

LIFE INTERRUPTED: AN AUTOETHNOGRAPHIC EXPLORATION OF
DOCTORAL PERSISTENCE WITH A DIAGNOSIS OF CANCER

by

Daryl R. Worley

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University

2019

LIFE INTERRUPTED: AN AUTOETHNOGRAPHIC EXPLORATION OF
DOCTORAL PERSISTENCE WITH A DIAGNOSIS OF CANCER

by Daryl R. Worley

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University, Lynchburg, VA

2019

APPROVED BY:

Ellen Lowrie Black, Ed.D., Committee Chair

Lucinda S. Spaulding, Ph.D., Committee Member

ABSTRACT

The purpose of this autoethnography research study was to describe the lived experience of coping with a diagnosis of cancer at the point of dissertation, while persisting in a doctoral program. This inquiry used an autoethnographic approach to examine the factors that lead to successful completion of a doctoral degree after the devastating diagnosis of cancer. The findings indicated a strong relationship to spiritual faith as a basis for resilience and persistence.

Keywords: autoethnography, cancer, doctoral persistence, spirituality

Table of Contents

ABSTRACT	3
List of Abbreviations	18
CHAPTER ONE: INTRODUCTION.....	19
Overview	19
Background.....	20
Situation to Self.....	23
Problem Statement.....	27
Purpose Statement	29
Significance of the Study.....	29
Empirical	29
Practical.....	30
Theoretical.....	30
Research Questions.....	30
Definitions	32
Summary.....	32
CHAPTER TWO: LITERATURE REVIEW.....	34
Overview	34
Theoretical Framework.....	35
Previous Work.....	35

	13
Doctoral Student Models of Persistence	37
Tinto	40
Related Literature	42
Institutional Factors.....	42
Personal Factors	48
Coping with Cancer.....	55
Summary.....	57
Additional Research	59
CHAPTER THREE: METHODS	61
Overview	61
Design.....	61
Ethnography	61
Autoethnography.....	62
The Researcher's Role	64
Research Questions.....	65
Setting.....	65
Participants	67
Procedures	68
Data Collection	69
Field Notes and Artifacts.....	70

	14
Focus Group	70
Synthesis.....	74
Data Analysis.....	74
Immersion.....	74
Creative Synthesis.....	75
Analysis.....	75
Trustworthiness	76
Credibility	76
Dependability	76
Transferability	76
Confirmability	77
Ethical Considerations.....	77
Summary.....	77
CHAPTER FOUR: FINDINGS.....	79
Overview	79
Participants	79
Research Questions.....	79
Results	80
Persistence and a Cancer Diagnosis.....	80
Personal Identity Before Cancer	82

Life Goals Before Cancer.....	84
Leukemia.....	89
Identity and Life Goals After Cancer.....	91
Restarting the Doctoral Process	98
Challenges	99
Coping.....	102
Supports and Strategies	107
Coping with Cancer and the Doctoral Program	112
Charting a New Course	113
Theme Emergence.....	119
Challenges	119
Support.....	122
Loss	125
Determination.....	127
Identity	128
Coping.....	131
Strategies	133
Life Goals.....	134
Spiritual	136
Summary.....	137

CHAPTER FIVE: CONCLUSION.....	140
Overview	140
Summary of Findings	140
Discussion.....	141
Identity	142
Life Goals.....	144
Coping.....	146
Support Strategies	148
Contributions.....	150
Implications	152
Theoretical.....	153
Empirical	154
Spirituality.....	154
Faculty Support	155
Practical Implications.....	155
Specific Recommendations	156
Delimitations and Limitations	158
Recommendations for Future Research.....	159
Summary.....	160
REFERENCES	164

APPENDIX A: IRB APPROVAL LETTER	184
APPENDIX B: FOCUS GROUP GUIDE	185
APPENDIX C: FOCUS GROUP TRANSCRIPT	187
APPENDIX D: ARTIFACTS	211
APPENDIX E: CHARTS	212

List of Abbreviations

Institutional Review Board (IRB)

Educational Doctorate (EdD)

Acute Lymphoblastic Leukemia (ALL)

CHAPTER ONE: INTRODUCTION

Overview

Student persistence to completion in doctoral programs has been the focus of many researchers within the literature. Doctoral programs are a rigorous pathway of endurance that culminates with a degree, which not only brings prestige, but credentials that will open career doors to the successful candidate. As a student progresses through a doctoral program often something changes which causes them not to persist to completion of the degree. The number of students who persist to completion of a doctoral program are far fewer than the number who actually begin the program (Golde, 1998; Hawley, 2010; Lovitts, 2001; Nettles & Millett, 2006; Tinto, 1993; Zahl, 2015). The factors that contribute to doctoral completion are elusive, however, the factors that contribute to student attrition from doctoral programs has been thoroughly vetted (Lovitts, 2001; Lovitts & Nelson, 2000; Zahl, 2015). Factors related to student attrition are often based in student perception of academic or social events within the University setting or may be rooted in health issues that arise to take precedence over the completion of a program of study (Antony, 2002; Lovitts, 2001; Lovitts & Nelson, 2000).

Two years into a doctoral program in education, I received a diagnosis of acute lymphoblastic leukemia just as I had completed coursework and was preparing for the dissertation process. I had successfully managed to balance my work and family schedules as well as several volunteer positions within the community. Soon after the diagnosis, it became apparent that I was not physically able to continue with the program. My entire life was shaken to the very foundation and nothing remained the same. I was moved to a hospital three hours away from my home and completely dependent upon my family for all of my needs. I was not sure if I would be able to persist to completion of this degree, however the will and

determination was still with me.

The diagnosis of cancer at the point of dissertation can be a signal of impending doom for a doctoral student. Coping with personal health and balancing the stresses of a doctoral program create an obstacle that could limit the potential to persist to completion. The literature has focused on students who have withdrawn from programs rather than students who persist to completion after a personal crisis. The voice of students who persisted to completion have not been given the same attention as students who have failed to complete a program. A student who experiences a life crisis at the point of dissertation yet persists to completion holds a vast amount of information that could be useful. Giving a voice to a student who has endured a health crisis and persisted to completion could provide valuable information to help other students in similar situations. The purpose of this autoethnographic study is to describe my motivations and supports as a doctoral student persisting to completion after receiving a diagnosis of cancer at the point of dissertation in a doctoral program.

Background

Enrollment in a doctoral program is an incredible landmark on the trail of formal education. Student's beginning the pursuit of a doctoral degree is faced with numerous courses and the ever-looming dissertation hangs heavily over their heads. Approximately half of the students who attempt a doctoral degree will persist to completion. The reasons why a student leaves a doctoral program are often unknown which has encouraged a lot of attention and a number of researchers to seek the motives that encourage doctoral students to leave a program (Devos et al., 2016; Hawley, 2010; Lovitts, 2001; Tinto, 1993). Research indicated that many students leave for three primary reasons, academic, financial or personal issues (Lovitts, 2001). Much of the research is focused on the impact of the working environment of the student and the

influences of institutional, cultural and social factors on persistence.

Student attrition has long been a concern of higher education programs. In the United States the rate of doctoral attrition has historically been 50% since the early 1960s (Benkin 1984; Berelson, 1960; Bowen & Rudenstine, 1992; Katz & Hartnett, 1976). The consistency of student attrition was generally attributed to the potential lack of ability of the student which resulted in a study by Tinto (1993) during the 1970s attempting to develop a theory of student attrition from degree programs. The focus of the research during this time was on the factors that influenced a student to leave a degree program.

The reactions of universities to the high rate of student attrition was to raise the admission standards to attract a higher caliber of student. This implies that the factors associated with student attrition lie in the inadequacies of the student rather than the institution (Lovitts, 2001; Tinto, 1993). The theory of student departure (Tinto, 1993) was a direct result of the idea that student attrition is equal to student failure or inadequacy. Research began to conclude that students were leaving for a variety of reasons that many times had nothing to do with student failure. Family and financial pressures surfaced as a potential problem as well as major life events, which many times had nothing to do with the program the university was offering, but rather the outside influences at the time. Unfortunately, universities tend to overlook specific personal reasons in favor of simply blaming the attrition problem with the ability of the student (Lovitts, 2001).

Numerous researchers found limited opportunities for socialization to be an important determining factor that leads to student attrition in the middle of a program (Gardner, 2008a; Golde, 2000; Kong et al., 2013). Research related to student socialization has discovered many influences that can contribute to student attrition, however as more research is conducted the

discovery of additional contributing factors seem to appear (Kong et al., 2013; Lovitts, 2001). The discovery of additional factors also pointed to problems associated with the university and the implementation of doctoral programs for students (Gardner, 2008a; Golde, 2000; Kong et al., 2013).

Doctoral students can be faced with many stresses and responsibilities beyond the doctoral program. Balancing family, work and coursework can many times become overwhelming for a doctoral student. Researchers indicated that the highest level of conflict is between family life and school responsibilities (Giancola, Grawitch, & Borchert, 2009; Kong et al., 2013). Research indicates that doctoral students experience a sense of family sacrifice in order to focus on completion of doctoral studies (Spaulding & Rockinson-Szapkiw, 2012; Wao & Onwuegbuzie, 2011). The amount of time that a doctoral program requires often takes away from family time such as weekends and summer vacations. The conflict involving family commitments can ebb and flow depending on life events often associated with family life such as divorce, marriage, or the birth of a child.

Personal conflict is also associated with doctoral student stress and generally can be categorized into the areas of work-related issues, or a personal issue such as death of someone or a health crisis. Work-related issues are often more influential upon student stress since the student has very little control over the variables associated with work (Giancola et al., 2009; Templeton, 2016). A personal crisis within a student's life can literally turn his or her world upside down. Coping with issues such as the death of a family member or the diagnosis of cancer immediately creates a unique distress for doctoral students. Lovitts (2001) found that personal issues appeared to be the least viable reason for student attrition at the doctoral level. A diagnosis of cancer can override the personal drives and goals and force the student to reevaluate priorities.

Further research discovered that intervening life experiences were a significant factor related to student persistence (Spaulding & Rockinson-Szapkiw, 2012). A theory of departure was developed by theorist Vincent Tinto attempting to describe the factors that encourage student attrition from higher education. The theory was based in the daily interactions of the student in both social and academic areas and the degree to which that perception of these interactions as well as external factors influenced the decision to leave or stay (Tinto, 1993).

The literature does not speak to the struggles of a student who persists to completion of a doctoral degree after the impact of a major life event. This autoethnographic study speaks to the struggle I personally faced with a diagnosis of cancer at the point of dissertation in a doctoral program. Although the drive to continue the pursuit of the degree was still present, the physical demands on the body limited the ability to move forward. Tinto (1993) continued to evolve with the discoveries of current research and responded with a framework for Institutional Action. This framework was based on various factors such as faculty support, advising, and the development of positive interactions within the coursework (Tinto, 2012).

Situation to Self

January 2013 my oldest brother passed away after a short battle with liver cancer. This single event impacted my personal life in an incredible way. After the funeral, my sister-in-law took a photo of me in front of the mausoleum and I realized for the first time that my weight was out of control. I consulted a physician and soon began the process for a gastric bypass surgery. At this point I was a severe diabetic taking thirteen shots a day and on three blood pressure medicines. It took months to prepare and qualify for the surgery, but October 29, 2013 I entered the hospital. The results of that surgery were amazing and immediately I no longer needed any diabetic or blood pressure medications.

The result of the surgery ultimately allowed me to transform from 315 pounds down to 215 pounds in about 12 months. This physical change created a definite change in confidence as well. I had regained my life and was ready to give it all that I had. In March of 2014 I was approached by a literary agent about authoring a theatre textbook for college courses. I was teaching a full load, but with the new confidence felt I could complete the project. The literary agent indicated that the book would be needed by August of that year. My naivety caused me to calculate writing the manuscript all summer for a late summer deadline. When the contracts came I soon realized that the publisher wanted to print the book in August which meant that the manuscript needed to be submitted by June. I had committed to write the book so I forged ahead and signed the contract with an agreement that I would get a bonus if I submitted the manuscript on time.

