

Gendered Psychosocial Dynamics and Support Systems among Ph.D. Scholars in Mizoram: A Contextual Study from Northeast India

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Abstract

This study explores the gendered psychosocial challenges and support systems among Ph.D. scholars in Mizoram, a region in Northeast India. Employing a descriptive research design and quantitative analysis, the study assessed mental, physical, social, and spiritual well-being alongside family, peer, faculty, and institutional support. Findings reveal that mental and physical stress are the most prevalent psychosocial issues, while spiritual distress is significantly higher among male scholars. Although support systems—particularly family support—were perceived as moderately effective, institutional support ranked the lowest. Correlation analysis indicated gender-based differences in how support systems interact with psychosocial problems, with female scholars showing stronger links to family and peer support. The study underscores the need for inclusive, culturally sensitive, and gender-responsive support mechanisms within doctoral programs. Addressing these disparities is essential to promoting academic resilience, well-being, and retention among Ph.D. students in underrepresented regions like Mizoram.

Keywords: Psychosocial challenges, Ph.D. scholars, Gender differences, Support systems, Mizoram higher education

Introduction

Doctoral education plays a pivotal role in advancing global higher education by fostering knowledge creation and preparing specialists to address complex scientific and societal challenges (Bair & Haworth, 2004; Gardner, 2008). With increasing global demand for doctoral qualifications, candidates have become central figures in research, innovation, and policy development. However, the doctoral journey is fraught with psychosocial stressors that threaten both academic success and mental health. Key challenges include social isolation, anxiety, and stress, which are often intensified by institutional pressures to publish, secure funding, and maintain work-life balance (Ali & Kohun, 2007; Altundal & Yilmaz, 2018; Levecque et al., 2017; Kusurkar et al., 2021). Among these, social disconnection stands out as a leading cause of doctoral attrition (Ali & Kohun, 2007). These psychosocial difficulties disproportionately affect doctoral students compared to the general population and contribute to heightened levels of burnout and depression (Schmidt & Hansson, 2018). In response, scholars underscore the importance of robust support systems—ranging from supervisors and peers to family and institutional resources—which serve as protective factors against academic and emotional stress (Bilecen, 2012; Jairam & Kahl, 2012; Spaulding & Rockinson-Szapkiw, 2012). Such support fosters resilience, enhances academic integration, and improves retention.

Given the expanding doctoral population, institutions must implement targeted strategies to address students' unique challenges and cultivate inclusive environments that prioritize well-being and academic success (Pyhältö et al., 2012; Mason & Hickman, 2017).

Challenges in Doctoral Education

Doctoral education, though universally rigorous, manifests distinct psychosocial challenges shaped by gendered social norms, institutional practices, and personal responsibilities. Research highlights that female doctoral students frequently encounter systemic barriers such as gender bias, inadequate mentorship, and the struggle to balance academic work with domestic roles—particularly for those with caregiving responsibilities (Brown & Watson, 2010; Maher et al., 2004; Altundal & Yilmaz, 2018). These compounded pressures often result in delayed degree completion and higher attrition rates, with institutional support systems largely failing to accommodate women's needs (Maher et al., 2004).

Social isolation, already a widespread issue in doctoral programs, is often intensified for women in male-dominated fields like STEM, where microaggressions and underrepresentation undermine confidence and academic integration (Ali & Kohun, 2007; Gardner, 2008; Cornwall et al., 2019). Conversely, while male scholars may be less impacted by overt gender discrimination, they face comparable stressors including career uncertainty, performance anxiety, and internalized expectations of emotional stoicism, which deter help-seeking behaviors (Levecque et al., 2017; Sverdlik et al., 2018; Kumar, 2023; Jackson & Michelson, 2015).

Supervisory relationships also reflect gendered disparities; female students often face greater difficulty establishing effective, empowering mentorships, particularly in environments lacking gender-sensitive guidance (Devos et al., 2015). While social support benefits all doctoral candidates, women often rely on emotional and peer-based support, whereas men may prioritize instrumental and professional guidance (Spaulding & Rockinson-Szapkiw, 2012; Bilecen, 2012; Jairam & Kahl, 2012; Pyhältö et al., 2017).

