical principles that informed this research, how I applied them within the current study and the mitigation strategies that were put in place should issues arise.

Informed consent and participant autonomy

Providing informed consent within research requires potential participants to be fully informed about all research proceedings before taking part and before any data is collected (King et al., 2018). Informed consent acknowledges participants as autonomous individuals with decision making capabilities and provides them with the control to make their own decisions (Giordano et al., 2007). As outlined previously, interested parties were sent a detailed information sheet outlining the purpose of the research, what participation would involve, the data analysis process, the possible benefits and risks of participating, and what their rights were as a participant. When participants were confirmed, I provided them with a copy of the interview schedule demonstrating openness and transparency in the research process about the types of questions they would be asked. I began each interview by checking that the participant had reviewed this and understood the details outlined within the information sheet. I clarified any details participants were unsure of and asked if they required any amendments to be made to the interview schedule to maximise their comfort. It was not until after these processes had taken place and participants had signed a consent form that interviews commenced and data collection began. Participants were encouraged to contact myself or my supervisors at any stage with any questions or concerns using the contact details clearly stated on the information sheet.

Right to withdraw

Participant rights were clearly outlined on the information sheet. They were informed that they had the right to withdraw from participating in the interview at any time (even during the interview) and had the right to withdraw their data from the study prior to the beginning of data analysis. It was reiterated that participation in the present study was completely voluntary, and they were not obliged to take part.

Privacy and confidentiality

All interviews took place over Zoom due to COVID-19 limitations on face-to-face meetings. I conducted the interviews in a private office in my home with the door closed. Participants were informed of this arrangement before interviews began. The recording function on Zoom was used to record interviews and I saved the audio and video files in a private folder on a password protected laptop as well as on a personal USB stick that only I had access to at the end of each interview. Participants were informed on the information sheet that the security of audio recordings over Zoom could not be guaranteed given that the recording function is less secure than other methods (e.g., Dictaphone) but that every effort would be made to protect their identities and data. All documentation such as consent forms and transcripts were saved in a private folder on my personal password-protected laptop and backed up onto my personal USB stick. Any hard copy materials were stored in a locked filing cabinet that only I had access to. At the completion of this study, all data was given to my primary supervisor and will be securely stored for the next five years, after which time it will be destroyed. All audio recordings were destroyed after copies had been sent to participants who indicated they wanted them on their consent form.

Additionally, participant names were replaced with a pseudonym within transcripts, timelines, presentation material, and the final thesis. The specific institution that participants were enrolled at was not reported – collection of this was solely for the purposes of distributing university specific support resources to participants at the conclusion of their interview. Ethnicity information, defined gender identity, enrolment status and domestic/international status was also collected and used to describe the entire sample within the study and contextualise it in line with good qualitative research practices. However, it was agreed that it would not be used as a frame within which to analyse the study, unless the participant described it as shaping their personal lived experience of anxiety. If this were the case, it was agreed that it would only be used in a way that could not lead to generalisation, identification of the participant, or in ways that could be discriminating. Lastly, as an additional safeguard, participants were given the opportunity to review their transcripts following their interview to make sure that were satisfied that identifiable information had been removed.

Participant and Researcher Safety

Participant

Given the sensitive nature of this research topic, careful consideration was given for the potential of emotional harm among participants as a result of participation. As noted above, participants were provided with the interview schedule prior to their interview. This not only related to informed consent but provided participants with the opportunity to ask for anything to be amended if it made them uncomfortable. Prior to the interview, rapport was built to establish a sense of trust among participants, and participants and their stories were approached with curiosity and openness (McGrath et al., 2019). It was made explicit to participants prior to the interview that they had the right to decline answering any questions, stop the audio-recording at any time, or end the interview prematurely. One of my supervisors, a registered clinical psychologist, was on-call if a participant was to become significantly distressed and necessary processes needed to be put in place. Holding the interviews over Zoom meant that participants could conduct their interview in a location where they felt safe. Lastly, when the interview had finished, each participant was sent documents outlining the contact details of support services available to them within their university and nationwide should they wish to talk to anyone as a result of their participation.

Researcher

Interviews were conducted over Zoom in the safety of my own home. I made one of my supervisors aware of my interview schedule and contacted her at the end of each interview. Given my lived experience of anxiety, it was acknowledged that regular supervision meetings and contact with my personal supports were essential throughout this research to enable me to discuss any issues I had, and to be able to debrief at regular intervals. Further, given the sensitivity of the research topic and my relationship with it, the time between interviews and transcription was staggered to allow sufficient opportunity for me to decompress after each one and to take care of my own mental wellbeing.

Cultural Considerations

In Aotearoa/New Zealand, Māori constitute the indigenous people. Despite the aims of the present research not specifically focussing on one ethnic group, it was important that the research proceedings were conducted in a culturally sensitive manner towards Māori and in a way that complied with the principles of partnership, participation and protection as outlined

within Te Tiriti o Waitangi/The Treaty of Waitangi¹. The principle of participation meant that it was especially important to allow participants to review the interview schedule and suggest developments/alterations before their interview if required. Further, participants were given the option to bring a support person/whānau member(s) if they wished, demonstrating protection for the participant and their whānau collectively. Lastly, I completed cultural consultation prior to interviews commencing. The research proposal, research design and interview schedule were reviewed, and issues discussed (see appendix K for letter of cultural consultation). Cultural consultation was understood as an ongoing process to be sought when needed throughout the course of the research.

Evaluation of Research

All efforts were made to conduct this research to the highest possible standard and in a way that could be of use to others. Criteria traditionally used to measure quality within quantitative research such as reliability, generalisability and objectivity are not applicable within the framework of qualitative research or compatible with its goals (Frost & Rodriguez, 2019). Therefore, to ensure high quality, trustworthy research was produced, I drew upon four principles developed by Yardley (2000) which are commonly used to assess the quality and value of qualitative research with a phenomenological approach. These principles are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Additionally, three key principles of Te Tiriti (the Treaty of Waitangi) were included that were deemed particularly important to consider when planning and conducting this research - Tino Rangatiratanga (self-determination and autonomy) Whānau (the Māori word for family and extended family) and Ata (gently/demonstrating care). These are outlined in relation to the current study below.

Sensitivity to Context

Within the qualitative paradigm knowledge is context bound (Nunes et al., 2010). To achieve *Sensitivity to Context*, Yardley (2000) suggests that the researcher should draw on existing relevant theoretical and empirical literature, show sensitivity to participants' perspectives and socio-cultural contexts, and consider ethical implications. The following are the various ways in which this criterion was implemented in the present study.

¹ The Treaty of Waitangi, signed by both Māori and by the British Crown in 1840, is the founding document of New Zealand. It is from that the principles of partnership, participation and protection are based (Palmer, 2008).

- A thorough review of both the quantitative and qualitative literature within the field of anxiety among tertiary students was conducted. During this process, a gap was identified and formulated my research questions. I also drew on literature from this review to provide comparisons and explanations when analysing my own data and when writing my discussion chapter.
- An additional review of the theoretical literature was conducted which enabled me to select the most appropriate methodology (IPA) to fulfil the aims of the current research. IPA's idiographic commitment ensured that contextual sensitivity to the data was demonstrated for each case throughout this research.
- The interview schedule demonstrated sensitivity to the perspectives of participants by the use of open-ended questions and the incorporation of the participant created timeline. This enabled participants to talk about what was important to them regarding the research topic and elaborate on salient aspects of their experience. A conscious effort was made to hold back from imposing my views and beliefs onto participants during the interview. Further, participant extracts are included within the analysis chapter to accompany the themes identified to ensure that participants perspectives remained grounded in their own words.
- Due to the restraints imposed by COVID-19, all interviews had to be conducted over Zoom. However, this meant that participants were able to select a location from which to conduct their interview. Further, considerable efforts were made to treat participants with respect, empathy, appreciation and as an 'equal' throughout the research process.
- Lastly, many ethical factors such as how data was sensitively managed were considered and monitored throughout the duration of this project. These are explained in detail in the 'Ethical Considerations' section of this chapter.

Commitment and rigour

According to Yardley (2000) demonstration of *Commitment and Rigour* are essential characteristics of high-quality qualitative research. To achieve them, the researcher must demonstrate prolonged engagement with the research topic, be competent in the methods used, collect adequate data, and conduct a comprehensive analysis. Below are the ways they were upheld within the present study.

- My interest in this research topic originally stems from my personal lived experience with anxiety. Additionally, while interviewing participants about their experiences with anxiety and conducting a thesis, I too have been living this experience. Therefore, my engagement with the research topic goes beyond an extensive review of the literature and is something I can relate to first-hand.
- I have educated myself with the relevant literature pertaining to qualitative methods and IPA. I also attended relevant online workshops where possible that were provided by Massey University pertaining to qualitative methods and carried out practice analysis on transcripts. Lastly, prior to this piece of research, I conducted a small project where I interviewed participants and produced a report.
- Prior to data collection, the interview schedule was reviewed by a close friend of mine who has both lived experience of anxiety and of completing a master's thesis. This process was carried out to ensure that the questions were appropriate and complimented the aims of the research topic. Feedback was given and amendments made.
- Procedures were put in place to maximise the likelihood that participants were going to provide adequate data to answer my research questions. This included: specifying an inclusion/exclusion criterion for participation in order to obtain a homogenous sample, and following the guidance of IPA experts e.g., (Smith et al., 2009) regarding sample sizes and data saturation within phenomenological research.
- I carried out the analysis of the data in the present study. I transcribed each transcript, and then conducted a systematic and thorough analysis of each case using the steps

outlined above (Smith et al., 2009), paying close attention to participants talk and meaning making.

- Further, I engaged in a process of triangulation with my supervisors. They reviewed participants transcripts, provided feedback throughout regarding the emerging themes and helped identify other themes in the data that had not yet been captured.
- Lastly, participants were given the opportunity to review their transcript following their interview as a form of respondent validation and to make any comments. Four of the eight participants took up this opportunity.

Coherence and Transparency

The extent to which a study is deemed coherent is determined by how much sense the research makes collectively, with a clear demonstration of how the theoretical approach, research questions, methodological approach and interpretation fit together (Yardley, 2015). Transparency refers to how well the reader can see what methods and procedures were carried out in the study with justification as to why (Yardley, 2000). The following outlines the ways these quality criteria were implemented in the present research.

- Given that objectivity is not possible within an interpretative approach, caution was taken to present findings in a way that was consistent with this. For example, a conscious effort was made to use language that demonstrated that findings were not concrete or factual but instead representative of one (or more) different *perspectives* of reality.
- A thorough chronological outline was provided of the procedural steps that were taken throughout this research process with rationales for decisions made where necessary. This includes an outline of participant selection and recruitment, data collection methods, analysis procedures and ethical considerations.
- To illustrate what analytic interpretations and development of themes are based upon, supporting participant extracts are presented throughout the analysis section of this thesis.

- To further illustrate the analytic process that was carried out with each transcript, a participant transcript of descriptive and interpretative codes, a participant final table and the Master table of themes is attached in the appendices.
- According to Demuth (2013), demonstrating transparency within research requires the researcher to provide research relevant documentation to the reader if requested. Therefore, transcripts, field notes and other relevant documentation can be provided to allow for an independent audit of the research process if requested.
- I have strived to remain reflexive throughout the whole research process. I acknowledge that alongside my participants, I am a ‘co-creator of knowledge’ in the present study (Frost & Rodriguez, 2019). To make explicit my position, I have written in the first person where appropriate in this thesis to demonstrate that I have played an active role in the research process.
- Additionally, I have kept a reflexivity journal throughout this research noting how I have reached certain decisions, challenges I have faced, how I dealt with these obstacles and any thoughts and feelings that arose for me. This has assisted in enhancing my awareness of what I am bringing to the study, as well as made me consider how my personal experiences, views and beliefs have influenced my involvement.

Impact and importance

Yardley (2000) argues that for research to be valuable, its findings must have the potential to make a difference. I believe that this research is incredibly meaningful, is on a very important topic and has the potential to be a catalyst for positive change and academic success among tertiary students. The following are some of the ways in which this research has demonstrated/could hold impact and importance.

- This research provided information on an important topic from the perspective of participants (university students). This presents an opportunity for academic institutions to take on board the experiences of participants and use the information to

both develop their understanding and enhance the supports for their students with anxiety.

- Participants appeared excited to take part in this research and expressed that they saw it as an incredibly worthwhile topic. From the feedback I received from my participants (during their interviews and via emails after) I got a sense that they gained something from participating and simply feeling heard. The study had provided participants a platform where their sharing of experiences and perspectives were valued and encouraged.

Te Tiriti Principles

Three key Te Tiriti principles which mapped onto key concerns in the design of this research were considered: Tino Rangatiratanga, Whānau and Ata. Despite the study's aims not being specific to a certain ethnicity, Māori participation (and all other ethnicities) was encouraged and two participants in the current study identified as Māori. It was therefore essential that this project was safe and enjoyable for Māori, and below I outline how I applied these three principles in relation to the current study.

Tino Rangatiratanga

The principle of Tino Rangatiratanga is rooted in the acknowledgement of Māori as autonomous, self-determining, and independent individuals (Smith, 1990). Several components of the present study were designed with this principle in mind. As highlighted previously, participation was completely voluntary, and participants were able to withdraw at any time before data analysis began. Interviews were structured around a timeline created by participants', enabling agency and autonomy. Participants were informed of all research proceedings and questions prior to their interview and given the opportunity to make amendments. They were invited to start and/or finish the interview with a karakia or other practice if this was important to them and bring whānau to the interview if they liked. Lastly, an initial cultural consultation took place prior to participant recruitment within the School of Humanities and Social Sciences, and amendments made following recommendations. This was to ensure that all research proceedings were conducted in a culturally sensitive manner that showed respect for, and complied with, the Treaty of Waitangi principles of partnership, protection, and participation.

Whānau and Ata

The principle of Whānau is rooted in the relationships between Māori and the world around them. From a research perspective, this principle highlights the responsibility that the researcher has of nurturing and respecting relationships formed with participants, as well as acknowledging the connection between the researcher, researched and the research (Smith, 1990). The principle of Ata is also rooted in relationships but focuses more so on the process of relationship building and the fostering of meaningful connections within a safe space (Smith, 1990).

To ensure these principles were applied in the present study, I spent time getting to know my participants (Whakawhanaungatanga). The interview schedule was designed with this in mind, putting aside time to simply learn a little bit about who the participants were as people. Some talked about hobbies they had, their families, or goals for the future. I also shared a little about myself and my lived experience with anxiety. I believe this process was a real strength of this research, as it established a shared connection between myself and the participants which encouraged vulnerability among participants when answering my research questions. Additionally, the use of the timeline within the interview fostered a safe environment that was ultimately led by what the participant had outlined and therefore what they wanted, and felt safe enough, to discuss.

Reflexivity

In reflecting on the methods of the present study, several key components stand out. Firstly, the timeline served as a fantastic visual tool for discussion during the interview and gave participants some autonomy over its direction. It facilitated conversation and kept the interview structured around salient aspects of the participants experience; all of which enhanced the data collected. Overall, participants said that they saw the timeline as a worthwhile exercise, an opportunity to prepare mentally for the interview, and a task that made them stop and reflect upon what they had achieved. However, some participants experienced anxiety when completing their timeline due to having to focus their attention on the thesis; a process that they found distressing. Additionally, some participants talked about how the timeline triggered their perfectionist tendencies which caused them to procrastinate with the task or complete multiple versions in an attempt to make the one they presented perfect. It was not my intention for the timeline to inflict any stress or anxiety on participants.

Therefore, in hindsight, it may have been worthwhile for some parameters to be set around the timeline to try and mitigate or manage these anxieties. For example, asking participants to spend no longer than 30 minutes completing the timeline, and emphasising that this was simply a rough brainstorm of salient aspects of their thesis experience.

When asked to provide feedback on the interview process and design, participants were very enthusiastic and reiterated how grateful they were to have had a platform from which to share their experiences. When referring specifically to the interview questions, participants described them as thorough and clearly communicated. The earlier questions aimed at getting to know the participant helped to build rapport and trust in the early stages of the interview. Additionally, I believe it was a good idea to give the participants the interview schedule beforehand. Most participants alluded to having the schedule with them during the interview, and I got the sense that this helped them manage any anxieties or nerves throughout as they had a rough idea of what to expect.

From a methodological perspective, IPA complemented this research well. Every participant's story was unique and offered worthwhile insights into the experience of living with anxiety while completing a master's thesis. Therefore, IPA's commitment to idiography and in-depth case-by-case analysis enabled these salient details to be illustrated. IPA was also well suited to my skill level as a novice researcher because it provided step-by-step guidance which gave me some reassurance that I was on the right track throughout the process. However, naturally, I doubted myself throughout the analysis process, and the sheer amount of data I had was overwhelming to manage at times. It was in these moments that I relied heavily upon my supervisors, particularly Professor Riley, who has extensive knowledge and skill in the area of qualitative methods. Through the process of having Professor Riley listen to my thoughts about the data, challenge my thinking, and offer a fresh perspective, I further developed my analytical skills, and with time became more confident in my ability to conduct a thorough and meaningful analysis.

Lastly, given that I have lived experience of anxiety and I too was living the participant experience (writing a master's thesis), I did at times feel overwhelmed throughout the

research process, and unable to gain distance from the topic. In an attempt to best support myself in this challenge, I engaged in reflexivity practices such as keeping a reflectivity journal where I wrote any thoughts and challenges I was experiencing. I noticed that I felt the need to write in this journal predominantly during the phase of data collection, and I discussed some of my reflections during supervision. Further, at the time of data collection, I began engaging with a personal therapist due to personal life circumstances. However, at times I did use my sessions with her to talk about difficulties I was facing, or overwhelming emotions I was experiencing, as a result of my research, and together we came up with some strategies to best deal with these challenges.

Chapter 5: Analysis

Introduction

The following chapter discusses the three superordinate themes and associated subordinate themes that were produced in the analysis of female participants' experiences of completing a Master's thesis while living with anxiety (see Table 3 below). To give voice to participants and uphold the idiographic principle of IPA, direct quotes given by participants have been provided to accompany themes throughout and can be used as evidence of analysis (Smith, 2009).

Table 3

Summary Table of Superordinate and Subordinate Themes.

| Superordinate Themes | Subordinate Themes |
|--|--|
| 1. Internal 'Baggage' is Activated in the Thesis Journey | 1.1: Personal Beliefs of Inadequacy 1.2: Future Worries and 'What If Thinking' 1.3: Pressure and Perfectionism |
| 2. The Thesis as a Catalyst for Anxiety | 2.1: Minimal Ways to Assess Progress 2.2: Thrown in the Deep End 2.3: Supervision - A Key Contributor to my Struggle 2.4: Becoming the thesis |
| 3. Human Connection - The People Along the Way Make the Difference | 3.1: People who Care 3.2: People who Understand 3.3: The Importance of Sharing and Talking |

Superordinate Theme 1: Internal ‘Baggage’ is Activated in the Thesis Journey

Drawing on this colloquial term, the superordinate theme of internal baggage describes how preexisting psychological tendencies such as core beliefs and cognitive behaviors were activated during, and applied to, their thesis process. Within this superordinate theme falls three subordinate themes: personal beliefs of inadequacy, future worries and ‘what if thinking’, and lastly, pressure and perfectionism.

Subordinate Theme 1.1: Personal Beliefs of Inadequacy

Participants described personal beliefs that they had about themselves and their abilities, from which much of their anxiety stemmed from. These personal beliefs were triggered throughout their thesis. Amy, for example, offered a particularly intense experience of this when she described what appears to be a personal belief of not feeling good enough:

“I always had this label in my head going, you're not that smart. There's something different [about me], school is not your thing”.

Amy’s identification with this personal belief of not being smart or good enough for education contributed to the way in which she saw herself; this belief fuelled unhelpful thinking about her capabilities at school and then subsequently in her studies at university. The phrase *“there’s something different, school is not your thing”* implies Amy considered herself fundamentally impaired and less capable than others within an academic context. Receiving feedback from those external to Amy reinforced this belief:

“My dad also said to me before going to university, he said something like, “oh, but you're not the brightest cookie” or something like that. And that really stuck with me. So, me hearing that I went... “right, good, I'm going to go and I'm going to go hard”.

Amy described the way in which she took this developed belief of herself as unintelligent into her academic studies, using it as a key source of motivation and energy to do well at university. However, this strong desire within Amy to prove herself to others became unhealthy as she worked at all costs to succeed during her thesis, where *“going to go hard”* meant that she neglected her selfcare and worked continuously without a break.

Similarly, Lizzy grappled with an underlying personal belief of not being good enough. This belief caused her to question her capabilities while completing her thesis,

especially during particularly challenging and stressful stages of the process when she was feeling vulnerable:

“It was hard because I felt like I had already struggled so much and everyone was telling me that it's going to get better, the discussion is going to be easy. And it wasn't. And I felt like well, “why am I struggling so much, am I not, am I not good enough to actually do this because I'm really struggling with what everyone else found easy?” And then that caused anxiety and probably goes back to what you were talking about with my fear of failing”.

Here Lizzy described the way in which she compared herself to other research students, and the way in which she interpreted her struggle as evidence to suggest that she lacked the necessary skills and abilities to complete a master's thesis. Due to her intense fear of failure, (which she had described earlier in the interview) this feeling of inadequacy perpetuated a cycle of anxiety and self-doubt that Lizzy battled with throughout her thesis.

Cate grappled with an inability to see and acknowledge her true potential. This had a flow on effect into her thesis journey by tarnishing her ability to believe in herself throughout despite positive feedback from knowledgeable others praising her efforts:

“I remember thinking to myself, like “these people with PhD's are saying its good, and you're [Cate] thinking it's not”. It kind of, it feels like, you're trying to fill up a hole. Like you're trying to fill up a hole of water and you want to fill it up but it just keeps going and going through and I think, it never gets to that point. That's how I feel, I feel like I'm, I knew I was capable, but, and all these people tell me how great my thesis was. But it wasn't, it wasn't sticking, it wasn't staying”.

Cate struggled to see the quality in the work she produced. Despite positive feedback that provided evidence to counteract her unhelpful personal beliefs, she struggled to trust and take this feedback onboard. Cate used a powerful metaphor to describe her experience with receiving feedback: *“It kind of, it feels like, you're trying to fill up a hole. Like you're trying to fill up a hole of water and you want to fill it up but it just keeps going and going through and I think, it never gets to that point”.* This demonstrated that regardless of however much positive affirmation Cate received, it just would not stick. As a result, Cate described her overall thesis journey as one where she never felt fully adequate or like she had done a good enough job and subsequently, she constantly searched for ways to improve it and be better.

Heidi also talked about her anxieties and inability to believe in herself and accept that her work was good enough, highlighting how this was noticeably impactful for her at postgraduate level rather than undergraduate. She described how for her these worries were particularly acute at postgraduate level and triggered overwhelming feelings of Imposter Syndrome:

“I think the biggest difference I noticed in my anxiety between undergrad and postgrad was this, like overwhelming sense of imposter syndrome. I was constantly worried that somebody was going to turn around and tell me actually, “you're not meant to be here (...) Like we, we've got it wrong. This isn't, this isn't where you're meant to be”. And no matter (...) what my grades said, I just could not convince my brain that that was what was going on”.

Here Heidi described intense doubt in herself and the way in which this tarnished her ability to believe that she deserved to be in the position she was in. Like Cate, this lack of belief and inability to see her potential created an intense experience during her postgraduate study that for Heidi was characterised by feelings of anxiety and fear of being ‘caught out’. Further, Heidi’s description of “*constant worry*” throughout her thesis journey demonstrated the all-consuming and relentless nature of her anxiety and highlighted the way in which it clouded her entire thesis experience. Personal beliefs of inadequacy, developed over the years before the postgraduate studies, were thus activated by the thesis so that even with positive feedback, participants experienced high levels of debilitating anxiety.

Subordinate Theme 1.2: Future Worries and ‘What If Thinking’

Another form of internal baggage was future worries and ‘what if thinking’. The majority of participants described themselves as chronic overthinkers and possessing a strong tendency to ruminate. Many participants embarked on the thesis with the goal of gaining entry into competitive programmes following completion. In response to not having certainty about whether they would attain the necessary requirements for entry, the participants’ tendency to overthink and ruminate on matters pertaining to the thesis was intensified.

Clara spoke about her tendency to ruminate and the impact this had on her ability to concentrate when trying to write her thesis:

“And it's the writing. The sitting down. Writing is one of the main triggers. Um, and it's, then I just start ruminating on like, what if, what if I'm, not what if I'm not good enough

but like what if this is not good enough? What if I don't know what to say? And then I just can't concentrate on what I'm doing anyway".

Above, Clara talked about the way in which the writing component of the thesis and her concerns about not producing a good enough piece of work were key rumination topics that flooded her mind and that would distract her from being able to focus on the task (the thesis) that she so desperately wanted to be good at. Given the inability for certainty about whether she would succeed in gaining a place in the programme she was applying for post thesis, intense cycles of rumination and future worry about all matters pertaining to her thesis were activated:

"That's thinking "what if the topic that I choose is not good enough to get me into that next year's qualification?" And "what if, um, the topic that I choose is not in line enough with my supervisor's interests?". "What if the topic I choose is not diverse enough for my work experience so then the people in the [detail removed] think that I'm, you know, a one trick pony or.... all of those things. What if, what if, what if".