I worked diligently at writing a chapter each week and delivered the manuscript for a 500-page book on time. During this process, I encountered another professor who had recently obtained a doctorate. Unfortunately, that degree did not increase their intellectual ability, which caused me to ponder the situation. After evaluating the situation and my perceived ability, I decided that if this person could complete that degree there was no doubt that I could do it as well. After submitting the manuscript, I began looking at doctoral programs. I primarily taught theatre courses, but had been teaching a course for elementary teachers, which inspired me to seek a doctorate in education. After a lengthy investigation, I settled on Liberty University as the program that best suited my needs.

At this time, my wife was a partner in a CPA firm which was approached by a national company and was going to be merged into that company. This made our future very unstable since we were not sure where we would end up. We were thinking of moving to the Dallas area

since the new firm had a regional office in that city. I knew that if I started a degree I needed to be able to be transient without losing credit if we moved to a new city. As an author, I felt that the credentials of the doctoral program would increase my credibility and allow me new opportunities for development within the area of education. As I analyzed the situation, I developed a plan to complete the degree in May of 2017 since my son would be graduating from high school. I do not know why this was important, but I was hesitant to have both of us in college at the same time.

I began the doctoral program in the school of Education at Liberty University in August of 2014 and moved quickly through the program, taking 12 hours per semester. I first traveled to Lynchburg, Virginia for residency requirements in June of 2015 and would return again in January and June of 2016. As a student I was very focused and driven to complete the degree on time. When I left Virginia that June of 2016 my thought was to focus on completing the manuscript for another theatre textbook, which was due to the publisher in September. I completed the last few assignments and steadily worked on the manuscript throughout July in spite of a couple of weeks in Massachusetts with the family. At this point we had decided to stay in Waco, Texas, but wanted to build a new house. It was during those outings with the realtor that I first began having episodes of dizziness that would eventually encourage me to seek medical attention. I was so excited to be on track to completion of the doctorate; everything in life was going well. We had located land for a new house and I worked to secure the financing and planned to put an offer down. I had contacted the doctor's office and they asked me to stop by for lab work. I did not rush in and waited a couple of days because I was busy. I finally went in on Friday morning before meeting the realtor to look at another tract of land that. Life was

great: I was at the point of dissertation for a doctorate degree, planning a new home, and looking forward to the last year with my son who was preparing for his senior year of high school.

Monday morning my son and I dropped his car off at the Honda dealership and had just returned home. I brewed a cup of coffee and spread out my notes to begin writing another chapter for the textbook manuscript. Just as I sat down the phone rang and it was the nurse from the doctor's office. She instructed me to gather up a suitcase for a single night in the hospital and immediately go to the emergency room. My hemoglobin was low and she was insistent that I go as soon as possible. I had no idea what this meant, but I complied. My son drove and I called my wife to meet us at the hospital. After four days of tests in the hospital the doctor came in and told us that I had acute lymphoblastic leukemia.

A diagnosis of cancer is often a life-changing event that potentially impacts all areas of a person's life (Heldon, Foli & McComb, 2015). As a graduate student in a doctoral program I was faced with numerous stresses as I dealt with the challenge of moving from coursework to the dissertation phase of the degree. Less than six weeks after completing oral examinations I received a phone call that would change the course of my life. Suddenly the focus on completing the doctoral program was in peril along with every other aspect of my life. Less than two weeks later I was scheduled to continue coursework in preparation to write a prospectus for my dissertation. This was the last course before the dissertation process was scheduled to begin. At this point I did not realize the magnitude of this diagnosis and how it would change my life.

I attempted to begin the next course from a hospital bed, but soon realized that this was not a possibility. It was almost as if every assignment was written in a foreign language and I could not decipher what I was to do to complete them. I contacted the professor and explained my situation and he encouraged me to drop the course. This was not part of my plan and I

desperately wanted to continue, but my physical condition did not allow. The chemotherapy process was rougher than I had anticipated. I was terrified that if I dropped, I might be expelled from the program and was not sure I could endure the steps for readmission at a later date. I found myself in a situation that could potentially end my pursuit of a doctoral degree when I was forced to withdraw from a course due to medical issues.

Problem Statement

The focus in the literature related to doctoral persistence tends to be centered on students who have dropped out of doctoral programs. The literature focuses on the voices of students who have withdrawn from programs rather than the student who persists to completion.

Studies traditionally focused on the individual doctoral program without consideration of the university as an entity (Bowen & Rudenstine, 1992; Golde, 2005). The interaction with faculty members within a doctoral program serves as a foundation for the development of a strong connection for the student to the academic program which operated under the guidelines established by the overseeing department (Golde, 2005). The department that oversees a doctoral program establishes the program guidelines such as admission standards and curriculum requirements. The faculty represents the department while providing a more personal connection for the student.

A considerable amount of research has been dedicated to the relationship of a doctoral student to the working environment within a program. The research focuses primarily upon the influence of cultural, social, and institutional factors (Cantwell, Bourke, Scevak, Holbrook, & Budd, 2015; Devos et al., 2016). A particular focus has been the role of the doctoral supervisor and has been established as a critical factor for student success within a doctoral program (Barnes & Austin, 2009; Jones, 2013; McAlpine & Mckinnon, 2013). The literature looks

beyond the role of the doctoral supervisor and cites the importance of social adaptation within the program.

Doctoral students interact with other students within the program frequently developing a process of social integration within the department. Integration into the university and the community with the academic department has been shown to make an important contribution to the qualities associated with degree completion (Devos et al., 2016; Jairam & Kahl, 2012; Tinto, 1993). Indications that doctoral students who completed a program were more likely to have social integration among their academic peers who persist than non-completers are documented in quantitative research (Bair & Haworth, 2006; Jairam & Kahl, 2012). However, qualitative research using personal interviews indicated that the absence of a social connection was a negative component related to the quality of experience within a doctoral program, but was not an indicator of attrition (Devos et al, 2016; Golde, 2000).

Doctoral students do not belong to a single social and cultural grouping, but have been shown to be multifaceted with connections to numerous communities. Scholars have argued that the process of socialization is dependent upon the social views of the doctoral program. The influence of the social atmosphere within the doctoral program are influenced by dominant social constructs such as faith, race or sex (Crumb, Haskins, Dean, & Harris, 2019; Felder, Stevenson, & Gasman, 2014). Various cultural subgroups have been the focus of research related to successful completion of doctoral programs. Factors of race and gender have been examined as important indications of the complexity of doctoral student experience and have encouraged consideration of minority viewpoints. Issues related to race and gender have provided a more complete picture of the multifaceted aspects of doctoral students (Noy & Ray, 2012; Twale, Weidman, & Bethea, 2016). Additional sub groups have been the focus of research, but the voice

of students with a significant health diagnosis has not been heard. The experiences and viewpoints of students who persisted to completion after a diagnosis of cancer at the midpoint of a doctoral program have not been explored in the same manner.

Purpose Statement

The purpose of this autoethnographic study is to describe my motivations and supports as a doctoral student persisting to completion after receiving a diagnosis of cancer at the point of dissertation in a doctoral program. Persistence was defined as “the rate at which students who begin higher education at a given point of time continue in higher education and eventually complete their degree” (Tinto, 2012, p. 127). The theory guiding this study is the academic retention theory (Tinto, 2010) as it relates to the influences that impact a student’s decision to persist in a doctoral program after a diagnosis of cancer at the point of dissertation.

Significance of the Study

The findings of this study will contribute to the further development of the literature by giving a voice to a student who endured a diagnosis of cancer and managed to persist toward completion of a doctoral degree.

Empirical

A doctoral student that has been diagnosed with cancer during the course of the degree program has not been examined. The focus also provides an opportunity to examine persistence rather than attrition as a result of a cancer diagnosis. This study gives a voice to student persistence rather than student attrition and has the potential to provide valuable information related to the specific pressures and decisions that encouraged persistence.

Practical

Life events in general have been the focus of past research focused on student attrition and persistence and the impact a major life determines the fate of the student. This study provides the opportunity for the lone voice of a doctoral student who has been diagnosed with cancer during the course of a doctoral program to be heard. The persistence of a doctoral student after a diagnosis of cancer provides an opportunity for a unique perspective related to doctoral persistence.

Theoretical

The composition of individual perspectives and voices related to a unique experience result in a unifying cultural interaction. Although the lone voice represents a single perspective from that cultural exchange it provides a glimpse inside of the experience. This study provides the interaction of a singular voice within a culture allows an internal glimpse into persistence and the perceptions that define persistence.

Research Questions

This autoethnography research study describes the lived experience of coping with a cancer diagnosis while persisting in a doctoral program. The following research questions were investigated in this study.

Research Question 1: How does a cancer diagnosis impact the personal identity and life goals of an individual enrolled in a doctoral program?

The distress caused by a cancer diagnosis potentially could lead to student disengagement and a sense of belonging to a scholarly community. The impact of distress and the association with personal identity and a sense of belonging plays a prominent role in student engagement or disengagement (Amini et al., 2008; Lovitts, 2001; Spaulding & Rockinson-Szapkiw, 2012;

Virtanen, Taina, & Pyhältö, 2017). The revelation of the impact of a cancer diagnosis on personal identity and life goals potentially could provide insight to engagement and belonging to a scholarly community.

Research Question 2: What are the unique challenges experienced when coping with cancer while enrolled in a doctoral program?

A diagnosis of cancer while enrolled as a doctoral student brings an entirely new set of pressures and challenges toward persistence and completion. Attempting to understand these challenges begins with an individual student and the relationship to the largely idiosyncratic event and the individual experiences and understanding that is held of the event (Tinto, 1993). Identifying the unique challenges experienced when coping with cancer while pursuing a doctoral degree could expand the body of knowledge related to challenges that endanger persistence.

Research Question 3: What supports and strategies encourage doctoral persistence in an individual coping with cancer during the doctoral journey?

The specific supports and strategies employed by a doctoral student are unique to the individual, however the motivation that guides these may share common threads. There is limited research related to doctoral students and the motivation that encourages persistence during the doctoral journey (Hegarty, 2011; Templeton, 2016). The supports and strategies that encourage a doctoral student coping with cancer could provide valuable information for colleges and universities to aid in understanding the best methods for providing support to these students.

Definitions

1. Academic integration- The degree to which a person integrates the values and norms of an academic community into a personal value system (Tinto, 2012).
2. Acute lymphoblastic leukemia- A type of cancer in which the bone marrow makes too many lymphocytes, which are a type of white blood cell (Acute lymphoblastic leukemia treatment, 2018).
3. Doctoral persistence- For the present study doctoral persistence will be defined as “the continuance of a student’s progress toward the completion of a doctoral degree” (Bair et al., 2006, p.8).
4. Motivation- The willingness to work toward the attainment of personal goals (Tinto, 1993).
5. Persistence- For the present study persistence will be defined as the “degree of strength of will or perseverance with a tendency not to abandon tasks in the face of obstacles” (Duckworth, 2016, p. 77).
6. Self-efficacy- The sound stable sense of oneself based upon a strong feeling of personal worth as a human being (Deci & Flaste, 1996).
7. Social integration- Finding and adopting new associations appropriate for becoming a part of a new community (Tinto, 1993).

Summary

The focus in the literature related to doctoral persistence tends to be centered around students who failed to persist rather than students who persist to a doctoral degree. The purpose of this study is to identify the motivation and supports that I faced when diagnosed with cancer at the point of dissertation in a doctoral program. Persisting toward a doctoral degree is a system

of overcoming obstacles that are presented throughout the process. A diagnosis of cancer is an enormous obstacle that changes not only the physical aspects of the body, but the mental and psychological as well. Understanding these tremendous forces holds the potential to influence the knowledge of student persistence in order to allow colleges and universities a clearer understanding for encouraging students to persist to completion.

