



Too close to home? Stubbornness, spite, and sheer bloody-mindedness as contributors to perseverance in doctoral study

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Abstract

Completing a higher degree is a complex and demanding undertaking for doctoral students. Along with the cognitive demands of study, there are competing personal and contextual factors which contribute to stress for students during the process. This study seeks to contribute to existing literature by acknowledging the characteristics of the interplay of various roles and identities, along with the doctoral topic on student's mental health and perseverance with higher degree studies. Through a collaborative autoethnographic approach, three academics used an arts-based methodology to reflect on our experiences of completing a doctorate which focused on a topic of disability, of which we had lived experience as carers. Data was examined through Pekrun's control value theory to explore the roles and identities we held during our study, the impact of our unique positionality, as well as the emotional impact from investigating a topic which may have been *too close to home*.

Keywords Doctoral study · Collective autoethnography · Control value theory · Caregivers in academia

Introduction

There are growing concerns around the prevalence of mental health concerns for students undertaking higher degrees by research (HDR) (Metcalf, 2018) and subsequent attrition from doctoral studies (van Rooij et al., 2019). Specifically, mothers may face additional role strain, the affective response to having trouble fulfilling obligations (Goode, 1960), when trying to manage competing responsibilities. Despite moves towards gender parity in academia, Cronshaw et al. (2023) argues that the professional privileges of those who can perform long hours, means mothers

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with caring responsibilities may be at a disadvantage (Zacher et al., 2019). According to Hazell et al. (2020), pressures of role strain increase mental health risk factors for doctoral students who identify as female. Further, the caring role required by mothers at home may place strain on their role as a student and professional (Cronshaw et al., 2023; Kayaalp, et al., 2020). Dean et al. (2021) argues that, in addition, mothers who care for children with disabilities, face multiple challenges, including emotional and cognitive labour. However, currently there is little extant research on the intersectionality of the roles undertaken by female doctoral students (Zacher et al., 2019).

While the influence from and on family, as well as personal interest in a topic is acknowledged as a motivating factor for undertaking doctoral studies (Guerin et al., 2014), the relationship between a family member's identity and the desire to research within their social community is not well represented in the literature. Further, the desire to research on a topic related to one's positionality adjacent to a family member's social identity is not recognised as a motivating factor to undertake doctoral studies (Skakni, 2018). The concern arises that the strain faced in the dual roles of carer and doctoral student could be either a motivating or a demotivating factor that influences the affective doctoral journey (Pekrun, 2006).

This autoethnographic paper draws on our experiences as three doctoral graduates who identify as female, mothers, and carers. Each of us decided to undertake doctoral study on a topic which was close to our own experiences as primary carer for a person with disability. We wanted to explore how the intersecting positionalities of the doctoral student acted as a risk and/or protective factor when researching a topic which was *close to home* and identify risk and/or protective factors that influenced the perseverance of our doctoral experiences, as mothers who are also carers.

Employing control value theory of emotions in learning as a conceptual framework, our study emerged from conversations focusing on the emotional experiences shared during and after our doctoral studies. As Control Value Theory (CVT) suggests that an individual's perceived control and value within a learning situation is central to determining persistence in learning (Pekrun, 2019), it was central to the reflection on these emotions and their influence on outcomes. Using arts-based methodology we created a collage and engaged in reflective discussions where we shared experiences of identity and role conflict, positioning ourselves within the community we sought to study and the level of emotional response to our chosen topics. This paper contributes to the literature by answering the research questions:

What are the contributors to doctoral perseverance for mothers who are carers researching a topic that closely aligns to their experiences adjacent to their children's lives?

Secondly, how does role strain influence doctoral perseverance for mothers who are carers?

Literature review

Wellbeing of doctoral students

Recent international studies have examined the impact on wellbeing for doctoral students, identifying workload and contextual factors as contributors to stress and poor mental health (van Rooij et al., 2019). A study by Almasri et al. (2021) surveyed 308 doctor of philosophy students studying political science and found a third of the participants met the criteria for anxiety and/or depression. These results were echoed by Levecque et al. (2017), who examined the mental health of doctoral students in Belgium ($n=3659$) and found 32% of doctoral students had, or showed risk of, major mental health conditions such as depression, while 1 in 3 doctoral students had experienced psychological distress at some stage during their studies. These figures were statistically significant when compared to other populations of highly educated employees and students (Levecque et al., 2017).

High levels of stress were also identified in a study by Di Giacomo et al. (2024), who used standardised psychological assessment to examine the mental health of early career researchers ($n=92$). Findings indicated that doctoral students exhibited high percentages of depression, anxiety, and stress, along with difficulties in managing emotional experiences which lead to attrition from their program. A similar study undertaken by van Rooji et al. (2019) in the Netherlands ($n=839$) identified high attrition rates and dissatisfaction, finding that 26% of current students wanted to delay or withdraw from doctoral studies. While this raises the concern that poor mental health for students undertaking doctoral studies is a significant consideration, these studies did not include in their scope if there were additional roles taken on by the students that could contribute to their emotional state.