Here Clara's illustrated the way in which her inability to get certainty about the future and gain reassurance was a key source of her anxiety. It creates a sense of her being overwhelmed in a world characterised by anxious anticipation, unanswered questions, and endless possible problems - "*what if, what if, what if*". Clara's extract illustrates that the nature of the thesis, where there are few certainties or a right/wrong way of doing things, lends itself to such difficulty tolerating uncertainties. Like Clara, CK also had a tendency for rumination that intersected with ambitions of gaining a place in a competitive entry programme following thesis completion. CK's worries about the future repercussions if she was to be unsuccessful in gaining a programme place post-thesis was a key trigger to her pattern of rumination:

"And also, um, I guess, like, knowing how competitive the [detail removed] programmes are just, you know, just made me think you know, will I ever be able to get in? And if I don't get in what's the point of my masters? You know, if I don't get in then who am I? And also, you know, like, to be honest, I still have some doubts over whether I'll make a good (detail removed) or not or if this field is even for me. So, all of this kind of triggers a question of who am I? Where do I belong? Where do I fit in? You know, what if I tried so hard to fit into this field but turned out that's not for me and then what am I left with?".

The above extract demonstrated how CK's future career prospects had become deeply connected to her sense of personal identity. Success in the master's thesis would increase her

chances for entry into her chosen career. Therefore, this extract illustrated the complex relationship between CK's beliefs about herself, her identity, and the thesis. It shows that her success in the thesis represented more than merely a grade, but also something that was intricately connected to how she felt about herself and her identity. This helps to explain CK's anxieties and rumination about future outcomes that if not successful in achieving, would be damaging to her sense of self.

Similarly, Lizzy's tendency to question everything and ruminate about the future was triggered by her fear of her work not being good enough for progression into her programme of choice, and the way in which this compromised her ability to fully trust in the process including her supervisor's judgement of her work:

"For me, I think, because I knew she wasn't going to be marking it and I know that sounds a bit funny, because she's the supervisor, like, I trust her and she, she's experienced, she's qualified to be a supervisor but I was like, "what if the markers don't agree with her?" "What if they're at a different standpoint and they think it's shit". So, I kinda was like even though I was getting all this positive reinforcement I was like there's other things to worry about".

Lizzy's anxiety and worry about all that could go wrong compromised her ability to trust in her supervisor's judgement of her work. Her questioning of the 'what ifs' kept her focused on the future and prevented her from being able to remain present and take onboard the positive feedback she was receiving. This difficulty acknowledging positive feedback was compromised further due to personal feelings of inadequacy Lizzy held (as discussed previously in subtheme 1.1). Cate was also completing her thesis with the goal of gaining entry into the same programme as Lizzy. As shown previously by others, Cate's tendency for rumination and anxiety centred around future grades in the thesis:

"I think he [her supervisor] understood towards the end when I was like, freaking out and saying, "oh my god, what grade am I going to get?", "How do I know what grade I'm gonna get", "what am I going to do if I don't get this grade?".

Here Cate illustrated how the unknowingness of what grade her thesis would receive, or what her future would look like if she failed to achieve the grades she wanted, made for an intense anxious experience where the questions of "what if?" cycled repeatedly in her mind. Like Clara, CK, and Lizzy, Cate's future-focused questions were unable to be answered in the present and as a result perpetuated an intense experience of anxiety characterised by

uncertainty and inescapable, internal dialogue of “what if”. These anxieties about the future within the uncertain terrain of the thesis created an experience for these participants characterised by relentless worry, fear, and the inability to remain in the present moment.

Subordinate Theme 1.3: Pressure and Perfectionism

All participants presented themselves as highly capable individuals with very high standards and expectations of themselves. Combined with a strong desire to excel in their thesis, participants put themselves under high levels of pressure in attempt to make their thesis ‘perfect’. Clara identified herself as a perfectionist and highlighted the way in which this trait was triggered during her thesis journey and impaired her ability to use time efficiently and make progress:

“I can't write anything. I can't even like start writing... and I think that's because I'm (...) because I'm quite a perfectionist and because I, like never want to write anything that might be wrong... Um, I don't really write, I haven't in the past ever really like written drafts of things... like what I write is... what ends up getting submitted because for every sentence I sit for like half an hour and stress about it (Laughter). And so (...) I yeah, I was just (...) I couldn't do anything”.

Here Clara demonstrated how her perfectionist traits were triggered in the thesis in response to a fear of making a mistake or writing something that might be perceived as ‘wrong’. This fear left her immobile at times and unable to write. Further, her perfectionist traits led her to ruminate and procrastinate for significant periods of time over small sections of work. Collectively, these factors compromised Clara’s ability to make consistent progress in her thesis work which served to fuel her anxiety.

This drive for perfectionism was further intensified for other participants who felt that others were relying on and expecting them to create a thesis of the highest standard. Cate had a unique situation of this in that additional to needing certain grades to progress with her future career goals (described above), she was the first in her family to have attended university:

“My family were like, "oh, she's the only one at university" so that, that put another pressure on me as I'm the only one that can do this pathway. So, I need to keep going”.

Being the only one in her family to have attended university increased the pressure that Cate put on herself. Not only was she carrying the weight of her own expectations but her family’s

as well. This collective sense of achievement strongly contributed to Cate's anxieties around grades and thus fuelled her efforts for perfectionism.

Similarly, Stacey spoke to the anxiety and pressure that came with a sense of collective responsibility that she felt in an attempt to do justice to the experiences of her participants:

“Um, yeah, so it was, it was kind of enlightening to me that my research was going to be, um, there was meaning behind it, it was meaningful for people who had been through this process. Yeah, um, but with that, my anxiety increased because for one, I was like, “this is a whole collective of people that I've got to do really well by”. Um, and two, I also had to be very, very self-reflective that, um, I wasn't trying to put too much of myself into what people were saying”.

For Stacey, her success in the thesis was something that she saw as not just something she was doing for herself, but also for her participants. Additionally, Stacey's lived experience with the thesis topic created anxiety around any potential influence she could have on participants' narratives and intensified her emotional connection with the research. Combined, these factors further increased the pressure Stacey put upon herself in her attempts to produce a meaningful piece of research that both she and her participants would be proud of.

For some participants, the thesis meant more to them than just a piece of work. Here, Clara describes her experience of this and how much of the pressure she put on herself to succeed was a result of what the thesis represented to her:

“I think it's about being (...) motivated by... not motivated by the perceptions of others in terms of I want people to read my thesis and think I'm amazing, but (...) more like success at this will mean that I am a successful human.... and so... I have to be... this has to be perfect.

Here Clara demonstrated how the thesis became one of her reference points from which she measured her sense of self-worth. She viewed her success in the thesis as being closely correlated to her success in life as a human being, and something that ultimately shaped the core beliefs that she had about herself. This demonstrates the way in which Clara had developed a view of her thesis as a distinguishing feature of her identity and thus fuelling a

large part of the drive and need she had to produce a 'perfect' thesis that could not be subject to criticism.

Similarly, Lizzy described the academic reputation she was known by and the way in which this was attached to her sense of identity. Trying to uphold this reputation contributed to the pressure she put upon herself throughout the thesis process:

"I think I've, I've built a reputation for being very studious, very organised, um, not the best student ever, but very consistently, above average and for me to get, it sounds stupid, to get the B+ was like the end of the world. Yeah, I haven't, I still haven't really told many people that I got a B+ because I was embarrassed. But there's nothing, I know there's nothing to be embarrassed about. And I know that no doors have closed, nothing has changed, I can still do what I want to do. But I don't want to tell people, that I only got a B+. So, I haven't told many people, and it's quite sad. I haven't told my family (voice lowers). I just, if they ask, I'll tell them, but no one's asked. So, no one needs to know".

Lizzy clearly highlighted the theme of perfectionism when expressing her feelings about receiving a B+ grade for her thesis. Despite recognising that a B+ is an achievement, and one that has not stopped her future career goals, the fact that it was not a higher grade (e.g., an 'A') left Lizzy feeling a variety of challenging emotions such as embarrassment. Further, her secrecy, or reluctance to share her grade with anyone, suggested Lizzy held powerful feelings of shame about her thesis grade and created a sense that she felt she had let herself and others down as well as tarnished her academic reputation. Lizzy's extract speaks to the concept of 'toxic shame' in that her thesis grade left her feeling less than adequate and resulted in her denying herself the ability to feel pride in the work she had produced.

For Amy, her tendency for perfectionism and the pressure she put upon herself during the thesis process was fuelled by her unhelpful personal belief of not being good enough which had been further reinforced by a loved one previously (as described in subordinate theme 1.1). Her desire to excel and prove herself caused her to push herself harder and led to her neglecting aspects of her self-care:

"When you are used to bullying yourself, and you're used to having really high standards, you're going to go full in and not take care of your breaks. Because you want to succeed so bad".

Here Amy's perfectionism is evident in the way she describes having really high standards and how she felt the need to bully herself to get them. These perfectionist standards and Amy's need to "*succeed so bad*" were fuelled by her desire to prove herself to others, as well as attempting to claim back some of the power that her critical mind had held over her for some time. In comparison to Lizzy, where being anything other than perfect led to shame, for Amy, perfectionism led to a driving schedule that made her "*just feel awful*" and which culminated in her experiencing a "*messy ball of anxiety and low moods*". These accounts given by participants demonstrate the strong perfectionistic tendencies they possessed and highlighted the way in which additional pressures worked to amplify the anxiety levels among participants and further intensify their desire to excel throughout their thesis journey.

Summary

Superordinate theme one illustrates the internal baggage that participants brought with them to the thesis and described the ways in which it was applied to the thesis and subsequently exacerbated anxieties participants experienced. Measures of self-worth among participants were intricately entwined with thesis success, but personal beliefs of inadequacy, 'what if' (things go wrong) ruminations, and perfectionism meant that they were unable to imagine this success, or if they did not achieve at the level they had hoped to in the case of Lizzy, they felt extreme shame.

Superordinate Theme 2: The Thesis as a Catalyst for Anxiety

The previous theme described how participants' pre-existing beliefs and cognitive processes were activated in the thesis process and the subsequent impact this had on participants' research journeys. Superordinate theme two builds on this by discussing how the nature of the thesis itself was a catalyst for participants' anxiety. Within this superordinate theme falls four subordinate themes that represent specific aspects of the thesis that participants highlighted as particularly anxiety-provoking. These are minimal ways to assess progress, thrown in the deep end, supervision - a key contributor to my struggle, and becoming the thesis.

Subordinate Theme 2.1: Minimal Ways to Assess Progress

As shown in superordinate theme one, participants demonstrated a particular discomfort with uncertainty and set very high expectations for themselves. This knowledge helps to explain

why having minimal ways to assess progress throughout their thesis journey proved to be particularly anxiety-provoking for participants.

Here CK described how the lack of guidelines for the Master's thesis and the absence of a concrete research procedure caused her anxiety:

“That's how I feel, you know, like... yeah, so it's like, you know, yes, there's so much freedom, you know, there's, yeah, there's supposedly no right track you know for me to pick the next step. Well, I feel like one misstep I could fail my masters or something. So, that's very anxiety provoking”.

In addition to worrying about future career possibilities (see sub-theme 1.2) CK describes how the uncertainty of the thesis process was a stressor in its own right. She talked about the freedom involved in the thesis process and described how the lack of structure and reference point from which to gauge her performance fuelled a fear that she had around failing. CK talked about making “*one misstep*” and described the potential flow-on effects she felt making a mistake could have on her future prospects.

Amy also talked about the anxiety and challenges she experienced in response to the lack of ability to gauge her thesis performance. For her, the limited human contact throughout the thesis process amplified this:

“I think part of it is also with the thesis, it's hard to keep yourself in perspective, where... if you're doing okay. I've always actually at school been quite on track with others and I've been able to track myself. So, I'd go "right, I'm not the fastest kid but I wouldn't be the slowest, I'd be somewhere in the middle". And so being alone, I would constantly feel...and I think I would do that actually to protect my self-esteem. Because I think "I'm okay as long as I'm trucking somewhere in the middle". And when you're dropped in the middle, you have no point of reference, you're doing the same thing every day, it's like, it's, it's just an environment perfectly built to just get at your self-esteem or anxiety”.

Here Amy talked about how the thesis process and structure stripped her of her ability to gauge her performance. In the past, she had relied on the ability to track her academic performance against her peers which provided her with a means of reassurance that she was doing well. However, the isolation and lack of people contact in the thesis process removed Amy's previously relied upon progress measures and gave her minimal opportunities to discuss her concerns and thoughts with others. As a result, she described the thesis

environment as being one where she felt alone, vulnerable and stuck in her head with anxious thoughts and worries.

Lizzy talked about how (like other participants) data analysis was a completely new concept and something she had never done before. Due to this lack of confidence and experience with the analysis process, the inability to reassure herself that she was doing things correctly was a key source of distress and anxiety:

“I think the problem is, she [Lizzy’s supervisor] can’t see what I’m doing. So, she can’t see exactly what analysis I’m doing and what buttons I’m pushing. And so, there’s still not that verification that everything’s done right”.

This extract further demonstrated an example of participant discomfort with uncertainty combined with a desire for perfectionism (as discussed in superordinate theme one). In this specific example, the fact that Lizzy’s supervisor could not ‘see’ the analytical decisions she was making, and therefore was unable to provide her with verification that what she was doing was right meant that Lizzy was unable to gauge her progress; this caused her significant anxiety. Lizzy’s anxiety was amplified given the weight that she placed on these decisions, and the perception that if she made the ‘wrong’ decisions, the consequences would be catastrophic (i.e., failure). Participants' accounts demonstrate how the freedom given to students in writing their thesis was anxiety-provoking because they could not assess their progress against an obvious or clear set standard.

Subordinate Theme 2.2: Thrown in the Deep End

As well as not being able to assess their progress, participants often felt under prepared and under resourced to take on thesis tasks. Participants talked about the overwhelming nature of the master’s thesis and how it is something that one can’t really prepare for. Feelings of overwhelm and anxiety were particularly intense for participants like Cate who was conducting research for the first time:

“They keep saying to you, “it’s independent work, go do it by yourself”. But how can you be independent when you’ve never done this before?”.

Here Cate described the discrepancy she felt between the level of independence expected of thesis students when they first embark on master’s research compared with what can be reasonably expected based on their novice skill set and experience. Amy elaborated on this concept of being thrown into the deep end, describing it as completely new and daunting:

“That's the thing when you're in it and everything is new, and everything is daunting and you're too scared to ask for help or you don't have enough support systems around you, you just kind of feel lost in this thing going "I'm not sure when or how, but it will be okay....I think".

Here Amy talked about a real sense of overwhelm within the thesis process and demonstrates the fear that came with doing something new without the support she needed to do it. She described a sense of feeling lost, stuck, uncertain, and not knowing where to turn for support or having the means from which to reassure herself which fuelled her anxieties throughout her thesis.

Similarly, Stacey strongly felt the effects of having minimal guidance and direction when it came to writing her thesis, which led to feelings of desperation:

“When I actually started writing it, and I guess, again, it was sort of like, I needed that direction to know.... There was so much information like, "what, what am I doing with it, like, please, help me".

Here Stacey reflected on the overwhelm that came with the transition into postgraduate level research. Additional to minimal guidance and direction, Stacey felt swamped by the size of the task and the quantity of data that she had to work with. These factors left her feeling unsure of what to do and anxious trying to work through this. Sally elaborated upon feeling out on your own when transitioning to the master's thesis and describes it as the first time in her university career that she felt truly alone:

“Very, very isolated outside that, incredibly isolated and nothing prepares you for that because (...) coming from undergraduate to... even if you do like honours in person at the university, it's classes that you go through with people. There, there are taught papers as part of the Master of (detail removed), there's always a taught component to it, as well as a research component and you have people around you, you have students or the students in the same place as you for that part but once you get to your research, you're on your own, it's gone and (...) you are so isolated that you just...it doesn't occur to you to ask for help because you just don't know where to or how to”.

Here Sally talked about the way in which she felt thrown in the deep end during her thesis journey. She described feeling isolated as a key aspect of this experience and talked about not knowing what support to ask for and having no one around her whom she could ask like her

fellow peers. This isolation increased Sally's tendency for catastrophic thinking as there was no one there to help balance and check her thinking processes. These factors created a highly anxious environment for Sally.

Subordinate Theme 2.3: Supervision - A Key Contributor to my Struggle

Participants spoke about how some of their experiences and interactions with their supervisors were a significant source of stress and anxiety. This was predominantly due to either feeling that their supervisor was absent throughout their thesis and provided them with minimal support and guidance, or in response to the approach that some supervisors brought to supervision meetings including the type of feedback they gave. These experiences created significant anxiety, as Sally says reflecting on her experience:

"I just had the most horrific process, and it was all because I got no supervision".

Sally described her thesis journey as "horrific" and related this directly to her experience with supervision, or lack thereof. She later went on to express her frustrations, believing that her experience could have been so much better, and the intensity of her struggle reduced:

"There are so many things regarding supervision that could have... and proper pastoral support from the university that could have changed... that could have dramatically lowered my background stress levels over those two years and left me in a much better position to cope".

Here, Sally made a direct link to the way in which her supervisor being absent (and other aspects of pastoral care) increased her levels of stress and depleted her resilience to cope during her thesis journey. She talked about how with 'proper' support, she believed she would have been far more capable of coping with the stress and challenges that she was presented with while trying to complete her thesis.

Similarly, Stacey demonstrated how non-responsiveness from her supervisor caused her stress and made her question herself:

"I think, you know, someone with anxiety like myself is probably, I was very reluctant to be like, "Hey, like, help. I'm struggling". And you know, I might have done it one or two or three times. But by the third time when you weren't getting that response back, it was kind of like, "okay, like, why doesn't this person want anything to do with me? Like, what have I done wrong to make this person not want to support me?"

Here Stacey described herself as someone who finds it very difficult to ask for help and who is reluctant to ask for it. In describing her experience like this, not receiving the help she requested after reaching out to her supervisor, not one, not two, but three times was negatively reinforcing, highly damaging and left her with still many unanswered questions about her work. Due to an expectation that her supervisor would have replied after three contact attempts, Stacey described her process of trying to make sense of the situation and explains how she internalised the lack of response as her fault and due to something she must have done wrong. Additionally, being met with non-responsiveness on multiple occasions further reduced Stacey's confidence to reach out for help. This resulted in an experience characterised by a cycle of self-blame, increased loneliness, worry and unresolved anxieties.

Heidi had a particularly intense experience of feeling unsupported, which she described as feeding into her anxiety:

“Umm, so I think that was... that was a big part of my anxiety as well. I was very hesitant to get involved in anything because I never ever felt like there was somebody on my team who was fully capable of stepping up or acknowledging those feelings”.

Here Heidi alluded to feeling let down, unheard, unsupported, and alone in her struggles during her thesis. This lack of support was a key contributor to her anxiety and prevented her from taking opportunities and standing up for herself throughout the various obstacles that she was presented with. She talked about feeling let down by her 'team' which suggests that Heidi's perception of the thesis experience may have represented more of a collective project as opposed to an independent process with a supervisor who gave advice when necessary. Combined, these unmet needs and additional challenges led to Heidi eventually withdrawing from the university she was attending and starting afresh elsewhere.

For Amy, much of the anxiety triggered by her supervisor was in response to receiving critical and/or negatively framed feedback. This type of feedback reinforced the unhelpful beliefs she held about herself and her ability within academia (see subordinate theme 1.1 for further analysis of unhelpful beliefs):

“She looked at it, sends me an email back, and she goes, she just, the words, the words were just so awful to read. She just said something like, and this is after having looked at it twice, "I don't really know what to say anymore. I'm kind of lost for words"... something like that. And um, and then, I spent a day kind of going, "oh, ouch, that really hurt". I was

even too scared to look at the email by the way, trying to look at it again. Because... my ego cannot take this”.

Amy placed significant importance on being seen in a positive light by others like her supervisor – she was eager to please. This dialogue illustrated the difficulty she had taking on the feedback of her supervisor and the damaging effect it had on her self-esteem and confidence. Amy described the words her supervisor sent as ‘*so awful*’ to read and resulted in her being too fearful to reengage with the feedback she was given. Further, her use of the word ‘*ego*’ spoke to the way in which for Amy, her work, and her sense of self were intertwined. It describes how for her, feedback from her supervisor represented more than just a reflection of her work, but also spoke to a reflection of who she was as a person.

CK also developed feelings of fear towards her supervisor in response to the way in which her supervisor interacted with her:

“Um, yeah, it's gotten to a point where... um, because we meet every Tuesday, it's gotten to the point where I start panicking on Monday. I'm dreading the meeting, I'll just you know, I would just feel really, really anxious, dreading the meeting”.

Here CK described the way in which her supervisor’s stern and disciplinary manner caused her dread in the days leading up to supervision. This created an intense experience of further anxiety whenever she had to interact with her. This experience was similar for Amy in response to her supervisor’s lack of affirmative feedback, which left her feeling unsupported and anxious even at the thought of having to engage with her supervisor via email.

Subordinate Theme 2.4: Becoming the Thesis

Some of the participants were doing ‘passion’ projects related to their own life experience, or on topics they had a strong emotional connection to. As a result, the thesis and participants became one and intertwined which contributed to their experience of anxiety. Heidi described a particularly intense example of this which she sought professional help for:

“I was studying, ahhh (detail removed) and because it was something that I was soooo involved in, it became, um, like, one of the things that I dealt with in therapy (detail removed). And I tried to raise that with the university, I tried to raise the fact that I was (...) struggling with the topic (...) um and it just, it [the university response] never really seemed different”.

Heidi talked of her struggle with her research topic and the distress that it started to cause. The combination of both the content of her research and her deep immersion with it became problematic and something she had to work through in therapy. Clara also talked about the similarity between her research topic and line of work and the impact this had on her anxiety:

“Yeah, so um, part of what was contributing to my anxiety was that I... well, part of what was contributing at that stage was that I was doing my thesis um on an area related to (topic removed). Um, and I think that's kind of where the burnout and vicarious trauma and all the rest of it from work was also um not helpful because I kind of took a lot of that stuff into my thesis”.

Here Clara described the unhealthy relationship that developed between her work life and research life. She described the relentless nature of the thesis and how her identity and sense of self got caught up in it due to the proximity between her research topic and line of work, which made it increasingly difficult to gain any mental reprieve. This ultimately served to intensify the stress and anxiety she experienced during her thesis.

Stacey talked about how her lived experience with the research topic ended up being a significant contributor to her anxiety, and how the research process triggered many challenging emotions and brought them to the surface:

“The topic was quite personal to me and you know, I was going through all that stuff and it was almost like having to relive everything I'd experienced over and over and over again...”

She elaborated saying:

“Um, it was, I literally felt like I became my thesis at one point, like it was like, I just could not separate myself from it. And the whole process of doing it, what I went through with my supervisors, it was quite traumatic I would call it like... I wouldn't rush out and do a PhD put it that way. Yeah, it was just quite sort of...hmmm...not, not good”.

Here Stacey described the way in which she felt like her thesis had fused with her identity. Combined with her supervision issues, these factors created an experience that she described as traumatic and tarnished her thoughts about potential future work within academia.

Summary

Superordinate theme two discussed specific components of the thesis that were particularly anxiety-provoking among participants. They were: minimal ways to assess progress, thrown in the deep end, supervision - a key contributor to my struggle, and becoming the thesis. The analysis described how such factors mentioned fostered an environment for participants' anxiety to thrive in and explains how the structure of the thesis process was particularly problematic, and a key catalyst of distress, among individuals with pre-existing anxiety.

Superordinate Theme 3: Human Connection- The People Along the Way Make the Difference

The previous theme spoke to components of the thesis that made it a catalyst for anxiety among participants. However, participants also talked about what enabled them while doing the thesis; superordinate theme three speaks to what helped participants throughout their thesis journey, all which centred around support and human connection. Within this superordinate theme falls three subordinate themes: People who care, people who understand, and the importance of sharing and talking.

Subtheme 3.1: People who Care

Despite the various challenges that participants faced (and subsequent anxiety they experienced throughout their thesis journey) most participants were able to comment on specific things that made a positive difference to their anxiety during this time. For all participants, this revolved around meaningful human connections which left them feeling seen. Stacey gave an example of this with one of her supervisors and explained that it was the care this supervisor demonstrated that served as a key source of motivation for her when she wanted to give up:

“Um, my second supervisor, she was pretty much the only reason that I continued to go, keep going. And that was only because she, you know, she would send me emails and be like, “I’m so worried about you”. Like, you know, she would genuinely be checking in like... She was, yeah, she was there for me throughout the whole time”.

Stacey explained the profound positive impact that having a supervisor who acknowledged her struggle, remained present and responded with genuine care and concern for her personal wellbeing throughout had on her. Stacey described the influence of her supervisor as being the primary thing that kept her going when things were hard, and she wanted to give up.

Similarly, Lizzy talked about the relationship that was formed between herself and her supervisor and the way in which this positively contributed to helping her manage her anxiety during her thesis:

“I think if I'm looking back on my experience, I think what made the relationship with my supervisor so great, and then in turn, her impact on my anxiety not being, she didn't invoke my anxiety. She tried really hard to, to reduce my anxiety and did, did reduce my anxiety, was the relationship that we formed at the beginning, or even prior to being enrolled. So, I guess it comes back to that whakawhanaungatanga and taking time to focus on each other, rather than the work (...) so putting aside the study and the uni stuff first to get to know each other and understand each other, I guess, because you're gonna be working with each other for a year at least”.