CHAPTER TWO: LITERATURE REVIEW

Overview

This chapter explores previous literature related to doctoral persistence and the theory that will guide the present research study. A theoretical framework is defined considering the previous research related to persistence and includes an overview of the theory that will be employed to guide the research. The work of Tinto toward a theory student integration will guide the research of student persistence in doctoral programs (Tinto, 1975, 1993, 1997). The focus of the research will be to illuminate the struggles and continual persistence toward completion of a doctoral degree after a diagnosis of cancer. Much of the previous research has focused solely on students who failed to persist and ultimately dropped out of a doctoral program. Little research has been focused on the success of students who persist to degree completion after a diagnosis of cancer (Devos et al., 2016; Rockinson-Szapkiw, Spaulding, & Bade, 2014). Students who persist to completion after a diagnosis of cancer are not represented.

The related literature regarding doctoral student persistence is explored. Personal factors that guide a student such as gender, age and the ability to self-regulate are examined. The literature pertaining to the educational institution and the relationship with the student is explored with a focus on academic and emotional support, faculty mentoring, course structure and financial concerns. The importance of family, community and work-related support is examined with consideration to the impact toward persistence to degree. Although support may be a key to student success, research has indicated that student attrition rates are impacted by a multitude of factors representing a varied degree of challenges, both academically and personally, that impact a student's decision to stay or to leave a doctoral program (Ali & Kohun, 2006; Allan & Dory, 2001; Castelló, Pardo, Sala-Bubaré, & Suñe-Soler, 2017; Smith, Maroney,

Nelson, Abel, & Abel, 2006; Spaulding & Rockinson-Szapkiw, 2012). The chapter concludes with a summary of student persistence in doctoral programs and how the present study will address the gaps found in the literature related to students who have been diagnosed with cancer during a degree program.

Theoretical Framework

The decision to attempt a doctoral degree and submit to the hours of research and coursework that often lead to a very isolated existence provide an image of a researcher stooped over a desk surrounded by books and a desk lamp. Although this image seems humorous it is based in an element of truth. The decision to attempt a doctoral program is a high-risk proposition that more than half of the students who begin will never complete (Brailsford, 2010; Golde, 2005; Lovitts, 2001; Powell & Green, 2007). The percentage of doctoral students who actually persist to a doctoral degree is around 40-60% and has historically been at this level for several years (Lovitts, 2001; Rockinson-Szapkiw et al., 2015). The stages of the journey a doctoral student undertakes have been investigated with a focus on entering and exiting the programs. The doctoral student motivations and experiences associated with a diagnosis of cancer have not been thoroughly examined.

Previous Work

Academic and social integration studies have been used to examine doctoral student persistence and motivation to degree completion. A spotlight on academic and social integration frequently is used by applying increased faculty advising and mentoring and the encouragement of the development of peer friendships along with social networks is an emphasis with integration-based models (Gardner, 2007; Golde, 2005; Taylor & Antony, 2000). Tinto's (1993)

theory of student departure is typically used in most studies that explore academic and social integration.

The integration of students into higher education was studied by Tinto (1993) and Lovitts (2001) using Durkheim's (2013) social and intellectual construct. Tinto (1993) discovered that social integration was an influential component of undergraduate attrition and retention. He then went on to propose that for graduate students a critical dynamic would be intellectual integration. Lovitts (2001) used the term academic integration rather than intellectual integration as the influential component for students within a doctoral program (Church, 2009). The successful academic integration of a doctoral student encourages a sense of stability and confidence, which establishes a tool for success. The failure of integration into a doctoral program encourages a sense of isolation (Lovitts, 2001).

Social isolation was established by Ali and Kohun (2006) as a contributing factor that encourages doctoral students to consider leaving a program prior to degree completion. The result of this study indicated that there are four key stages that were identified which encourage a feeling of social isolation among doctoral students. The findings of the study resulted in Ali and Kohun (2007) developing a four-stage framework to deal with isolation among doctoral students. This research was the result of numerous studies that investigated doctoral attrition that indicated harmful impact on not only the students, but the universities that offered the programs as well (Hawley, 2010; Lewis, Ginsberg, Davies, & Smith, 2004; Lovitts, 2001).

The research focus related to doctoral student attrition has been focused on the role of the educational institution rather than the student. Spaulding and Rockinson-Szapkiw (2012) studied doctoral student persistence with a focus on providing recommendations for the student rather than the university. The implications of this study revealed three key areas that could inform a

doctoral student and encourage academic success within a doctoral program. The elements of sacrifice, intervening life experiences and dissertation challenges were three key experiences that a potential doctoral student would face (Spaulding & Rockinson-Szapkiw, 2012). A doctoral candidate can expect that academic time will supersede and interfere with any other aspect related to time within their lives. Unknown life experiences such as a birth or death and illness can create a disturbance within the academic focus of a doctoral student, which could interfere with persistence to completion of the degree. The most challenging portion of the doctoral degree is the dissertation phase of the process (Spaulding & Rockinson-Szapkiw, 2012). The doctoral student's ability to balance family, work and the actual drive to pursue the dissertation process reduces the student's resilience and could potentially end up as a failure to complete the degree.

Doctoral Student Models of Persistence

The current models of doctoral student persistence are not able to fully explain the motivation behind doctoral attrition or persistence. The difference among various doctoral programs across academic disciplines is vast, which creates a problem with the design of a persistence model that applies to each unique discipline, institution and academic department (Lovitts, 2001; Tinto, 2012). The differences in doctoral programs translates to student experiences that are just as varied as the programs and institutions that developed them. Another important aspect is the difference among the various academic disciplines which feature unique qualities based in distinctive intellectual tasks and conduct that inspires specific values and cultures related to the discipline (Brucker, 2009; Tinto, 2012). The focus of research at the undergraduate level usually occurs at the institutional level (Tinto, 1993). Studies concerning the doctoral student experience focus on the individual doctoral program rather than the institution

as an entire entity (Bowen & Rudenstine, 1992; Golde, 2005). Doctoral programs are the foundation of a community where graduate students and peers are able to interact with faculty members. Doctoral programs operate under the policies and guidelines established by the department that oversees the program (Golde, 2005). The department overseeing a doctoral program is the governing body that determines admissions standards, curriculum requirements and terms for financial support, which directly influences the experience of the student.

The existing literature related to the academic department and the influence on students within the broader academic environment ranges from requirements for admission to the requisite objectives necessary to complete the degree. The implementation of departmental policies and interpretation of requirements has been found to directly influence doctoral student persistence and the time to completion of the program which influences completion rates as well (Gardner, 2010; Golde, 2005; Tinto, 2012; Vaguera, 2008). When students and academic departments have mismatched goals and expectations, the student is often discouraged and ends up a statistic of attrition (Golde, 2005). The design of the doctoral program and quality of disseminating information to students is a determining factor for students and the completion of the doctoral program (Bair & Haworth, 2006; Lovitts, 2001). The importance of support and structure also is a direct influence related to the probability of doctoral student persistence and degree completion (Gardner, 2008b; Herzig, 2004).

Tinto (1993) suggested that studies of undergraduate persistence often take place at the institutional level as opposed to doctoral programs who rely upon the academic department or specific program as a focus for research related to doctoral student persistence. Golde (2005) observed that graduate student interactions among peers and faculty primarily take place within the same academic department that controls the interpretation of requirements for admission,

financial support, curriculum and completion of the degree and ultimately directly influences student perceptions of the program.

The existing literature has tightly focused on the relation of a student and the academic environment and services offered through departments and how they instruct the student's experiences while pursuing a doctoral program. The interpretation of academic policies and the implementation of them show a direct influence on doctoral students' time to degree, persistence, and completion rates (Gardner, 2010; Golde, 2005; Tinto, 2012). Specific characteristics of a department and the interpretation of academic policies are particularly influential in programs where students are working in isolation (Golde, 2005). The quality of a department's advising program has been found to influence student persistence as well as the actual design of the program (Bair & Haworth, 1999; Bowen & Rudenstine, 1992). The degree of support and structure that a student feels has also been demonstrated to increase the probability of doctoral student persistence toward degree completion (Gardner, 2008a; Herzig, 2004; Nerad & Cerny, 1993).

The literature shows that academic departments that provide doctoral students with financial assistance such as teaching and research assistantships, and fellowships encourage doctoral student completion and persistence rates (Abedi & Benkin, 1987; Bair & Haworth, 2006; Bowen & Rudenstine, 1992). Studies show that programs with higher retention rates are typically linked to the type and amount of financial aid that is offered to students. An example is science and engineering programs who offer multi-year funding to the majority of the students participating in the doctoral program. Departments that offer a combination of fellowships and assistantships have a shorter time to degree completion than programs that offer only a teaching assistantship (Bowen & Rudenstine, 1992; Nerad & Cerny, 1993). Financial aid that is offered

for the duration of the program reduces time-to-degree completion rates and during the dissertation period offering fellowships has been found to increase a student's likelihood to persist to completion of a doctoral degree (Bowen & Rudnestine, 1992). The opportunities for involvement in a department are expanded with financial aid offerings which allows doctoral students to interact with faculty members in a more beneficial way.

Academic departments with the highest completion rates have been shown to have both a supportive and positive attitude among faculty and student relationships as well as consistency among the faculty and their involvement throughout all stages of the doctoral program (Gonzalez, 2006; Herzig, 2004; Vaquera, 2007). Departments that demonstrate a supportive climate and provide clear guidance for doctoral students to achieve goals and progress toward degree completion with a clear definition of expectations and consistent evaluation of student progress tend to increase the likelihood of student persistence. (Golde, 2005; Nettles & Millett, 2006).

Tinto

Early persistence models theorized that student persistence was primarily based on attitudes, norms and behavior from the past that form the behavior associated with the intention to learn (Fishbein & Ajzen, 1975; Rovai, 2002). The idea of volition, the force that mediates between intentions and behaviors associated with learning, was examined and ultimately associated with providing the drive to enroll in a program of study (Corno & Kanfer, 1993; Heckhausen & Kuhl, 1985). Student persistence in long-term programs which require a sustained effort, such as a doctoral program was found to potentially diminish as a result of declining motivation many times as a result of perceived crisis as a result of changes within the life situation of the student (Rovai, 2002).

Psychological models created a foundation for further research that attempted to explain student persistence and attrition. The expansion of information related to student persistence included more of a focus on the role of the educational institution and how well the student integrated into the educational program (Rovai, 2002; Tinto, 1975, 1993, 2012). Examining the integration of the student included not only student variables, but institutional and environmental variables as well to determine specific areas of integration into the program of study (Rovai, 2002; Tinto, 1975, 1993, 2012).

Possibly the most influential attempt to describe student interaction within an educational setting was a model developed by Tinto (1975, 1993, 2012). Tinto's (1975, 1993, 2012) model of student integration attempted to explain the idea of a student's potential "fit" into a program of study using a series of primary ideas that determined the successful persistence of a student. These ideas were broken down into two areas: (a) student experiences and characteristics prior to higher education enrollment and (b) the actual experiences in the program after enrollment (Rovai, 2002; Tinto, 1975, 1993, 2012). Tinto (1975, 1993, 2012) suggested that the closer a student's academic integration to the central mainstream membership of institutional life the greater the chance of student persistence toward completion of the academic program. Post-secondary education research related to student persistence found that integration into the academic program significantly impacts the rate of student persistent to degree completion (Tinto, 1997; Rovai, 2002).

The student integration model developed by Tinto (1975, 1993, 2012) attempts to explain the student integration process as primarily a function of experiences in both academic and social areas within the academic program of study. Students who experienced insufficient interactions with faculty and other students that encourage extreme differences that cause the student to feel

isolated are likely to result in leaving the program early. Another key observation was the external forces that impact a student's ability to persist. Tinto (1993) observed that "participation in external communities does hinder persistence because of the ways in which external obligations limit one's ability to meet the demands of college" (p. 63). These obligations tend to cause the student to reevaluate the situation often resulting in pulling away from program responsibilities in favor of fulfilling the obligations of the external demands (Tinto, 1993).