Interplay of roles and identities

The additional roles that female doctoral students experience as part of their identity place strain on their workload as doctoral students (White, 2015). For example, Goodman et al.'s (2023) review of influences on higher education settings found that competing demands of academic work, along with doctoral research, created an atmosphere of work intensification. Further factors which contribute to mental health of doctoral students were investigated in an international scoping review by Mackie and Bates (2019). The authors identified personal factors, such as time and financial resources, along with contextual factors of the environment, such as supervisors, additional workload, and role conflicts, which may contribute to high levels of stress amongst doctoral students. According to De Welde and Stepnick (2023) job insecurity is particularly pertinent for women in academia, who still must navigate structures that marginalise women in the employment market. These findings suggest a challenge for academia is to ensure strategies and supports are in place for doctoral students to complete their studies.

In addition to the role strain of academia, the emotional labour of family and caring responsibilities can also impact role strain of female carer's undertaking doctoral

studies. While academic roles are portrayed as a flexible employment or study option, Henderson and Moreau's (2019) study of academic carer's ability to engage in academic activities found that the flexibility to disseminate research findings and network through conferences was hindered by female students' dual role as a mother and carer. At the intersection of the role of student-academic-mothers, Cronshaw et al. (2023) interviewed working doctoral students who are mothers (n=35). Participants reported a struggle to balance roles, fractured identities, competing domains, and concerns about aspiring to be academics. Interestingly, Andrewartha and Harvey's (2021) research on carer access to and achievement within Australian higher education acknowledged the time pressures and financial hardship of doctoral students who are carers, but also identified that the personal traits of carers such as resilience and advocacy meant some doctoral students who are carers showed evidence of being motivated to complete their studies. While these individual and environmental influences may act as protective factors for female doctoral students who are carers, there is more that could be understood about the ways in which their intersectionality and identity as a carer to a disabled child influences their doctoral studies.

Researcher positionality

Researcher positionality has traditionally been seen as the philosophical stance that a researcher takes when undertaking research (Corlett & Mavin, 2018). However, for those undertaking doctoral studies on a topic that is close to their own experiences, their positionality is likely to stem from one or more of their roles (mother, carer, academic, professional) and thus they are likely to be a researcher positioned within the community they are researching. Using a post-colonial feminist lens, Olu-kotun et al. (2021) stated that when a researcher is positioned inside the community they are researching, they have access to knowledge about the research that an outsider may not. Further, the authors argued that due to the intricacies of the intersectionality of roles, positioning oneself within or adjacent to the community being researched is a negotiated act. This argument is supported by Holmes (2020) and Yip (2024), who posited that binary positionality is a simplistic and superficial way to consider researchers and research, rather it is a conceptual continuum that influences all stages of the research process. For some doctoral students, their researcher positionality is directly related to the intersectionality of their roles, especially when their topic is one that is derived from their lived experience.

Researching adjacent to the disability community

Drawing on the conceptual continuum, researcher positionality can further be explained as something that occurs adjacent to the community in which the research is taking place. Ryan and Runswick-Cole's (2008) review of the conceptualisation of mothers of children with disabilities in academic research reflected how carers occupy a contentious space that sits in the periphery of disability studies. Similarly, in their deconstruction of insider–outsider positionality, Bukamal (2022) asserted

that the biography of the researcher relates to their level of *insiderness* and in this way researchers who are *close* to the research community they are researching may not necessarily hold the same identity as their participants. Leslie et al. (2024) described how the lived experience of parent-carers can occur as an adjacent or vicarious experience that sits alongside the primary experiences of their children. In this way, parent carers are positioned as adjacent to the community being researched. However, the intersectionality of roles and positionality of the female doctoral student and the influence this has on their doctoral studies when they choose a topic that is related to their positionality, such as one related to their caring role for their own disabled child, is yet to be explored in the literature.

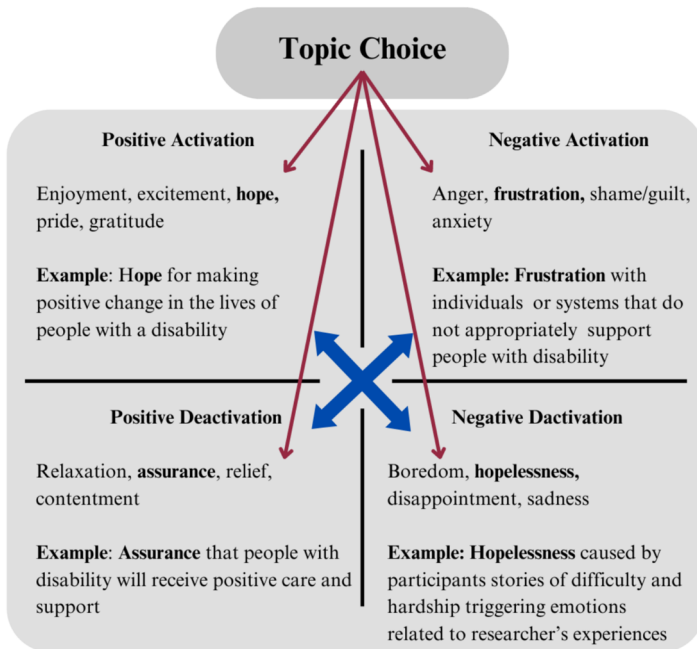
What motivates mothers in the academy?