Lizzy described the positive impact that getting to know each other on a personal level had on her ability to manage her anxiety, communicate her needs with her supervisor and therefore get the work that she needed to do completed. Developing this mutual rapport early in the thesis process was key to their successful supervision dynamic and strengthened their working relationships. Later in the interview, Lizzy explained how this meant that when challenges presented themselves and her anxiety increased, her supervisor had more insight into the best ways to support her.

Earlier in the interview Amy had alluded to the fact that like other participants, the limited structure within the thesis was incongruent with the way in which she preferred to work. For Amy, this lack of structure was particularly challenging due to her neurodiversity. Having identified structure as something she needed for success, Amy talked about the significant difference a loved one made by helping her create this in the weeks leading up to submission:

“I think this was part of the (detail removed) thing or the executive function. There's something there that I can't oversee time very well and so he went “right you're doing this, this, this, this, this, we're going to get you through”. And that was the best thing for me because the anxiety would have been awful I think”.

Amy talked about the way in which having someone walk alongside her and coach her through the process made managing her anxiety more workable, especially when under stress and pressure in the final weeks beforehand in. It highlighted the positive impact that feeling a part of a team had on Amy's ability to maintain structure and routine, as well as the influence

it had on mitigating anxieties. Amy gave another example of the significant impact that having the care of support people had on her throughout her thesis:

“And we would just talk about things and, and she, she, she was very, she was very, I got respect from her. And I think that's what I needed. She was, she talked to me in such a, she, I could tell that she thought I was capable and that I was good and that gave me a great boost of confidence that I needed... like, that really... I clung on to that... that was like a... bit of an anchor for me”.

Here Amy demonstrated the positive impact that having someone that believed in her (and showed her respect above all else) had on her ability to subsequently believe in herself and progress through the thesis. Given her personal belief of not being good enough, the presence of someone who listened to her and who reminded her of her potential provided her with the confidence she lacked within herself and was a source of strength that she relied upon throughout her thesis process. Additionally, Amy described the interactions she had with this support person as *“a bit of an anchor”*. This demonstrated how for Amy, this support person gave her the grounding she needed to remain afloat and steady while in the thesis context of uncertainty, isolation, and anxiety, and enabled her to get the work done that she needed to do in order to complete her thesis.

Subtheme 3.2: People who Understand

Although a minority, two participants talked particularly highly of their support networks at university and expressed how having people working alongside them who were doing the same research process (and who were encountering the same pressures and stresses) created a feeling of being connected and part of a community of people who understood. Cate talked about how this network was pivotal and worked to counteract the isolating nature of thesis and manage anxieties:

“I think if I didn't have the people around me, so, I didn't have someone doing their thesis exactly the same time as me..... And like the staff members, if I didn't have them, I would have been, I would have been a mess. I would have been all over the place. I don't know how I would have been able to sit down with all these tasks, and not freak out”.

Here Cate highlighted the extent to which she relied on these support people during her thesis – she viewed them as her ‘team’. She described their presence and influence as something that provided her structure, direction, and a sense of calm in a task that would have otherwise

been too overwhelming to cope with. Lizzy described her friends at university as a pivotal social support system for her during her thesis journey:

“I have a good group of friends here at uni, some doing their PhD, some were doing their postgraduate diploma. And then [name removed] was doing her thesis directly alongside me. So, I had a good group of friends who understood the stresses of study and balancing life and uni. I had people doing their PhD who had done their masters. So, I had that, like, that wisdom (Laughter) of people who have been through it before. And then I had [name removed], who was experiencing very similar things at similar stages, as well. Um, so I think I had a really well-rounded support system here at uni. Um, in terms of my friends”.

Like Cate, Lizzy also had others around her who were either completing their thesis at the same time as her or had previously completed it. This enabled a connection over a shared experience to develop and discussion of the process and associated emotions to be had on a regular basis. This contributed to normalising concerns and feelings, providing reassurance that the process is hard (and struggles reflect that as opposed to personal inadequacy), and getting practical advice from those who understood the process. Additionally, this support system contributed to a feeling of not being so alone in the process, which combined with other factors helped Amy to mitigate her anxieties.

Subtheme 3.3: The Importance of Sharing and Talking

In contrast, Heidi and Clara talked about how important it was for them to connect and talk to people who were close to them but who were detached from the thesis. Heidi gives one example of this:

“I think my like, a massive like, personal coping mechanism is talking. And I, you know, I have people around me who are like, I know, my mom, in particular, like, experienced quite a lot of what I went through in [name removed] alongside me because of the fact that like, she was my go-to person. And I know, like, my boyfriend, we've only been together six months. Um, but like, he sees the other side of it as well. Not necessarily the experience, but like the result of the experience. Yeah. So yeah, I'm a big, I'm a big talker”.

Heidi explained that talking is one of her primary coping mechanisms and highlights the important role both her mother and boyfriend played in her thesis journey. She talks about how (given her close relationships with them) they indirectly lived her thesis experience alongside her and were the first people she would reach out and offload to when things got

too much. Heidi described her mother (whom she had obviously known all her life) as her ‘go-to person’ and her boyfriend as someone who had valuable insight into her experience ‘behind the scenes’. Both parties represented a ‘safe person’ for Heidi and enabled her to use her coping mechanism of talking when facing challenges throughout her thesis journey.

Similarly, Clara found that talking things through and sharing her struggles really helped her manage her anxieties throughout the thesis process. However, for Clara she got the most benefit from talking to a therapist she had worked with before and therefore who knew her well:

“I had reengaged with this psychotherapist that I'd seen for six months [previously]. And, yeah, that was amazing. The first session of that... even though she didn't remember me from [deleted], um, the first session of that was just like coming home, like I just felt so reassured and so seen and like I had somebody like... good on my team (Laughter)”.

Clara describes the process of re-engaging with her therapist after taking a break. She describes leaving her first session feeling ‘*so reassured*’ and ‘*so seen*’ by her therapist and describes the interaction akin to coming home. Her use of the description being ‘*seen*’ demonstrates how her therapist made her feel heard, recognised, and validated in her thoughts and feelings. Their interaction made Clara feel a part of a team and not so isolated. Clara’s experience highlighted the positive impact having someone who she felt she connected with, who understood her, and who made her feel like she belonged had on her. Combined, these factors helped her to feel like she had a support network around her. Participants' accounts described the important (and differing) roles that having both people who knew the thesis process (e.g., supervisors), and people who were separated from the process (e.g., loved ones) played in supporting them throughout their thesis journey.

Summary

Superordinate theme three discusses the key connections and support networks that helped participants manage their anxiety and contributed to their success during the process of completing their thesis. These support networks consisted of individuals who acknowledged the participants' needs, and in doing so, did whatever they could to meet them in whatever capacity they could. It is evident from this analysis that positive human connections and relationships that provide genuine support and care are crucial for research students throughout the thesis process.

Chapter 6: Discussion

In exploring the lived experiences of eight women with anxiety disorders who were completing, or had completed a master's level thesis at a New Zealand University, the present study has developed an understanding of the lived experience of this issue. Salient aspects include how existing psychological issues are triggered/provoked, how the thesis itself is an anxiety provoking experience, and the importance of social relations in providing resources to manage these anxieties. To the best of our knowledge, no other study has looked at the intersection between living with anxiety and doing a master's thesis among female students within Aotearoa/New Zealand, and these findings therefore provide novel insights and new understandings on the topic. The aims of the present study were:

1. To gain a greater understanding of the lived experience of female master's thesis students living with an anxiety disorder in New Zealand;
2. To identify key elements in participants' studies that affect their wellbeing/ mental health;
3. To identify the ways in which the wellbeing, supports and academic attainment of female research students can be enhanced and improved at both an individual and institutional level.

This chapter summarises the main findings in relation to these aims and compares these findings with previous research and theoretical models. Next, the present study's implications, strengths, limitations, and suggestions for future research will be discussed. This chapter finishes with a section on reflexivity and a concluding statement.

Summary of Main Findings

The first superordinate theme 'Internal baggage is activated in the thesis journey' illustrated existing beliefs, thought patterns and character traits that participants had, and that were activated during, and then applied to, the thesis. Beliefs predominantly stemmed from an underlying personal belief of not being good enough. This belief served participants in different ways; some used it as a source of motivation to prove themselves, whereas for the majority it fuelled cycles of comparison with other students, increased their tendency for self-doubt about their abilities and led to overwhelming feelings of being an imposter.

Additionally, participants had a strong tendency to question, ruminate and overthink all matters pertaining to the future, which in the context of the thesis exacerbated anxieties given the lack of certainty throughout the process. Most participants hoped to gain a place in

competitive postgraduate training programmes post-thesis completion. This factor further intensified anxious tendencies (e.g., overthinking, ruminating) among participants given that a key determinant of entry into such programmes was the final thesis grade participants received. The prospect of not getting into these later programmes caused many participants to question whom they would become given that future career ambitions had become deeply connected to their personal sense of identity. Lastly, excelling in the thesis was a common goal among all participants and they put themselves under immense pressure to succeed, make themselves and others proud, and provide contradictory evidence to their personal beliefs of inadequacy. Participants spoke of the way in which their perfectionist traits fuelled cycles of procrastination, rumination, and fears about making mistakes which ultimately served to exacerbate their anxiety and impair their ability to use time effectively.

The second superordinate theme 'The thesis as a catalyst for anxiety' highlighted specific aspects of the thesis process that were particularly anxiety-invoking for participants. Given participants' inherent discomfort with uncertainty, high expectations of themselves, and future ambitions they had, the lack of ability to assess their progress and reassure themselves that they were doing a good job was a key source of anxiety. The isolating nature of the thesis intensified this, giving participants minimal platforms from which to voice their worries and concerns. Participants alluded to their challenges with supervision and described how they felt their supervisor had been absent throughout their thesis journey, neglected their responsibilities and/or provided overly critical feedback about their work. These factors among others increased their feelings of isolation, self-doubt, overwhelm, and anxiety, especially for those who were completing independent research for the first time. It is important to note that not all participants had a negative experience with supervision, and those who had a positive experience reinforced the importance of communication, positive support, and feeling known and seen. Lastly, participants spoke about the all-encompassing nature of research which for those whose research topic held personal relevance, triggered many challenging emotions, and compromised their ability to gain mental reprieve from the thesis whilst also trying to maintain a work-life balance.

The third superordinate theme 'Human Connection – The people along the way make the difference' described the supports that participants' relied on and that helped to manage their

anxieties throughout their thesis journey. All supports centred around quality human connection. Participants highlighted the way in which feeling seen, having people external to the thesis to talk to, being shown genuine care, having a supervisor who took the time to get to know them personally, and being surrounded by people who believed in their abilities significantly reduced their feelings of being alone and anxious during their thesis journey. Different people met different needs of participants which worked to support participants' holistic wellbeing. Lastly, working alongside others who were also completing a thesis (or who had previously completed one) was a key source of support for some participants and provided them with the structure, direction, and reassurance that the thesis process itself was unable to provide.

Comparison with Previous Research and Theoretical Models

Findings from the present study support previous literature pertaining to the determinants and maintenance factors of anxiety (discussed in chapter one). In line with previous research, this study's participants had a strong tendency to ruminate (Lake et al., 2000); to engage with emotion-focused coping mechanisms like procrastination (McLean & Anderson, 2009); to struggle with insomnia (Krishnan & Collop, 2006); to experience feelings of being an imposter (Jostl et al., 2012) and to display perfectionistic traits (Curran & Hill, 2019). The tendency for perfectionism and overly critical self-critique was particularly salient among participants in the present study because they were reinforced within a context of uncertainty and the success demands of the thesis.

Additionally, findings from the present study map onto the theoretical frameworks of anxiety (explained in chapter one) such as Becks Cognitive Theory of Anxiety (Beck et al., 1985). For example, in line with the work of Beck et al. (1985), many participants demonstrated deeply engrained personal beliefs of inadequacy (core beliefs), and experienced excessive worry and fears for their futures, especially during particularly stressful stages of their thesis (NAT's) and engaged in unhelpful thought patterns of rumination in attempt to minimise their anxiety (systematic biases in thinking styles). Further, in support of the Intolerance of Uncertainty Model (Dugas et al., 1998), the findings from the present study demonstrated that participants had a strong discomfort with uncertainty, and this fuelled much of the anxiety they experienced. This was particularly problematic in the context of the thesis given its uncertain nature and lack of structure. Therefore, this aspect of the thesis process was a key

perpetuating factor for participants' experiences with anxiety and worry. The present study, therefore, supports existing descriptions of anxiety, demonstrating that they were part of the conscious experience of anxiety for the students of this study.

Similarities between single constructs from the present study within past literature were identified. For example, as the current study and previous literature highlights, uncertainty can be a highly distressing experience for individuals with anxiety (Dugas et al., 1998; Woodgate et al., 2017) and often results in a cycle of worry characterised by the 'what-ifs' (Hawkins, 2016). In the context of the thesis - which the present study and previous literature has highlighted as uncertain, isolating, and unstructured (Lewis, 2004; Hawlery, 2003; Lovitts, 2008; Woolston, 2019) - this intolerance for uncertainty proved particularly problematic and resulted in the thesis becoming a key source of overwhelm, anxiety and distress for participants.

Further, as identified in previous research (Hjeltnes et al., 2016) the present study demonstrated that participants possessed perfectionist tendencies and were highly critical of both themselves and the work that they produced. Consistent with previous research, this was particularly problematic for participants within the social context of academia. This exacerbated the pressures participants put on themselves to succeed in the thesis (Leone et al., 2013), increased their tendency to doubt themselves (Marshall et al., 2017), fuelled harmful internal narratives (Gharibi, 2017) and increased participants' feelings of being an imposter (Parkman and Beard, 2008; Jostl et al., 2012). Additionally, for many participants in the present study, the quality of their thesis and their sense of self-worth had become closely intertwined. This helped shed light on why the desire for perfectionism was so important among participants and provided some explanation as to why significant levels of anxiety were experienced among participants in relation to their grades. Not only was the thesis an important piece of work that they had to complete as a part of their master's degree, but something that many participants viewed their success in as representing the value they possessed as human beings.

Another key finding in the present study (consistent with previous literature) was the importance placed on meaningful relationships and high-quality supervision for people with anxiety and those within academia (Dawkins and May, 2002; Bazrafkan et al., 2016; Barry et al., 2018; Evans et al., 2018). As found in the present study, family and friends who provided participants comfort, who were non-judgemental, and who were trustworthy were the primary support figures participants relied upon (Dawkins and May, 2002; Bogardus et al., 2021). When the process of supervision was explored specifically, non-responsive and inconsistent supervision during the thesis process was identified as a key source of anxiety and distress for many participants in the present study and significantly contributed to participant's overall levels of stress during the process; the same has been found in previous research (Bazrafkan et al., 2016; Barry et al., 2018; Evans et al., 2018). This demonstrates the crucial role that supervisors play in a student's thesis journey and highlights the potential negative impact that inadequate supervision can have on a student's mental health.

This study's findings map onto the majority of previous literature presented in earlier chapters (e.g., Dawkins and May, 2002; Bazrafkan et al., 2016; Marshall et al., 2017) in that participants did not explicitly talk about the way in which their gender contributed to their experience of anxiety while completing the thesis. This finding is a surprising one given the way in which previous literature (discussed in chapter one) has highlighted anxiety and associated tendencies as being a particularly common and intense experience among the female gender. Therefore, this finding suggests that gender may not play a significant role in the experience of doing a master's thesis for females while living with anxiety. However, it is important to recognise that interview questions asked of the participants in the present study did not explicitly ask how their gender shaped their experience – I, the student researcher, assumed that such would naturally come up during the interview (this is discussed further in study's limitations below). However, the absence of gender in participant's accounts does not mean that it played no role in shaping their experiences. For example, the absence of gender influence in these findings may be demonstrating that gender expectations and norms for females (as discussed in chapter one - e.g., remaining passive, performing at a high standard, and being well put together) have become so embedded in a woman's psyche that her ability to acknowledge its influence upon her has been impaired and something she is unaware of.

Lastly, the present study has provided a novel and valuable contribution to the current body of research being the first of its kind to explore the lived experience of living with anxiety and doing a master's thesis among female students within Aotearoa/New Zealand. The findings from this research showed that singular anxious tendencies (highlighted in chapter one) such as overthinking, perfectionist traits and thought rumination intersect and feed into each other. Further, these findings demonstrated that the thesis represents a construct that is structured in such a way as to both activate these anxious tendencies and problematic thinking and also be a catalyst for anxiety in its own right. Lastly, findings from this study showed that for these students, the need to be understood, seen, and heard throughout the thesis process is crucial and that the support currently provided to them by their tertiary institutions is proving inadequate for them to reach their potential without significant distress or psychological harm.

Study Implications

The findings from the present study provide some valuable insight into what it is like to live with anxiety while completing a master's thesis and has practical implications for academic institutions when working with these students. This study demonstrates the way in which living with anxiety adds further complexity to the already arduous thesis process among female postgraduate students and highlights the need for further training in the unique/additional needs that individuals with anxiety may require to be on an even playing field and receive equal opportunities to other students. This research started the process with participants highlighting some of the specific components of the thesis process that were particularly anxiety-invoking (e.g., minimal ways to track progress, uncertainty) and the sources of support that made a real difference to their thesis journey and ability to manage their anxiety (human connection). It is important that as previously discussed by Woolston (2019), there was a sense among participants in the present study that given the emphasis on the master's thesis being an independent piece of work, additional help at this level should not be required, and admitting you were struggling would simply reflect badly upon participants and their capabilities. Therefore, these initial findings are a good starting point, and need to be considered further. They can be used to educate academic staff members within tertiary institutions about the unique needs that individuals with anxiety may have, and challenge preconceived expectations they assume are expected of them and their skill level while completing their thesis. Further, these findings can be used in decision-making

processes pertaining to future academic programme structures and help to determine what constitutes high-quality support that enables such students to reach their academic potential.

Supervision was frequently reported as a key component of the thesis process that participants described as being a key catalyst for their anxiety and stress escalation. The supervisor-student relationship is an incredibly important one throughout the thesis process, and respect and a mutual understanding of the needs and expectations of both parties (student and the supervisor) is paramount within the relationship. The findings from the present study highlighted that the support that these master's students are currently receiving from their tertiary institution during their thesis process is proving inadequate for them to reach their potential without significant distress. For example, in comparing the supports offered to both students (and supervisors) at doctorate and master's level at one New Zealand university (Massey University, n.d.-c) the number and variety of resources provided to doctorate students and their supervisors far outweighed that of master's. Doctorate support includes face-to-face workshops, writing groups, boot camps, online support forums, and a buddy system where students can pair with other individuals completing a doctorate. In comparison, resources at the master's level are scarce, are predominantly online and are arguably more challenging to locate on university web pages (e.g., Massey University, n.d.-c). This review demonstrates a clear need for greater input and support, such as that provided to Doctorate students and supervisors, at the master's level. Support for master's supervisors could include training and education about helpful ways to support a master's thesis student with anxiety which would help to increase the knowledge and competency levels among academic staff to provide well-rounded support to their students. Talking to master's students with anxiety about what they feel they require in order to enhance their academic success and enable them to complete the work required of them may be one way to do this.

Lastly, the present study has potential implications for students who live with anxiety. As identified in both the previous literature (Woodgate et al., 2020; Woodgate et al., 2017; Hjeltnes et al., 2016; Jean, 2019) and the present study, living with anxiety and conducting a research thesis can be a lonely journey. One hope as a result of these research findings would be that students take some comfort in knowing that they are not alone in their struggles and that they should not struggle in silence. Further, findings from this study (predominantly in

superordinate theme three) may be helpful to current and future students and provide them with some suggestions directly from their peers about useful ways in which they did/do manage their anxiety throughout the research process. If the present study could contribute in some small way to minimising the stigma surrounding mental health (especially within student populations) this would be an incredible accomplishment.

Study strengths

The present study had many strengths. As expressed previously, this study is the first of its kind to investigate the intersection between living with anxiety and doing a master's thesis among female students within Aotearoa/New Zealand. The focus is on females, master's level students, and the New Zealand context. This fills a gap in the research and provides novel insights and new understandings about this experience among this population. The findings can be used to help educate tertiary institutions and academic staff about the best ways to support their students for academic success and positive mental health. Further, the current study explored experiences from students across multiple universities, recognising that varying academic institutes may impact differing experiences. As such, this study may be thought of as capturing a greater breadth of anxiety within academia, as opposed to if students were all from one university.

Another key strength in the present study was the use of the participant-created timeline. As suggested in previous literature (Kolar et al., 2015) the use of the timeline complemented the interview data in this study by facilitating meaningful conversations around significant participant milestones pertaining to participants' experiences. This helped to create an environment where participants felt safe to express themselves and reflect upon experiences that had/did cause them distress. However, for some participants, the completion of the timeline exacerbated their stress and anxiety in response to having to reflect on the thesis process and/or out of fear of producing an 'imperfect' product. Therefore, as noted in the methods chapter, setting specific parameters around the timeline could enhance this method for these individuals.

The use of IPA and the semi-structured interview was another important strength of the present study. IPA encouraged a deeper understanding of the research topic by tapping into

the subjective experiences of participants. The semi-structured interview complemented this form of analysis by providing some form of framework for the interview, but enough flexibility that participants could elaborate on particularly important aspects of their experiences and guide the overall direction of the interview. As highlighted in previous research (Reeves et al., 2015) the qualitative interview provided participants who felt they hadn't been given the means to voice their opinions and experiences from previously a platform to do so. This was evident as many participants expressed their gratitude and thanks for being given the opportunity to be listened to at the conclusion of the interview.

Lastly, I, the student-researcher of the current study have personal lived experience of both anxiety and completing a master's thesis. I played multiple roles in the research and therefore brought somewhat of an 'ethnographic' approach to it – I was living the participant experience as well as conducting the research. My ability to converse with participants over a shared experience enabled rapport and a sense of trust to quickly develop between both parties which created a very comfortable environment free from judgement. I believe my lived experience of the research topic enhanced my ability to tap into participant experiences, and increased my confidence in knowing when, and on what topics, to ask for elaboration on to ensure that the data that I collected was both relevant and thorough. Therefore, I believe my position in the research was a key strength of this study and worked to enhance both the data collected and the depth to which it was analysed.

Study Limitations and Suggestions for Future Research

The present study was not without its limitations. As previous literature suggested (e.g., Plaisier et al., 2010) and as stated in participant sample description, many participants presented comorbidly with anxiety and other forms of mental distress such as depression or ADHD. Despite this ultimately being unavoidable, this did increase the complexity of the analysis process as it made it hard at times to ascertain whether experiences that participants were reporting on were exacerbated due to their anxiety, other forms of mental distress, or a combination of both. Therefore, in considering this and the complexity it added to the data analysis process, it may have been wise to have had further parameters around the exclusion criteria within the study. However, from an ethical standpoint, this would have needed to of been thoroughly thought through and planned in such a way to ensure that it did not unfairly restrict people from participating.

Recruiting participants for the present study was primarily via social media platforms (e.g., Instagram) and snowball sampling complemented this process. Despite being a successful way in which to increase the pool of people who were exposed to the advertisement across New Zealand, it did mean that the risk of sampling bias was increased in that those exposed to adverts were predominantly from social circles I am connected to on social media. However, certain aspects of the research design and sampling procedures attempted to minimise this potential bias, including having a defined target population as specified by the inclusion criteria and using university forums to also advertise from.

I was lucky in that I had no issues getting an adequate number of participants for the present study. Several participants with PTSD expressed interest in participating but were turned away due to the study's exclusion criteria. Despite having sound reason to do so (see methods chapter for the rationale behind PTSD exclusion), this criterion prevented a worthwhile research opportunity with these individuals, and their worthwhile insights and experiences on the research topic being shared. PTSD is a complex disorder that like many other forms of mental distress can significantly impact a person's life and wellbeing (Sadock et al., 2015). Therefore, it is essential that research students with PTSD are provided with a well-rounded support system at university, one that is tailored to their academic needs that will work to enhance their wellbeing and reduce any suffering within the stressful context of academia. In acknowledging this, future research would benefit from conducting a similar study with individuals who have PTSD so that their subjective insights and experiences on the topic can be shared and subsequently used to inform support structures and resources provided within universities.

A further limitation of the present study was the lack of representation of international students. This was not through a lack of trying but due to no expressions of interest from this group. Given that this population present with their own set of unique challenges (e.g., being far from family and friends, potential language barriers) and cultural identities, combined with the isolating nature of research (as identified in the present study) being a key contributor to participants experience of anxiety, international students may have provided an incredibly worthwhile and unique perspective on the research topic. However, given the restrictions that COVID-19 has placed on international students' ability to attend universities

in New Zealand in recent years, this lack of representation was somewhat unavoidable at the time of data collection. Therefore, future research would benefit from investigating the present research topic with an international student population now that borders have reopened in New Zealand. As expressed previously, findings from such research may highlight any unique challenges that this group experiences during the thesis process and thus help to educate tertiary institutions and academic staff about how they can best support international students for academic success and positive mental health throughout their studies.