Related Literature

Institutional Factors

Attrition in graduate school doctoral programs has investigated since the early 1960s. Early research indicated that doctoral attrition presented a significant problem for higher education institutions (Lovitts, 2001; Tinto, 1993). Research within this area has been slow to develop most likely due to the idea held by institutions of higher education that attrition was a healthy aspect of a doctoral education. The result of this early research was a minimal amount of information that did not seek to probe deeper into the actual reasons for departure, but rather focused on the perceived lack of student ability (Tinto, 1993).

Doctoral programs traditionally have been considered to be an exclusive element of academia that ultimately served to eliminate the weak links in order to present a strong candidate for a doctoral degree. High attrition within doctoral programs is a problem which could be recognized as a process of weeding in order to ensure that the program maintains a strictly exclusive membership that persists to graduation. This attitude encouraged assumptions that students were leaving due to an inability to successfully complete the program (Denecke, Frasier, & Redd, 2009; Lovitts, 2001). Research has indicated that ability does not always determine a higher percentage of completion rates. General intelligence and academic

preparedness has been shown not to be an accurate measure of success in a doctoral program. Students with high grade point averages and great test scores often have low completion and persistence rates (Lovitts, 2001; Tinto, 1993; Vaquera, 2008). Higher education institutions often attribute student attrition to academic rigor, but research shows otherwise, and academic rigor cannot be attributed to doctoral program attrition.

Persistence rates. Doctoral student completion rates are similar for both non-completing and completing students. A barrier to research has been the lack of a common time to completion requirement for doctoral programs. The data for completion rates in doctoral programs has steadily been around 50% for over 50 years (Benkin 1984; Berelson, 1960; Bowen & Rudenstine, 1992; Katz & Hartnett, 1976). There is more research that actually investigated persistence rates, but very little has been determined about specific areas that have influenced a student to stay and complete a doctoral degree.

A conference of the Council of Graduate Schools was conducted in 2002 with a focus on the issue of attrition and low completion rates in doctoral programs. The Ph.D. Completion Project was established following this conference in an attempt to address the attrition and persistence rates and the issues that surround each (Project Information, n.d.). The project was intended to collect useful research data related to attrition and persistence for doctoral programs. During that same time period additional higher education institutions implemented a series of measures for reporting persistence rates among doctoral programs. Although data was being collected most of the attention was paid to the amount of time it took to complete a program rather than the factors associated with attrition rates. The development of these data collection platforms encouraged more research which focused primarily on attrition and the reasons that a student might leave a program.

The cost to programs. Higher education institutions have experienced a significant problem with low completion rates and high levels of attrition from doctoral programs. Research has been conducted related to these problems for decades, little evidence exists to show a systematic response to aide with the problem (Lovitts, 1996; Lovitts, 2001; Tinto, 1993). The attitude of higher education institutions has generally been that attrition is appropriate since it essentially separates the capable students from those who are academically incapable.

In recent years doctoral programs within higher education institutions have encouraged research designed to ascertain general reasons for a student to leave a doctoral program. The attrition rates for doctoral programs have been found to create a financial drain on the institution since much of the investment in the program is placed with recruitment, faculty time, and other resources and support that are used within the first couple of years of the program. There is very little return upon the investment when a student leaves or does not complete a doctoral program (Lovitts, 1996; Lovitts, 2001; Tinto, 1993). High attrition rates not only impact the educational institution, but impact the individual and society as well.

A student with high academic potential is just as likely to leave an academic program as anyone else in the program (Lovitts, 2001). Research indicates that academic preparedness, placement test scores as well as grade point averages are not able to accurately predict a doctoral student's success or the potential possibility of completing a program of study (Lovitts, 2001). This finding indicates that the students who are lost through attrition from doctoral programs are not necessarily the least capable which ultimately results in a loss not only to the doctoral program, but a loss to society as well. Doctoral students who manage to complete the program potentially can influence society through increased workplace knowledge, expertise and research

within a field. In addition to the workplace the loss of potential university faculty is another significant issue particularly if the student was part of a minority population.

Higher education institutions in the United States have been focusing on hiring a more diverse faculty across the nation for over a decade. First generation students, and minority students who withdraw from programs create a significant problem with the availability of a more diverse faculty pool. The lack of a more diverse faculty potentially impacts the retention of undergraduate students resulting in a reduced completion rate (Astin, 1999; Tinto, 1993). This demonstrates how attrition within the minority population impacts all levels of academia from undergraduate work through the doctoral level.

When students leave a doctoral program, it is frequently the first experience of failure within an academic setting (Lovitts, 1996; Lovitts, 2001; Nelson & Lovitts, 2001). Higher education institutions invest a significant level of not only effort, but time and money as well into academic programs. This results in a poor return of the investment when a student leaves without completing the program. Most students leave due to a lack of support which would enable them to be successful. The result of failing to connect to the resources offered through the higher education institution at various levels such as the program, department or even institutional level. The student's failure to connect results in not only a financial, but physical and emotional drain as well.

Student support. The support a student receives in a doctoral program to discourage exiting the program prematurely has been the subject of numerous studies. To understand the reasons for a doctoral-student leaving, the role of the University program and discipline of the student must be examined (Golde, 1998). Socialization theory has been used as a common and useful framework to examine the early experiences of students within a doctoral program (Baird

1990; Egan 1989; Golde, 1998; Turner & Thompson, 1993). The process of socialization for a doctoral student is multifaceted. The student must not only adjust to the role of graduate student, but also discover their personal role within the educational community of their program of study.

Golde (1998) developed a model which identified four tasks that a graduate student must complete in order to become an active participant within the social community of a doctoral program. The first task was the integration of the student related to intellectual mastery through the use of coursework in the program. The second task requires the student to establish the basis of the drive to survive as a graduate student and finding the value of the sacrifices associated with pursuing a doctoral degree. The third task is determining that a student feels capable of completing the tasks associated with the program and how appropriate the training will be for future career choices. The fourth task is the actual integration of the student into the academic department and assuring themselves that they are a good fit within the doctoral program.

The transition and socialization model developed by Golde (1998) was based upon data from a previous study conducted two years earlier. A common theme that emerged from the data was the startling realization of a graduate student that their future would create a life experience that would be all-encompassing and focused on one single purpose based upon their academic pursuit (Golde, 1996). The idea of holding a doctoral degree and the actual process that is required to overcome the obstacles along the way to doctoral completion are very different perspectives. The model divides the process of coming to grips with doctoral student requirements into four key steps to encourage completion of the degree. Failing to obtain social integration within an academic department often leads to a student feeling isolated and alone as they work to complete the program.

Faculty mentoring. The literature indicates that a common cause of the lack of persistence in doctoral programs is associated with the absence of an effective mentoring program involving faculty relationships with the candidates. Research has indicated a distinct impact on student achievement and the influence of faculty mentoring (Brill, Balcanoff, Land, Gogarty, & Turner, 2014; Linden, Ohlin, & Brodin, 2013). Research conducted by Linden, Ohlin, and Brodin (2013) indicated that untrained faculty mentors tend to revert to a role of supervision rather than mentoring by focusing on roles and tasks rather than the individual learning needs of the student. A quality teacher does not automatically translate to a quality mentor which can be problematic since research indicates that the most important relationship for a doctoral student is with an advisor, faculty or chairperson (Barnes & Austin, 2009; Brill et al., 2014; Holley & Caldwell, 2012). A student with a poor relationship with a faculty mentor potentially could be problematic if the student turned to another faculty member or student for support which results in disrupting the appropriate mentoring process (Barnes & Austin, 2009; Brill et al., 2014; Crisp & Cruz, 2009; Grant-Vallone & Ensher, 2000; Hadijoannou, Shelton, Fu, & Dhanarattigannon, 2007; Holmes, Robinson, & Seay, 2010; Mullen, 2007; Sugimoto, 2012; West, Gokalp, Pena, Fischer, & Gupton, 2011).

Mullen (2007) indicated that institutional and structural inadequacies contribute to student failure within traditional doctoral mentor programs which feature exclusive student and faculty interactions. Also, students and mentors need to have similar interests and goals as well as mutual respect for one another. Doctoral students are often overwhelmed and isolated about the specific program requirements as a result of a weak mentoring structures within a program (Brill et al., 2014). Students indicated that the materials are often confusing, and lack adequate information related to completing the degree (Ali & Kohun, 2006; Brill et al., 2014). This can be

alleviated with a strong faculty mentoring program that is able to direct the student and keep them on track for completion (Brill et al., 2014).

The literature indicates that students' perception of the social environmental support they receive encourages persistence and achievement in academics providing important emotional support (Dupont, Meert, Galand, & Nils, 2013; Fass & Tubman, 2002; Hackett, Betz, Casas, & Rocha-Singh, 1992). Key predictors of persistence for doctoral students have been identified as both socio-demographic and socio-economic factors. An example is the tendency toward lower test scores from an older male student with little financial support and with parents who have less education (Bruinsma, 2004; Dupont et al., 2013; Robbins et al., 2004; Van den Berg & Hofman, 2005).

Personal Factors

Institutional support systems work directly with personal support systems which often begin with family support. A sense of connectedness is developed through the use of familial integration which provides a sense of connectedness that the doctoral student experiences with other family members (Lott, Gardner, & Powers, 2009; Rockinson-Szapkiw et al., 2014).

Family support. The family support system that nurtures a child instructs and influences them for a lifetime. Children look to the adults in their lives as a model for the behavior they will exhibit as adults. Just as an artist manipulates clay to create a sculpture a child begins to imitate the actions of the adult. This imitation allows the child to experiment and learn important beliefs and behavior patterns (Berk & Winsler, 1995; Miller, 2011; Wertsch, 1985). The adult figures in a family group are like an artist manipulating clay to create a sculpture. Family interactions with children are scrutinized and learned in order to mold the character and personal values and beliefs that will guide child for a lifetime.

A child who is reared in a home with parents who have obtained a post-graduate degree are more likely to pursue a post-graduate degree themselves. The embracing of academia by parents and other family members provides a standard that a child is encouraged to imitate and integrate into their own belief system. Graduate students attribute an intrinsic motivation toward education which stemmed from the influence of family who held a strong interest in academic ideas (Ishitani, 2008; Reay, David, & Ball, 2005; Templeton, 2016). A strong example from family encourages an expectation of a similar academic experience for the child who was reared in such an environment. As the child grows and develops an assumption is developed that encourages an expectation that the child will pursue a graduate degree in order to fully mimic the behavior of the parents who raised them.

An adult's degree of persistence develops from childhood experiences and the decisions cultivated from contextual and cultural factors influenced directly by family ideas (Rockinson-Szapkiw et al., 2014; Rutter, 1985). Intrinsic family beliefs and ideals are closely related to the degree of persistence and resilience that are demonstrated by a graduate student. The degree of persistence may not directly imitate the persistence that was demonstrated within the family home. A child raised in an adverse family situation could choose to create a different circumstance for themselves as an adult to overcome obstacles that were presented to them in their youth (Masten, 1994; Masten, Best, & Garmezy, 1990). The degree of doctoral student persistence potentially could achieve a more favorable result in obtaining a doctoral degree as a direct result of the student desiring a better outcome than was modeled by family as a child.

Familial integration demonstrates the sense of connectedness a doctoral student feels with other family members throughout the pursuit of the doctoral degree. The desire to overcome a familial circumstance such as poverty encourages persistence toward completion of a doctoral

degree in order to avoid the same obstacles as an adult (Lott et al., 2009; Rockinson-Szapkiw et al., 2014). Familial impressions and support influence the goals and desire to successfully obtain a doctoral degree to facilitate a change for the next generation.