In regions like Mizoram, where traditional gender norms remain entrenched, such disparities are further magnified. Women face cultural pressures to prioritize family roles over academic pursuits, while men are expected to achieve financial independence quickly. Addressing these gender-specific challenges is crucial to promoting equity, retention, and mental well-being in doctoral education.

Support Systems in Doctoral Education: The Role of Mentors, Peers, and Institutions

Support systems form an essential foundation for doctoral students as they navigate the intellectually rigorous and often isolating journey of advanced academic study. Mentorship, peer relationships, and institutional support collectively influence students' well-being, resilience, and academic outcomes (Spaulding & Rockinson-Szapkiw, 2012; Bilecen, 2012; Jairam & Kahl, 2012).

Mentorship is particularly impactful, with effective supervisor-student relationships fostering intellectual autonomy, emotional stability, and research productivity (Devos et al., 2015; Gardner, 2008). Poor communication or misaligned expectations, conversely, heighten stress and increase attrition risk (Devos et al., 2015; Pyhältö et al., 2012), especially for international and underrepresented students who heavily depend on supervisory guidance (Mason & Hickman, 2017).

Peer support mitigates psychosocial stress by offering a sense of belonging and shared identity (Jairam & Kahl, 2012; Pyhältö et al., 2017). Informal networks and peer mentoring foster emotional validation and collaborative coping, particularly for female and international scholars who often lack institutional

representation (Brown & Watson, 2010; Bilecen, 2012). Peer initiatives like buddy systems and cohort models ease the transition into doctoral life and reduce isolation (Mason & Hickman, 2017).

Institutional mechanisms, including counseling services, professional development, and mental health support, play a pivotal role—especially in early stages when stress and disengagement are common (Sverdlik et al., 2018; Cornwall et al., 2019; Altundal & Yilmaz, 2018). Nonetheless, institutional shortfalls in proactive and tailored support often leave students vulnerable to academic delays and burnout (Kusurkar et al., 2021; Kumar, 2023). A coordinated approach that integrates academic, psychological, and wellness services is increasingly advocated (Schmidt & Hansson, 2018).

Social support is a proven protective factor against emotional exhaustion and academic failure, enhancing resilience and stress coping (Jackson & Michelson, 2015; Pyhältö et al., 2017). In regions like Mizoram, where cultural expectations and limited institutional resources intensify challenges, building inclusive, gender-sensitive, and culturally attuned support systems is essential for improving doctoral retention and cultivating scholarly success.

Overview of Literature

The literature on doctoral education increasingly highlights the profound intersection between academic demands and the psychosocial well-being of Ph.D. scholars. A range of studies—including Levecque et al. (2017) and Cornwall et al. (2019)—reveal widespread mental health concerns such as anxiety, depression, and burnout, which are often linked to performance pressures, academic isolation, and insufficient institutional support. Empirical work by Schmidt & Hansson (2018) and Kusurkar et al. (2021) further demonstrates that doctoral students generally report lower psychological well-being than the wider population, with many reluctant to seek help due to entrenched stigma within academia. Indian contexts echo these findings; Kumar (2023) identifies funding delays, limited mentorship, and ambiguous academic expectations as compounding factors. These psychosocial issues are not merely individual experiences but reflect structural and cultural deficiencies in doctoral training (Lovitts, 2001).

Persistence and attrition in doctoral education are shaped not only by academic capacity but by social and institutional factors. Key drivers of attrition include isolation, unsupportive supervision, and unclear guidance (Bair & Haworth, 2004; Ali & Kohun, 2007). Devos et al. (2015) emphasize that mismatched supervisor-student expectations erode motivation and engagement. In contrast, clear communication, mentoring, and emotional support significantly enhance doctoral experiences (Golde & Dore, 2001; Scaffidi & Berman, 2011).