The findings in the present study demonstrated the important role that supervisors play in the research process among master's thesis students and the subsequent impact that the quality of the student-supervisor relationship can have on a student's mental health and overall thesis experience. Further, findings demonstrated that the support currently provided to these individuals by their tertiary institutions is proving inadequate for them to reach their potential without significant distress or psychological harm. However, in order to be able to provide high-quality supervision to their students, supervisors need to be provided with sufficient education, resources and support which enables them to do so. In considering this, future research would benefit from exploring the current ways in which supervisors are trained, supported, and 'supervised' in their roles. From this research, potential gaps or ways in which supervisors could be better supported to increase their competency working with anxious thesis students would be identified and thus provide a guide as to where improvement efforts should be targeted.

Despite recruiting females (with the aim of identifying what it is about the female experience that differs), this study did not conduct a gendered analysis because the participants described their experience with anxiety in highly gender-neutral ways. This implied that gender was not salient for participants in their experiences of anxiety. However, as mentioned previously, this study did not come from a strongly feminist perspective, and participants were not explicitly asked how their gender shaped their experience. Instead, this research took a phenomenological approach that was effective at describing participants' perspectives of their lived experience of anxiety while doing the thesis, but that in contrast to critical approaches, is individualistic and has limited engagement with power relations (Riley & LaMarre,

forthcoming, p.5). Therefore, despite having many strengths, a phenomenological approach to the research meant that unless participants inherently interpreted their lived experience through a political lens such as feminism, it was unlikely that these issues (such as gender) would naturally come out in their talk. In addition, gender norms and expectations of females being deeply engrained (as discussed above) further reduced the likelihood of these issues being brought up naturally within a phenomenological framework. Therefore, one recommendation for future research would be to develop work on this topic through an explicitly gendered/feminist lens where questions around gender are explicitly asked, to see if, when prompted, female students with anxiety can describe and interpret their experiences in relation to particular pressures they might feel, or identities they have, as women.

Lastly, the COVID-19 pandemic and associated impacts (lockdowns, alert levels etc.) coincided with data collection for this research (January – February 2022). Despite the stressful nature of the pandemic, participants did not describe it as having a significant impact on their experience. However, like gender, the impacts of COVID-19 on participants' experiences were not explicitly asked about, and therefore COVID-19 may have been contributing to participants' baseline stress and anxiety levels in ways that they did not recognise and/or think to allude to. Regardless, it is encouraged that this is considered in relation to the findings of the present study.

Reflexivity

Within qualitative research “reflexivity is an awareness of the researcher’s role in the practice of research and the way this is influenced by the object of the research, enabling the researcher to acknowledge the way in which he or she affects both the research processes and outcomes” (Haynes, 2012, p. 72). As highlighted previously, IPA is a highly interpretive methodology that the researcher plays an active role in (Pietkiewicz & Smith, 2014). As discussed previously, I played multiple roles in this research – I was living the participant experience as well as being the researcher. Therefore, it was essential that I regularly checked in with myself to ensure that I did everything I could to manage any opinions, personal biases, or beliefs I had as a result of my own experience when dealing with participants and their data. Regular supervision meetings and keeping a reflexive journal were the main mechanisms I used to do this, and with time, my ability to check myself became a subconscious behaviour.

As discussed previously, this research took a phenomenological approach and did not explicitly consider gender and anxiety as political - participants described their experiences in highly gender-neutral ways. This may not have been the case if a critical feminist approach had been taken. Prior to writing this thesis, my studies were predominantly in the fields of traditional health and clinical psychology which predominantly focuses on the individual. Upon reflection, my past experience influenced and structured the kinds of questions that I asked my participants, and informed the epistemology of this study (i.e., phenomenology which looks at lived experience). Therefore, I believe this standpoint was echoed in the participant's talk in that they described their experience with anxiety in very individualistic ways, and in a way that did not consider gender as a social force that could be shaping their experience and psychology.

Conclusion

This study adds to the literature by exploring the lived experience of women with anxiety disorders when undertaking a master's level thesis at a New Zealand University. It has shown that the master's thesis is a key stress point for students with anxiety, it reinforces existing problematic thinking among these individuals, and is a catalyst for anxiety in and of itself. It also points to the importance of meaningful relationships and holistic needs being met during the thesis. Despite the fact that many students succeed in their thesis process, this study has demonstrated that often the support that these students receive is inadequate, and for many, the process is characterised by significant anxiety. Therefore, the findings from the present study signal areas for improvement and encourage that efforts be made to identify and develop new support structures that will enable such students to reach their academic potential without experiencing psychological harm.

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Appendices

Appendix A: Agreement to Supervise Postgraduate Research Form

RESPONSIBILITIES

Supervisor

- a). To give guidance about the nature of research and the standard expected, about the planning of the research programme, about literature and sources and about requisite skills and techniques.
 - b). To ensure that the supervisor is not already over-committed and will remain fully conversant with the project.
 - c). To maintain regular contact through tutorial and supervision meetings as agreed to with the student, and to provide in these meetings quality, focussed and uninterrupted attention to the student and the research.
 - d). To assist the student in applying for funding through the University and outside sources where appropriate.
 - e). To assist the student to develop a proposal for Ethics Committee(s) where appropriate.
 - f). To be sensitive to cultural, political or gender issues relating to the student or the research.
 - g). To give advice on necessary completion dates of successive stages of the research to ensure that the project is submitted within the scheduled time.
 - h). To request written work as appropriate and to return work with constructive criticism within a reasonable time.
 - i). To ensure that the student is made aware of any inadequacy of progress or of standard of work.
 - j). To provide a collaborative research environment and encourage open communication.
 - k). To ensure that if they are to be absent from the University for an extended time suitable arrangements are made for appointment of a new supervisor, or for interim supervision of the student.
 - l). To discuss publication of the research and to come to some agreement about the timing and the authorship of the publication (refer to the section on "Publication" in the School of Psychology Postgraduate Handbook).
- As Supervisor of this student I clearly understand my responsibilities as outlined above.

Signature of Supervisor: _____

Date: _____

Student

- a) To find a supervisor and arrange for your supervisor to sign the "Agreement to Supervise Postgraduate Research" form available from the Psychology of Psychology Office.
- b) To get off to a good start with the research and accept that the **principal responsibility for the research and its progress lies with the student.**
- c) To prepare and submit a Postgraduate Research Fund (PGRF) Application for the research, in consultation with the Supervisor
- d) To discuss with your supervisor the type of guidance and comment that can be expected and to assist with clarification of responsibilities.
- e) To maintain regular contact through tutorial and supervision meetings as agreed to with your supervisor.
- f) To take the initiative in raising problems and difficulties.
- g) To maintain progress of the work in accordance with the stages agreed to with your supervisor, including in particular the presentation of written material in sufficient time to allow for comments and discussion before proceeding to the next stage.
- h) To notify your supervisor if you have to be absent from the University for an extended time and to make suitable arrangements for contact during your absence.
- i) To discuss publication of the research and to come to some agreement about the timing and the authorship of the publication (refer to the section on "Publication" in the School of Psychology Postgraduate Handbook).

You are reminded that compliance with course regulations and the quality of your work is ultimately your own responsibility. The role of the supervisor is to assist you to achieve the best result of which you are capable.

As the Student in this agreement I clearly understand my responsibilities as outlined above.

Signature of Student: _____

Date: _____

Appendix B: Interview schedule

Introductory questions/getting to know the participant

- Can you tell me a little about yourself?
 - Where are you from?
 - What was your undergraduate degree in?
 - What are you studying now?
 - What is your thesis topic on?

Framing the anxiety identity

- Can you tell me a bit about your general experience of anxiety? In your words:
 - What does it look like?
 - What are some words you would use to describe it?
 - How does it affect you? E.g., Physiologically, mentally, socially
- Can you tell me a bit about what your anxiety was like in your studies, and how it affected you pre thesis?
 - What was it like at school?
 - What was it like when you first went to university?
 - How was your anxiety during your undergraduate studies?
- What motivated you to continue onto postgraduate study?
- In terms of your thesis, what stage of it are you at? E.g., Ethics application, data analysis etc.

Timeline

Before coming to today's interview, you were asked to construct a timeline, starting from when you first decided to study at postgraduate level through to now, and to highlight any key points/significant moments throughout this time where your anxiety has been affected, with a particular focus on your thesis process.

- Before we turn to your timeline and look at the specifics of your thesis experience, can you give me an overall sense of what your anxiety was like/has been like during your thesis?

Let's look at your timeline together now.

- Firstly, how did you find the experience of conducting this timeline?
 - Was it easy?
 - A useful exercise?

Go through each timepoint on timeline using the following points as questions/prompts:

- Can you tell me about this experience?
- What happened?
- What did you think/feel?
- How did you work through this situation?
- Why do you think you responded in that way?
- What did other people do? Or say?
- How was your anxiety effected?

- Did this event have a lasting impact upon you? If so, how?
- If you could go back to this moment in your life as the person you are now, what would you say to yourself? How/would you respond differently?

When all time-points have been looked at and discussed, ask:

- While we have been going over your timeline, have you remembered any other important points related to your anxiety when doing a thesis that you would like to discuss?

Revisit the topic of thesis and relevant points on timeline. Ask: Given my research is interested in your anxiety experience doing a thesis, can we revisit this topic together and I ask a few questions? (Disregard if questions already answered in earlier discussions/make reference to timepoints on graph where relevant):

- Throughout your thesis journey to date, can you give a general comment on how your anxiety has been/was affected?
 - Did this change throughout the process (e.g., at different stages of thesis process e.g., ethics, recruitment etc.)?
 - Were there/are there certain aspects of the thesis that have had the greatest impact on your anxiety? If so, what parts? And how did it impact you?
 - What strategies have you have used to cope? Were they helpful?
 - Are there any other ways that the thesis process has affected you E.g., self-confidence, self-belief etc. that you would like to comment on?

Supports

I have a few final questions about the supports you have utilised (or not utilised) to assist you in managing your anxiety while completing a thesis. Can you answer the following questions for me?

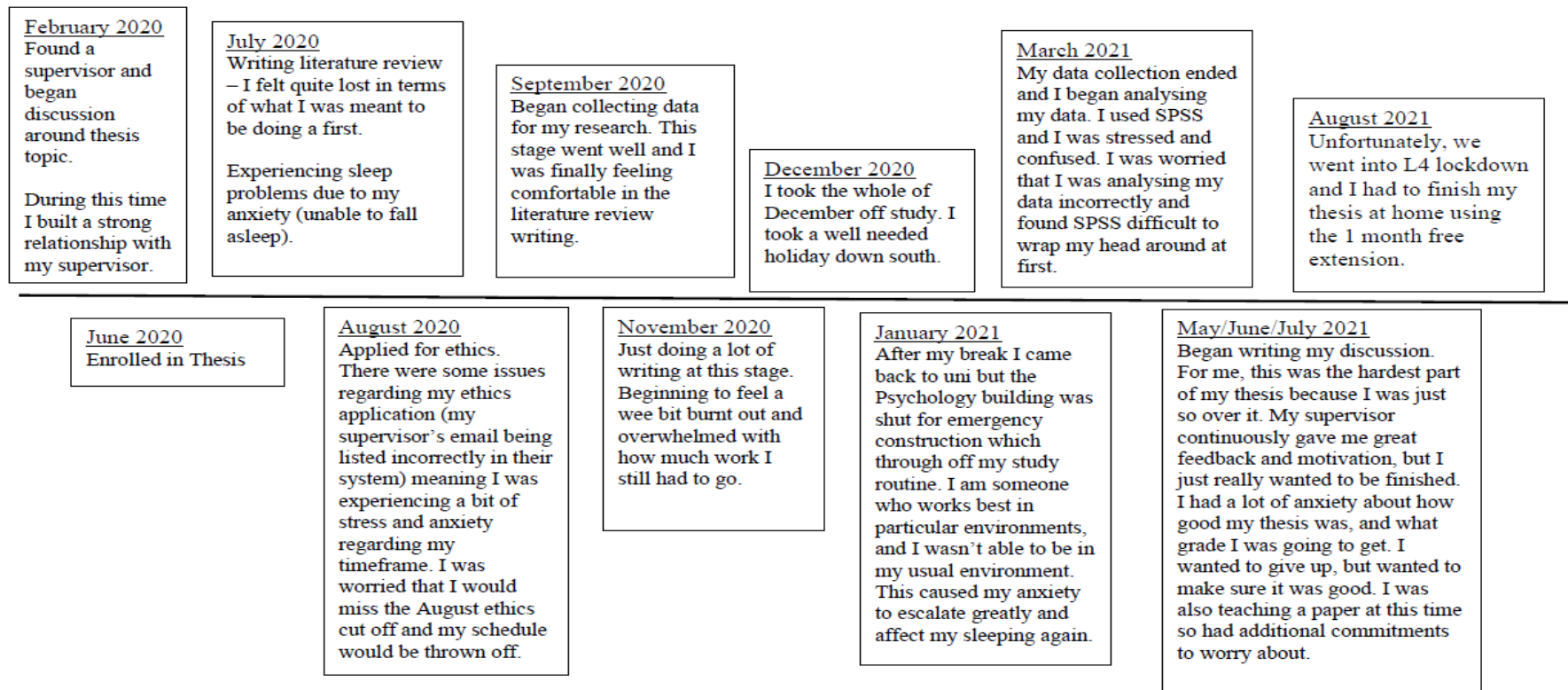
- How aware is your supervisor about your anxiety? If they aren't aware, why is this the case?
- Have you felt supported by your supervisor in dealing with your anxiety while doing a thesis? If no, how would you have felt more supported?
- What knowledge do you have about the support services on offer to you at your university? If none/little, why is this the case? E.g., not advertised, hard to access etc.
- How you used any of the support services at your university? Which ones?
- If yes, what was your experience (s) like?
- Are there gaps/areas you think could be improved upon? If so, how?

The interview is coming to an end. Thank you so much for your time and contribution to the project. I really appreciate it. Before we finish:

- What is one thing you are proud of yourself for in relation to your thesis journey to date?
- Is there anything else you would like to add/comment on?

Turn audio recording off.

Appendix C: Participant Timeline Example



Appendix D: Participant Information Sheet



The lived experience of completing a Master's thesis for females living with an anxiety disorder

Information Sheet

Researcher Introduction

Kia Ora, my name is Tiffany Dixon. I am a student at Massey University (Wellington) enrolled in the Master of Science (Health Psychology Endorsement) degree. I am undertaking a research project as part of this qualification. This project is being jointly supervised by Professor Sarah Riley, who specializes in supervising students doing qualitative projects and Dr Kirsty Ross, who focuses her research on the emotional wellbeing of young people, particularly youth dealing with modern day issues and psychosocial wellbeing. Both Sarah and Kirsty are from the School of Psychology, College of Humanities and Social Sciences.

What is the purpose of the research?

To develop a greater understanding of the lived experience of women with anxiety disorders who embark on a Master's level thesis at a New Zealand University.

This research is timely given recent data indicating that approximately 25% or more of the New Zealand/Aotearoa population will be affected by an anxiety disorder at some stage in their life. Women are overly represented in the statistics, with prevalence rates indicating they are approximately three times more likely to have an anxiety disorder than males. Further, female postgraduate research students are particularly vulnerable to anxiety and its impact, given the intellectual pressure, emotional investment, academic rigour required and open structured format of research; all factors that create a site for anxiety to thrive.

Therefore, this project hopes to empower participants, providing them with an opportunity to discuss their postgraduate journey and mental health, with the aim to identify the ways in which the wellbeing, effective supports and academic attainment of women studying in tertiary institutions can be enhanced and improved at both an individual and institutional level.

Who can participate?

This study welcomes female identified postgraduate students (domestic or international) who live in New Zealand, who are currently enrolled in a Master's thesis, or who have completed a Master's thesis within the past 12-months at a New Zealand University. Participants of all

cultural and ethnic backgrounds are encouraged to take part. Participants are invited who fit the following criteria:

1. Identify as a female with anxiety that causes significant impairment and/or distress (with the exclusion of Specific Phobia and Post-Traumatic Stress Disorder). See Appendix A for a relevant definition of anxiety for the purposes of this study criteria;
2. Be currently completing, or have completed within the past 12 months, a Master's thesis (within the Social Sciences or Humanities) at a New Zealand University, either part-time or full-time, internally or via distance;
3. Feel comfortable discussing some of the experiences you have had to date with your anxiety and associated thesis factors.

What would participation in the research involve?

I am interested in your experience with anxiety while doing postgraduate research. To get a good understanding, I would like to interview you, and ask a series of questions about your experience with anxiety and research, your personal coping mechanisms, and the supports you have received from external parties such as the tertiary institution you are enrolled at. To assist in this process, I will also ask that you come to the interview with a pre-prepared timeline (see Appendix B for timeline information).

If I decide to take part, what else do I need to know?

Approximately 10 people will be interviewed in-person. If more people volunteer than I can interview, an online qualitative questionnaire will be offered to provide them with an opportunity to have their experiences included in the study. It is expected that this online questionnaire would take approximately 30 mins. This will involve typing answers to three core questions about your experience with anxiety while completing your thesis, coping mechanisms and ways you think universities could best support students during this course of study.

If you agree to take part in this project you would need to:

- Provide your contact details so that Tiffany can:
 - Call/meet with you to go through the information sheet and interview schedule, giving you the opportunity to ask any questions/discuss any amendments you would like made to the interview schedule before agreeing to take part in the project;
 - Schedule an interview time;
 - Provide you with your transcript for your review/amendments
 - Send you a summary of findings for this project;
 - Invite you to the end of project presentation.
- Create a timeline before or during the interview (see Appendix B).
- Read and sign the informed consent form prior to the interview.

Participation will require approximately 90-minutes of your time. This is made up of the interview, a pre-interview call/meeting and filling out associated paperwork. This interview will be audio-recorded with your consent. At the conclusion of your interview, you will be reimbursed for your time with a \$25 supermarket voucher as a thank-you. Please note - there is no reimbursement for the online qualitative questionnaire.

What happens after the interview?

The audio recorded interviews will be transcribed and online typed responses collated. You will have two weeks to review your personal transcript and make any amendments to it. Interview data will then be analysed using an established method of analysis called Interpretative Phenomenological Analysis (IPA).

When the project is complete, you will be emailed a summary of project findings; a copy will also be provided to the student support services at your university – this will in no way be linked to you and you will not be able to be identified. A brief presentation of results will take place on the Massey Wellington Campus, with a zoom link provided for those who wish to join virtually. The presentation will be advertised to the College of Social Sciences and Humanities Massey University, Massey University student support staff, and your university's support staff. Attendance is optional. Your name will be removed and your camera turned off for privacy purposes if you join this presentation virtually. All identifying material will be replaced with a pseudonym or removed to protect participant anonymity within transcripts, presenting material and the final thesis.

All data (audio recordings, transcriptions, timeline photos) and consent forms collected throughout this study will be stored securely on a Massey Online Server and backed up by a separate secure hard drive that only Tiffany and her supervisors will have access to. All hard copy materials will be stored in a locked filing cabinet and confidentially destroyed after five years. All forms and data will be stored in separate folders. Please note - if your interview is conducted over Zoom, the security of your audio recorded interview cannot be guaranteed, given that the recording function on Zoom is less secure than other methods e.g., Dictaphone. However, every attempt will be made to protect your identity and data.

What are the possible benefits and risks of this study?

This study will give you the opportunity to voice and share your experiences of anxiety and postgraduate Master's research, your personal coping mechanisms and supports you have received from other sources e.g., university, student support services, supervisors. The findings will add to the current body of knowledge in relation to anxiety disorders among females, with the added component of investigating how the stresses of completing a Master's thesis impacts people experiencing anxiety. Interviews will help to identify the ways in which the wellbeing, effective supports and academic attainment of women studying in tertiary institutions can be enhanced and improved at both an individual and institutional level.

Given the nature of the research topic, it is possible that you may experience some emotional distress. If at any stage you become distressed, the interview will be stopped, and a break taken if desired. You may also postpone the interview to a later time or cancel it altogether if you wish to do so, and you do not need to give a reason why. I hope that talking about your experiences will be an empowering opportunity, but if you find it distressing during the interview I will be able to call my supervisor who is a clinical psychologist and will act as an emergency contact during the interview, to look at appropriate steps for accessing services to support you. I will also give you information on the support services available to you (including at your university), and encourage you to talk to one of them if, after the interview, you would like to speak to someone for support. These include 1737 (call and text) and Lifeline call (0800-543-354) or text (4357) all of which are free and confidential support services.

What are my rights as a participant?

You are under no obligation to accept this invitation to participate in the study; participation is completely voluntary. If you decide to participate, you have the right to:

- Withdraw from doing the interview at any time, even during the interview;
- Withdraw your data from this study at any time before data analysis begins;
- Ask any questions about the study at any time prior to, or during participation, by emailing or calling Tiffany or her supervisors directly (details below);
- Request amendments to the interview schedule to align with your requirements and needs, including cultural needs. E.g., giving a pepeha;
- Discuss with Tiffany if you would like certain questions changed in the interview schedule (changes may be made where possible);
- Decline to answer any particular question without justification;

- Ask to take a break at any time during the interview;
- Bring a support person/whanau member(s) to the interview;
- Review and amend your personal transcript within a designated two-week period;
- Receive a summary of the research findings;
- Request a copy of all of your data (audio recording, transcripts) following project completion;
- Attend in person or virtually a results presentation when the project is complete.

Who should I contact for more information or if I have any concerns?

You are free to email or call me, Tiffany, with any questions or concerns you have about the project at any point. You can also contact my research supervisors, Professor Sarah Riley or Doctor Kirsty Ross.

Tiffany Dixon

Master of Science student

Ph: [REDACTED]

[REDACTED]

Professor Sarah Riley

Professor in Critical Health Psychology and Senior Lecturer

Ph: (04) 801-5799 Extn: 63621

S.Riley@massey.ac.nz

Doctor Kirsty Ross

Senior Clinical Psychologist and Senior Lecturer

Ph: (06) 951-7968 Extn: 84968

K.J.Ross@massey.ac.nz

MUHEC APPLICATIONS

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 21/44. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz.

Appendix E: Participant Consent Form



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PUKENGA TANGATA

The lived experience of completing a Master's thesis for females living with an anxiety disorder

Participant Consent Form

I have read and understand the provided project information sheet. I have had the details of the study explained to me, any questions answered satisfactorily, and understand my right to ask further questions at any time. I have been given sufficient time to consider whether to participate in this study. I understand participation is voluntary and that I may withdraw from the study at any time prior to data analysis. In light of the sensitive nature of the research topic, I am aware that if I am to become distressed during the interview, processes will be put in place (please see information form for details) and I will be provided with details about accessing the appropriate support.

Please circle the following that apply:

1. I am taking part via: In-person interview/ Zoom Interview
2. I agree to my interview being audio recorded for transcription and content then used in the analysis, final thesis and results presentation (all identifiers will be removed/replaced with a pseudonym) – **Yes/No**
3. I agree to a copy of my drawn timeline to be photographed by the researcher and used in the analysis, final thesis and results presentation (all identifying material will be removed) – **Yes/No**
4. I would like to review my transcript following transcription – **Yes/No**
5. I would like my audio recording returned to me when the project is complete – **Yes/No**
6. I would like a summary of the project results emailed to me – **Yes/No**
7. I meet the inclusion criteria for this study and am aware of the exclusion criteria (Specific Phobia and PTSD) – **Yes/No**

8. I agree to participate in this study under the conditions set out in the Information Sheet – Yes/No

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ **Date:** _____

So that I can describe the sample of participants within the study, please provide the following information if you are comfortable to do so:

Ethnicity: _____

Gender: _____

Note: This project is open to people who identify as female because I am interested in how this gendered identity might interact with experiences of anxiety when doing a thesis. If you would like to define yourself further within this identity (e.g., Cis or trans) please say so here:

Please circle that which applies:

- I am currently completing, or have completed in the last 12 months, a Master's thesis in disciplines related to the Humanities and Social Sciences (or the equivalent within other universities) in Aotearoa New Zealand: Yes/No
- Enrolled Part-time/Fulltime
- I am a domestic/international student

This information will be used for Tiffany to contact you and will be kept confidential:

Contact number: _____

Email address: _____

This information will be used for Tiffany to give you a list of appropriate student support services if required:

University enrolled at: _____

Appendix F: University Student Supports Document

Student health support services

The following are the phone numbers of student support services at your specific university. More information and useful resources can be found on the university websites 😊

The University of Auckland

Phone: 0800-698-427

<https://www.auckland.ac.nz/en/on-campus/student-support/personal-support/student-health-counselling/contact-university-health-counselling-service.html>

Auckland University of Technology

Phone: (09) 921-9292

<https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health>

University of Waikato

Phone: (07) 838-4037

<https://www.waikato.ac.nz/students/health/mental>

Massey University

Manawatū – Phone: (06) 350- 5533

Auckland – Phone: (09) 213-6700

Wellington – Phone: (04) 979-3030

<https://www.massey.ac.nz/student-life/services-and-support-for-students/counselling-services/>

Victoria University of Wellington

Phone: (04) 463-5308

<https://www.wgtn.ac.nz/student-health-counselling/appointments/counselling-appointments>

University of Canterbury

Phone: (03) 369-4444

<https://www.canterbury.ac.nz/healthcentre/counselling/>

Lincoln University

Phone: (03) 325-3835

<https://www.lincoln.ac.nz/student-support/health-and-wellbeing/student-health/>

University of Otago

Phone: 0800-479-821

<https://www.otago.ac.nz/studenthealth/services/otago020532.html>

Appendix G: Nationwide Supports Document



Supports and resources

Participating in an interview creates a moment to talk about how you think and feel about an important issue. Sometimes this can lead people to realise they would like support or a chance to talk. Below are some suggestions of services that are available to help you.