Doctoral students manage to balance a variety of demands including family, work, and academic. The demands placed on a doctoral student create a unique stress that could interfere with the persistence to obtain a degree. Family support may be a significant factor for alleviating the stress that a doctoral student feels that often lead to negative outcomes (Chartrand, 1992; Giancola et al., 2009). The support of a family not only discourages stress, but also reinforces the desire and drive to obtain a doctoral degree.

Community support. Social connections are a part of a doctoral student's experience while pursuing a doctoral degree. Various supports are relevant including academic, personal and professional for a doctoral student to experience success within a program of study (Bean, Readence, Barone, & Sylvester, 2004; Holley & Caldwell, 2012; Jairam & Kahl, 2012; Terry & Ghosh, 2015; West, Gokalp, Pena, Fischer, & Gupton, 2011). Gardner (2009) noted that many times doctoral students are nontraditional, mature learners seeking social learning in addition to facilitated guidance in order to enhance the learning experiences. Adult learners tend to expand social connections within their own social network outside of the learning environment seeking engagement, expanded development and ultimately success (Higgins & Kram, 2001; Terry & Ghosh, 2015). Doctoral students experience intense time constraints and a lack of potential social contacts creating an obstacle to expand a developmental network (Gardner & Gopaul, 2012).

Mentoring relationships inspire increased learning, program satisfaction, career development and successful completion of the degree program among doctoral students (Gardner & Gopaul, 2012; Holley & Caldwell, 2012; Jairam & Kahl, 2012; Terry & Ghosh, 2015;

Sweitzer, 2008). Integration into the academic world of a doctoral student can be assisted with the inclusion of mentoring in order to encourage social integration through not only peer connections, but faculty and professional also in order to promote academic success and discourage attrition (Genevieve, Cahill, & Clark, 2009; Golde, 1998; Terry & Ghosh, 2015; Urgan, Odom, & Pearson, 2008). The varying needs of doctoral students are evident among part-time students when compared to full-time students. A part-time doctoral student has been shown to need more access to mentoring relationships to promote the developmental needs necessary for academic success with a doctoral program (Gardner & Gopaul, 2012; Terry & Ghosh, 2015). The valuable role of mentors from the different domains of personal, academic and workplace are an important aspect of a doctoral student's experience. Terry and Ghosh (2015) noted that doctoral students require support from mentors when a crisis interferes with the academic pursuit. No matter the source of the crisis, strong social support within the three social domains encourages the student to overcome rather than succumb to the crisis.

Grit. The doctoral experience is a highly independent and somewhat self-directed process that could be directly impacted by the grit of a student and ultimately influencing the high attrition rates from doctoral programs (Cross, 2014). Grit is a combination of a passion for a long-term goal as well as the persistence to see the goal to completion (Duckworth, 2016). The concept of grit is based in conscientiousness which is described as a person's aptitude for being reflective, organized and following through with a goal (Cross, 2014). This is similar to persistence which can be described as the ability to maintain forward progress regardless of the obstacles that may be placed in the way or simply setting a goal and achieving it. Grit emerges from a combination of self-control, persistence and a conscientious passion (Duckworth, Peterson, Matthews, & Kelly, 2007; Duckworth & Quinn, 2009).

Understanding intelligence has been a desire within the field of psychology as well as remediating mental illness (Buckingham & Clifton, 2005; Duckworth et al., 2007). The process of how people use their intelligence has not been investigated as thoroughly in order to discover why some individuals are able to accomplish more than another person with equal intelligence (Duckworth et al., 2007). Research conducted by Duckworth, Peterson, Matthews, and Kelly (2007) indicated that grit is a characteristic that is common among successful people.

The intelligence quotient (IQ) has been used as a standard of measurement of intelligence in an attempt to accurately predict academic success (Gottfredson, 1997). A seminal study of gifted children conducted by Terman and Oden (1976) revealed after 225 years that more than just the IQ was needed to predict life success. The assumption was that non-cognitive abilities rather than IQ were more important to achieve success. Despite these findings modern psychology continues to focus on IQ predictors since it can easily be measured and used to aide in improving standardized test scores of students (Tough, 2013).

Evidence was present in the research of Terman and Oden (1976) that suggested non-cognitive and specific personality traits could be more important than a student's IQ (Tough, 2013). Additional research conducted by Duckworth et al. (2007) presented the idea that non-cognitive factors such as grit are a key element of a successful individual. The conclusion of numerous interviews among professionals was that grit emerged as a common characteristic of success. Grit was determined to be a non-cognitive measure of a person's ability to persevere without changing the focus of their interests which resulted in completion of a long-term goal (Duckworth et al., 2007).

An individual with grit holds the ability to not only pursue an overall goal over many years, but also be able to persist in order to complete the tasks at hand (Cakmak et al., 2015;

Cross, 2014). This allows a person to demonstrate self-control over current temptations while maintaining grit with a steady focus on a long-term goal. This is different than a person with a high sense of self-control with mediocre grit. They are able to fight off current temptations like staying true to a diet, but not maintain a long-term focus toward a specific goal such as a career goal such as changing jobs every year (Duckworth et al., 2007). Grit is also different from the sense a person might possess of the need for achievement which is rewarded after success. A requirement of grit is the cognitive decision to stay the course to achieve a long-term goal rather than a subconscious drive toward reaching achievement (Cross, 2014; Duckworth et al., 2007). A long-term narrow focus combined with the self-control aspects of conscientiousness in order to achieve both intrinsic or extrinsic goals demonstrates grit (Duckworth et al., 2007). The literature suggests that self-motivation, age, and grit are related character traits that are important for the success of a doctoral student (Cross, 2014).

Self-regulation. Self-regulation is the ability to alter behavior in order to adapt to a changing situation. Situational demands frequently require an adjustment of actions in order to adapt to change (Baumeister & Vohs, 2007; Kelley & Salisbury-Glennon, 2016). A doctoral student's ability to self-regulate provides a tool to overcome the many obstacles that may be presented throughout the dissertation process when the student is responsible for maintaining progress toward completion. Natural impulses are powerful motivators that left uncontrolled could be detrimental to the progress of the dissertation writing process. Self-regulation serves as a monitor or control of sorts that prevents certain impulses from being implemented in order to maintain a sense of order and allow work to be more effective.

The time that is taken once comprehensive examinations have been completed until the dissertation is written is purely regulated by the student who determines their own schedule.

Kelley and Salisbury-Glennon (2016) found that “self-regulated learning strategies were found to predict the elapsed time between comprehensive examinations and the completion of the dissertation” (p. 96). The value of this research demonstrated that allowing students to develop learning skills that are self-regulated as well as individual instructional strategies and support before the dissertation process encourages a much more organized approach that will decrease the amount of time to completion of the dissertation.

Racial minorities. Racial minorities tend to be low income and are often first-generation college students who often work while attending school and are older than other students within the academic program (Chen, 2005; Choy, 2001; Engle & Tinto, 2008; Kahlenberg, 2010). These characteristics also may contribute to a significant difference in age as compared to other students in an academic program.

First generation, low income college students are approximately 24% of the total undergraduate population nationally. After a six-year period 43% left college without earning a degree and only 11% completed their bachelor’s degree (Engle & Tinto, 2008). Compared to other students with parents who are college educated this number is significantly lower than students from low income homes with parents that did not complete college. The lack of persistence among first generation and low-income student populations influences the representation of this population in graduate school programs since a college degree is the basis for entrance into a graduate program.

Statistics related to persistence among the general population of doctoral students is low, however another issue has drawn the attention of academic administrators nationally. The persistence rated among minority students are significantly lower than their majority counterparts. Research showed that African American and Hispanic students demonstrate a

completion rate for doctoral degrees after a five-year period at a rate of about half of the other students within the same program. Over 50% of the Caucasian students reached the point of candidacy within five years where Black students achieved candidacy at 36% and Hispanic students at 26% (Zwick, 1991).

Persistence rates among adults registered in post graduate higher education programs have been found to be substantially lower than traditional students who transition directly from high school to a university for an undergraduate degree (Rovai, 2002). Doctoral students can be categorized as a form of non-traditional students. Bean et al. (2004). described a non-traditional student as being identified by age, particularly over the age of 24 since these students represent adults who most likely have outside work and family commitments which potentially could interfere with academic study. Research related to persistence rates among students in higher education had been traditionally based on psychological models (Rovai, 2002).

Coping with Cancer

An estimated 170 million years of healthy life are lost per year globally due to cancer (Hebdon, Foli, & McComb, 2015). Cancer survival rates have been increasing and are projected to increase to 18 million by 2022 which is up from 13.7 million in 2014 (DeMoor et al. 2013). Survival is a generic idea that applies to anyone who has been diagnosed with cancer regardless of the type and begins at the point of diagnosis (Mullan, 1985).

Initial diagnosis. A cancer diagnosis is often met with an intense feeling of uncertainty. The diagnosis of cancer is often met with uncertainty which is correlated with negative physical and psychological consequences (Zhang, 2017). Cancer frequently introduces symptom severity that interferes with daily life and induces emotional distress and fear resulting in a sense of losing control and a diminished quality of life (Germino et al., 2013; Hsu, Lu, Tsou, & Lin,

2003; Mishel, 1981, 1990; Zhang, 2017). The concept of uncertainty in illness was first introduced to the medical community in 1981 (Zhang, 2017).

Uncertainty. An illness theory that builds on a stress-appraisal-coping framework that focused on the cognitive processes when coping with stress was developed in the 1980s (Zhang, 2017). Mishel (1981) used this as a framework to construct the uncertainty in illness theory which consists of four major areas. The first area is the antecedents generating uncertainty which include stimuli such as event familiarity, symptom pattern, and event congruency (Mishel, 1988, 1990). The patient's cognitive ability directly influences the amount of uncertainty with illness (Mishel, 1988). The second area is the appraisal of uncertainty which is a cognitive process that is used to determine the possibility of danger in relation to the threat or challenge and the ability to evaluate the resources available to respond to the issue (Franks & Roesch, 2006; Mishel, 1981). The third area is coping with uncertainty which relates to the mental and physical effort applied to manage the challenge that is causing uncertainty (Zhang, 2017). The fourth area is the ability to adapt to the illness by achieving a new sense of balance and the adjustment to new experiences related to the challenge causing the uncertainty (Mishel, 1981). Researchers have determined that among cancer patient's illness related events encourage uncertainty (Mast, 1998; Mishel, 1988; Shaha, Cox, Talman, & Kelly, n.d.; Zhang, 2017). The uncertainty in illness theory provides medical personnel a tool to assist when dealing with patients with cancer (Zhang, 2017).

Identity. The diagnosis of cancer can significantly impact the identity of a person and also defines how they will deal with the illness (Clarke, McCorry, & Dempster, 2011; Gibson et al., 2016). Identity also instructs how a person is able to construct a sense of meaning about their illness (Gibson et al, 2016; Willig, 2009). When facing major life events people tend to draw

upon the discourses that are most dominant or available socially allowing them to reconstruct their identity (Willig, 2009). The reconstruction of identity allows the person to make sense of their life (Gibson et al., 2016).

Personal appearance changes are often related to cancer treatment and can also change not only the patient's perception, but others perception of them (Trusson & Pilnick, 2017). Not all cancer treatments have the same effects, but many induce alopecia resulting in total hair loss for the patient (Trusson & Pilnick, 2017). This causes a feeling of great trauma to some patients, particularly women resulting in a complete evaluation of their identity and how they perceive and are perceived (Trusson & Pilnick, 2017; Willig, 2009). Cancer and the related treatments also threaten the dominant social view of masculinity resulting in the possibility of being viewed as incompatible with illness (Mesquita, Moreira, & Maliski, 2011). Male sexuality often promotes a vision of physical strength, competitiveness and the ability to completely control emotions. Cancer threatens this viewpoint and challenges how society and the patient identify (Mesquita, Moreira, & Maliski, 2011; Oliffe, 2006). This is a critical aspect of identity because masculine identity is socially very fluid and is constantly being tested and reconstructed through interaction with others (Mesquita, Moreria, & Maliski, 2011; Oliffe, 2006).