Support systems and coping mechanisms emerge as vital buffers to these challenges. Emotional, academic, and peer support networks foster motivation, belonging, and resilience (Spaulding & Rockinson-Szapkiw, 2012; Bilecen, 2012). In the Indian context, students often rely on informal coping strategies such as spirituality and familial support in the absence of institutional mental health services (Kumar, 2023). Active participation in academic communities and the use of proactive coping behaviors also promote degree completion and postdoctoral success (Samuel & Kohun, 2010; Pyhältö et al., 2017).

Gender emerges as a critical axis in the doctoral experience. Female scholars face gender bias, role conflict, and systemic exclusion, particularly in male-dominated disciplines (Maher et al., 2004; Brown & Watson, 2010). These pressures translate into heightened emotional distress, lower academic confidence, and a greater reliance on emotional support. Levecque et al. (2017) confirm that women report higher levels of work-related mental health concerns. The dual burden of academic and caregiving responsibilities

further intensifies psychosocial stress. Despite these patterns, gender-sensitive institutional responses remain limited, highlighting the need for more inclusive and equitable doctoral environments.

Statement of the Problem

Ph.D. scholars often grapple with a complex array of psychosocial challenges—including academic pressure, emotional isolation, mental distress, and spiritual disconnection—that can significantly affect their academic success and personal well-being. While such challenges are common across doctoral programs, they are experienced differently by male and female scholars due to varying societal expectations, institutional dynamics, and personal responsibilities. Female scholars, in particular, may encounter additional burdens related to caregiving roles, gender bias, and safety concerns, whereas male scholars may be impacted by performance-related stress and the suppression of emotional expression.

In the context of Mizoram, where higher education is expanding and gender diversity among doctoral students is increasing, there is a marked lack of empirical research exploring these gendered experiences. Existing institutional frameworks and support mechanisms often fail to recognize and respond to these nuanced differences. Without targeted understanding, academic institutions may struggle to provide effective and inclusive support systems that address the specific psychosocial needs of all doctoral students.

This study, therefore, seeks to address this gap by examining gender-based differences in psychosocial problems and support systems among Ph.D. scholars in Mizoram. It aims to uncover how male and female students perceive and utilize available support mechanisms and how these relate to their psychological and academic well-being.

Objectives of the Study

1. To study the demographic profile of respondents.
2. To assess the psychosocial problems experienced by male and female Ph.D. scholars.
3. To examine the types and extent of support systems available to male and female Ph.D. scholars.
4. To explore gender differences in psychosocial problems and support systems among Ph.D. scholars.
5. To examine the relationship between different domains of support systems and various dimensions of psychosocial problems among male and female Ph.D. scholars.

Methodology

The study adopts a descriptive research design to examine the psychosocial problems and support systems of Ph.D. scholars in Mizoram, with particular attention to gender-based differences. A quantitative method was employed for data collection and analysis. The sampling followed a multistage design: in the first stage, Mizoram University was purposively selected as the study site because it has the highest concentration of Ph.D. scholars in the state. In the second stage, Ph.D. scholars who had completed at least one year of their program were selected using convenience sampling to ensure accessibility and relevance to the study. Primary data was gathered using a structured and pre-tested interview schedule, consisting of Likert-scale items to assess various domains of psychosocial well-being (mental, physical, social, and spiritual) and perceived support systems (peer, faculty, family, and institutional). Data were coded and analyzed using MS Excel and SPSS, applying descriptive statistics (frequencies, percentages, mean scores) and inferential techniques (cross-tabulations and correlation) to identify gender-specific patterns in psychosocial challenges and support availability.

Results

1. Demographic Profile of the Respondents

The demographic characteristics of respondents is crucial in contextualizing the psychosocial experiences and support systems among PhD students. Table 1 shows the Demographic profile of the respondents which are age group of the respondents, gender denomination tribe, marital status, school of studies, and some important question related to respondent's Ph.D. programme.