Call/Text lines

- **1737:** Free call or text anytime for support from a trained counsellor, or visit: www.1737.org.nz for more information
- **Lifeline:** 24/7 support service. Call (0800-543-354) or free text (4357). For more information, visit: www.lifeline.org.nz/services/lifeline-helpline
- **Samaritans New Zealand:** Call (0800-72-66-66) and/or visit their webpage: www.samaritans.org.nz
- **Youthline:** Free call (0800-376-633) or Free text (234). Visit: www.youthline.co.nz
- **Anxiety Helpline:** Free call (0800-269-4389) and/or visit www.anxiety.org.nz
- **Depression Helpline:** (0800-111-757) or free text 4202. Visit: www.depression.org.nz
- Your local GP
- University Support Services (as per the list provided)

Wellness Apps

- **Mentemia:** This is a free to use app created by psychologists, behaviour change specialists and co-founder Sir John Kirwan. Originally developed in response to the Covid-19 pandemic, Mentemia has been designed to improve sleep, boost energy levels, reduce stress and ease anxiety, using creative and interactive tools and activities to do so.

- **Insight Timer**: This app is full of guided meditations, podcasts and daily mindfulness practices to promote a sense of calm and increase overall levels of wellbeing. It is free and easy to use, and can be downloaded from the app store on your device.

Thank you so much for taking the time to participate in this study, I hope you've enjoyed it. I really appreciate your contribution!

Appendix H: Participant Descriptive and Interpretative Codes Example

| <u>Descriptive Summaries</u> | <u>Transcript – Stacey (SW)</u> | <u>Interpretative Coding</u> |
|--|---|--|
| <p>Stacey has given a lot of time of her life to supporting people and advocating for many.</p> <p>She is empathetic, understanding and funny.</p> | <p>Interviewer 00:04 (Laughter) All right, so um yeah, so thank you so much again, Stacey, for um giving out some of your precious evening to talk to me. I really do appreciate it. Um, so before we get into the questions um relevant to the research topic, are you happy to please just tell me a little bit about what makes Stacey Stacey? Just a bit about who you are?</p> <p>Stacey 00:26 Ahhh, what makes Stacey Stacey? (Laughter). Um, oh, so (...) that's a really hard question, isn't it? (Laughter) When someone asks you about yourself.</p> <p>Interviewer 00:40 (Agreeing, laughing too).</p> <p>Stacey 00:40 Yeah, um, I would say (...) I've dedicated a lot of my life to wanting to support other people, um, and help others advocate for others, um, through whatever journey that may be that they are embarking on. Um, so I guess that makes me quite a (...) empathetic and understanding person. Umm, I'm quite funny as well (Laughter). A lot of people would probably say that about me.</p> <p>Interviewer 01:15 I love it!</p> | <p>Caring and supporting others is part of who I am.</p> |

| | | |
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| <p>Caring qualities are just a part of who she is.</p> <p>Empathetic qualities led Stacey to this pathway of wanting a career where she could help people.</p> <p>All study was via distance.</p> | <p>Stacey 01:17 Yeah, I dunno, I guess (...) Yeah, I would see myself as being quite empathetic, supportive, um, caring, I guess, but I feel like that's just in built within me. Like it's not something that I strive to do or anything like that. It's just, yeah, who I am. And, hence going into (study area removed) in the first place. It was sort of (...) to go in the direction that I could support other people. Um, as a career. Yeah. Yeah.</p> <p>Interviewer 01:53 That's awesome. So where do you live um Stacey? Where are you from?</p> <p>Stacey 01:57 Um, so I live in the [location removed]. I live in [location removed] I guess you'd call it where, we're pretty, we're about 20 minutes out of [location removed]. But pretty much in [location removed]. Yeah.</p> <p>Interviewer 02:07 So, were you doing your study from distance?</p> <p>Stacey 02:09 So, I, yeah, I did. Yeah, pretty much all of my study via distance. Um, then Post Grad it was the block courses and everything like that. Um, and depending on if it was in [location removed] or [location removed], but my supervisors were [location removed] based.</p> <p>Interviewer 02:28 Cool. Awesome. So, your undergrad was through [University removed] as well?</p> <p>Stacey 02:32</p> | <p>Wanting to support others has guided my choice of study pathway.</p> |
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| <p>Stacey left school when she was 15. No university entrance. Regretted not staying at school. Did a pre-tertiary course and completed bachelors.</p> <p>Thought it was silly to move universities part way through.</p> <p>Thesis topic was close to home for Stacey.</p> <p>Hearing other people's stories impacted her more and in a different way than she thought it would.</p> | <p>Ah my undergrad was actually through the [University removed]. Um, I left school when I was 15. So, I didn't have any sort of university entrance or anything like that and um I got to about 18 and I was like I really wish I had stayed at school (Laughter). Um, and they did a Pre tertiary course. Um, so I did that. And they were kind of like "oh you will probably have to wait until you're 21". But no, they ended up letting me in.</p> <p>Interviewer 03:01 Oh, cool.</p> <p>Stacey 03:01 And, you know, I considered moving over to [university removed] for my third year, but it just seemed kind of silly. It's the same degree.</p> <p>Interviewer 03:11 Yeah, cool. So, for your thesis, which you have completed, what was your thesis topic on?</p> <p>Stacey 03:17 So, my thesis topic was on the (thesis detail removed). Um, yeah, so yeah. Um, my thesis title was, um, (thesis topic removed). So, it's yeah, it was a very interesting topic, um, but very close to home for me. Um, I, had (thesis detail removed). So, um, it was quite a journey and then to hear other people's journeys as well, I didn't realize it was going to impact me the way it did.</p> <p>Interviewer 03:59 Yeah. Yeah. It's hard to know until you're in it really, isn't it? How much impact it can have or not have? You know? Yeah, absolutely. Okay. No, cool. Um, so (...) if you're comfortable to, before we go into talking about</p> | <p>Regrets about not finishing school</p> <p>I had an insider perspective of my thesis topic.</p> <p>I was not prepared for how exposure to other people's experiences affected me.</p> |
|---|--|---|

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|---|--|---|
| <p>Stacey has always been an anxious person.</p> <p>Anxiety as a child- not wanting her mum to leave her. Had unresolved anxieties.</p> <p>Doesn't know life without anxiety. Presents on a spectrum – minimal or extreme.</p> <p>Questions anything out of the ordinary – always questioning why things happen.</p> <p>Anxiety is just a part of Stacey - doesn't know life without it</p> | <p>the timeline, which is a key part of the interview, and yours, there's lots of stuff in there that I think is going to be really important, um, to go over. But before we go into that, are you happy to just tell me a little bit about your general experience to date in your life so far of anxiety? And what that's been like for you? What it's looked like? What its, sort of, how it's affected you generally?</p> <p>Stacey 04:38 Yeah. So (...) I would say, I was I've been, I've been anxious my whole life (Laughter). When I think back to my childhood, you know, I, my mom would often have to leave me with a teacher because I'd be in tears crying, I wouldn't want her to leave me at school. Um, and now knowing what I know, you know, being older, obviously, I had some unresolved anxieties (Laughter) going on, right from then, um, through till adulthood. Um, so I don't really know a life without anxiety. Um, it's (...) manifests itself in different ways. Um, sometimes it won't be prevalent whatsoever and then other times just hit me like a truck (Laughter), um, so to speak. Um, but yeah, I'm (...) a very anxious person, like anything, <u>anything</u>, anything out of the ordinary, I constantly have to question, you know, "Why does it happen?" "Has that happened for a reason?". But you know, it's probably not that deep (Laughter). Yeah, for example, I interviewed for a (detail removed) position, um, in (detail removed) and they asked me if they could do a reference check last week, and I didn't hear back from them today. And I'm like "why, why have I not heard back from them, what does that mean?". Um, but really, it's they probably haven't done the reference check yet. You know? So, it's just, yeah, I wouldn't, I wouldn't know my life without it, which as sad as that sounds, yeah. It's just part of me (Laughter).</p> <p>Interviewer 06:22</p> | <p>Being anxious is the norm for me.</p> <p>I struggled with separation anxiety at a young age.</p> <p>Anxiety is just apart of me now.</p> <p>My anxiety can be unpredictable.</p> <p>Things happening unexpectedly make me anxious. Catastrophizing?</p> <p>I am an overthinker.</p> <p>Uncertainty makes me anxious.</p> <p>Anxiety is just apart of me.</p> |
|---|--|---|