Motivations to undertake doctoral studies can include personal and intellectual fulfilment. In their analysis of motivations of Australian students (n=405) to undertake a doctoral study, Guerin et al. (2014) revealed five broad motivations: family and friends, intrinsic motivation, lecturer influence, research experience, and career progression. However, the motivation found in family and friends only captured encouragement and support received, while intrinsic motivation was found to be relative to contributing knowledge to the field and interest in the research topic. Likewise, in their study of the motivations of doctoral students (n=36), Skakni (2018) identified that the participants engaged in either a quest for the self, an intellectual quest, or a professional quest. The authors further explained that these motivations 'refer to the impetus that enables perseverance in an action' (p. 199), illustrating how the personal experiences and identity of the researcher (conceptualised in this paper as roles) are what enables doctoral students to overcome the obstacles and challenges faced during the doctoral journey. While these studies contribute to the broader understanding, the scope of these studies did not explore the motivations for undertaking a doctoral study that ultimately emerged from the biography and lived experience of the candidate resulting from their position relative to a social group.

Consequently, the literature demonstrates that doctoral students are at risk of mental health concerns (Di Giacomina et al., 2024; Levecqu et al., 2017), and that the emotional impact of the doctoral journey is influenced by the role strain of being an academic (De Welde & Stepnik, 2023), as well as a mother (Andrewartha & Harvey, 2021; Cronshaw et al., 2023). Further, the motivation for carers to undertake studies on a topic closely related to the cause of role strain is directly related to researcher positionality (Leslie et al., 2024), however these topics are often chosen to enable the perseverance needed to complete a doctoral study (Skakni, 2018). Whether this unique intersection of role strain and topic choice motivates or demotivates a mother-carer-doctoral student is yet to be fully explored.

Conceptual framework

The conceptual framework for this research is based on Pekrun's (2006) Control Value Theory (CVT) of emotions in learning (as shown in Fig. 1). CVT suggests



Note. The conceptual framework indicates how various emotions experienced across roles – doctoral student, academic, working mother, carer, can be categorised according to the valence and degree of emotion including specific emotions identified by Pekrun (2023). Red arrows indicate the relationship between the topic choice being too close to home and emotions experienced within CVT. Blue arrows indicate the changing experience of emotions resulting from the intersectionality of roles and experiences from a topic choice being too close to home.

Fig. 1 Control value theory for doctoral studies topic choice adapted from Pekrun (2006, 2023)

that an individual's persistence in learning is strongly influenced by the perceived control and value within a learning situation. In this way, the emotional involvement experienced by researchers in a doctoral degree due to their topic selection, influences the wellbeing of the researcher and the completion of the degree. Emotions experienced can be classified as positive or negative activating emotions and positive or negative deactivating emotions (Pekrun, 2006). CVT suggests that activating emotions lead to perseverance, strategy use, self-regulation, and wellbeing, while deactivating emotions reduce strategy use, self-regulation, and wellbeing, and/or results in withdrawal from the situation (Pekrun, 2023). In this way, both positive and negative emotions can result in greater perseverance, commitment, and increased wellbeing or result in avoidance, withdrawal, and a decrease in wellbeing. Further, academics' perception of control and value over teaching and research experiences have significant influence over their performance and wellbeing (Pekrun, 2019; Thies & Kordts-Freudinger, 2019).

Methodology

Participants and procedure

The decision to undertake this collaborative autoethnographic study arose from conversations between us, as three women carers, during and after our doctoral studies. We were all researching doctoral topics which were close to our own personal experiences as mothers of children with disabilities. Additionally, we were all working full-time in the field of education, either in academia or schools. Given the lack of research about the impact of doctoral topics on completion, we decided to use art-based methods to explore our experiences of perseverance in doctoral studies for mothers who are carers in the academy. In doing so we drew on the work of Pretorius (2022), who supported the use of collaborative autoethnography to share collective experiences.

To ensure rigour within the study, we followed the six steps for autoethnographic research as outlined by O'Hara (2018), as shown in Fig. 2, and described below.

Step 1: selecting an approach

We met together via Zoom in 2024 after we had all been awarded our doctoral degrees. After discussing the perseverance required in our doctoral studies, we decided it was important to undertake an autoethnographic study to contribute to the literature on the impact of the doctoral topic on perseverance for doctoral students. We selected a collaborative autoethnography, a method which has been used by researchers to share thoughts and explore understandings of a common issue (Pretorius, 2022). As with a traditional autoethnography, the focus is on a critical analysis of a person's own experiences (Pretorius & Ford, 2016), but the collaborative method is useful to situate recurring themes and hypothesis collective conclusions (Chang et al., 2013).

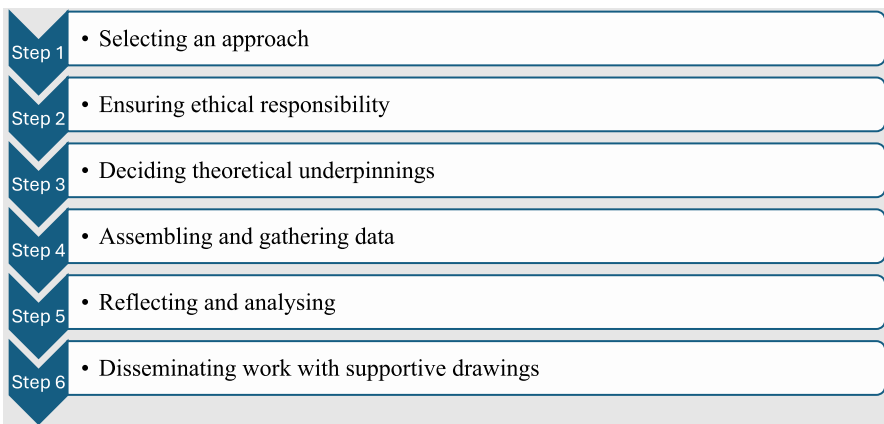


Fig. 2 The six steps for autoethnographic research as outlined by O'Hara (2018)