Summary

Doctoral student attrition has been an issue for several decades and was traditionally thought to be a result of inadequate ability of the student (Lovitts, 2001; Tinto, 1993; Vaquera, 2008). Additional research has expanded the cause of attrition to both the academic institution as well as the student within the academic program (Tinto, 1993, 2012). Academic institutions are negatively impacted by student attrition in several ways. The financial impact is spread throughout several areas including recruitment, wasted advising hours, faculty resources and

other additional areas of support for the student (Lovitts, 1996; Lovitts, 2001; Tinto, 1993). The impact of attrition for a student is spread beyond just the student but has been found to impact society as a whole. A student with high academic potential who has never experienced academic failure until reaching a doctoral program ultimately results in a loss since doctoral students who manage to complete the program successfully potentially could have strong influence through increased workplace knowledge, expertise and research (Astin, 1999; Lovitts, 2001; Nelson & Lovitts, 2001; Tinto, 1993).

The result of research after many years indicates that student integration is a key factor related to the successful completion of a doctoral program (Tinto, 1993). The implementation of policies associated with the doctoral program have been found to directly influence student persistence and completion rates (Gardner, 2010; Golde, 2005; Tinto, 2012). Doctoral student interactions tend to take place within the academic department that house the program. Doctoral programs are usually regulated by academic departments that control the interpretation of requirements that regulate admission, student financial support, the curriculum associated with the program and ultimately the requirements for completing the program (Gardner, 2010; Golde, 2005; Tinto, 2012). This directly impacts the student particularly when they have begun the dissertation phase of the program and are working in isolation (Golde, 2005). Institutional support has been found to directly influence student persistence toward program completion (Gardner, 2008; Herzig, 2004; Nerad & Cerny, 1993).

The dissertation phase of a doctoral program places the student in a very isolated position completely dependent on self-regulation. Success at this stage of a program is dependent on a strong foundation of not only skills, but socialization during the first phase of the program (Golde, 1998; Lovitts, 2001; Tinto, 1993). The failure of a student to integrate completely into a

doctoral program encourages the sense of isolation, however successful academic integration has been found to increase stability and confidence as tools for success (Ali & Kohun; 2006; Lovitts, 2001).

Social and family support have been found to be strong connections to doctoral student persistence (Chartrand, 1992; Giancola et al., 2009; Rockinson-Szapkiw et al., 2014; Rutter, 1985). Doctoral students have been found to seek expanded social connections as well as academic knowledge while pursuing a doctoral degree (Higgins & Kram, 2001; Terry & Ghosh, 2015). Developing strong supports early in the doctoral program provides a stable support system that encourages student persistence as obstacles arise throughout the program.

Tinto (1993) developed a model of student persistence which attempted to describe the student interaction while working in an educational setting. The model demonstrated that the closer a student “fit” into the program of study the greater the chance of student persistence to completion (Rovai, 2002; Tinto, 1975, 1993, 2012). Doctoral student integration into the institution and particular the academic program they are pursuing greatly impacts the rate of student persistence and degree completion (Pascarella & Terenzini, 1991; Rovai, 2002). A doctoral student’s ability to integrate fully to the academic program and develop strong social and familial support systems greatly impacts the degree of persistence within the doctoral program.

Additional Research

The previous research within the literature focused on the role of the institution and meeting the needs of the student through support (Lovitts, 2001). The focus on the student has been demonstrated in broad areas related to background, social placement and supports and the actual intellectual ability of the student. The voice of the individual student has not been heard

through the existing research related to student persistence within a doctoral program. This literature review has examined many factors associated with the attrition and persistence of doctoral students, however it reveals a gap related to the individual factors that could contribute to the ability to persist to completion when faced with a diagnosis of cancer.

This literature review has examined many different factors that are thought to impact student persistence. While it does provide a broad overview of the perceived reasons a doctoral student continues to persist after facing incredible obstacles, it does not consider the multifaceted influences that create the drive to succeed regardless of the circumstances presented to the student such as a diagnosis with cancer. Hearing the voice of an individual doctoral student dealing with a diagnosis of cancer will broaden the knowledge in the literature and provide the intricate textural descriptions related to the personal drive to persist. The actual experiences of a doctoral student who has faced the incredible obstacle of a diagnosis with cancer at the point of dissertation could contribute to the knowledge in the literature associated with persistence and uncertainty in illness.

CHAPTER THREE: METHODS

Overview

The experience of persistence within a doctoral program after a diagnosis with cancer at the point of dissertation candidacy was the focus of this qualitative study. This chapter provides a description of the research design and methods that were used. A description of the participant and the setting is discussed. It concludes with descriptions of the procedures for data analysis and the trustworthiness of the study.

Design

The phrase qualitative inquiry is used by many scholars as a blanket definition for forms of social inquiry that aim to understand the meaning of human action (Schwandt, 2015). Qualitative research focuses the study of naturally occurring behaviors in a way that looks beyond the surface and reveals the structure beneath the behavior by considering the situational contexts as they occur without external influences or controls (McMillan, 2015). A qualitative study was selected in order to attempt to create a rich textural description of the multiple aspects and culture associated with persistence within a doctoral program.

Ethnography

The narrative of a community of people is based in ethnography which may reveal their values, communications, and common beliefs. A unique quality of an ethnography is the result is often a description of cultural behavior (Schwandt, 2007). Ethnographic research is a form of qualitative inquiry that focuses on the development of a complete, complex description of a group or culture (Creswell, 2013). Ethnography as a methodology was developed to explain the nuances and qualities of non-literate communities in the early 20th century (Wolcott, 2008). Although this method was originally developed for use with illiterate communities it has

developed into a useful method for investigating the subcultures that make up contemporary society. In the 1980s ethnography was used to promote change in the programs and processes among corporate communities (Patton, 2014).

As a member of the community at Liberty University that is enrolled in a doctoral program in education and have experienced a life altering event that often results in leaving a program of study, I am uniquely qualified to explain the nuances and intricacies of this subculture through the use of an autoethnographic method to describe my personal experiences (Adams, Jones, & Ellis, 2015). As a doctoral student who continues to persist toward completion, I will attempt to expand the understanding of this community by revealing the individual essences of a single statistic in an effort to describe the rich textural individual nuances that drive student persistence among doctoral students.

Autoethnography

The research design selected for this study was autoethnography. Jones, Adams, and Ellis (2013) stated that “autoethnographic works present an intentionally vulnerable subject, unlike more traditional research methods, secrets are disclosed, and histories are made known” (p.24). Personal experiences are grounded in stories expressed through painting, danced and the written word (Jones, Adams, & Ellis, 2013). Autoethnography presents an opportunity for criticism that other methods of research do not (Jones et al., 2013). Discovering the rich textural descriptions that relate to persistence will require careful and methodical collection of data to understand the themes associated with persistence. A personal record of the events and thoughts associated with persistence will be recorded using an autoethnographic approach to field journaling as well as historical documents and artifacts.

Anthropologists historically used ethnographies to explain a culture and as a tool to

understand intricacies of a culture that may not be revealed through other research methods (Denzin, 2014). Researchers in the 1970s realized that they were inserting their own story in to the findings of ethnography research as a result of the experience of immersion with the community during observation. This new awareness of combining the elements of autobiographical writing and ethnographic research allowed the researcher to reflect upon their own personal experiences in order to share then using an autoethnographic approach (Denzin, 2013; Ellis & Bochner, 2000).

Autoethnography is a qualitative research tool that allows the examination of personal emotions, decisions, and experiences expressed through a narrative that is full of rich, multilayered textural descriptions (Adams et al., 2015). The use of an ethnographic lens to observe a cultural phenomenon encourages the researcher to see far beyond the surface of the experience with an inside perspective of the practices, meanings and interpretations of the phenomenon (Adams et al., 2015).

Autoethnography is a qualitative research method that allowed me to examine my own emotions, decisions, and experiences in order to develop a rich textural explanation of persistence through my story. Adams, Jones, and Ellis (2015) stated that “autoethnographic stories are the stories of and about the self, told through the lens of culture” (p.1). Applying an ethnographic lens to observe a phenomenon within a culture allows the researcher to see far beyond the surface of the phenomena. When the researcher uses an autoethnographic lens to examine a phenomenon it allows the researcher an inside perspective of the practices, meanings and interpretations of a cultural phenomenon or experience (Adams et al., 2015). I used an autoethnographic approach to reflect and observe the nuances of my own doctoral student persistence in the face of cancer. Using this design allow me to provide an inside expression of

hidden meanings to describe my experience in ways that are not available to an outside observer.

The Researcher's Role

I am a doctoral student at Liberty University, a Christian, an adjunct college professor, a published author, playwright, family man, and Leukemia survivor with a bone marrow transplant. I began the doctoral program at Liberty University in August of 2014 with the hopes of graduating within three years. I was on track to graduate and had completed coursework and was prepared to begin the dissertation process by the end of June, 2016. In August of 2016 I was diagnosed with Leukemia three days before I was to begin the dissertation process. I struggled to stay in the course for a few days, but with the professor's insistence and my frustration I dropped the course. I was not able to continue the pursuit of the doctoral degree until July 2017. When I returned to the program, I found my research to be outdated, and my interest in the original research topic waning. Leukemia had changed my perspective toward life and my priorities appeared to have shifted as well.

As a doctoral student who has experienced a life altering even while pursuing a degree, I bring valuable insight in the culture of not only a doctoral student, but a student who faced a life altering event during the program. This insight allows me a unique opportunity to explore the community of doctoral students as well as persistence toward completion of a degree. Additionally, I changed the subject of my research proposal in February, 2018 after meeting with my committee chair. My experience as a doctoral student has been filled with potential reasons to discontinue the pursuit of a doctorate -but I persisted. As a researcher I hold valuable insights that could help others in relation to this community.

Research Questions

1. How does a cancer diagnosis impact the personal identity and life goals of an individual enrolled in a doctoral program?
2. What are the unique challenges experienced when coping with cancer while enrolled in a doctoral program?
3. What supports, and strategies encourage doctoral persistence in an individual coping with cancer during the doctoral journey?

Setting

The setting for this study is based within two independent environments. The first environment is the educational community of Liberty University in Lynchburg, Virginia. The doctoral degree in education for curriculum and instruction is an online degree with a three-week residency component. The program also encourages the free expression of religious viewpoints and integration of the Bible into academic settings. I chose this setting for higher education since it offered a quality degree without the need to move my family from Texas to Virginia to complete the degree. This program also offered an opportunity to not only express my religious beliefs, but to express them in writing.

The second environment is multifaceted including the various places I have lived during this journey including my home in Waco, Texas; M.D. Anderson hospital in Houston, Texas; a travel trailer in Pearland, Texas; and our family ranch near Normangee, Texas. My home is a four-bedroom, two bath, brick home in a residential neighborhood in the city of Waco, Texas. The lawn is manicured, and the flowerbeds feature green shrubs and several rose bushes. The front and back yards feature native live oak trees which shade the San Augustine grass that carpets the yard. The back-yard features three living areas, a dining area with sitting nook, a grill

area covered by a gazebo, and an outside covered sitting area featuring a gas firepit and a wall of roses on one end.

After receiving a diagnosis of leukemia, I spent one year in residence at the M.D. Anderson Medical center and hospital in Houston, Texas. This complex is an international mix of all sorts of people, both medical providers and patients. It is almost like a city within the city of Houston. The building has an indoor park, aquarium, art gallery, waterfall, and observation deck as well as several gift shops and a library. Much of the time was spent in various hospital rooms usually for weeks at a time. When I was not admitted to the hospital, I was at the clinic a minimum of three days per week seeking medical care. The hospital and clinic are one large building within the Medical Center in Houston, Texas.