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| <p>The way Stacey's anxiety presents can be context bound. Can be anxious in crowds. Gets physical anxiety symptoms.</p> <p>Mental side of anxiety more prevalent – mainly rumination.</p> <p>Has Obsessive Compulsive Disorder. When Stacey gets anxious about something can become obsessive.</p> <p>Struggles with health anxiety also. Anxiety can trigger somatic symptoms.</p> | <p>Yeah. So, in terms of manifestation that you talk about, would you say there is a certain, you know, people talk about physical bodily sensations is like quite a common one that I think people are sort of educated about. Is that something that you can identify with more so than, say, mental, mental effects with anxiety, thought processes? How does it sort of, manifest itself?</p> <p>Stacey 06:45 Yeah, so to me (...) depending on the context that I'm in as well like, sometimes I've become quite anxious in crowds and like, like, my chest will go quite red. And you know, I'll get sweaty and what not. Um, yeah, my husband's sitting over there (Laughter). He's had to deal with my anxiety. Yeah, like I used to get really, really quite sweaty. Um, so yeah, I've dealt with both the physical side of things, but the mental side of things is probably more prevalent for me and I ruminate a lot on, um, (...) thoughts. So, I'd say that's probably affects me more than actual physical (Inaudible). But in saying that, um, part of my anxiety is, I (...) am clinically diagnosed with obsessive compulsive disorder as well, so they sort of, when I, when I get anxious about something it can quickly become quite obsessive. Um, yeah, I have a lot of health anxiety as well. So, sometimes when I think, I'm thinking, that something might be wrong with me physically, my anxiety can actually trigger that into (Laughter) being something like the somatic symptoms of it. So yeah. Yeah (Laughter).</p> <p>Interviewer 08:07 When you talk about the rumination of thoughts is it certain thoughts in particular, or is it, is it, anything and everything?</p> <p>Stacey 08:16</p> | <p>The way my anxiety presents itself can be context bound.</p> <p>Anxiety most significantly affects me mentally. Thought rumination is a big part of my anxiety.</p> <p>I have obsessive traits in my personality and anxiety triggers it.</p> <p>My anxiety manifests itself in many ways.</p> |
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| <p>Mind ruminates on anything and everything.</p> <p>Had anxiety during undergraduate study but not as bad as postgraduate (physically).</p> <p>A lot more stress in postgraduate which made anxiety worse.</p> <p>Wanted to become a clinical psychologist so did thesis.</p> | <p>It's pretty much anything and everything. It just depends, the flavor of the month that my brain would like to, to focus on (Laughter).</p> <p>Interviewer 08:23 Yeah. Okay. No, that makes sense. Has it um, in terms of your anxiety if we're moving into more of the phase of adult hood for you when you started your studies. Um, so even maybe in those sorts of, um, so was it, was it, were you 18 when you started your, um, yeah, so from then through your undergraduate studies, sort of as you transitioned through that time, was your anxiety sort of the same or did it, did it change, did it get worse, did it improve?</p> <p>Stacey 08:53 I feel like it probably wasn't quite as bad as what it was, like I was definitely anxious, but I don't think, I can't remember (...) being physically as anxious as what I was doing my postgraduate when I was doing my undergraduate. Like, I feel like (...) yeah, I feel like there was a lot more stress involved in postgraduate for me um which probably heightened the anxiety. Um (...) yeah, I can't recall being overly, like, I mean, I was probably anxious, but I can't recall it being overly as impactful as it was on my postgraduate years. Yeah.</p> <p>Interviewer 09:40 So, what was it that motivated you to go into post grad study?</p> <p>Stacey 09:45 Um, (...) it was just more so a continuation on to, you know, I wanted to become a psychologist. That was what I wanted to do. I always had my heart set on clinical psychology um and someone had said to me "ah, you know, it's very hard to get into clinical psychology". This was, you</p> | <p>My ability to ruminate has no limits</p> <p>My anxiety intensified during postgraduate</p> <p>The stress of postgrad was a trigger for my heightened anxiety.</p> <p>My anxiety during postgraduate study has had an impact on me.</p> <p>Becoming a clinical psychologist was my motivation for postgraduate study.</p> |
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| <p>Told clinical psychology was hard to get into.</p> <p>Difficulty getting into clinical encouraged her even more to get in.</p> <p>No longer wants to be a clinical psychologist.</p> | <p>know, from the outset of um even going into my study and I was like "Oh, well, oh, yeah, I'll show you then" but (Laughter) um, so yeah, that was sort of (...) my, probably my push to go into post grad was, yeah, definitely, I thought I wanted to be a clinical psychologist. Which turns out I don't.</p> <p>Interviewer 10:29 Okay, that was my next question. No.</p> <p>Stacey 10:32 Yeah, no (Laughter).</p> <p>Interviewer 10:33 I think that's a driving force for a lot of people, isn't it? And it seems to be a trend for those I've spoken to so far as well in terms of it as the natural progression of becoming a psychologist, it's something we have to do really, as opposed to some people wanting to. Yeah, okay. Thank you for sharing all of that. It's just really useful for me to get a sense of sort of, anxiety has these sort of generic, per se, you know, symptoms or, you know, representations that people talk about and I am learning that for each person, though, it is quite a unique experience, and can be quite different. So, thank you, it is really useful. Um, have you got a copy of your timeline in front of you there?</p> <p>Stacey 11:14 I don't. But, actually I've got the photos that I had on my phone.</p> <p>Interviewer 11:18 Yeah. No worries if you don't. Yeah. Because if you're happy to we might move into, to that, and have a chat about some of the bits in there.</p> | <p>"I'll prove them wrong" attitude.</p> <p>I no longer want to be a Clinical Psychologist.</p> |
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| <p>Timeline took some time to complete trying to remember the order that everything happened.</p> | <p>Stacey 11:27 Yep.</p> <p>Interviewer 11:29 First of all, how did you find doing the timeline?</p> <p>Stacey 11:33 Ah the timeline was like, it was quite, it took me a while because I was like, trying to figure out at what point, what happened, and yeah, like, because I haven't, obviously, I experienced it, and I lived it, but I hadn't actually gone back and actually thought about the order that it happened in. Yeah, yeah. So no, it was it was good. I actually, like, it was fine. Yeah.</p> <p>Interviewer 12:00 I think it's been, it's been a good tool as, um, a conversation facilitator in terms of being able to because it's, you know, like you say, you, you look back and you're like, oh, gosh, I know what happened but when was this and it's all sort of one big scramble until you actually pull it apart.</p> <p>Stacey 12:14 Yeah (Laughter)</p> <p>Interviewer 12:15 Okay, no, awesome, so if we, I've got it in front of me here. Um, so (detail removed) was when you enrolled in your thesis?</p> <p>Stacey 12:23 Yep.</p> | <p>Thesis is a bit of a blur.</p> |
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| <p>Didn't agree with supervisors that ethics would be low risk. Felt that what people would be discussing could be triggering.</p> <p>Stacey felt it could be quite triggering as insider – supervisors overrode that. Didn't see point.</p> <p>Regrets doing low risk. Supervisor agreed at end of process.</p> | <p>Interviewer 12:24 And at that point, um (...) what was the point here? You've got your supervisors supportive and excited, ethics obtained, you were anxious about the low risk, um, that was identified by your supervisors? (Reading from Stacey's timeline).</p> <p>Stacey 12:40 Yeah, so I was quite, I didn't think it personally should have been a low risk. Um, because to me I could see how discussing some of the things that were discussed, or what I assumed were going to be discussed could be quite triggering for some people. Um, and I felt that coming from the perspective of an insider who had lived that, had lived through those experiences it could, could potentially be quite triggering, but, um, my main supervisor was quite adamant... "No, it would be the easiest route to just go low, low risk, don't bother with it".</p> <p>Interviewer 13:18 Okay, okay.</p> <p>Stacey 13:19 So, yeah.</p> <p>Interviewer 13:20 Okay. So, you just ended up doing low risk?</p> <p>Stacey 13:24 Yeah, yeah (voice drops) and, it was a regret. I discussed that with my supervisor at the end. I said I don't think it should have been that way. And he actually kind of agreed near the end too. So....</p> | <p>Due to my insider knowledge, I could foresee some ethical challenges.</p> <p>My supervisor overrode decisions I thought were right which caused anxiety.</p> <p>I regret not standing up against my supervisor for what I knew was right for my project.</p> |
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| <p>Recruitment overall fine. Slight anxiety in this process with back and forward.</p> <p>Some interviews were very hard – would end them and cry.</p> <p>Validated Stacey's feelings of her own experience and that her research was meaningful.</p> <p>Anxiety came with pressure of wanting to do well by her participants.</p> <p>Had to reflect a lot to ensure that Stacey wasn't inputting too much into participants stories.</p> | <p>Interviewer 13:36 Yeah, okay. So, then you go into the literature review stage. You've got here that recruitment and interviews took place, the interviews increased your anxiety, weren't aware of that at the time. Can you talk a little bit about that?</p> <p>Stacey 13:54 Um, so (...) when I was, the recruitment phase was fine. Um, there was a little bit of anxiety there because, um, where I was obtaining, um, where people were, um, coming from that were willing to participate in the research were through a (thesis detail removed) and it was just, yeah, it was a lot of backwards and forwards communicating with them and, um, yeah, it was just a bit like, uhh, but you know, that part of it wasn't so bad. Um. The interviews (...) some of them were <u>very</u> hard, like I would end the interview and just cry because it was like, "Oh, my God", like, I guess almost validating for me a little bit as well as bad as that sounds, but like it was sort of validating to me that this is actual thing that people go through. Like it's not just, you know, it's, it's a whole collective thing that people who go through this process experience. Um, yeah, so it was, it was kind of enlightening to me that my research was going to be, um, there was meaning behind it, it was meaningful for people who had been through this process. Yeah, um, but with that, my anxiety increased because for one, I was like, "this is a whole collective of people that I've got to do really well by". Um, and two, I also had to be very, very self-reflective that, um, I wasn't trying to put too much of myself into what people were saying.</p> <p>Interviewer 15:46 Hmmm, hmm...</p> | <p>I had to tread carefully during recruitment due to the sensitive nature of the research – anxious not to cause offense.</p> <p>The interviews were emotionally taxing.</p> <p>Hearing other people's stories made me feel validated about my own experience.</p> <p>It was important to me that my research was going to be meaningful.</p> <p>Anxiety surrounding not letting people down.</p> <p>Challenge to not let insider perspective influence participants talk.</p> |
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| <p>Had to practice lots of cautiousness.</p> <p>It became emotionally draining towards the end.</p> <p>Transcription was emotionally taxing.</p> <p>Supervisor went MIA.</p> <p>Very hard to get in contact with supervisor.</p> <p>Stacey took his lack of contact personally and stopped trying to get in touch with him. Didn't want to bother him.</p> | <p>Stacey 15:47 So, it was just this constant, like, backwards and forwards of being really cautious, I guess. And also (Laughter) yeah, it was, it was just a whole thing. Yeah, it was. Yeah. It became quite emotionally draining, near the end of it.</p> <p>Interviewer 16:05 I see you've put here about emotionally taxing with the transcription.</p> <p>Stacey 16:11 Yeah.</p> <p>Interviewer 16:11 So, around this time you've put the point that contact with your main supervisor was non existent?</p> <p>Stacey 16:17 Yep. So, he just flew off the radar. I don't know. I think he was dealing with some stuff, um, at his end as well. He dropped right down to like, one day a week at [University removed] and, um, it was just really hard to get in contact with him and me being the anxious person I am, I was like, "oh, you know, he obviously doesn't really want to have contact with me. Like if he wanted to, he would reply to my email", or something like that. So, I just didn't, I stopped following up as well because, yeah, I was kind of like, yeah, "I don't want to bother him".</p> <p>Interviewer 16:51 Did that have a significant impact on your anxiety, sort of not having that reassurance? I'm imagining you're wanting feedback at this point?</p> | <p>Having to tread very carefully throughout process.</p> <p>The research became emotionally taxing.</p> <p>Interaction with the data took an emotional toll.</p> <p>Lack of responsiveness from supervisor caused distress</p> <p>I am not a priority to him</p> <p>Anxiety makes me prone to taking things personally</p> <p>Fear of being seen as a burden</p> |
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| <p>Supervisors absence impacted Stacey's anxiety.</p> <p>Second supervisor did as much as she could and carried Stacey through. First supervisor returned at end of thesis.</p> <p>Second supervisor acknowledged first supervisor had not been present and this effected project.</p> <p>Second supervisor also had anxiety which made it more challenging.</p> <p>Stacey became obsessed with food, appearance, and weight.</p> | <p>Stacey 17:00 <u>Definitely.</u> Um, yeah, it was really hard when he sort of, yeah, just went under the radar. Um, my second supervisor, bless her soul. She did as much as she could but it was it was supposed to be conjoint supervision between the two of them. So, you know, she pretty much carried me through right up until the end, um, when he decided to pitch back in. Um.....</p> <p>Interviewer 17:31 Was there any acknowledgment from him?</p> <p>Stacey 17:35 Um, no, there wasn't, there was acknowledgement from my second supervisor who acknowledged that he hadn't been present, and how that probably affected my overall project. Um (...) but yeah, she, she herself, was dealing with chronic anxiety. So, together, we were just, yeah, it was, it was, a shit show to put it bluntly (Laughter). Yeah.</p> <p>Interviewer 18:10 Yeah. So, if we move into October/November, so you've got your data analysis, and you've put here (reading from Stacey's timeline) you were unable to physically bring yourself to analyze the data, starting to get very anxious and obsessive thoughts, and this is when you went to a psychologist yourself?</p> <p>Stacey 18:27 Yeah. Um, so it became apparent to me that I was becoming obsessed with all things to do with my weight, all things to do with eating, my appearance and everything. Um (...) so I did go and see a psychologist.</p> | <p>Absence of supervisor and lack of reassurance caused anxiety.</p> <p>My primary supervisor let me down.</p> <p>My second supervisor was a big part of what got me through.</p> <p>The absence of my main supervisor impacted my project.</p> <p>Second supervisor and I fed off each other's anxiety</p> <p>My thesis journey was chaotic.</p> <p>Interaction with my thesis topic triggered obsessive, unhealthy behaviors for me</p> |
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| <p>Went and saw psychologist. Diagnosed with Body Dysmorphic Disorder as well as OCD and GAD.</p> <p>Psychologist advised Stacey took break as it was negatively impacting her health. Initial protest.</p> <p>Second supervisor very supportive.</p> <p>First supervisor not as supportive of break – didn't understand why Stacey couldn't just keep going and get thesis done.</p> | <p>Um, and yeah, she ended up diagnosing me with um, Body Dysmorphic Disorder, conjoint with, um, obsessive compulsive disorder. Um, but also, I had already had a diagnosis of generalized anxiety disorder anyway, so, um.</p> <p>Interviewer 19:07 Yeah. Yeah. So, the advice to take the six months off (reading off Stacey's timeline), um, tell me a little bit about that. You've put that there was sort of a 50/50 split of support from the supervisors there on that.</p> <p>Stacey 19:21 Yeah. So, um, this, my psychologist said to me, she was like, "you're absolutely going to <u>ruin</u> yourself if you continue to put yourself into this project because it's obviously impacting you in quite horrific ways". Um, so, and it took a lot of me being like "No, I'm just gonna do it" to you know, know really I had to take a step back, and um (...) the second supervisor (Laughter) she was very supportive. She'd been through very similar circumstances when she was completing her PhD and she's like, "You just need to do it. It's not worth your own mental health. It'll be there when you come back". Whereas my other supervisor, I don't know, for someone who, you know, is a lecturer in psychology, I was quite perplexed at his response to it, it was kind of like, "well, why can't you finish it, what do you mean?" and I was like, well, um, so, you know, he agreed, "Okay, well, I'll wait, when you come back and we'll deal with it then". But, he wasn't overly enthused about the whole thing.</p> <p>Interviewer 20:38 Yeah. So, you did take those six months off, though. What were you doing throughout the six months? Just focusing on yourself?</p> | <p>The response I had to my thesis topic was making me unwell.</p> <p>Putting myself first was hard.</p> <p>My second supervisor understood me and knew what it was like.</p> <p>The lack of concern about my health from main supervisor surprised me.</p> <p>Felt lack of support from main supervisor.</p> |
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| <p>Focused self during six months , stopped working, figured out who she was.</p> <p>Stacey feels that if her first supervisor had been more responsive she may have not got to the place she was in – she would have been given his advice and support etc.</p> <p>Second supervisor gave guidance and support.</p> <p>Prolonged the data analysis section – did everything else instead.</p> <p>Would have been different experience of main supervisor had been present.</p> | <p>Stacey 20:45 Yeah, just focusing on myself. Um, I stopped working as well. Um, yeah, just, just really trying to figure out who I was, as well, because like I said, "you go through a bit of identity crisis when you've been one way all your life and then (detail removed), and people treat you very differently". Um, so yeah, it was just a, it was time to sort of figure out where I fitted in I guess.</p> <p>Interviewer 21:15 Yeah. How much of an impact do you think that lack of, um, contact with your main supervisor maybe had on that (...) you know, accumulation of anxiety and stress that sort of led you to needing to take that time off?</p> <p>Stacey 21:33 I do feel like if he had been more responsive, um, that it <u>definitely</u> might not have got to the point that it got. Um, because I feel like I could have had these discussions with him and, you know, I would hope that advice was given around, you know "Okay, well, maybe you just need to do this and take a step back". I dunno, I can't, yeah, I can't imagine what he would have said because he never really said much at all. Um, but yeah, like when I think of my second supervisor, she was very much like "Okay, well, like, I know, I've experienced this myself, so why don't you try and work on this part of your thesis?" and that's what I did, but that's what prolonged the whole data analysis section (laughter) because I was like "I just won't do it. I'll just do everything else". But, yeah, it was quite, um, yeah, I do, I do strongly feel that it would have been a whole different (...) um, experience if my main supervisor had been, been present.</p> <p>Interviewer 22:40</p> | <p>Impact of thesis had significant on Stacey's life.</p> <p>Interaction with thesis topic triggered a lot of personal reflection.</p> <p>If my main supervisor had been present, it may not have got this bad.</p> <p>My main supervisor left me in the dark with no guidance.</p> <p>Minimal input from second supervisor.</p> <p>Approach of second supervisor provided nurture and guidance.</p> <p>Data analysis caused anxiety – avoidance – prolonging.</p> <p>Impact of second supervisor on Stacey's experience was significant.</p> |
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| <p>Pressure to return to thesis when six month extension was over.</p> <p>Main supervisor waiting for Stacey to return.</p> <p>Main supervisor good to start with advice and guidance; regular catch-ups with second supervisor. This was short-lived.</p> <p>Had separate supervisor meetings. Second supervisor chasing up primary supervisor often.</p> | <p>Yeah. Thank you. Thank you for sharing that. Okay, so you take your six months off, and you come back, you come back to carry on.</p> <p>Stacey 22:50 I come back! (Laughter)</p> <p>Interviewer 22:51 You come back. Um, so still struggling with the anxiety, feeling pressure to continue with thesis (reading direct off Stacey's timeline). Where was that pressure coming from?</p> <p>Stacey 22:59 Um, from the <u>looming</u> deadline (Laughter) that the six months was up. Yeah, um, no, it was, and I guess some of it was when I think back (...) knowing that my main supervisor was waiting for me to come back as well. It was kind of like, "okay, well, I better get on with it" and he was actually quite good when I came back, you know, we set up, we had a meeting, an in-person meeting and we, I think it was in person, we went through where I was at, what I still needed to do. He gave me some sound advice, you know, a bit of direction. And I scheduled in regular catch ups with my other supervisor. But yeah, that was (Laughter) short lived.</p> <p>Interviewer 23:51 Did you have joint supervision meetings with both supervisors or were these separate?</p> <p>Stacey 23:58 Separate. Yeah. So they would (...) my second supervisor would, she would chase him up all the time and she was the same as me. "I'm</p> | <p>Anxiety surrounding return to thesis.</p> <p>Positive return due to initial presence and guidance given by main supervisor.</p> <p>Supervision from main supervisor inconsistent; reinforcing being let down.</p> <p>Reinforcement of inconsistency of main supervisor.</p> |
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| <p>Second supervisor would often be chasing up primary supervisor. Second supervisor and Stacey would often just move ahead with things.</p> <p>Data analysis real challenge in terms of anxiety.</p> <p>The topic caused anxiety being a lived experience. Felt like having to relive her experience all over again.</p> <p>Process of data analysis daunting – not knowing what she was doing.</p> | <p>waiting to hear back from him. I haven't heard back from him. But we'll just forge ahead and do this", or something like that. It was quite, yeah. And even if they did catch up, it was never proper scheduled meetings. It was just they would catch each other in, I dunno, a staff room or something. Yeah.</p> <p>Interviewer 24:31 Okay. Um, so, just looking at your, from your timeline, it's clear, I think I can say that the data analysis was a real, a real challenge for you in terms of heightening that anxiety for you because of the, the topic and because of the content, is that right?</p> <p>Stacey 24:53 Yeah. Yep.</p> <p>Interviewer 24:55 Was it just the topic or was it the process of actually data analysis and the challenges that that brings for, you know, learning novice researchers? I'm not sure if you've done research before?</p> <p>Stacey 25:08 I guess it was probably a bit of both realistically. I think it was, of course, the topic was quite personal to me and you know, I was going through all that stuff and it was almost like having to relive everything I'd experienced over and over and over again. But then the whole process of actually, you know, analyzing the data, I was like, "Well, what am I doing?" half the time. Like it was, it was quite sort of (...) daunting. So yeah, it was, it was a combination of both.</p> <p>Interviewer 25:38</p> | <p>Second supervisor carrying the weight of the project.</p> <p>Data analysis a key source of anxiety and distress.</p> <p>Being re-exposed to research topic caused distress and anxiety.</p> <p>Data analysis was overwhelming.</p> |
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| <p>Stacey went against the methodology that she wanted to use because of her supervisor saying it would be too hard for her.</p> <p>Compromised between Stacey and primary supervisor on methodology.</p> <p>Supervisors side of the bargain never upheld – aggravated Stacey.</p> <p>Overall thesis impacted by type of methodology.</p> | <p>Yeah. So, with the data analysis being a new concept, a new, a new thing, were you supported in that by your supervisors, or either of your supervisors about sort of, you know, learning a new skill, where do I start?</p> <p>Stacey 25:55 Yeah... so I went in with the intent of doing discourse analysis and that's what I wanted to do, I really wanted to do discourse analysis and (...) I was sort of swayed into the direction by my main supervisor not to do that because it was "just going to be too hard for me", so "do thematic analysis" and I was like, "Ah, okay, I don't really want to do that". But, um, so then it was sort of compromised, and he was like, "we'll do a thematic analysis, and then we can see where you're at. And then maybe we could do a discourse analysis as well". I was like, "okay". So, um, (Laughter) the discourse analysis never ended up happening, because he just felt that it wasn't worth it. So yeah, it was it was... Yeah, it's, it's really aggravating when I think back to that, because I was, like, dead set on doing discourse analysis, and I do feel like, my overall thesis project was impacted by not doing a discourse analysis, but yeah, yeah.</p> <p>Interviewer 27:01 Okay. That does sound frustrating for sure in terms of something that you know, the end of the day, it is your project, isn't it? You know, it's got your name, your authorship.</p> <p>Stacey 27:12 (Laughter). Yeah.</p> <p>Interviewer 27:13 Okay, so we're moving into (year removed) now.</p> | <p>Main supervisor overrode what I wanted to do</p> <p>Indirect questioning of capabilities</p> <p>Lack of student ownership of the project – supervisor overriding student.</p> <p>Feelings of resentment</p> |
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| <p>(Reflecting on how long thesis process was).</p> <p>Conducted a thematic analysis. Supervisor initially said Stacey had good data. When Stacey started writing she needed help and direction – a lot of information.</p> <p>Second supervisor helped Stacey collate findings into something that made sense – there was so much info.</p> <p>Second supervisor came back saying there was so much more that Stacey could do – frustration at last minute guidance.</p> <p>Detail Stacey saw as important would get removed. Main supervisor criticizing a lot of the hard work Stacey put in.</p> | <p>Stacey 27:18 (Sighs, voice drops). Gosh, it was a long time.</p> <p>Interviewer 27:20 Yeah, I know. (Reading from Stacey's timeline). The analysis and results section, feedback - not great. Felt unable to continue and actually said to your supervisors that you didn't want to do it anymore.</p> <p>Stacey 27:34 Yep. So, I did the thematic analysis. Umm (...) sent that through, I did it chapter by chapter, like, I mean, I did the overall analysis, but then I wrote chapter by chapter, um, within ya know, the results section and stuff. Um, initially, he was like, "yeah, you've got some really good stuff in there, that's gonna be really cool, like, yeah, I think you'll be sweet". But then when I actually started writing it, and I guess, again, it was sort of like, I needed that direction to know.... There was so much information like, "what, what am I doing with it, like, please, help me". And it ended up being my second supervisor who sort of helped me construct it into something that was, you know, I could make sense of because there was <u>just so much</u> of it. But again, the feedback that was given to me from him after that, it was like, "oh, but, you know, there's so much more you could be putting into it". And I'm like, "Well, you could have told me that right at the start, and I would have done it". But, yeah, so it was, it was just <u>really</u> frustrating. Because there was stuff that I wanted to put in there as well, that I thought was really valuable, which would get stripped back. And it would be like no, like, his exact words were "you're not going to change the world with this project, so there's only so much you can put in it". So, yeah. So, it was a lot of me putting my all into something and him being like "no, like, you're writing too much", "you can't have that in there", like</p> | <p>Thesis process was very prolonged (voice deflation – heavy emotions behind it).</p> <p>I needed guidance and reassurance – the sheer enormity of information was overwhelming.</p> <p>Frustration surrounding main supervisors inconsistency.</p> <p>My opinion didn't matter; my ideas were shut down</p> <p>Lack of encouragement/positive reinforcement from supervisor</p> <p>Dictation from main supervisor</p> |
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| <p>Supervisor provided limited advice on how to improve work.</p> <p>Feedback from second supervisor made her feel deflated. She wasn't sure what the point was anymore. Didn't feel like it was her project or the direction she wanted to go in. Not something she would recommend someone else to do.</p> <p>Second supervisor was reason Stacey kept going. She would check in on Stacey and was there for her.</p> | <p>"you're gonna have, it's gonna take away from this part", "it doesn't flow". So instead of offering constructive advice on how to get that to flow, it was like "no, just remove it. It'll just be easier if you remove it".</p> <p>Interviewer 29:50 How did receiving feedback like that in something that you're putting your heart and soul into, something that's really meaningful to you, having sort of that, that sort of feedback back to you, how did that actually affect you, how did that make you feel, like you called yourself earlier an anxious person?</p> <p>Stacey 30:07 Yeah. Yeah, no, it was <u>absolutely deflating</u>. I was like, that's when I got to the point where I was like, "What's the point? What is even the point? This is not, this is not the direction I wanted to go in". And in fact, I became so confused that I didn't even know what direction I wanted to go in anymore because the intent that I went in with had been <u>so far</u> stripped back that I just didn't even know anymore. It didn't feel like my project. And I was like, "I just don't wanna do it anymore". Yeah. No, it wasn't a fun time. 10/10 wouldn't recommend.</p> <p>Interviewer 30:47 What kept you going?</p> <p>Stacey 30:48 Um, my second supervisor, she was pretty much the <u>only</u> reason that I continued to go, keep going. And that was <u>only</u> because she, you know, she would send me emails and be like, "I'm <u>so</u> worried about you". Like, you know, she would <u>genuinely</u> be checking in like... She was, yeah, she</p> | <p>Feedback was not geared towards developing Stacey's work.</p> <p>Feedback had negative emotional impact – lost meaning for Stacey.</p> <p>Loss of project ownership and clarity.</p> <p>Loss of motivation and heart.</p> <p>Input of second supervisor crucial</p> <p>Stacey running on empty – burnt out</p> <p>Genuine care and check ins kept Stacey going.</p> |
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| <p>Felt that thesis draft had so much of her and her participants stripped out – Stacey lost her passion for her project.</p> | <p>was there for me throughout the whole time. Until she got unwell herself. So yeah.</p> <p>Interviewer 31:19 She sounds like a bit of a godsend.</p> <p>Stacey 31:22 Yes, she was, she really was.</p> <p>Interviewer 31:26 Okay, so (...) I'm just looking at (date removed). So, at this point, you're like, "right, I need to get this finished" (reading Stacey's timeline). Reworked your results, analysis, got better feedback and then pushed on with the conclusion.</p> <p>Stacey 31:43 Yep.</p> <p>Interviewer 31:46 Can you talk to me about your section near about (date removed) um, feeling deflated because you knew you could have done better (reading Stacey's timeline). Supervisors hard to get a hold of and then that was when your supportive supervisor became unwell?</p> <p>Stacey 32:01 Yeah, I guess that, you know, when it was becoming a thing like that you could actually read through and it made sense, I was like, "oh, there's just so much of me, you know, and my participants that were stripped out of it", like it was just like, it became more about something that was easier for me to get through, than anything that I actually wanted to do. And I</p> | <p>It was not the project I wanted to complete</p> <p>Voices not heard</p> |
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| <p>Felt like supervisor was eager for Stacey to just move on.</p> <p>Supervisor told Stacey she had been doing this for a long time.</p> <p>Stacey talked about how she felt her grades would be effected for getting into clinical.</p> <p>Supervisor talked about how not everyone gets into clinical even though it was what Stacey wanted at the time.</p> <p>Offered full-time position while still finishing thesis.</p> <p>Stacey was told that her thesis was "passable".</p> <p>Wanted it to be over.</p> | <p>feel like that was just because my supervisor was done with it. You know, he was like, move on. And he did say to me, at one point, I can't remember at what point it was but one of the phone conversations we had, he was like, "you know, you've been doing this for a really long time, there's just going to be a point where you're just going to have to just bite the bullet and stop". Yeah. And I said to him, at one point as well, I can remember being really upset. And I said to him, "this is like, it's going to affect my overall academic grade, though. And that's going to affect my potential outcomes for a career. Like, I don't want that". And he was like, "oh, you know, but, you know, not everything lies in clinical psychology, you know, and not everyone's going to be a clinical psychologist". And I was like, "Well, I know that's true. But like, that's yeah, that's what I want to do so why not put my all into it?". Yeah, but yeah (...) it was a weird, weird time (Laughter).</p> <p>Interviewer 33:43 Yeah, yeah. So then, in the May you were offered a full-time position working in (position removed)?</p> <p>Stacey 33:53 Yep.</p> <p>Interviewer 33:54 (Reading off Stacey's timeline). Still had to finish thesis, anxious all the time. The final draft, being told it was "passable".</p> <p>Stacey 34:02 Yep. "Oh, yeah, that'll be passable". I was like, "Cool, what does that mean?!". Um, yeah, it was, and at that point to be honest though, I was kind of like, "you know what, passable is okay, I just have to move on</p> | <p>Main supervisor lost interest</p> <p>Flow on effect of thesis grade significant - caused anxiety and distress.</p> <p>Not being heard</p> <p>Personal goals not being supported.</p> <p>Overwhelming anxiety towards the end.</p> <p>Passable – implying not great? Average? Good enough?</p> |
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| <p>Stacey told second supervisor she was disappointed with how it had all gone. Had lots of plans that did not happen.</p> <p>Got to the point where passable was okay – wanted it gone.</p> <p>Sole responsibility was put on Stacey for level of work produced.</p> <p>Realized that sole responsibility was not solely on Stacey – supervisors still had an obligation to help her through</p> | <p>with this part of my life". And that was probably the general consensus between all of us. When my second supervisor came back she sort of came back near the end when the final draft was done. And, you know, I said to her, "I'm really disappointed in how this has gone". Like we had big plans, I'd been invited to a conference to speak, we were going to write it all up, and we were going to publish it. And, that was all just gone, because it was not the piece of work that I wanted to end up publishing or anything like that. Yeah, so..... yeah it was, at that point though passable was okay. Like I was just, I was over, I wanted it gone. Yeah. Yeah.</p> <p>Interviewer 35:07 And I see the quote you've put here (Reading off Stacey's timeline) "supervisors concluded my work would have been a different piece if I hadn't been unwell".</p> <p>Stacey 35.21 Yeah.</p> <p>Interviewer 35.23 Am I interpreting that right in that sort of sole responsibility is being put on your shoulders for the supposedly "passable" piece of work?</p> <p>Stacey 35:31 <u>Oh, yeah.</u> Yeah, definitely. That's exactly how I felt as well. Um, and you know, what, like, I actually, I felt, I felt like that, like, it was my sole responsibility for a really long time up until maybe, you know, I would say it was probably even like, you know, we're talking about the end of last year I was like, actually, no, that wasn't all of my responsibility. They had a responsibility to me to supervise my research project. And, you know,</p> | <p>Lost motivation and drive.</p> <p>False promises – very deflating and disheartening.</p> <p>Needing to move on.</p> <p>The blame was directed at me.</p> <p>Lack of responsibility taken by main supervisor.</p> <p>I was let down by my supervisor- he didn't care.</p> |
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| <p>research; she felt her second supervisor tapped out.</p> <p>People coming into Master's thesis usually haven't done a big project before. Thesis is very isolating. Thesis is huge. It's hard to fathom how much anxiety it can cause until you're actually doing it. Due to all these factors supervisors input is so important.</p> <p>Isolation during thesis was hard – especially as it coincided with lockdown.</p> | <p>especially my main supervisor, he, yeah, he just, it was like, he tapped out, he just didn't care anymore.</p> <p>Interviewer 36:12 Hmmm. How do you think throughout this, it's maybe a bit of a difficult one given how close to your heart your thesis topic was to you. If you're able to remove that component away from it. What do you think as somebody who lives with anxiety..... Do you think there's an aspect of the thesis process that may lend itself to be more anxiety inducing, or may affect a person with anxiety more than others?</p> <p>Stacey 36:43 I think so because it's a whole (...) I mean, you know, most people when they're coming into writing, you know, the master's thesis, they haven't really done a huge research project before. You're <u>very</u> isolated throughout it as well, especially if you're doing it via distance. It's, it's huge, like you don't realize until you're actually sitting down and trying to manage it, um, how anxiety provoking it could be until you're actually doing it. And, and that's where I think supervisors are so important, their input is <u>so important</u>, because without it, you're literally. ...you're leading yourself, you know? Yeah.</p> <p>Interviewer 37:28 How did you find that isolation component of the thesis?</p> <p>Stacey 37:34 Yeah, it was hard (Takes big sigh). Especially because some of it we were literally in a lockdown.</p> <p>Interviewer 37:40</p> | <p>Thesis is a new experience; you don't know what you're doing.</p> <p>Thesis is a lonely journey.</p> <p>There is no way of preparing yourself for what thesis entails.</p> <p>Supervisors are so important for providing guidance</p> <p>Guidance is essential.</p> <p>Lockdown intensified how lonely thesis was.</p> |
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| <p>Struggled to do work at home – would procrastinate.</p> <p>Would go and sit in work library and do it there which gave some human interaction.</p> <p>Was difficult and taxing being at a distance away from campus.</p> <p>Only one-on-one interaction with primary supervisor was via phone call- two calls. Rest via email. Infrequently.</p> | <p>True. True.</p> <p>Stacey 37:41 Yeah. It was quite hard for me. I ended up, what I ended up doing was because I was really struggling to do any work at home. I would just procrastinate (...) for days. So I was at that point, I was still working for the (detail removed). So, I was going up and sitting in their library, and, you know, doing it from there, and that gave me a bit of human interaction as well. Um, I would come over to [location removed] and do some work over there too when I could, but it's a bit of a mission driving over there (...) yeah, so it was I would say it was probably quite taxing being away and doing it away from a campus as well.</p> <p>Interviewer 38:30 How regularly were you having, I assume over zoom, meetings with your supervisors?</p> <p>Stacey 38:37 We would have phone calls. Do you know truth be told, I actually only saw my main supervisor twice in person.</p> <p>Interviewer 38:45 Are you meaning over zoom?</p> <p>Stacey 38:49 I didn't see him at all on Zoom. Nope. We would only, he probably only rung me.... twice. And the rest was through email.</p> <p>Interviewer 39:01</p> | <p>Effect of COVID: Procrastination in home environment</p> <p>A need to seek out human interaction.</p> <p>Limited contact with main supervisor.</p> <p>Limited contact with main supervisor.</p> |
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| <p>Stacey approached second supervisor for thesis supervision following taking her class. She worked in a different faculty so needed dual supervision.</p> <p>Stacey gave primary supervisor research proposal and had phone call – he grilled her for a significant period about the research.</p> <p>He agreed to supervise and they made a plan of how this would look. The plan never eventuated.</p> | <p>Oh, wow. So, there were not regular supervision meetings with your primary supervisor.</p> <p>Stacey 39:05 No.</p> <p>Interviewer 39:06 Did you ask for that? Was there any sort of, was that something you wanted?</p> <p>Stacey 39:10 Yeah. So when, you know, I approached him. Well, actually, no, it was a funny way, so my second supervisor in my last few papers before my thesis of post grad, last few papers of postgrad, she took his class, like it was supposed to be his class. He wasn't there, she ended up running it for him. So, I approached her for supervision at the end because I was like, "gosh, she was amazing". And she, she actually worked in a different faculty, so she couldn't take me on as one of her students solely because we came under different schools. So, she told me to approach [name removed] so I wrote up a research proposal and approached him. And he <u>grilled</u> me on the phone for about two hours on, you know, "what, why, and how's this gonna work? And what do you think this and this will do?". And that was, like, bloody daunting. But in the end, he was like, "yea, yep, okay, yeah, I'll supervise for you". And we set out a plan of how that was gonna, like, look. I went over there. And I met with him. And we talked how we were going to do it, plan, blah, blah, blah, blah, blah. But then it just never eventuated there was no (...) regular anything.</p> <p>Interviewer 40:37</p> | <p>Initial interaction with supervisor daunting but promising – strong sense of commitment from him.</p> <p>False promises</p> <p>Disappointment and little follow-through.</p> <p>Inconsistency</p> |
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| <p>Stacey initially followed up with primary supervisor but lost hope and motivation to due to lack of response.</p> | <p>Was it something that you actively sort of followed up? Or did you not feel like you could or would?</p> <p>Stacey 40:42 <u>Initially</u> I did. But then near the end of it, like probably, it was still at the start, but by the third or fourth email where he didn't reply, or I heard back from him through my second supervisor, I was kind of like, "okay, well, we just won't, I'll contact her then if I need something". Because, yeah.</p> <p>Interviewer 41:09 That sounds like a really challenging, um, experience to navigate because you obviously want to be respectful and, you know, do things the right way. But at the same time, it's sort of when you're isolated, and you are needing that, needing expert advice. That's, yeah, that's a really, really hard thing to go through.</p> <p>Stacey 41:28 Yeah.</p> <p>Interviewer 41:29 So, is there anything while we've been chatting that you've thought of that you maybe haven't mentioned on your timeline that you think might be worth mentioning?</p> <p>Stacey 41:37 Um (...). Not that I can think of off the top of my head. Ummm....</p> <p>Interviewer 41:50 That's okay.</p> | <p>What's the point?</p> <p>Feeling of being let down</p> |
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| <p>Stacey believes her thesis experience has had a lasting effect on her and her anxiety.</p> <p>She felt like she became her thesis – couldn't disconnect from it.</p> <p>Traumatic experience – wouldn't go and do further study.</p> <p>Knows people who have had similar experiences.</p> <p>Shouldn't be the case especially considering the cost to do research. Guidance should be a must.</p> <p>Without knowledge and guidance how can we get there.</p> | <p>Stacey 41:51 Yeah. No, I think, I'm just trying to think back. No, nothing that stands out.</p> <p>Interviewer 42:01 Okay. Would you say that your whole thesis experience has had sort of a lasting effect on your anxiety identity? Or, you know, it was six, six months ago that you submitted your thesis?</p> <p>Stacey 42:17 Yeah. Yes, definitely, most definitely. My husband's nodding as well. Um, it was, I <u>literally</u> felt like I became my thesis at one point, like it was like, I just could not separate myself from it. And the whole process of doing it, what I went through with my supervisors, it was quite traumatic I would call it like... I wouldn't rush out and do a PhD put it that way. Yeah, it was just quite sort of....hmmm...not, not good.</p> <p>Interviewer 42:58 Yeah. Do you think that's a general, that if we were to go out and survey 100 people or talk to 100 people who have been through, you know, the thesis process, that that's sort of a general feeling among students?</p> <p>Stacey 43:11 I know that people I have spoken to have had similar experiences. And it's <u>really poor</u>. Because I feel like when you're paying a university that much money to have this, you know, you kind of it's, it's an expectation that you are going to be guided in some, some way, um, through this whole process....With the understanding that, yes, it is a self-directed learning project and you know, you will have to, it is a project that you have to complete yourself. But without knowledge on how to get there, you're <u>not</u> going to get there. You know, a course in research</p> | <p>Thesis became a part of my identity- all encompassing</p> <p>Inability to disconnect from thesis</p> <p>Experience of thesis and supervisor has had lasting impact.</p> <p>Feeling of being let down by the university</p> <p>We pay so much to do this – quality supervision should be apart of this.</p> <p>Lack of guidance and knowledge of the process sets us up to fail.</p> |
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| <p>Course in research methods is not enough – it is just the tip of the iceberg – it doesn't teach you what you need to know. Supervisors should be filling this gap.</p> <p>Supervisors have the knowledge so they should jump in and provide students that direction rather than let them struggle.</p> <p>Stacey was reluctant to ask for help/say she was struggling. When she did she got no response – started to think it was because she had done something wrong- more likely for someone with anxiety to think this.</p> | <p>methodologies is not, it's just scraping the iceberg. It's not, you know, it's the tip of the iceberg rather. It's not, it's, yeah, that's not going to teach you everything, you know, and that's everything, you <u>need</u> to know, and that's where the supervisors <u>should</u> be coming in and filling in those gaps for you.</p> <p>Interviewer 44:23 Do you think that</p> <p>Stacey 44:27 I was just gonna say they also, you know, they have, <u>they are</u> the knowledge bearers in that situation. So, realistically, when you see someone scrambling and going, "I don't know what I'm doing", it would be common sense to sort of jump in and give that direction, give that guidance, rather than see someone fall right to the bottom.</p> <p>Interviewer 44:51 Yeah. How do you think somebody with anxiety, or do you think that somebody that struggles with anxiety (...) would find that sort of lack of direction more challenging than somebody say, who doesn't struggle with anxiety? And how do you think they might find it different?</p> <p>Stacey 45:16 Well, I think, you know, someone with anxiety like myself is probably, I was very reluctant to be like, "Hey, like, help. I'm struggling". And you know, I might have done it one or two or three times. But by the third time when you weren't getting that response back, it was kind of like, "okay, like, why doesn't this person want anything to do with me? Like, what have I done wrong to make this person not want to support me?" Whereas someone without anxiety might just get on the phone and be</p> | <p>Supervisors should play a key role in filling in our knowledge gaps.</p> <p>Supervisors have the power in terms of knowledge – they should be passing this on to their students.</p> <p>I found it hard to ask for help.</p> <p>No response from supervisor I take personally – hypersensitivity.</p> <p>No response means they don't like me.</p> |
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| <p>Someone without anxiety wouldn't take as personally and stand up for what they needed more.</p> <p>People with anxiety often think things are their fault and that something is wrong with them as opposed to the other party.</p> <p>Husband a huge support. Stacey's mum. Getting distance from the house helped -always felt more anxiety at home when working.</p> | <p>like, "Hey, like, you've signed up to be my supervisor, you need to supervise me?" Yeah. So....</p> <p>Interviewer 45:57 Do you feel like there's maybe a bit more of a, (...) I'm just picking up on words that you use just then in terms of somebody like yourself, you said you would think "what have I done wrong? Why do you not want to talk to me?", as opposed to somebody who may not struggle with anxiety, not afraid to have that maybe difficult conversation and go, "Hey, help me". Do you think there's a distinction? A distinction there in terms of personal ownership for people with anxiety?</p> <p>Stacey 46:28 I think so. Yeah. Yeah. Yeah, no, I would definitely agree with that. Yeah.</p> <p>Interviewer 46:36 Okay, um, so just some really basic questions around sort of coping mechanisms. So, you talked about your, not your primary supervisor, your other supervisor. So that was obviously one, like, a real saving grace for you in your experience. What were some of the things that you had to lean on at that time that really helped you get through and hand this thesis in in the end?</p> <p>Stacey 47:02 My husband (Laughter). Yeah. My, I guess my mum as well, she was a huge, you know, like, yeah, I would just ring her, "help" (...). Actually removing myself from my house as well, that was a, that was a big, um, part of it for me because I don't think I would have fully got it done if I hadn't started actually physically removing myself from my house and taking, I don't know, like, it almost took me out of (...) a situation. I don't</p> | <p>Someone without anxiety likely to stand up for themselves more.</p> <p>Agreement for the above.</p> <p>Supportive people who listened to me played a key supporting role in my journey.</p> |
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| <p>Needed to get space and separate self from thesis and the home environment.</p> | <p>know, like, I was always more anxiety driven when I was reading the stuff at home than I would be if I was somewhere else. It was almost like I was able to be like, okay, like, separate myself from what I was reading or writing when I wasn't at home. For some reason, I don't know why.</p> <p>Interviewer 48:05 Yeah, I can understand that. I find the same sometimes in terms of, I've always been a person, and hence why I find it hard during these COVID times is to separate the home environment from the study environment. It's always been such a big thing for me, and now, you know, times are changing, and we can't actually do that so much. And it's, it's really hard!</p> <p>Stacey 48:29 Yeah...yeah...</p> <p>Interviewer 48:30 Okay, no, there's just a few more questions that I've got, um, just around sort of the support systems in terms of the university. So, you've spoken quite a bit about your supervisors. And so they were aware of your anxiety and what was going on for you?</p> | <p>Studying away from home helped me manage my anxieties.</p> |
| <p>Supervisors were aware of Stacey's anxiety and challenges</p> | <p>Stacey 48:47 Aha...</p> <p>Interviewer 48:50 And you've talked about whether or not you felt supported by your supervisors in dealing with that anxiety, so your comment, can you just reiterate what your comment to that would be in terms of your primary versus your other supervisor, in terms of how you did feel supported with that anxiety that you were dealing with.</p> | <p>Supervisors aware of difficulties Stacey was facing.</p> |