Table 1: Demographic Profile of the Respondents

Sl. No.	Category	Sub-category	Frequency	Percentage (%)
1	Age of the Respondents	18–25 years	5	5.60%
		26–35 years	82	91.10%
		36–45 years	3	3.30%
2	Gender of the Respondents	Male	40	44.40%
		Female	50	55.60%
3	Denomination	Presbyterian Church of India	29	32.20%
		Baptist Church of Mizoram	20	22.20%
		United Pentecostal Church (NE)	6	6.70%
		United Pentecostal Church (M)	1	1.10%
		Seventh Day Adventist	3	3.30%
		The Salvation Army	1	1.10%
		Others	30	33.30%
		Mizo	62	68.90%
		Non-Mizo	28	31.10%
		Social Sciences	30	33.30%
5	Schools	Economics, Management & Information Sciences	30	33.30%
		Life Sciences	30	33.30%
		Married	8	8.90%
6	Marital Status	Unmarried	82	91.10%
		Yes	17	18.90%
7	Are you working?	No	73	81.10%
		Teaching	14	15.60%
8	Type of Work	Business	1	1.10%

		Research Project	2	2.20%
		None	73	81.10%
9	Receiving Fellowship	Yes	76	84.40%
		No	14	15.60%
10	Type of Fellowship	UGC Non-NET	23	25.60%
		NFST	31	34.40%
		JRF	16	17.80%
		ICSSR	3	3.30%
		INSPIRE	3	3.30%
		None	14	15.60%

Source: Computed

The socio-demographic profile of Ph.D. scholars in Mizoram reveals a predominantly young adult population, with 91.1% aged between 26–35 years, reflecting a concentration in the early adulthood phase—a period typically associated with heightened academic pressures and transitional life challenges. The majority of respondents are Mizo (68.9%), with non-Mizos comprising 31.1%, indicating a culturally dominant yet diverse academic community. Students are evenly distributed across the disciplines of Social Science, Economics, Management & Information Sciences, and Life Science.

Unmarried individuals constitute 91.1% of the sample, and a substantial portion (81.1%) are not engaged in employment, although 15.6% work in teaching. Fellowship distribution shows strong institutional financial support, with 84.4% receiving funding—primarily through NFST (34.4%) and UGC Non-NET (25.6%) schemes. However, disparities remain, with 15.6% receiving no fellowship, raising concerns about financial equity.

2. Gender-wise Comparison and Descriptive Statistics of Psychosocial Problems among PhD Scholars

To assess the level of psychosocial problems among PhD scholars, the study utilized a four-dimensional tool covering mental, physical, social, and spiritual aspects. Each item was rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree), with higher scores indicating greater psychosocial distress. The data was analyzed using descriptive statistics (mean and standard deviation), and gender differences were examined through independent sample t-tests. The results are interpreted as follows:

Table 2: Gender-wise Comparison and Descriptive Statistics of Psychosocial Problems among PhD Scholars (N=90)

Sl. No.	Psychosocial Components	Mean ± SD (Male)	Mean ± SD (Female)	t-value	p-value	Overall Mean ± SD
1	Mental Problems	2.645 ± 0.513	2.632 ± 0.430	0.131	0.896	2.6378 ± 0.4663
2	Physical Problems	2.525 ± 0.745	2.696 ± 0.711	-1.11	0.27	2.6200 ± 0.727

3	Social Problems	2.335 ± 0.698	2.239 ± 0.691	0.652	0.516	2.2817 ± 0.6917
4	Spiritual Problems	2.015 ± 0.568	1.712 ± 0.536	2.594	0.011 *	1.8467 ± 0.5681
	Overall Psychosocial Problems	2.380 ± 0.452	2.318 ± 0.423	0.661	0.51	2.3465 ± 0.436

Source: Computed

Table 2 presents the total mean scores for different dimensions of psychosocial problems among Ph.D. scholars. The findings reveal that mental and physical problems are the most prevalent. Mental problems recorded the highest mean score ($M = 2.64 \pm 0.47$), suggesting that a significant number of scholars experience emotional exhaustion, anxiety, demotivation, and difficulty balancing academic and personal responsibilities. Physical problems followed closely ($M = 2.62 \pm 0.73$), indicating common stress-related health concerns such as fatigue, poor sleep quality, and lack of physical activity.