Step 2: ensuring ethical responsibility

A key consideration when designing our collective autoethnography was to ensure ethical compliance. Edwards (2021) warns that ethnographic studies may inadvertently identify others through stories of self-experience, and therefore researchers have a responsibility of care to centre the experiences on themselves. Taking heed to ensure others were not identified without consent, we drew on our published doctorates which identified our roles as mothers of children with disabilities and were careful to tell our story as a mother, a caregiver, through our own lens, to relate our experiences authentically (Edwards, 2021). According to Dauphinee (2010), use of autoethnography demands an ethical responsibility to ‘distinguish between scholarship and storytelling’ (p. 799), to ensure researchers use a rigorous methodology which ensures a ‘reflective awareness of the self’ (p. 806). As we had all worked together before, we felt comfortable in being honest in our reflections and capturing a true insight into our emotional experiences, mental health, and motivations during our doctoral journey.

Step 3: deciding theoretical underpinnings

To establish a rigorous approach in collective autoethnography Chang et al. (2013) suggested that a predetermined approach to gather data in the same way from all researchers is important. As we were potentially exploring deep and troubling emotions, we took lead from Barton (2020) who used recollage as a therapeutic method to capture feelings and reflect on the doctoral journey. Recollage is an arts-based methodology which enables the researchers to firstly create a collage reminiscent of their experience, and subsequently reflect on how these have impacted the participant. Barton (2020) believed that the use of the arts-based methods of collage enabled the participant to ‘subconsciously place [images] on the page ... to reveal intrinsic knowings... that may be, for the most part, hidden’ (p. 52). As recollage has been used effectively by early career researchers to reflect on self-care in the academy (Barton et al., 2022), we selected the approach to add rigour to the collective autoethnographic methodology by ensuring a pre-established method to reflect on our experiences (Pretorius, 2022).

Step 4: assembling and gathering data

Prior to undertaking the recollage, we individually wrote a brief overview of our research and outlining our personal experiences with our doctoral study topic. We then met via Zoom to engage in the collage activity. We did not include constraints on how the collage should be created and as such, two of us used traditional means of cutting magazines and gluing on paper and one used technology to paste selected images onto a word document. The traditional collages were then converted to digital artworks to achieve an ethical use of imagery. After completing the collage, we

individually reflected on the images that we included, the memories and emotions they had evoked, and the impact on our mental health and perseverance during our study.

After completion of the recollage, we met via zoom and created the following questions which delved deeper into the primary research questions and aligned our thinking to CVT. What drove you keep you going? (value) What roles were there that you had to complete? (control) Did you get any support in your work roles? (control) Did you have ways of managing the role strain? (control) Was it problematic that your supervisors didn't have knowledge of your topic? (value). We took turns to respond to the questions in following Zoom meetings. The overviews of the research, written reflections, and transcription from the Zoom meetings were uploaded as data to a shared folder, along with the artefacts. From this data, we each authored a written reflection of the collage and our doctoral experiences.

Step 5: reflecting and analysing

To analyse the data, we met again online to engage in collaborative analysis of the data collected. Given the small sample size and the fact that we were analysing our own data, we approached the interpretation of data in an organised method. Using an inductive approach (Mayring, 2000) we analysed each researchers' response individually by highlighting key words and phrases. As we completed this process for the three reflections, we identified key themes; multiplicity of researcher positionality, role strain leading to overload, motivation, and supports. We then looked at the data collectively and identified statements which aligned with each of these four themes. High intercoder reliability meant that the three researchers were mostly in agreement that the keywords or phrase aligned with a theme. Where all researchers did not code the data to the same theme, we asked the author to explain their meaning and collectively decided which theme to code the data. The four themes are outlined in the findings.

Step 6: disseminating work with supportive drawings

According to O'Hara (2018) it is key to publish background stories, pictures, and discussion from autoethnographies to enrich the participants' personal stories and experiences. Each artefact is outlined below with the corresponding outline of research and recollage from the lens of each author.

Stubbornness (Author 1)

My research investigated the lived experience of young autistic adults, and their parents/carers, as they transitioned from school to post-school options. Using a strengths-based approach and considering autistic traits and experiences during school to post-school transition, my research sought to identify what key factors could be enhanced to increase self-determination and, in turn, a positive quality of life and experience of wellbeing for young autistic adults.

Throughout my doctoral research, I was personally experiencing my child's transition from school to post-school options. While my research was aligned to my professional experiences as a teacher, it was firmly based in my personal experience as a parent. The experience of transition for my son had been something I felt 'prepared for' but in the end it was an extremely difficult experience. As a teacher, I had always thought about school experiences and the impact this would have for post-school options. I had used this experience as a teacher to guide what I did as a parent, but it all went wrong. My thoughts were—how could it have gone so wrong when I was so prepared and how does this impact other families who didn't have the experiences that I had had as a teacher (Fig. 3).