When I was not admitted to the hospital, I lived in a 33-foot travel trailer with two slides. The layout was perfect for a cancer patient. There is a front bedroom with adjoining bath featuring a full linen closet. The bedroom has three closets and a shelf that runs the width of the trailer above the bed. The bedroom is connected to the galley, dining and living area which features a slide out that is the full length of the room. The galley is located on the left wall and features a full pantry, refrigerator freezer unit, range with oven, a microwave and a double sink. The right wall houses the dining table and a sofa, and the back wall features a picture window and two arm chairs with a table between. The television is located on the opposite wall by the dining table. The trailer features a satellite system with televisions in the living room and the bedroom. The satellite service was the same service as the house in Waco which provided local news even though it is over three hours away from Houston.

Glywood Ranch is a family ranch located in south central Texas. The ranch has been in my wife's family for close to one hundred fifty years and was part of the original Texas land

grant. My in-laws reside at Glynwood in a large four-bedroom home which features independent spaces for different guests. The master suite has a sitting area with a fireplace and a door that adjoins the rear terrace. The downstairs bedrooms are in a separate wing from the rest of the house featuring two bedrooms and a bathroom. The fourth bedroom is the space I occupy when I stay at the ranch. The architect perceived this bedroom as an exercise room and it features three large windows that look out into the backyard and across a meadow and treetops toward the river in the distance. The room is rather large and features a queen-sized bed as well as a daybed and a desk area. The room is located off a game room and movie theater. The main living area downstairs features an entry hall that is flanked by a large study and the dining room and adjoins the living room. The backyard features six entertainment areas, a covered patio, a conversation area on the terrace and an outside fireplace with a sitting area and dining table. Below the raised backyard retaining wall is a small country pool with lounge chairs, a gazebo with a swing and a large firepit area with stone benches. The main house is set in the woods and deer and elk feed in the backyard almost every morning and evening.

The guest house at Glynwood features two bedrooms and a bath as well as a living room, dining room and full kitchen. The ranch occupies over one thousand acres and is adjacent to other family members' properties. The Family cemetery is located near the ranch and is home to previous generations of family. My plot in this cemetery has been selected for several years.

Participants

I have chosen to be the sole participant for this research study. To fully understand the experience of a diagnosis of leukemia at the point of dissertation the focus on a sole participant will help to illuminate a single statistic within the broader scope of doctoral persistence. Acting in the dual role of researcher and participant allows me to be more introspective and uncover

frequently hidden elements that would not be available to another researcher (Bochner & Ellis, 2016).

I am a 52-year-old Caucasian male who began the doctoral program at Liberty University at age 48. Three months after celebrating my 50th birthday I was diagnosed with acute lymphoblastic leukemia. I am a Christian and member of the Baptist faith and was raised by a minister of music and pianist within the same faith. Both of my parents completed a master's degree. I attended Howard Payne University, a Baptist institution where both of my parents earned their bachelor's degrees and I graduated with a degree in Education, Theatre and Studio Art. After graduation I taught high school theatre for almost 10 years. Then I worked as a professional theatre director and ended up at a design studio as an interior designer before going back to school for a master's degree. I earned a master's of arts in directing degree from Baylor University and was immediately hired by Navarro College in Corsicana, Texas. A few years later I began teaching for Texas A & M University Commerce in the Fine Arts building at Navarro College. Teaching for the theatre department I not only taught lecture courses, but developed the online courses for the department and plays. During this time, I also developed my skills as a playwright and earned credentials with not only the playwright's guild, but the director's union New York as well. Several of my plays have been produced and published. I also have written three textbooks in the theatre discipline. I began the doctoral pursuit at Liberty University in order to gain credentials to develop teacher training materials and presentations to encourage creativity within the classroom.

Procedures

After successfully defending the proposal, I submitted the appropriate paperwork to the Liberty University Institutional Review Board (IRB). The IRB serves as a regulating entity to

ensure that research involving human subjects is regulated in order to protect any participants during the research process (Schwandt, 2015). After receiving approval from the IRB then I began assembling historical documents and artifacts and organized my personal journals. Since this is an ongoing process related to persistence, I took field notes after approval and after I began my research. As the data were collected, I catalogued and analyzed it using NVIVO software. After approval I also made arrangements for the focus group.

The focus group consisted of myself and the dissertation committee, one with experience researching resilience and doctoral persistence, and another with years of experience in doctoral education, and who has lived through a cancer diagnosis, herself. The discussion with the focus group was audio recorded and then transcribed and uploaded to NVIVO. As research progressed additional field notes were taken after the interview and focus groups. All data were transcribed or uploaded into the NVIVO software.

After all of the data were uploaded to NVIVO it was placed into categories based upon the research questions, ideas and theories that emerged throughout the analysis process. When the data had been coded and patterns emerged, I conducted a structural analysis and looked for any links to theories and described the relationships of the patterns to the theory. I wrote a narrative form of the research that combines the data with the results. Autoethnography demands a commitment to providing the reader with a great text linking the story and theory that will exhibit rationality and relational ethics (Adams et al., 2015).

Data Collection

The data for this study were collected using three distinct methods to achieve a triangulation of data: field notes, artifacts, and a focus group. The triangulation of data by using multiple sources for data collection provides an authenticity of the data and validity of the

research (Creswell, 2013, p. 251). The researcher as a participant in the study provided verification of the accuracy of the transcript and findings of the study to validate the credibility of the study.

Data triangulation ensured that the researcher was looking outward toward the intersections of history, memory, structure and performance in autoethnographic research (Jones, et al., 2013). Data triangulation is the practice of at least three sources to corroborate the data collected from each source. This study used triangulation by crosschecking the data from my field notes, artifacts and the focus group.

Field Notes and Artifacts

Field notes are considered to be the signature form of data collection in ethnography, however in autoethnographic research field note writing is considered the core method for inquiry (Anderson & Glass-Coffin, 2013). Autoethnographic field notes were collected and constructed. Artifacts were collected using my personal journals, Facebook posts, text communications, emails, memories and other archival material. The field notes and artifacts were organized chronologically to facilitate turning the data into a fluid narrative that allows for a rich textural explanation of the meaning and coherence (Jones et al., 2013). The field notes were revisited throughout the research process.

Focus Group

The second method for collecting data was from a focus group composed of two committee members and the researcher. The discussion within the focus group was directed toward exploring the lived experiences of a doctoral student dealing with a diagnosis of cancer at the point of dissertation and persisting to completion of the degree. The focus group was guided using an informal conversational approach (Moustakas, 1990). This approach relies upon the

participants to spontaneously generate further questions that ultimately will seek to further illuminate the textural layers that describe the doctoral student community. The process should take the form of a natural excavation of layers of truth through spontaneous dialogue. The transcripts of the focus groups were analyzed and coded looking for specific themes that should emerge. NVIVO software was used to analyze the data from the focus group.

Focus group prompts (see appendix B) were crafted to encourage the participants to discuss doctoral student persistence and the impact that a cancer diagnosis has on a student. The following prompts will be used:

1. What are your feelings about a cancer diagnosis and what it means once you leave the doctor's office? What does that mean to a person?
2. Who were you then? How did you introduce yourself to Dr. Black's class and it would be a few months later my class? Who were you? What was your main focus in life? Where were you headed at that time?
3. Would you say that you were intrinsically motivated or extrinsically motivated to begin the degree?
4. Was it your purpose for career attainment? Career opportunities or more personal?
5. How did you choose Liberty University? Talk to us about why you chose Liberty.
6. What were the most formative experiences in the program?
7. What were the most formative experiences before your diagnosis?
8. How do you introduce yourself now? Who are you now?
9. Talk to us about the experience of receiving the diagnosis.
10. What were your priorities? What were your thoughts about your present and future?

11. Talk to us about when you reached the point where you thought, first of all share why doc studies? Talk to me about who you were when you felt like you could start to think about the doc studies again. How had your values changed or sense of self and how did that all relate to your continued desire to pursue the doctorate?
12. Can you share a little bit about your family, just their support or thoughts when you started the degree? Their support through cancer and then now you know just their thoughts of regarding you just returning to the degree can you share a little bit?
13. Can you talk a little bit about your reentry? What were your experiences? What were your fears? What were your challenges? What supported you? What was it like coming back and maybe weave that into the dissertation topic?
14. Refresh us. How did we get to the path that you're on today? What do you recall?
15. Can you talk about how you felt when this idea of your dissertation topic was introduced?
16. How have you grown as a scholar through the process?
17. Your listing some factors that influence persistence and the dissertation chair comes up in the literature a lot. Talk to me a little bit about your chair if you will and just what role your chair played?
18. What are you going to do when you finish this?
19. What do you envision? What your doing next? Put yourself to April, you've just defended, what do you do with this? What does this mean to you?
20. What else do you want us to know? What does the world need to know about what you experienced? What you are experiencing? If you were to summarize just the essence of your last two and a half years?

21. May I ask on the record what recommendations do you have to universities with online programs when it comes to dropping intensives vs keeping intensives? What would your message to university administrators be on that topic?

22. Is there anything that you wish medical providers knew about doc students in the middle of treatment and I don't know do you have any recommendations for that side of things?

The use of a focus group allowed input from varying viewpoints related to cancer as well as resilience and persistence in doctoral students. The meetings of the focus group were recorded with an audio recorder. During the focus group I took field notes as well as noted observations from the discussion.

The personal interview was conducted by a member of the dissertation committee who has experience researching resilience and persistence during the focus group. As the researcher I was interviewed in an attempt to uncover any unknown nuances and to confirm the data from the field notes. The informal interview was conducted in conjunction with the focus group which allowed for broader exploration through the spontaneous nature of the conversation. The questions outlined the topics that were discussed, but the goal was to actually obtain a personal description of the lived experience of the phenomenon as told by the individual (Moustakas, 1990). A voice recorder was used to document the focus group as well as field notes.

The focus group began with a short social conversation to set the participants at ease and established a relaxed and trusting atmosphere (Moustakas, 1994). After establishing a sense of rapport, the interview began with a question that encouraged the participant to reflect upon a diagnosis with cancer and the meaning to them. Then the conversation progressed gradually move into questions that encouraged reflection on the impact of a diagnosis of cancer at the point of dissertation and coping.

Synthesis

After the data were collected from the three sources, field notes, focus group and personal interview, I developed a creative synthesis of the data using the NVIVO software. This synthesis identified emerging themes and words from the data. The use of triangulation from different sources established common themes related to doctoral students. Utilizing triangulation through multiple methods to gather data allows me to illuminate emerging themes or perspectives (Creswell, 2013). I synthesized the student persistent and present the peaks and valleys along the journey after a diagnosis with cancer to present a clearer image of doctoral student persistence.

Data Analysis

The final step involved the creation of an aesthetic rendition of the essential meanings and themes that characterize the observations into a scientific work of art created by the scientific-artistic view of the researcher (Moustakas, 1990, p. 52). Analysis of the data from an autoethnographic approach to research follows several distinct steps as outlined by

Immersion

The first step of data analysis was for me to enter into the data and immerse myself to a point that I was able to look beneath the obvious memory of the journey. The process of immersion potentially could take more than five different encounters with the data in order to obtain full immersion and understanding. With each encounter notating new ideas that emerge is critical in creating a true understanding of the ethnographic community. This understanding is an attempt to find a true interpretation of the participant's pure and true experience as a whole. In order to develop understanding complete immersion must be accomplished so that the entire experience is comprehensively understood.

Living through diagnosis and treatment for leukemia obviously deeply immersed me within the experience. I felt a need to chronicle my thoughts as I progressed through the treatment and kept personal journals that became a useful artifact as well as Facebook posts that were created during that period. I approached the analysis of the artifacts and focus group scripts with a systematic approach. This process allowed me to re-immense myself into the situation both as a researcher and as a participant. Field notes were taken throughout the process and recorded observations and provided evidence of re-living the situations.