Social problems yielded a moderate mean score of 2.28 ± 0.69 , reflecting issues such as isolation, limited peer interaction, and low participation in social or academic networks. Spiritual problems, with the lowest mean score ($M = 1.85 \pm 0.57$), were relatively less intense but still noteworthy, pointing to a lack of spiritual purpose or reduced use of faith-based coping mechanisms among some respondents.

The gender-wise comparison showed no statistically significant differences in mental ($t = 0.131$, $p = 0.896$), physical ($t = -1.11$, $p = 0.270$), or social ($t = 0.652$, $p = 0.516$) dimensions, suggesting that these psychosocial challenges are commonly experienced by both male and female scholars. However, a significant gender difference emerged in the spiritual domain ($t = 2.594$, $p = 0.011$), with male scholars ($M = 2.015$) reporting higher levels of spiritual distress compared to females ($M = 1.712$).

While male respondents also had a slightly higher overall mean score for psychosocial problems ($M = 2.38$) than female respondents ($M = 2.32$), this difference was not statistically significant ($t = 0.661$, $p = 0.510$). These results imply that most psychosocial challenges are similarly experienced across genders, but spiritual well-being may require more focused attention for male Ph.D. scholars.

3. Gender-wise Comparison and Descriptive Statistics of Support System among PhD Scholars

To assess the level of psychosocial problems among PhD scholars, the study utilized a four-dimensional tool covering mental, physical, social, and spiritual aspects. Each item was rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree), with higher scores indicating greater psychosocial distress. The data was analyzed using descriptive statistics (mean and standard deviation), and gender differences were examined using independent sample t-tests.

Table 3: Gender-wise Comparison and Descriptive Statistics of Support System among PhD Scholar (N=90)

Sl. No.	Support System	Mean ± SD (Male)	Mean ± SD (Female)	t-value	p-value	Overall Mean ± SD
1	Family Support	3.389 ± 0.621	3.389 ± 0.682	0.005	0.996	3.3889 ± 0.6517
2	Peer Support	3.057 ± 0.569	2.911 ± 0.544	1.236	0.22	2.9762 ± 0.5573
3	Faculty Support	2.982 ± 1.198	2.894 ± 0.609	0.451	0.653	2.9333 ± 0.9137
4	Institutional Support	2.611 ± 0.512	2.577 ± 0.555	0.295	0.769	2.5921 ± 0.5335
	Overall Support	2.995 ± 0.636	2.944 ± 0.594	0.807	0.421	2.9726 ± 0.4372

Source: Computed

Table 3 presents a gender-wise analysis of perceived support systems among Ph.D. scholars, covering family, peer, faculty, and institutional support. The findings reveal that family support ranks highest among all sources, with both male and female scholars reporting equal levels of support ($M = 3.389$). The t -value (0.005) and p -value (0.996) confirm no significant gender difference, suggesting family remains a universally strong support pillar during doctoral study.

Peer support shows a moderate level of perceived effectiveness ($M = 2.98 \pm 0.56$), with males ($M = 3.057$) slightly more satisfied than females ($M = 2.911$), though this difference is not statistically significant ($t = 1.236$, $p = 0.220$). Similarly, faculty support averages 2.93 ± 0.91 , with negligible gender difference ($t = 0.451$, $p = 0.653$), indicating shared experiences in terms of supervisory and academic mentorship.

Institutional support is rated the lowest across all categories ($M = 2.59 \pm 0.53$), reflecting potential gaps in institutional services such as mental health resources, academic infrastructure, or administrative responsiveness. Both genders report similar experiences in this domain ($p = 0.769$), emphasizing a general need for improvement.