The collage created, using Canva, identifies the 'two sides' of the doctoral research undertaken. While I was trying to create and maintain a sense of positive wellbeing throughout my doctoral studies (depicted on the left), I found myself experiencing negative wellbeing for much of the process (depicted on the right). On further reflection, it was evident that these 'two sides' of wellbeing were related not

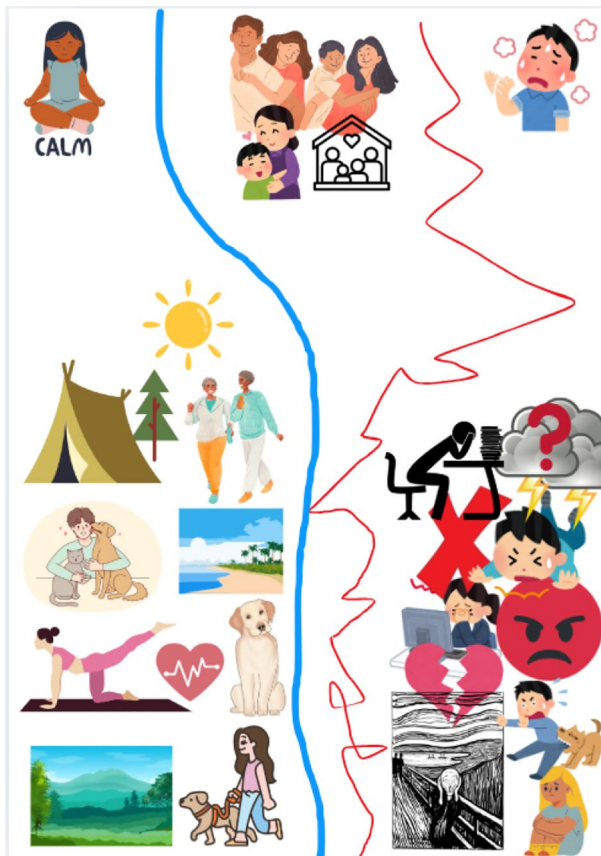


Fig. 3 Two sides

only to me and my doctoral journey, but also to my experience of my child's transition from school to post school life.

Reflecting on my research, my goal of drawing on a strengths-based approach became very difficult to maintain as I consistently experienced negative interactions stemming from a lack of support, care, and understanding for my needs, let alone an understanding of how to encourage and support self-determination and a positive quality of life. Sadly, my personal experiences were clearly reflected in the experiences of the research participants and their families. It was through sheer stubbornness that I was able to persevere and complete my thesis despite the emotional toll it took. Although stubbornness is often referred to with negative connotations such as inflexibility and single-mindedness, in my journey I referred to stubbornness in terms of determination, persistence, and tenacity.

Spite (Author 2)

As a parent of a child diagnosed as dyslexic the project was inherently personal. I had not always had positive experiences with our child's schools, and I wanted to explore how and why the quality of parent-school partnerships were impacted and to better understand the relationship between dyslexic children and the parents who support them. My doctoral dissertation aimed to gain a deeper understanding and appreciation of the allyship experiences of parents of primary-aged dyslexic children as they interact with the primary school context in Australia. I wanted to illustrate how disability experience is something that primarily occurs for a disabled person but can also occur as a primary adjacent or vicarious experience for an ally.

My own negative interactions with my child's schools had left me feeling like a mad mother where often I felt gaslit, dismissed, and ostracised by as those I was fighting, feelings that are common amongst mothers of dyslexic children. This proposition of being the mad and hysterical mother left me feeling both personally responsible for my child's care and education and for addressing the social mechanisms that oppressed my disabled child and others like her. The results of my thesis confirmed that there were perceived acceptable parental behaviours that educators were willing to engage with, but allyship actions outside of these were received poorly (Fig. 4).

The collage created in Canva illustrates the motivations to undertake a doctoral journey, including feelings of isolation and guilt (top third). My professional knowledge as an educator was dismissed by others when I was acting in the role of mother. However, through the stages of the doctoral study, I was able to find connection with the participants I interviewed, and answers in the research I undertook (left hand side). This helped me to piece together a way of viewing my own experiences while also creating something that would help other parents—I felt like a mumma bear with a megaphone (Centre right and centre bottom). Though occasionally struggling with the competing interests of the multiple roles that I inhabited, I experienced tremendous personal and professional growth because of my doctoral endeavours (bottom). At the centre of the experience was always my primary motivation, that of my daughter.