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| <p>Didn't feel supported by primary supervisor with her anxiety; second supervisor the opposite - was very supportive.</p> <p>Supervisors need to have capacity if they are taking students on so they capacity to give necessary effort to them.</p> <p>There should be more information for people considering doing postgrad and thesis before they embark on it – representing the positives and the negatives.</p> | <p>Stacey 49:09 Ahhh, I <u>didn't</u> feel supported by my primary supervisor probably whatsoever. But I was <u>very, felt very</u>, very supported by my second supervisor. Yeah.</p> <p>Interviewer 49:22 So, what would you (...) what would you say, with you as a past student and, you know, future students, present students, if we were able to sit down and say to the university, say to all of the, you know, academic staff and those involved, the gaps that we see as needing to be improved upon? What areas do you think needs work relating to the thesis process specifically?</p> <p>Stacey 49:55 Yeah, I think that supervisors need to realize that if they're taking on the supervision role for students that they need to make sure that they're going to have the availability to actually complete that role, you know? Because if they're not going to then don't, don't take them on, because it's just going to end up being <u>way too hard</u> for everyone involved. Ummm, I also think (...) that there probably should be more information around, you know, for people who are considering going into post grad and considering doing their thesis and stuff. There should be more information before someone goes into that, you know, talking about.... Yep, talk about the positives, but also there are some negatives that do come about, and, I don't know, it's the spin that the university gives is that it's something that you will do if you want to move into clinical psychology, um, without, and I yeah, what I'm trying to say is, I think that that becomes the primary focus is as something you <u>have</u> to do when realistically, it's something you <u>go through</u>, like, you can't, you can't have</p> | <p>Nil/minimal support by primary supervisor.</p> <p>Very supported by second supervisor.</p> <p>Supervisors need to have capacity to supervise if they are going to take students on – everyone adversely effected if they don't.</p> <p>More information for people considering going into postgraduate studies – the positives and negatives.</p> |
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| <p>Focus becomes thesis as something you 'have' to do as opposed – but it is a real process and something people go through. There needs to be more information/support on the process.</p> <p>Stacey would have never thought her thesis would have affected her like it did.</p> | <p>to do it without having to actually go through it if that makes sense (Laughter). Like, it's a journey that you have to go through to get to a point where you've had to do it. And I think there needs to be more information and support given to students around that the journey that you go through to get to that point where you've, you've done it. Because I would never have preempted any of the stuff that I, you know, all my previous study, I was okay, some of it was pretty nerve wracking, but we got there, it wasn't my anything major. I would <u>never</u> have preempted that my thesis could affect me and the process of doing my thesis could have affected me the way it did affect me. Yeah.</p> <p>Interviewer 52:10 So, for your experience, from what we've spoken about (...) was it the combination of your supervision challenges, your topic.... Yeah? Anything else specifically that you could add to that that really, you know, contributed to your experience that you couldn't ever really have prepare yourself for?</p> <p>Stacey 52:35 Um, well, I think I didn't, like I obviously didn't (...) Yeah, see that's really hard. Because I, I can't, I don't know if my thesis personally preempted some of my (detail removed) and stuff like that because of the stuff that I was reading and ya know, constantly looking at it. So, I, I don't know if that would have come up, if I hadn't been doing that thesis topic, if that makes any sense whatsoever.</p> <p>Interviewer 53:06 Yeah...</p> <p>Stacey 53:08</p> | <p>More information given to people about the 'journey' of thesis.</p> <p>Nothing prepares you for the thesis.</p> <p>Specifically for Stacey – interaction with thesis topic and supervisor.</p> |
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| <p>Supervision and insider experience of thesis topic affected Stacey the most.</p> <p>Improvements to supervision tailored to someone with anxiety: Regular check-ins even if not pre-empted by student.</p> <p>A process and guideline of where you should be at each point – gives you guidance and structure.</p> <p>Anxiety came around lack of reassurance – needed to know how she was tracking.</p> | <p>But no, I would say that for me, it was <u>really</u> the supervision and my thesis topic that <u>really</u> affected me the most. Yeah, I would say.</p> <p>Interviewer 53:22 Yeah. Do you think that for people who are, um, willing to talk about anxiety, so students, if they're willing to talk about anxiety and having that conversation upfront with their supervisors. How do you think supervisors in a perfect world would adapt their processes, manner, call it what you will, for a student that's more anxiety prone than say, a person who's not? How do you, what do you think would be some good things that they could do to sort of support that person?</p> <p>Stacey 54:04 I think checking in, regular check ins, um, even if the person themselves hasn't preempted it, just you know, just an email, you know, "How are you, would you like to catch up?" type thing. And, also for me, and it was something that I, it was <u>sporadic</u> throughout my thesis, like, the not putting deadlines on it, but the expectation that, okay, so this part is probably good to start doing now and then send it to me and I'll read over it. So, it's sort of gave you a bit of a guideline of where you should be at which point as well. Yeah, that was quite, for me, a lot of the anxiety was around like, "Okay, so, do I, what, am I writing this part right and is this, is this the right part to be writing at this point?" And yeah. "And is it okay?". So, being able to... those regular catch ups was good.</p> <p>Interviewer 55:10 Yeah. So, is it a bit of sort of that reassurance that you are tracking along as well as you can sort of thing?</p> <p>Stacey 55:17</p> | <p>Interaction with thesis topic and supervisor had the biggest impact on Stacey's thesis journey.</p> <p>Supervisor checking in on someone without being prompted helps manage anxieties.</p> <p>A plan, structure, and direction important to be managing anxiety.</p> <p>Reassurance essential to manage anxieties – regular contact enables this.</p> |
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| <p>So important to keep in regular contact with their student – especially if they have anxiety.</p> <p>Stacey spent so much time ruminating on why her supervisor wasn't contacting.</p> <p>Stacey is really proud of the fact that she got her thesis done and will be graduating.</p> <p>She has a decent job.</p> <p>May want to do further research and become a lecturer despite her Master's thesis.</p> <p>Change of mindset from Clinical Psychology being the only thing.</p> | <p>Yeah, definitely. Um, and I think, yeah, that should come with the regular contact, the most important thing that I could stress to, to a supervisor who was working with someone who has anxiety is to keep in regular contact with them, because, um, I just think it's so important. You know, like, the amount of time I wasted ruminating on why my supervisor isn't contacting me. Yeah.</p> <p>Interviewer 55:51 Yeah, no, thank you. That's really helpful. These aren't questions I actually have on my interview schedule. It's as I've been talking to you, I'm like, "oh, I might ask this". So that is sort of, I feel like we have really covered the, the bulk of what I have that I wanted to talk to you about today. I think really, what I'd like to what I've been asking everybody that I've spoken to, to finish on really is what's something that you've taken away from your experience that you're really proud of? About yourself, you've obviously handed in your thesis now, which is an incredible accomplishment. Well done to you. So, what is something that you're proud of?</p> <p>Stacey 56:31 I think yeah, I am really proud of actually getting my thesis done and submitting it. I'll be proud to be graduating with my masters this year. So, yeah, and to have landed a pretty decent job with what I've got. And to have made the realization that it's actually, I do want to go further into tertiary education and despite my troubles with my thesis, I'm really, really interested in research and pursuing that lecturer sort of role as the area that I want to go in. So, I'm proud of that, you know, like, coming from the mindset that it's clinical psychology or nothing. Yeah, no, it's not. There's so many different areas people can go into with a psychology background.</p> | <p>Regular contact is so important</p> <p>Wasted time ruminating on why such minimal contact from supervisor.</p> |
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| | <p>Interviewer 57:34 That's awesome. Thank you so much. Do you mind if I will just turn the recording off and then I've just got a few things to go over with you.</p> | |
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Appendix I: Participant Table of Themes Example

| Superordinate themes | Subthemes | Examples/extracts |
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| <p><u>Superordinate theme 1:</u></p> <p>Relationship with the research topic as a cause of distress</p> <p>(Quote 3 explains the connection with research more).</p> | <p><u>Subtheme 1</u></p> <p>Pressure to do well by my participants</p> | <p>Example 1:</p> <p>Participant</p> <p>Um, yeah, so it was, it was kind of enlightening to me that my research was going to be, um, there was meaning behind it, it was meaningful for people who had been through this process. Yeah, um, but with that, my anxiety increased because for one, I was like, "this is a whole collective of people that I've got to do really well by". Um, and two, I also had to be very, very self-reflective that, um, I wasn't trying to put too much of myself into what people were saying.</p> |
| | <p><u>Subtheme 2</u></p> <p>My lived experience of the research topic triggered my anxiety</p> | <p>Example 1: ...”part of my anxiety is, I (...) am clinically diagnosed with obsessive compulsive disorder as well, so they sort of, when I, when I get anxious about something it can quickly become quite obsessive”.</p> <p>Example 2: Interviewer</p> <p>“Yeah. So, if we move into October/November, so you've got your data analysis, and you've put here (reading from Participant timeline) you were unable to physically bring</p> |

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| | | <p>yourself to analyze the data, starting to get very anxious and obsessive thoughts, and this is when you went to a psychologist yourself?”.</p> <p>Participant “Yeah. Um, so it became apparent to me that I was becoming obsessed with all things to do with my weight, all things to do with eating, my appearance and everything. Um (...) so I did go and see a psychologist”.</p> <p>Example 3: “Yeah. So, um, this, my psychologist said to me, she was like, "you're absolutely going to <u>ruin</u> yourself if you continue to put yourself into this project because it's obviously impacting you in quite horrific ways”.</p> <p>Example 4: “...the topic was quite personal to me and you know, I was going through all that stuff and it was almost like having to relive everything I'd experienced over and over and over again...”.</p> |
| | <p><u>Subtheme 3</u> I was not prepared for the journey I had</p> | <p>Example 1: “So, um, it was quite a journey and then to hear other people's journeys as well, I didn't realize it was going to impact me the way it did”.</p> <p>Example 2: “...it's a journey that you have to go through to get to a point</p> |

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| | | <p>where you've had to do it. And I think there needs to be more information and support given to students around that the journey that you go through to get to that point where you've, you've done it. Because I would never have preempted any of the stuff that I, you know, all my previous study, I was okay, some of it was pretty nerve wracking, but we got there, it wasn't anything major. I would <u>never</u> have pre-empted that my thesis could affect me and the process of doing my thesis could have affected me the way it did affect me”.</p> |
| | <p><u>Subtheme 4</u> Unable to get distance</p> | <p>Example 1: Um, it was, I <u>literally</u> felt like I became my thesis at one point, like it was like, I just could not separate myself from it. And the whole process of doing it, what I went through with my supervisors, it was quite traumatic I would call it like... I wouldn't rush out and do a PhD put it that way. Yeah, it was just quite sort of....hmmm...not, not good”.</p> |
| | | <p>Example 1: “of course, the topic was quite personal to me and you know, I was going through all that stuff and it</p> |

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| | <p><u>Subtheme 5</u> Data analysis was an uncomfortable process</p> | <p>was almost like having to relive everything I'd experienced over and over and over again. But then the whole process of actually, you know, analyzing the data, I was like, "Well, what am I doing?" half the time. Like it was, it was quite sort of (...) daunting".</p> <p>Example 2: "...when I actually started writing it, and I guess, again, it was sort of like, I needed that direction to know.... There was so much information like, "what, what am I doing with it, like, please, help me".</p> |
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| <p><u>Superordinate theme 2:</u> My high hopes were shattered</p> | <p><u>Subtheme 1</u> It didn't feel like my project anymore</p> | <p>Example 1: "...So, um, (Laughter) the discourse analysis never ended up happening, because he just felt that it wasn't worth it. So yeah, it was it was... Yeah, it's, it's really aggravating when I think back to that, because I was, like, dead set on doing discourse analysis, and I do feel like, my overall thesis project was impacted by not doing a discourse analysis".</p> <p>Example 2: "...it was <u>absolutely deflating</u>. I was like, that's when I got to the point where I was like, "What's the point? What is even the point? This is not, this is not the direction I wanted to go in". And in fact, I became so</p> |

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| | | <p>confused that I didn't even know what direction I wanted to go in anymore because the intent that I went in with had been <u>so far</u> stripped back that I just didn't even know anymore. It didn't feel like my project. And I was like, "I just don't wanna do it anymore". Yeah. No, it wasn't a fun time. 10/10 wouldn't recommend".</p> |
| | <p><u>Subtheme 2</u> What was important to me didn't matter</p> | <p>Example 1: "...there was stuff that I wanted to put in there as well, that I thought was really valuable, which would get stripped back. And it would be like no, like, his exact words were "you're not going to change the world with this project, so there's only so much you can put in it". So, yeah. So, it was a lot of me putting my all into something and him being like "no, like, you're writing too much", "you can't have that in there", like "you're gonna have, it's gonna take away from this part", "it doesn't flow".</p> <p>Example 2: "Yeah, I guess that, you know, when it was becoming a thing like that you could actually read through and it made sense, I was like, "oh, there's just so much of me, you know, and my participants that were stripped out of it", like it was just like, it became more about something that</p> |

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| | | <p>was easier for me to get through, than anything that I actually wanted to do. And I feel like that was just because my supervisor was done with it. You know, he was like, move on”.</p> <p>Example 3: “And he did say to me, at one point, I can't remember at what point it was but one of the phone conversations we had, he was like, "you know, you've been doing this for a really long time, there's just going to be a point where you're just going to have to just bite the bullet and stop". Yeah. And I said to him, at one point as well, I can remember being really upset. And I said to him, "this is like, it's going to affect my overall academic grade, though. And that's going to affect my potential outcomes for a career. Like, I don't want that". And he was like, "oh, you know, but, you know, not everything lies in clinical psychology, you know, and not everyone's going to be a clinical psychologist". And I was like, "Well, I know that's true. But like, that's yeah, that's what I want to do so why not put my all into it?".</p> |
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| <p><u>Superordinate theme 3:</u></p> <p>Supervision as a key source of anxiety and distress</p> | <p><u>Subtheme 1</u></p> <p>Inconsistency of feedback stalled progress</p> | <p>Example 1: "...it ended up being my second supervisor who sort of helped me construct it into something that was, you know, I could make sense of because there was <u>just so much</u> of it. But again, the feedback that was given to me from him after that, it was like, "oh, but, you know, there's so much more you could be putting into it". And I'm like, "Well, you could have told me that right at the start, and I would have done it". But, yeah, so it was, it was just <u>really</u> frustrating".</p> |
| | <p><u>Subtheme 2</u></p> <p>He left me in the dark</p> | <p>Example 1: "Um, and you know, what, like, I actually, I felt, I felt like that, like, it was my sole responsibility for a really long time up until maybe, you know, I would say it was probably even like, you know, we're talking about the end of last year I was like, actually, no, that wasn't all of my responsibility. They had a responsibility to me to supervise my research project. And, you know, especially my main supervisor, he,</p> |

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| | | <p>yeah, he just, it was like, he tapped out, he just didn't care anymore”.</p> |
| | <p><u>Sub theme 3</u> I blamed myself when he didn't reply</p> | <p>Example 1:</p> <p>Interviewer 16:11 So, around this time you've put the point that contact with your main supervisor was non existent?</p> <p>Participant 16:17 Yep. So, he just flew off the radar. I don't know. I think he was dealing with some stuff, um, at his end as well. He dropped right down to like, one day a week at [University removed] and, um, it was just really hard to get in contact with him and me being the anxious person I am, I was like, "oh, you know, he obviously doesn't really want to have contact with me. Like if he wanted to, he would reply to my email", or something like that. So, I just didn't, I stopped following up as well because, yeah, I was kind of like, yeah, "I don't want to bother him".</p> <p>Example 2: "...I think, you know, someone with anxiety like myself is probably, I was very reluctant to be like, "Hey, like, help. I'm struggling". And you know, I might have done it one or two or three times. But by the</p> |

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| | | <p>third time when you weren't getting that response back, it was kind of like, "okay, like, why doesn't this person want anything to do with me? Like, what have I done wrong to make this person not want to support me?"</p> |
| | <p><u>Sub theme 4</u> I've paid so much to be here- What a let down</p> | <p>Example 1: "...I feel like when you're paying a university that much money to have this, you know, you kind of it's, it's an expectation that you are going to be guided in some, some way, um, through this whole process...With the understanding that, yes, it is a self-directed learning project and you know, you will have to, it is a project that you have to complete yourself. But without knowledge on how to get there, you're <u>not</u> going to get there. You know, a course in research methodologies is not, it's just scraping the iceberg. It's not, you know, it's the tip of the iceberg rather. It's not, it's, yeah, that's not going to teach you everything, you know, and that's everything, you <u>need</u> to know, and that's where the supervisors <u>should</u> be coming in and filling in those gaps for you".</p> <p>Example 2: "...<u>they are</u> the knowledge bearers in that situation. So,</p> |

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| | | <p>realistically, when you see someone scrambling and going, "I don't know what I'm doing", it would be common sense to sort of jump in and give that direction, give that guidance, rather than see someone fall right to the bottom”.</p> |
| | <p><u>Subtheme 5</u> Without her, I wouldn't have finished</p> | <p>Example 1: “...my second supervisor, bless her soul. She did as much as she could but it was it was supposed to be conjoint supervision between the two of them. So, you know, she pretty much carried me through right up until the end, um, when he decided to pitch back in”.</p> <p>Example 2: “Um, my second supervisor, she was pretty much the <u>only</u> reason that I continued to go, keep going. And that was <u>only</u> because she, you know, she would send me emails and be like, "I'm <u>so</u> worried about you". Like, you know, she would <u>genuinely</u> be checking in like... She was, yeah, she was there for me throughout the whole time. Until she got unwell herself. So yeah”.</p> |

Appendix J: Participant Master Table of Themes

| Superordinate Themes | Subordinate Themes | Participants | Notes | Indicative Quotes |
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| <p>The Internal ‘Baggage’ Activated throughout the Thesis Journey</p> | <p>Personal Beliefs of Inadequacy</p> | <p>Amy, Lizzy, Cate, Heidi</p> | <p>Amy had a strong sense of not feeling good enough/smart enough throughout her journey. Outside figures (e.g., dad) had made comments in the past that reinforced this. This belief of herself was something she carried throughout her thesis and served as her main source of motivation to excel and prove others wrong. It became most problematic when receiving feedback from her supervisor that she deemed to be critical – it activated this core belief.</p> <p>Lizzy was constantly questioning herself and her ability to carry out the task of completing a thesis. She struggled to not compare herself to others and took her struggle as evidence of not weighing up to the ‘thesis standard’. Lizzy also lack self-belief and downplayed her ability and skills.</p> <p>Despite positive feedback from knowledgeable others, both Cate and Heidi really struggled to see the value and quality of their work –this was fuelled by a deep-seated belief of not being good enough. Therefore, despite evidence to counteract this belief, they had difficulty/an inability to see it and truly believe it.</p> | <p><u>Amy</u>: “I always had this label in my head going, you're not that smart. There's something different, school is not your thing”.</p> <p><u>Amy</u>: “My dad also said to me before going to university, he said something like, "oh, but you're not the brightest cookie" or something like that. And that really stuck with me. So, me hearing that I went..."right, good, I'm going to go and I'm going to go hard”.</p> <p><u>Lizzy</u>: “it was hard because I felt like I had already struggled so much and everyone was telling me that it's going to get better, the discussion is going to be easy. And it wasn't. And I felt like well, "why am I struggling so much, am I not, am I not good enough to actually do this because I'm really struggling with what everyone else found easy?" And then that caused anxiety and probably goes back to what you were talking about with my fear of failing”.</p> <p><u>Lizzy</u>: “I got to that point and I was, “I don't know what I want to say, I don't have any thoughts (Laughter), I don't have any, any knowledge that I think is going to contribute to anything”. And I really struggled to write my discussion, way more than I struggled with my lit review”.</p> |

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| | | | <p>As shown, Heidi terms this as ‘Imposter Syndrome’ and as something that intensified in postgrad.</p> | <p><u>Cate</u>: “I remember thinking to myself, like “these people with PhD’s are saying its good, and you’re thinking it’s not”. It kind of, it feels like, you’re trying to fill up a hole. Like you’re trying to fill up a hole of water and you want to fill it up but it just keeps going and going through and I think, it never gets to that point. That’s how I feel, I feel like I’m, I knew I was capable, but, and all these people tell me how great my thesis was. But it wasn’t, it wasn’t sticking, it wasn’t staying”.</p> <p><u>Heidi</u>: “I think the biggest difference I noticed in my anxiety between undergrad and postgrad was this, like overwhelming sense of imposter syndrome. I was <u>constantly</u> worried that somebody was going to turn around and tell me actually, “you’re not meant to be here (...) Like we, we’ve got it wrong. This isn’t, this isn’t where you’re meant to be”. And <u>no matter</u> (...) what my grades said, I just could not convince my brain that that was what was going on”.</p> |
| | <p>Future Worries and the ‘What If Thinking’</p> | <p>Sally, Clara, CK, Lizzy, Cate.</p> | <p>Both Clara and Sally talked about the way in which their brains overactivity and tendency to</p> | <p><u>Sally</u>: “I’m an over thinker from way back. I like to say that I can convince myself into or out of anything, often in an ever-looping cycle. Like I’d worry about something and then I’d find it... I’d rationalize myself into a position (...) and then 10 minutes later my brain would be like, “but what if?”. And then I’d rationalize myself to the opposite position and then my brain would be like, but “no, no, we’re not okay with that</p> |