Finally, the overall support system score ($M = 2.97$) shows that male and female Ph.D. scholars perceive similar levels of support across all dimensions, with no statistically significant gender difference ($t = 0.807$, $p = 0.421$). These findings suggest that while the support systems in place are moderately effective, there is room for strengthening especially in institutional and faculty domains, and tailoring supports to be more responsive to individual needs.

4. Relationship between Psychosocial Problems and Support Systems by Gender

This section explores the relationship between psychosocial problems and support systems among Ph.D. scholars. It highlights how factors like mental, physical, social, and spiritual challenges are linked with family, peer, faculty, and institutional support, with a focus on gender-based differences.

Table 4: Correlation Between Psychosocial Problems and Support Systems by Gender

Variables	Male (N = 40)	Female (N = 50)
Mental ↔ Physical	.379*	.406**
Mental ↔ Social	.412**	.325*
Mental ↔ Spiritual	0.195	0.066
Mental ↔ Family Support	-0.072	.289*
Mental ↔ Peer Support	0.069	0.032
Mental ↔ Faculty Support	0.16	-0.054
Mental ↔ Institutional Support	-0.247	-0.199
Physical ↔ Social	.698**	.418**
Physical ↔ Spiritual	0.073	0.194
Physical ↔ Family Support	0.036	.374**
Physical ↔ Peer Support	-0.126	.313*
Physical ↔ Faculty Support	0.17	0.226
Physical ↔ Institutional Support	-.501**	-0.009

Social ↔ Spiritual	0.31	.456**
Social ↔ Peer Support	-.326*	0.064
Social ↔ Faculty Support	-0.125	0.038
Social ↔ Institutional Support	-.319*	0.006
Spiritual ↔ Faculty Support	-.338*	-0.122
Spiritual ↔ Institutional Support	-0.204	0.047
Family ↔ Peer Support	-0.035	0.228
Peer ↔ Faculty Support	.446**	.669**
Peer ↔ Institutional Support	.341*	.441**
Faculty ↔ Institutional Support	0.021	.563**

****Correlation is significant at the 0.01 level (2-tailed)**

Source: Computed

***Correlation is significant at the 0.05 level (2-tailed)**

Table 4 shows the Pearson correlation coefficients between psychosocial problem dimensions and various support systems among male (N = 40) and female (N = 50) Ph.D. scholars. The analysis highlights several statistically significant relationships, revealing gender-based differences in how psychosocial problems are associated with support structures.

Among male scholars, mental problems show a significant positive correlation with physical problems ($r = .379, p < 0.05$) and social problems ($r = .412, p < 0.01$), indicating that psychological strain often coexists with physical stress and social difficulties. A similar pattern is observed among females, where mental problems are strongly associated with physical problems ($r = .406, p < 0.01$) and social problems ($r = .325, p < 0.05$). However, among females, mental problems also show a significant positive relationship with family support ($r = .289, p < 0.05$), suggesting that emotional support from family may be a key buffer against mental distress in women.

Physical and social problems are strongly interrelated for both genders (males: $r = .698, p < 0.01$; females: $r = .418, p < 0.01$), highlighting the interconnected nature of these stress domains. For female scholars, physical problems also significantly correlate with family support ($r = .374, p < 0.01$) and peer support ($r = .313, p < 0.05$), emphasizing the role of informal support in mitigating health-related stress.

A noteworthy finding is the negative correlation between physical problems and institutional support among male scholars ($r = -.501, p < 0.01$), suggesting that a lack of institutional responsiveness may intensify physical stress symptoms in men. Similarly, negative correlations are observed between male social problems and both peer support ($r = -.326, p < 0.05$) and institutional support ($r = -.319, p < 0.05$), underlining possible dissatisfaction with these support structures.

Spiritual problems in males are negatively associated with faculty support ($r = -.338, p < 0.05$), implying that ineffective academic guidance might reduce spiritual or existential well-being. In contrast, female social and spiritual problems are positively associated ($r = .456, p < 0.01$), indicating a more integrated experience of emotional and spiritual distress.