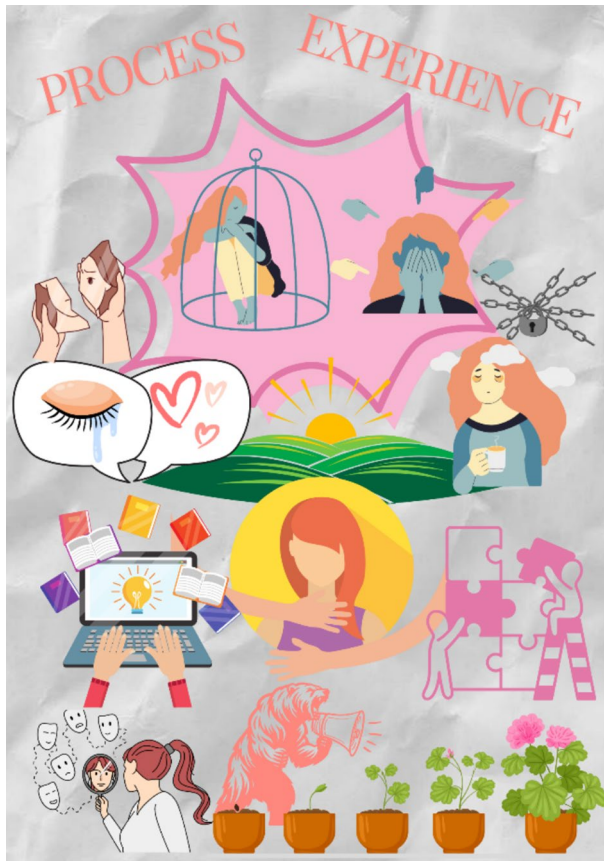


Fig. 4 A right of passage

For me, the process of undertaking my doctoral studies was one of validation, liberation, and oppression. I was both a research tool and a product of the research. I felt liberated from the narrative that had been built around me and my allyship and began to recognise that perhaps systemic and cultural issues had greatly influenced my experiences. These feelings of validation and liberty were accompanied by feelings of oppression however, as I also felt the overwhelming oppression of being denied a seat at the education table in my role as my child's ally. These conflicting feelings motivated me to persist with my PhD to prove that my knowledge and experience were valid, an act some would say was to spite those who had gaslit me as a mother and an educator.

Sheer bloody mindedness (Author 3)

My research focused on the experiences of students with blindness and low vision in mainstream secondary schools, in terms of access to education and preparation from

employment. Using a bioecological framework, I asked questions to understand the barriers and enablers to secondary education that impact future employability for students with blindness and low vision. My research aimed to address the alarmingly low employment rate for people with blindness and low vision, by discovering ways to ensure access.

I worked with many young people with blindness and low vision as an educator in an advisory role supporting adaptive technology in central Queensland schools. In 2007, my third child was born with congenital blindness. I experienced big differences in his education between different schools, teachers, and administrators and understood from supporting my child, the barriers students had as they progressed through school and different subjects. Also, part of larger community of parents supporting children with blindness and low vision, I heard about different challenges for students in rural and remote areas, and without access to support and technology. These experiences, both professional and personal, provided me with a desire to want to research and do more to find potential solutions (Fig. 5).

My artwork was created using Canva Dream Lab, and represented images of young children on the left with hopes and wishes each have, to confident young people on the right. Intercepting these were images of strength training, rollercoasters, and technology, which were all subconsciously part of the journey for me.

Creating the collage and reflecting on my studies made me think about the vast experiences shared to me in interviews with students and their parents, which reminded me of the frustrations I had experienced in schools. It became clear in the research that the ability problem-solve, and access information independently, was important for agency in senior secondary. For me, I felt a small sense of pride that I had supported my son to develop skills to be independent in accessing education, particularly through assistive technology. However, at times I also felt moments of discomfort as my participants described terrible barriers to education, along with



Fig. 5 From grief to empowerment

stigma about people with blindness and low vision in the workplace. Reflecting upon the outcomes of the study, I was grateful I had not had to endure these barriers, but I also felt angry for the participants that had those experiences and therefore did not have the same opportunities to prepare for employment.

I think doing a PhD is hard enough, but harder when you are so invested in the outcomes, and when the experiences of the participants create so much emotion. For me, I viewed my experiences as fortunate. Hearing the other negative experiences made me relive a lot of situations where I had to overcome barriers to fight for fair and equitable education, which became tiring at times. In the end, while researching something I was passionate about and committed to finding a solution, I think the emotion of the research made it *too close to home*. I really do think it was only sheer bloody-mindedness to finish what I began that saw me wear the doctoral gown.

Findings

Multiplicity of researcher positionality

We all created a research topic that was located within both personal and professional roles and were motivated to conduct research based on our life experiences as mothers and educators. These roles were further complicated by our dual positionality as both insiders and outsiders within our research topics. We identified as insiders within the research as were parents and carers of a person with the same disability as our topic. All three of us spoke of the strong connection and recognition of experience we encountered while interviewing the parent participants. Author 1 stated ‘I work in this system, and I can’t make it work. How do these poor parents do this who don’t have that knowledge’, while Author 3 shared that, ‘Hearing some of those experiences from the other parents and then knowing, like that that was all going on. That was traumatic too.’ Alongside this, however, we were also viewed as outsiders within the research topic because none of us identified as a person with disability. Despite this, we each shared a strong allyship with people with disability through our recollage and discussions. Furthermore, the lived experience of disability that was adjacent to our children’s experiences contributed to the vicarious experience of trauma felt throughout the research; ‘it was hearing the stories of my participants which hit me close to home and I needed to be constantly mindful of my emotional responses ... I was experiencing their pain vicariously’ (Author 2). This multiplicity of positionality—personal, professional, insider, and outsider, created a high level of tension, evident throughout the experiences of researching a topic which may be considered as *too close to home*.

Role strain leading to overload

We all experienced the pressure from multiple competing roles as immense and, at times, overwhelming. There was already significant pressure to complete our doctoral studies as quickly as possible, ‘You felt a lot of pressure, because it was like, have you finished yet?’ (Author 1). This pressure then conflicted with the

need to maintain the important roles of mother, and carer, ‘So you’ve got your study role, your academic role, your mother role, your carer role. And each of these roles are intersecting to pull on you with the work that you’ve got’ (Author 3). The role of carer was significant, with all of us acknowledging the additional expectations related to this role—managing NDIS (National Disability Insurance Scheme) finances, planning and overseeing disability supports, liaising with disability specific and educational organisations, and dealing supervision issues, and health concerns. Author 1 recounted how ‘my entire world was falling apart as all of this was happening’, indicating the increased levels of strain experienced because of the carer role.