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| | | | <p>question everything impacted their ability to concentrate throughout their thesis, make decisions and back themselves in that what they were writing and the work they were completing was of a high enough standard.</p> <p>Half of the participants talked about how completing their thesis was one part of a bigger picture and simply a means to get them to where they wanted to go and where their passions lay (other qualifications, jobs etc). It was not something they decided to do simply for the love of it. The competitive nature of and high grades required for entry into these postgrad programmes intensified the anxiety surrounding this.</p> <p>As a result, a lot of their anxiety, worry and 'what-ifs' for the future were fuelled by fear of their work being inadequate and not meeting the required benchmark for their next step. Grades were a key source of anxiety as a result.</p> <p>This uncertainty was very distressing to participants.</p> | <p>answer" and then I'd rationalize myself back to where I was before".</p> <p><u>Clara</u>: "And it's the writing. The sitting down. Writing is one of the main triggers. Um, and it's, then I just start ruminating on like, what if, what if I'm, not what if I'm not good enough but like what if this is not good enough? What if I don't know what to say? And then I just can't concentrate on what I'm doing anyway".</p> <p><u>Clara</u>: "That's thinking "what if the topic that I choose is not good enough to get me into that next year's qualification?" And "what if, um, the topic that I choose is not in line enough with my supervisors interests?". "What if the topic I choose is not diverse enough for my work experience so then the people in the [detail removed] think that I'm, you know, a one trick pony or.... all of those things. What if, what if, what if".</p> <p><u>CK</u>: "And also, um, I guess, like, knowing how competitive the psychology programmes are just, you know, just made me think you know, will I ever be able to get in? And if I don't get in what's the point of my masters? You know, if I don't get in then who am I? And also, you know, like, to be honest, I <u>still</u> have some doubts over whether I'll make a good (detail removed) or not or if this field is even for me. So, all of this kind of triggers a question of who am I? Where do I belong? Where do I fit in? You know, what if I tried so hard to fit into this field but turned out that's not for me and then what am I left with?".</p> |
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| | | | <p>There was a real sense of exhaustion that came from this constant worry and questioning among participants, and also seemed to compromise participants ability to focus on the task at hand (the thesis) because much of their attention was consumed by the outcomes and potential future implications.</p> | <p><u>Lizzy</u>: “For me, I think, because I knew she wasn't going to be marking it and I know that sounds a bit funny, because she's the supervisor, like, I trust her and she, she's experienced, she's qualified to be a supervisor but I was like, "what if the markers don't agree with her?" "What if they're at a different standpoint and they think it's shit". So, I kinda was like even though I was getting all this positive reinforcement I was like there's other things to worry about”.</p> <p><u>Cate</u>: “I think he understood towards the end when I was like, freaking out and saying, "oh my god, what grade am I going to get?”, “How do I know what grade I'm gonna get”, “what am I going to do if I don't get this grade?”... I think then they started to realize I had it”.</p> |
| | <p>Pressure and Perfectionism</p> | <p>Cate, Clara, Lizzy, Amy, Stacey.</p> | <p>Cate had a unique situation in that additional to wanting to progress into a further qualification following thesis, she also was the first in her family to have attended university. She felt the pressure from this.</p> <p>Both Clara and Lizzy alluded to their high standards and traits of perfectionism. For Clara, they really impacted her ability to get the writing done as she would stew on it, procrastinate and not be able to make progress on it out of fear of ‘doing it wrong’.</p> | <p><u>Cate</u>: “...my family were like, "oh, she's the only one at university" so that, that put another pressure on me as I'm the only one that can do this pathway. So, I need to keep going”.</p> <p><u>Clara</u>: “I can't write anything. I can't even like start writing... and I think that's because I'm (...) because I'm quite a perfectionist and because I, like never want to write anything that might be wrong... Um, I don't really write, I haven't in the past ever really like written drafts of things... like what I write is... what ends up getting submitted because for every</p> |

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| | | | <p>Clara’s pressure on herself and desire for perfectionism was fuelled by the value and importance she placed on her academic outputs. Her ‘success’ with thesis translated into her self-worth as a human being.</p> <p>Lizzy talked about how she had kept her thesis grade a secret from most (e.g, family etc) because she felt she had not achieved at her standards and was embarrassed. There was an element of shame that she carried about it. This is one demonstration of the way in which she put pressure on herself throughout her journey.</p> <p>For Amy, her high standards and pressure was fuelled by the core beliefs she had about not being good enough. As a result, she neglected</p> | <p>sentence I sit for like half an hour and stress about it (Laughter). And so (...) I yeah, I was just (...) I couldn't do anything”.</p> <p><u>Clara</u>: “I think it's about being (...) motivated by... not motivated by the perceptions of others in terms of I want people to read my thesis and think I'm amazing, but (...) more like success at this will mean that I am a successful human.... and so... I have to be... this has to be perfect.</p> <p><u>Lizzy</u>: “I think I've, I've built a reputation for being very studious, very organized, um, not the best student ever, but very consistently, above average and for me to get, it sounds stupid, to get the [Grade removed] was like the end of the world. Yeah, I haven't, I still haven't really told many people that I got a [Grade removed] because I was embarrassed. But there's nothing, I know there's nothing to be embarrassed about. And I know that no doors have closed, nothing has changed, I can still do what I want to do. But, I don't want to tell people, that I only got a B+. So I haven't told many people, and it's quite sad. I haven't told my family (voice lowers). I just, if they ask, I'll tell them but no one's asked. So, no one needs to know”.</p> <p><u>Amy</u>: “When you are used to bullying yourself, and you're used to having really high standards, you're going to go full in</p> |
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| | | | <p>aspects of her self-care thinking that this would help her succeed. However, the interplay of this and a strict schedule everyday fuelled her cycle of anxiety and low mood. The repetitive nature of thesis gave little opportunity to break this cycle.</p> <p>Some of the anxiety that Stacey experienced was due to the pressure that she felt to do well by, and justice to, the stories of her participants. The responsibility that came with this caused anxiety.</p> | <p>and not take care of your breaks. Because you want to succeed so bad”.</p> <p><u>Amy</u>: “I remember just having, trying, so I’ll do anything to just try to have a consistent sleep schedule, exercise schedule, focusing like X amount of hours per day, but then I won’t be able to sleep until like three o’clock in the morning because I just feel awful. And then I feel awful the next day, and then it just, so it’s kind of linked with depression as well I think eventually....especially because the days were so repetitive, it just linked into this messy ball of anxiety and low moods”.</p> <p><u>Stacey</u>: Um, yeah, so it was, it was kind of enlightening to me that my research was going to be, um, there was meaning behind it, it was meaningful for people who had been through this process. Yeah, um, but with that, my anxiety increased because for one, I was like, "this is a whole collective of people that I’ve got to do really well by". Um, and two, I also had to be very, very self-reflective that, um, I wasn’t trying to put too much of myself into what people were saying.</p> |
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| The Thesis as a Catalyst for Anxiety | Minimal Ways to Assess Progress | CK, Amy, Sally, Lizzy | <p>Earlier subthemes (‘unhelpful core beliefs’ and ‘future worries and the what ifs’) provide a foundation explaining why a lack of reference point in the thesis caused anxiety and distress for participants. Some participants talked about fears of their work not being good enough, how that may impact future outcomes (e.g., entry to further programmes), how others may</p> | <p><u>CK</u>: “And I guess part of the anxiety will be like, you know (...) I feel like there’s just no such thing as a marking criteria for master’s thesis for you to like, gauge your own, your own performance against”.</p> <p><u>CK</u>: “That’s how I feel, you know, like... yeah, so it’s like, you know, yes, there’s so</p> |

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| | | | <p>perceive them and how this would feed into unhelpful self-beliefs they held. Minimal frames of reference provided within thesis gives little opportunity for participants to reassure themselves and mitigate performance anxieties.</p> <p>CK talks about it from the perspective of fluidity of the thesis process and a lack of marking criteria to gauge performance.</p> <p>Amy and Sally both alluded to the isolation/limited human contact aspect of thesis and how this was distressing. Not only did/does this make for a lonely journey, but it also removed the ability for them to gauge their progress against others. This had been a strategy that both Amy and Sally had relied upon in the past. Sally talked about this resulting in one constantly guessing where they are tracking and having no means to reassure themselves.</p> | <p>much freedom, you know, there's, yeah, there's supposedly no right track you know for me to pick the next step. Well, I feel like one misstep I could fail my masters or something. So, that's very anxiety provoking”.</p> <p><u>Amy</u>: “I think part of it is also with the thesis, it's hard to keep yourself in perspective, where... if you're doing okay. I've always actually at school been quite on track with others and I've been able to track myself. So, I'd go "right, I'm not the fastest kid but I wouldn't be the slowest, I'd be somewhere in the middle". And so being alone, I would constantly feel...and I think I would do that actually to protect my self-esteem. Because I think "I'm okay as long as I'm trucking somewhere in the middle". And when you're dropped in the middle, you have no point of reference, you're doing the same thing every day, it's like, it's, it's just an environment perfectly built to just get at your self-esteem or anxiety”.</p> <p><u>Sally</u>: “You've got no one to (...) act as a gauge for how you're doing. So, you know when you go through a class with a cohort of people (...) you can hear where they're up to, how they're going and it gives you... you know, psychologically humans are built to recognize patterns and to be comfortable with patterns, with familiarity. I mean, we see faces and things that don't have faces for God's sake. We are <u>built</u> to look for patterns. Our brains take shortcuts to create...they create patterns you know to help us... heuristics to help us understand</p> |
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| | | | <p>Lizzy talked about minimal ways of assessing progress in relation to her data analysis - which was an anxiety invoking process. For her, the lack of certainty that came with data analysis (Quantitative) and her supervisor not knowing exactly what she was doing was distressing – she wanted reassurance she was on the right track.</p> | <p>things (...) When you are on your own, you are devoid of all of that. <u>All of it</u>. And, and that, that in itself, I, I believe is fundamentally stressful for the human brain because there are no patterns, there are no pieces of information you can draw together to give you a quick, low cognitive effort assessment and go tick, "I'm on the right track or shit needs to go to course correct". So, you never know whether you're on course, a little off course or <u>wildly off course</u>" (Laughter).</p> <p><u>Lizzy</u>: "I think the problem is, she can't <u>see</u> what I'm doing. So, she can't <u>see</u> exactly what analysis I'm doing and what buttons I'm pushing. And so there's still not that verification that everything's done right".</p> |
| | <p>Thrown in the Deep End</p> | <p>Cate, Amy, Lizzy, Stacey, Sally.</p> | <p>Most participants talked in some way about the overwhelming nature of doing a thesis and something that you can't really be prepared for.</p> <p>Amy talked about a strong sense of anxiety that came from the 'newness' of the thesis experience – something that participants had never done before. This sense of anxiety was amplified by participants feeling like thesis lacks ways to track progress (previous subtheme). Also, for some, this was their first time doing research.</p> | <p>Cate: ...“they keep saying to you, "it's independent work, go do it by yourself". But how can you be independent when you've never done this before?!”.</p> <p>Amy : “that's the thing when you're in it and everything is new, and everything is daunting and you're too scared to ask for help or you don't have enough support systems around you, you just kind of feel lost in this thing going "I'm not sure when or how, but it will be okay....I think".</p> <p>Lizzy: “it's so different from just writing an assignment that it kind of threw me off because it had to be so many words and so much knowledge that I didn't have at the time. I was... yeah, I think it was again, I was just very overwhelmed”.</p> |

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| | | | <p>Lizzy and Stacey expanded upon the ‘newness’ and made specific reference to the size of the task and the quantity of information that thesis students are required to grapple with – there was a sense of overwhelm and desperation at times in response to this.</p> <p>Sally talked about the shock that came when she started thesis and how it was the first time throughout her uni career where she felt on her own. She described it like an experience that leaves you feeling lost and unsure who to reach out to.</p> | <p>Stacey: “...when I actually started writing it, and I guess, again, it was sort of like, I needed that direction to know.... There was so much information like, "what, what am I doing with it, like, please, help me".</p> <p>Sally: “Very, very isolated outside that, incredibly isolated and nothing prepares you for that because (...) coming from undergraduate to... even if you do like honors in person at the university, it's classes that you go through with people. There, there are taught papers as part of the master of (detail removed), there's always a taught component to it, as well as a research component and you have people around you, you have students or the students in the same place as you for that part but once you get to your research, you're on your own, it's gone and (...) you are so isolated that you just...it doesn't occur to you to ask for help because you just don't know where to or how to”.</p> |
| | <p>Supervision: A Key Contributor to my Struggle</p> | <p>Sally, Stacey, Heidi, Amy, CK.</p> | <p>Supervision was a major contributing factor to the majority of participants anxiety. For Sally, this was significant. She talked about the lack of guidance and direction that she had received from her supervisor.</p> <p>Her anxiety and distress reached a pinnacle when her supervisor told her she needed to extend her research by six months because of</p> | <p><u>Sally</u>: “So, it was more that I just had no guidance, I had no direction, I just spent all this time... I spent nearly an entire year trying to make myself read papers and then I got to first semester (Date removed) and I started writing and I wrote my lit review and I sort of said to my supervisor, like I created an outline and my supervisor gave me <u>no help</u> on what was supposed to go in it”.</p> <p><u>Sally</u>: “I'd already extended my research by six months, I didn't want to keep going and</p> |

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| | | | <p>something that could have been avoided if she had received more instruction.</p> <p>Stacey's supervisor experience was also a significant contributing factor to her anxiety. She talked about how it was challenging for her to reach out for help, and when her request for help was met with consistent non-responsiveness, she struggled to not internalise this as her fault. I see this as highlighting the tendency of those with anxiety to blame themselves and highlights their sensitive natures.</p> <p>Heidi's thesis journey was unique. Her description of her supervision implied that she felt let down, often unheard and her feelings invalidated.</p> <p>Amy's experience with her supervisor was one that really triggered the core beliefs she held about herself not being good enough. She interpreted most of the feedback that her supervisor gave her as critical and evidence for her core beliefs and therefore made it her mission to prove herself to her supervisor. This mindset heightened Amy's experience with anxiety.</p> | <p>they had a look at what I'd written and they were like, "it's nowhere near enough and we recommend that you request another extension" and I had a complete breakdown. I was so hurt and upset. I was so over it. I really wanted it to be done, it had been this ongoing stress for 18 months and here they were telling me that I needed to do another six months".</p> <p><u>Stacey</u>: "... I think, you know, someone with anxiety like myself is probably, I was very reluctant to be like, "Hey, like, help. I'm struggling". And you know, I might have done it one or two or three times. But by the third time when you weren't getting that response back, it was kind of like, "okay, like, why doesn't this person want anything to do with me? Like, what have I done wrong to make this person not want to support me?"".</p> <p><u>Heidi</u>: Umm, so I think that was... that was a big part of my anxiety as well. I was very hesitant to get involved in anything because I never ever felt like there was somebody on my team who was fully capable of stepping up or acknowledging those feelings".</p> <p><u>Amy</u>: "She looked at it, sends me an email back, and she goes, she just, the words, the words were just so awful to read. She just said something like, and this is after having looked at it twice, "I don't really know what to say anymore. I'm kind of lost for words"... something like that. And um, and then, I spent a day kind of going, "oh, ouch,</p> |
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| | | | <p>For CK, the anxiety with her supervisor stemmed from CK's response to the supervisors manner/personality. She described her as a very stern lady and talked about feeling like she was always in for a telling off when they spoke. This led to feelings of anxiety and dread leading up to supervision meetings.</p> | <p>that really hurt". I was even too scared to look at the email by the way, trying to look at it again. Because... my ego cannot take this".</p> <p><u>CK</u>: "Um, yeah, it's gotten to a point where... um, because we meet every Tuesday, it's gotten to the point where I start panicking on Monday. I'm dreading the meeting, I'll just you know, I would just feel really, really anxious, dreading the meeting".</p> |
| | <p>Becoming the Thesis</p> | <p>Heidi, Clara, Stacey.</p> | <p>Both Heidi and Clara talked about their research and their challenge getting distance/to detach themselves from it. For both, their topics contained some 'heavy' content which was hard to carry. For Heidi, it was something that she got help from in therapy.</p> <p>For Clara, she talked about the difficulty she had with not allowing work to impact her thesis – especially due to the relationship/closeness between her thesis topic and area of work.</p> <p>Stacey had lived experience with her thesis topic. This was a strength in that she had a depth of understanding and could relate to her participants experiences. However, it was a big contributor to her anxiety and served to 'retraumatise' her of what she went through.</p> | <p><u>Heidi</u>: "I was studying, ahhh (detail removed) and because it was something that I was soooo involved in, it became, um, like, one of the things that I dealt with in therapy (detail removed). And I tried to raise that with the university, I tried to raise the fact that I was (...) struggling with the topic (...) um and it just, it never really seemed different".</p> <p><u>Clara</u>: "Yeah, so um, part of what was contributing to my anxiety was that I... well, part of what was contributing at that stage was that I was doing my thesis um on an area related to (topic removed). Um, and I think that's kind of where the burnout and vicarious trauma and all the rest of it from work was also um not helpful because I kind of took a lot of that stuff into my thesis".</p> <p><u>Stacey</u>: "...the topic was quite personal to me and you know, I was going through all that stuff and it was almost like having to</p> |

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| | | | <p>Further, Stacey talked about feeling like she ‘became’ her thesis – demonstrating its all-encompassing nature. This, on top of problematic supervision was a big contributor to her anxiety and led to her needing to take a break and put a pause on her thesis.</p> | <p>relive everything I'd experienced over and over and over again...”.</p> <p><u>Stacey</u>: “Um, it was, I <u>literally</u> felt like I became my thesis at one point, like it was like, I just could not separate myself from it. And the whole process of doing it, what I went through with my supervisors, it was quite traumatic I would call it like... I wouldn't rush out and do a PhD put it that way. Yeah, it was just quite sort of...hmmm...not, not good”.</p> |
| <p>Human Connection- The People along the Way Make the Difference</p> | <p>People who Care</p> | <p>Stacey, Lizzy, Clara, Amy.</p> | <p>Both Stacey and Lizzy talked about the significant difference it made feeling like they had a supervisor who truly cared about them – who saw them as more than just a student of theirs, but as someone they had genuine care for and interest in. For Stacey, this included her supervisor (second supervisor) taking the initiative to contact her and check in on her – she felt supported and like there was someone there for her.</p> <p>For Lizzy, her supervisor made a conscious effort to reduce Lizzy’s anxiety. Her supervisor took the time to get to know Lizzy on a personal level rather than just seeing her as a student that she had to supervise the work of. This really helped Lizzy to feel at ease with her supervisor and like she was someone that Lizzy could easily approach.</p> | <p><u>Stacey</u>: “Um, my second supervisor, she was pretty much the only reason that I continued to go, keep going. And that was only because she, you know, she would send me emails and be like, "I'm so worried about you". Like, you know, she would genuinely be checking in like... She was, yeah, she was there for me throughout the whole time. Until she got unwell herself. So yeah”.</p> <p><u>Lizzy</u>: “I think if I'm looking back on my experience, I think what made the relationship with my supervisor so great, and then in turn, her impact on my anxiety not being, she <u>didn't</u> invoke my anxiety. She tried <u>really</u> hard to, to reduce my anxiety and did, did reduce my anxiety, was the relationship that we formed at the beginning, or even prior to being enrolled. So, I guess it comes back to that whakawhanaungatanga and taking time to focus on each other, rather than the work (...) so putting aside the study and the uni stuff first to get to know each other and</p> |

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| | | | <p>The positive impact of an approachable supervisor on someone with anxiety was echoed by Clara. For her, a supervisor who put her at ease as opposed to a supervisor who was really knowledgeable of the thesis topic was more beneficial for her anxiety.</p> <p>For Amy, limited structure within the thesis was problematic, even more so due to her neurodiversity. Amy talked about the significant difference it made in her ability to manage her anxiety when a loved one helped her create that structure in the weeks leading up to thesis hand-in.</p> <p>Amy also talked very favourably of an external support person who helped her believe in herself throughout her thesis. Core beliefs about not being good enough were very engrained for Amy, and her supervisors approach/style reinforced these beliefs for her. Therefore, having someone who she felt believed in her made a big difference.</p> | <p>understand each other, I guess, because you're gonna be working with each other for a year at least”.</p> <p><u>Clara</u>: “Yeah, I think um as far as the support that I've had from my supervisor, um, because of that social anxiety kind of aspect, it's much more important to me to have somebody that's approachable than somebody that's like super knowledgeable. I'd rather work a little bit harder, um, and have a few more false starts or whatever than have somebody who was (...) yeah, like unapproachable or whatever. So, I think like that's, that's (supervisors name removed) strength”.</p> <p><u>Amy</u>: “I think this was part of the (detail removed) thing or the executive function. There's something there that I can't oversee time very well and so he went right "you're doing this, this, this, this, we're going to get you through". And that was the best thing for me because the anxiety would have been awful I think”.</p> <p><u>Amy</u>: “...and we would just talk about things and, and she, she, she was very, she was very, I got <u>respect</u> from her. And I think that's what I needed. She was, she talked to me in such a, she, I could tell that she thought I was capable and that I was <u>good</u> and that gave me a <u>great</u> boost of confidence that I needed... like, that really... I clung on to that... that was like a.... bit of an anchor for me”.</p> |
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| | <p>People who Understand</p> | <p>Lizzy, Cate.</p> | <p>Both Lizzy and Cate talked about the massive impact of having peers around them who were also doing their thesis had on them. It created a community feel and meant that they had people who were experiencing similar feelings to them – this was massive in their feelings of not being alone (something other participants alluded to as being a big challenge with the thesis).</p> <p>For Cate, having someone alongside her doing the same thing helped her create structure and gave her that ‘gauge’ that many participants craved to be able to reassure themselves that they were tracking well and doing a good job. This helped her to keep her anxieties at bay.</p> | <p><u>Lizzy</u>: “I have a good group of friends here at uni, some doing their PhD, some were doing their postgraduate diploma. And then [name removed] was doing her thesis directly alongside me. So, I had a good group of friends who understood the stresses of study and balancing life and uni. I had people doing their PhD who had done their masters. So, I had that, like, that wisdom (Laughter) of people who have been through it before. And then I had [name removed], who was experiencing very similar things at similar stages, as well. Um, so I think I had a really well-rounded support system here at uni. Um, in terms of my friends”.</p> <p><u>Cate</u>: “I think if I didn't have the people around me, so, I didn't have someone doing their thesis exactly the same time as me..... And like the staff members, if I didn't have them, I would have been, I would have been a mess. I would have been all over the place. I don't know how I would have been able to sit down with all these tasks, and not freak out”.</p> |
| | <p>The Importance of Sharing and Talking</p> | <p>Heidi, Clara.</p> | <p>For Heidi, talking was one of her primary coping mechanisms. Having supports around her who were somewhat removed to listen (like her mom and partner) helped her feel less alone on her journey.</p> | <p><u>Heidi</u>: “I think my like, a <u>massive</u> like, personal coping mechanism is talking. And I, you know, I have people around me who are like, I know, my mom, in particular, like, experienced quite a lot of what I went through in [name removed] alongside me because of the fact that like, she was my go-to person. And I know, like, my boyfriend, we've only been together six</p> |

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| | | | <p>Therapy was something that both Heidi and Clara talked of favourably during their thesis journey. For Heidi, therapy was somewhere she talked about her thesis topic and the impact it was having on her anxiety and mental wellbeing.</p> <p>Clara described engaging in therapy again following a break as a positive experience. It provided her with a real sense of support and reprieve from feeling so alone in her journey. She described it as like “coming home”.</p> | <p>months. Um, but like, he sees the other side of it as well. Not necessarily the experience, but like the result of the experience. Yeah. So yeah, I'm a big, I'm a big talker”.</p> <p><u>Heidi</u>: “I think one of the biggest differences is that (...) um, at [university removed] as well is that I (...) yeah, I had therapy. Yeah, that was probably one of the biggest things... Because of their psychology program I was connected with a trainee”.</p> <p><u>Interviewer</u>: “This was at [university removed] wasn't it?”</p> <p><u>Heidi</u>: “Yeah. And (...) he was amazing. Changed my life. Um, I'm quite happy to acknowledge that”.</p> <p><u>Clara</u>: “I had reengaged with this psychotherapist that I'd seen for six months in my 20s. And, yeah, that was amazing. The first session of that... even though she didn't remember me from my 20s, um, the first session of that was just like coming home, like I just felt <u>so reassured</u> and <u>so seen</u> and like I had somebody like... good on my team (Laughter)”.</p> |
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Appendix K: Letter of Cultural Consultation



23 September 2021

To whom it may concern,

I am writing this letter to confirm my involvement in the research project being conducted by Tiffany Dixon as a cultural supervisor. I met with Tiffany and her supervisor, via zoom, on the 19th of August 2021 as a precursor to her research. In this meeting we discussed several key issues to consider when undertaking her research in this particular area. If you have any questions, please feel free to contact me

Ngā mihi
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