For both genders, peer and faculty support are highly correlated (males: $r = .446, p < 0.01$; females: $r = .669, p < 0.01$), as are peer and institutional support (males: $r = .341, p < 0.05$; females: $r = .441, p < 0.01$). Among females, faculty and institutional support also show a strong positive correlation ($r = .563, p < 0.01$), suggesting greater consistency and alignment between different forms of formal support.

Discussion

This section interprets the psychosocial problems and support systems experienced by Ph.D. scholars at Mizoram University, thematically structured around five areas: (1) mental and physical distress, (2) social and spiritual well-being, (3) gendered patterns, (4) support systems, and (5) institutional implications.

1. Mental and Physical Distress

Mental problems emerged as the most prevalent, followed by physical distress, suggesting high levels of anxiety, fatigue, and emotional strain among scholars. These findings mirror global research indicating that Ph.D. students are at elevated risk for psychological distress and burnout (Levecque et al., 2017; Kusurkar et al., 2021). The strong correlation between mental and physical challenges across genders confirms that emotional strain often manifests somatically (Schmidt & Hansson, 2018).

2. Social and Spiritual Dimensions

While social and spiritual problems were rated lower, they remain relevant. Feelings of isolation, common in doctoral research, continue to pose risks (Ali & Kohun, 2007). Spiritual distress, significantly higher among males ($p = 0.011$), may reflect gendered norms that discourage emotional expression (Jackson & Michelson, 2015; Kumar, 2023). In contrast, female scholars may benefit from relational coping mechanisms (Altundal & Yilmaz, 2018).

3. Gendered Patterns in Psychosocial Experiences

Most psychosocial experiences were similar across genders, except for spiritual well-being. Female scholars showed a significant correlation between mental health and family support ($r = .289$), suggesting reliance on familial networks, while male scholars exhibited weaker or negative correlations, pointing to underutilized support or unmet needs (Maher et al., 2004; Brown & Watson, 2010).

4. Support Systems

Family support emerged as the strongest and most consistent form of support ($M = 3.39$), reinforcing its cultural and emotional significance (Spaulding & Rockinson-Szapkiw, 2012; Bilecen, 2012). Peer and faculty support were moderately valued, while institutional support scored the lowest. Among males, institutional support negatively correlated with physical and social problems, suggesting dissatisfaction or inaccessibility (Cornwall et al., 2019). Among females, peer and faculty support were strongly linked ($r = .669$), reflecting the value of collegial networks (Pyhältö et al., 2017).

5. Institutional Implications

The overall weak perception of institutional support points to gaps in mental health resources, supervision quality, and inclusive programming (Sverdlik et al., 2018). The gendered differences in spiritual distress and coping highlight the need for targeted interventions—such as gender-sensitive mentorship and culturally responsive counseling (Devos et al., 2015; Kumar, 2023).

Conclusion

This study highlights the intricate psychosocial landscape navigated by Ph.D. scholars in Mizoram, with a distinct focus on gendered experiences and the availability of support systems. The findings reveal that mental and physical health challenges are prominent among scholars, while social and spiritual issues—

though less severe—still merit attention. Gender differences, particularly in spiritual well-being and the reliance on support networks, underscore the need for nuanced, gender-sensitive responses. Female scholars showed stronger associations between mental well-being and family support, whereas male scholars exhibited greater spiritual distress and weaker support linkages, especially from institutional structures.

Support systems—especially family support—proved vital in mitigating stress, yet institutional mechanisms lagged behind in perceived effectiveness. Peer and faculty support had moderate impact, with correlations suggesting that peer-based networks and collegial environments can significantly enhance resilience and academic persistence.

Given the limitations in institutional responsiveness, the study advocates for comprehensive support frameworks that integrate psychological services, mentoring, and culturally attuned programming. A gender-inclusive approach is essential to address the unique challenges faced by male and female doctoral students in Mizoram. Ultimately, improving psychosocial well-being through tailored support can lead to higher retention, academic success, and a more inclusive research environment in Northeast India's higher education landscape.

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