To manage this role strain, each of us described strategies used to fulfil our multiple roles while studying. Personal strategies included the effective use of time, ‘I would get up at 2/3 in the morning and I would write from then everyone else got up at 6:30/7’ (Author 1), and minimising down time, ‘I don’t think I took a day off in 365 days’ (Author 2). We also used study-specific strategies such as chunking, ‘I set myself short terms goals and deadlines. I could chunk my work quite well’ (Author 2) and more general ways to reduce workload; ‘I was doing a project at the time, and I got academic leave so that I could buy out teaching for the year’ (Author 3). The authors also described the importance of implementing personal self-care strategies such as maintaining exercise, focusing on collegial relationships, and practicing gratitude, with Authors 1 and 3 sharing early morning walks were a way to maintain balance.

Regardless of the adjustments made and the high level of resilience shown, we all described significant and frequent periods of role overload, whereby the clash between roles meant that we were unable to manage all roles at the same time and needed to focus on just one—mother, carer, at the expense of the other; ‘while I was at work, trying to do my job ... I’d be getting somewhere between 20 and 30 messages and phone calls from [my daughter] throughout the day because she was down to four hours a week at school’ (Author 2). What became critical was the ability to move between roles depending on where the focus needed to be. As Author 3 described it, ‘There’s a lot of ups, there’s a lot of highs, but there’s real lows, because really bad things could happen. And so, it’s like this freaking rollercoaster. It goes really fast and then it’s finished in this big blur. And I have no idea what’s happened’.

Intersectionality of roles leading to overload may have been exacerbated by emotional triggers experienced throughout the research. When some of the participants’ negative or traumatising experiences mirrored our own, we each indicated the emotional response this elicited ‘reliving situations’ (Author 3) and ‘experiencing their pain vicariously’ (Author 2). Author 1 also shared that positive experiences could also be triggering; ‘I remember sitting there in some interviews just wanting to scream ‘What did I do wrong?’ These responses added additional strain to our role as researcher/carers, leading us each to independently wonder if our topics were *too close to home*.

Motivation

It was, however, the acknowledgement of the significant role strain experienced that led to the third theme of motivation. In this discussion, we all pointed to our personal experiences, the fact that the topic was *close to home*, as providing us with the motivation to persevere with our doctoral studies. In this way, we felt we could contribute positively to the lives of people with disability and their parents/carers and families, as explained by Author 3; ‘these experiences, both as a professional and personally, provided me with a desire to want to research and do more to find potential solutions.’

At the same time, we appreciated the element of ‘working through negative experiences and trauma from being the parent/carer of a child with disability’ (Author 1) and the vicarious experiences of negativity and trauma experienced through our child’s lives. For Author 2, ‘it was the drive to validate my experience and to prove the gaslighters wrong’. Thus, the critical features of motivation to persevere with our doctoral studies was twofold. Firstly, contribution to the topic, and secondly, coming to terms with what the experience of disability had meant for their own lives. Alongside this high level of motivation to complete our doctoral studies, the motivation to successfully maintain the role of mother and carer for their child with disability, as well as their other roles, was equally as high or higher.

Supports

The critical role of supports was also recognised. While we all felt there was little support from the university, ‘There was a lot of pressure from the university [to finish] which didn’t help’ (Author 1), all equally acknowledged the vital support provided by supervisors and families. The role of supervisors was crucial, each of us describing the importance of our supervisors understanding our personal circumstances, while supporting us with the processes of conducting doctoral studies. Author 2 stated that, ‘I knew [my supervisor] would be empathetic to me and my topic without having insider knowledge’ and ‘I knew that I knew my topic well enough. What I needed help with was writing and methodology and moving through that process’, indicating that we were able to understand our role and the role of others to support our doctoral completion.

Our families, specifically our husbands each played a role in taking pressure away from our mother/carer roles, so time was available for study. Author 2 shared that ‘[My husband] taking the kids away. So as soon as they left the house, I was at the computer 12 h a day. That really did help.’ ‘My husband looked after our four kids so I could study’ (Author 3). It was shared, however, that these support networks were often very narrow, and failed to include broader networks of extended family and friends because of the complexities of family dynamics or the additional responsibilities of caring for a child with disability. However, it was not only the time that was valuable but also the husbands’ emotional support across all roles undertaken. Author 1 stated, ‘I have this amazing man who loved and supported me the whole way through.’ Despite the value of these supports, we also recognised that obtaining these supports required a level of planning and negotiating that, in effect, added to

the already significant role strain. Author 3 explained ‘even if I did get support, I had to organise it, and manage it, and think about it, and add on all that extra work later ... the cognitive load of everything was always mine.’

Across the four themes, examples of both activating and deactivating emotions were experienced. It was, however, the negative activating emotions, present in all four themes that had the greatest impact on perseverance throughout the doctoral studies despite the challenges faced.

Discussion

Role strain and role overload were key aspects shared through our recollection and responses, with findings supporting previous research on the considerable role strain and emotional stress experienced by mothers completing doctoral studies (Lundquist et al., 2020; Rochinson-Szapkiw et al., 2017). This research extended these findings by demonstrating the additional role strain, role overload, and emotional stress experienced by doctoral students who are carers of children with disabilities. Importantly, our experiences demonstrated how the choice of thesis topic provided high levels of learning activation and motivation (McAvoy & Thacker, 2021), despite the challenges faced.

Control over the doctoral study process was critical to our success. This control was viewed as being achieved through the high personal value attached to the research topic that was *close to home*, but also the availability of timely and appropriate supports. While previous research has demonstrated that women who are carers prioritise their children and family’s wellbeing over study and their own wellbeing (Rochinson-Szapkiw et al., 2017; Yoo & Marshall, 2022), the current research challenges the assumption that this reduces opportunities for completion. Rather, it suggests that high levels of control over the supervisory and familial relationships, allowed us as researchers to determine when to focus on our caring role, and when to focus on our research/study role. This, in turn, supported the perseverance needed to continue (Yoo & Marshall, 2022).

Interestingly, it has been suggested by Seeber and Horta (2021), that a supervisor having similar research interests, and involvement in these research areas, is a key consideration for the supervisory relationship. This finding was not supported by the findings of this research. Each of our supervisors had little or no knowledge of our specific research topics. Rather, it was the supervisor’s knowledge of the doctoral process and empathetic and respectful attitude towards supervision that provided the support needed for us to be successful (Haley et al., 2024). It must be acknowledged that the considerable knowledge we each brought regarding our respective research topics may have increased desire for agency over the research process and reduced the need to work with supervisors with similar research interests.

Family support was also foregrounded as a key supporter of our success. While it was acknowledged in this study, and within the wider literature, that the cognitive load for organising the family and undertaking the caring role remained with the women (Webber & Dismore, 2020), the space and emotional supports for study provided by familial support networks was essential (Rochinson-Szapkiw et al., 2017).

Thus, while the importance of strong support networks is well recognised within the literature on women pursuing doctoral studies (McAvoy & Thacker, 2021; Weber & Dismore, 2020), there may be additional considerations for developing strong support networks for doctoral students with caring responsibilities for children with disabilities.

The disability rights movement has highlighted the importance of people with lived experience of disability conducting research that informs disability outcomes. Although this has been a very positive movement, it has concurrently created a contentious space whereby disability researchers are assigned either insider or outsider positionality (Chhabra, 2020). This contentious space was highlighted throughout this research as it was our positionality of mother and carer that led us each to choose a topic related to our experience of disability, despite the *outsiderness* attributed to our positions. In turn, this conflicting positionality resulted in negative emotions and role strain. However, it was again the ability to reconcile the contrasting experiences of deactivating and activating emotions (Pekrun, 2019) that allowed us to use our conflicting positionality to persevere through the emotional stress experienced. These findings support calls to view disability research as offering high value to researchers from multiple intersecting positions (Bukamal, 2022), including those who are carers of a person with disability.

Rather than a dichotomy of insider/outsider, personal/professional, this research supported Holmes (2020) and Chhabra (2020) in revealing the most valuable positionality as the one that exists along a conceptual continuum, with the researcher intentionally integrating and moving through all positions as required to support their research. A recognition of this multiplicity of positionality has the potential to reduce the contention that exists around insider/outsider, personal/professional status within disability studies, in turn supporting strong allies, such as carers of people with disability, to contribute positively to disability research. In recognising and encouraging the value of multiplicity of positionality there exists an opportunity to harness the motivation and perseverance that exists due to the strong emotions experienced by the disability ally and the resultant value and control placed on the research.

Conclusion

The research focused on the experiences of three women doctoral students who are carers of children with disability and chose their doctoral topic based on positionality within the disability community. Although the sample size for the study was small, there was considerable commonality among our experiences as doctoral students. These shared experiences suggest that while the roles of motherhood and being carers of children with disability, in addition to being full-time workers and doctoral students, created conflicting researcher positionality, significant role strain, and emotional stress, these same roles also provided the perseverance needed for successful doctoral completion. While these emotional challenges can be seen as primarily negative, the findings of the research emphasise the positive outcomes—doctoral completion, contribution to

disability research, and enhanced individual and family strength and understanding that resulted from these experiences.

The findings indicated that the emotions experienced—activation strategies such as frustration and anger, and deactivation strategies such as hopelessness and disappointment, supported the conceptual framework of CVT (Pekrun, 2019). Choosing a topic in which we already had knowledge and insider experience allowed us, as doctoral students, to place a high level of control and value over the research and the contribution made for people with disability. In addition, it was found that timely and appropriate supports provided the necessary control over processes needed to manage multiple roles and successfully complete our doctorates.

Together, the perceived control and value experienced because the topic was *too close to home* provided the stubbornness, spite, and sheer bloody mindedness to persevere with doctoral studies while managing the significant emotional stress inherent in undertaking multiple roles including caring for a child with disability. The conceptual understandings shared through this research can hopefully be used to encourage the recruitment and success for others within a small group of doctoral students.

Although this research was conducted with a small sample size, therefore findings cannot be generalised to others, recommendations can be made to further support doctoral students who are also carers of a child with disability. These recommendations emphasise the importance of control and value attached to doctoral studies on both an individual and systemic level. Individually, candidates are encouraged to choose doctoral topics that have high value for them and their families. Candidates should also be encouraged to take control of their doctoral journey, making clear decisions on when, where, and how their studies can be conducted alongside family life. Candidates required the support of universities and doctoral supervisors to enact this value and control. The provision of flexible pathways and deadlines for doctoral studies is crucial, while the provision of tailored mental health, financial, or resource-based supports, can be offered as required. To enact these supports, universities may need to review accessibility and disability support services and emphasise the support of carers of people with disability and recognise the inherent strengths that exist for doctoral students who are carers of children with disability.

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Declarations

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