Creative Synthesis

The final step was the presentation of the findings in a scientific-creative way. The purpose is to create a powerful explanation that is not dependent upon the individual participant to explain, but rather stands alone. The presentation should include the beliefs, values, theory, concepts, processes, and methods that all clarify the understanding of the rich textural descriptions of the culture of a doctoral student and persistence (Moustakas, 1990).

Analysis

The data were analyzed using NVIVO software to find the themes and keywords that emerge throughout the research process. In addition to the themes and keywords that are revealed through the NVIVO software personal reflection related to the findings will be used to delve deeper into the emerging themes in order to gain a greater insight into the culture of student persistence. Bochner and Ellis (2016) stated, “amazing how theoretical a story can be isn’t it? So even though there is no literature review and no focused discussion of themes, these are present in the story” (p.131). The analysis of the data should serve to illuminate the story that will ultimately present the findings to the reader.

Trustworthiness

The trustworthiness of a research study determines the value and worth of the findings. The time spent collecting data, the detailed thick and rich description and the relationship developed with the researcher and participants all add value to the study (Creswell, 2013). To establish the credibility, dependability, confirmability and transferability of research, strategies must be used to create a documentation of the accuracy of the study methods (Creswell, 2013).

Credibility

To determine validity of this research study used the triangulation of data. Considering triangulation of the data while developing this study helped to establish credibility. The data from the focus group was presented to the participants once a transcript had been created. I confirmed that the emerging themes were accurate. Allowing the participant to help identify inconsistencies to clarify the analysis of the data establishes credibility of the study.

Dependability

Working as a qualitative researcher, I am a human instrument collecting and interpreting data which makes it imperative that I provide a transparent means of handling the data to validate the dependability of the study. Using a peer reviewed process confirms the dependability of the study and exposes any weaknesses that may limit the power of the research.

Transferability

It is important in qualitative research to ensure that the research methods and study provides the clarity needed for a reader to replicate the study. Transferability is possible if the research is written with clarity and provides sufficient detail related to the phenomenon. The situation that was being studied should direct the reader to make reasonable speculation to apply the findings to another situation (Schwandt, 2015). I used a thick, rich description of the data to

bring out the details and overall feeling that describes the nuances and hidden meanings related to doctoral persistence in the study. The data collection methods were described with accuracy and detail in such a way that a reader could easily transfer the study methods to another situation.

Confirmability

The confirmability of a research study is an important element that brings trustworthiness to a qualitative research study. Providing a rich, thick description not only provides transferability, but also confirmability of the research. Confirmability establishes the assurance from the participant that the researcher has authentically described their life experience related to the phenomenon (Schwandt, 2015).

I chose to use a triangulation process for analyzing the data. Locating data in personal field notes, artifacts and the focus groups. provides three distinct points of data collection in order to achieve triangulation. Locating evidence from different sources to be coded and looking for similarities provides a triangulation of the information for confirmability (Creswell, 2013)

Ethical Considerations

Several ethical considerations were acknowledged throughout this study. Since the study was conducted directly with human participants IRB approval was sought before the study began. Each participant was required to acknowledge the informed consent before participating in the research study. All written data were maintained in a locked file cabinet to maintain proper data security. The focus-group was conducted using a conference call feature over the telephone to encourage the participants to be as relaxed as possible.

Summary

Chapter Three provides an overview of the research methods that were used to investigate the lived experience of a doctoral student persisting to completion after a diagnosis of

cancer at the point of dissertation. The research reviewed three questions that helped to guide the data collection and analysis. A description of the participant and the setting of the study is discussed. The chapter concludes with descriptions of the data analysis procedures as well as the trustworthiness of the study and a description of the ethical considerations.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this autoethnographic study was to investigate the experiences of persistence within a doctoral program after a diagnosis with cancer at the point of dissertation. The information presented in this chapter represents the major findings related to the research questions of this study. Content is organized in a chronological stage of the doctoral program prior to a diagnosis with cancer and afterward. The resulting themes from the data collected are then presented followed by the data that answers the research questions. The chapter concludes with a summary of the findings.

Participants

I was a student at Liberty University pursuing an educational doctorate. At the time of the study I was a 52-year-old male doctoral candidate who was diagnosed with cancer at the age of 50 and had begun the doctoral program at Liberty University at the age of 48 years old. I had completed the coursework for the program and was preparing to enter the dissertation phase when I was unexpectedly diagnosed with leukemia. In the role of researcher, I was a student at Liberty University pursuing an educational doctorate. Two years into the program of study I was diagnosed with leukemia at the point of transitioning into the dissertation phase of the program. I am married and have one son who is a sophomore in college.

Research Questions

The research questions that guided the analysis of data and are answered within the narrative are as follows.

1. How does a cancer diagnosis impact the personal identity and life goals of an individual enrolled in a doctoral program?

2. What are the unique challenges experienced when coping with cancer while enrolled in a doctoral program?
3. What supports, and strategies encourage doctoral persistence in an individual coping with cancer during the doctoral journey?

Results

Persistence and a Cancer Diagnosis

The decision to attempt a doctoral degree requires a great commitment of time and resources in order to complete the requirements. The coursework phase of the doctoral process is a new challenge to balance personal resources including personal family time, professional time and the dynamic of adding the time needed for study. After completing the coursework portion of a degree program, I was settled into a nice balance of these resources and was eager to begin the dissertation phase of the degree program. I had one course left before being turned over to the dissertation chair to complete the degree. A week before the final course was to begin, I was diagnosed with leukemia and my life was literally turned upside down. Nothing was left the same and my doctoral pursuits suddenly were not top priority anymore. My single goal was to live another day at that point. Completing the doctoral degree was now in question, but as other things in my life began to slip away, I wanted desperately to hang onto the dream of earning a doctorate, a dream that I had held since childhood.

Timeline- 2014 - 2019



2014-August

- Published Textbook
- Enrolled in Doctoral Program at Liberty University

2015

- June- First Intensive at Liberty University



2016

- June- Third Intensive Liberty University
- July- Vacation in Boston and Cape Cod
- August- Leukemia diagnosis
- September- Chemotherapy begins
- November- Chemotherapy not working, Begin Immunotherapy



2017

- January- Cancer Free
- March- Bone Marrow Transplant
- July- Returned to Doctoral Studies
- August-
- Additional transplant of Bone Marrow
- Hurricane Harvey, evacuated to Glynwood Ranch
- September-Moved back home to Waco
- Began Working With Dissertation Chair
- December- Dissertation Topic changed



2018

- February- Dr Black came to ranch
- August- Additional Bone Marrow Transplant
- September- Research Proposal Defense
- October IRB Application submitted
- November- IRB Approval



2019

- April- Dissertation Defense
- May- Graduation



Personal Identity Before Cancer

I began this journey in the Texas panhandle close to the city of Amarillo. As a young boy I grew up on the panhandle plains and in eastern New Mexico. My parents descended from settlers of the region who had fought the elements in order to eek out a living from the sandy desert prairie landscape. This period of my development was surrounded by a culture of persistence and particularly resilience related to the obstacles nature brought. My parents grew up during the great depression era. My mother spoke of the many times she went hungry and did without as a child. My father learned early in life that if a part was needed for a tractor or the truck it was more efficient to fabricate the part. This most likely was a lack of resources, but it developed a family that was very resilient and never allowed anything to stop them.

My parents worked in churches as music ministers which encouraged not only a strong element of faith, but a natural musical ability that strongly influenced my identity. I also grew up tending a large garden with fruit trees that provided our food for the year. A rancher would always give us a side of beef to go in the freezer and we processed all of the fruits and vegetables from the garden after sharing as much as possible. I learned as a child that anything I wanted to do I could accomplish. My parents firmly believed that if someone else could do it then it was possible for any of us to do the same thing.

I was raised in the panhandle of Texas and eastern New Mexico in the harsh desert environment. There were no native trees in the area, if you saw a tree it had been planted by someone. The wind always blew and sand was everywhere. That sand produced great crops for the area farmers and provided sustenance for the cattle that were raised in the area. My mother was a school teacher who spent the entire summer raising the food we would eat the rest of the year. We had a nice size backyard, but there was not a blade of grass to be found. The entire

yard was cultivated and filled with about a dozen fruit trees and a garden full of every vegetable imaginable. I spent the summers watering and weeding the garden. It was an all-day job; my father made a pipe with three holes that would allow me to water three rows at a time. This might seem simple, but the rows were about thirty feet long and it took a while to saturate the ground with water. Watering was important since rain storms were few and far between.

Watering a garden may not seem like much, but it really instilled in me the need to complete a project once it was started. This element of persistence was demonstrated daily as I worked in that garden. In the early spring we planted the seeds and then cultivated them through harvest. This was not the end, however because immediately the soil must be prepared for the next crop that would be grown in the coming year. I learned early that if I failed to perform even a simple task or even delayed that task it could result in a botanical disaster in the garden which could impact what I ate for months to come.



PhotoScan by Google Photos

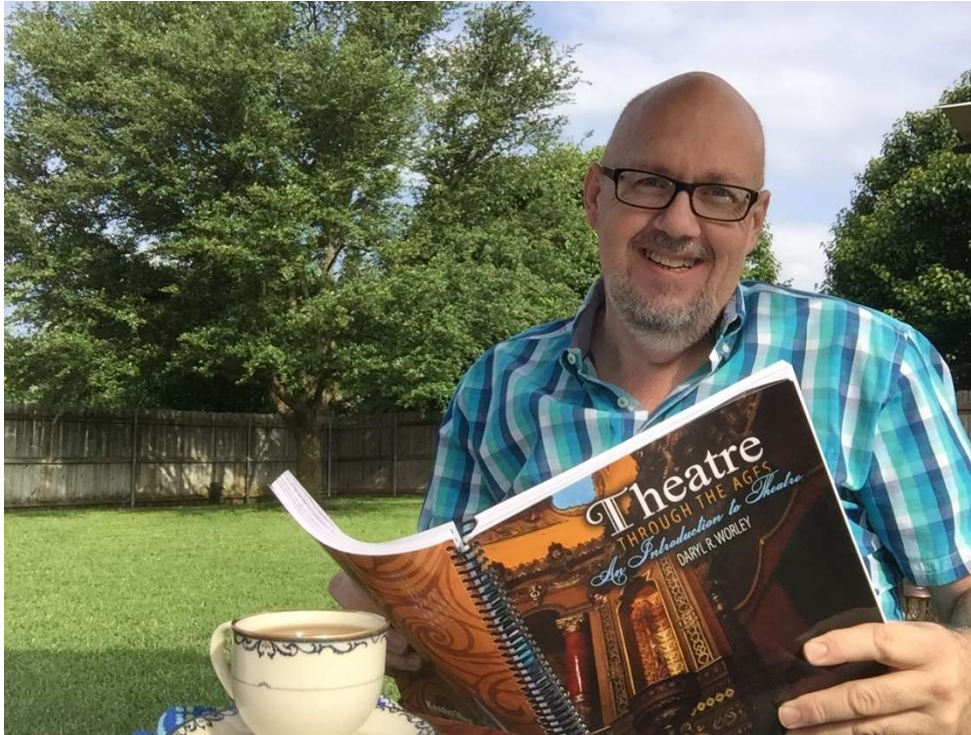
Family garden in Clovis, New Mexico (circa. 1980).

In addition to fruit and vegetables I was always taught that if someone else could do something then I could do it, but I must never give up. In fact, it was instilled in me that I could do anything I set out to accomplish. I observed my father work around the home. His profession was a church music minister, but he loved to build clocks and tinker with them. If something needed to be done, he would just do it rather than pay to have someone else do the work. For example, if a chair in the living room needed to be recovered, rather than buy a new one or pay to have it upholstered he decided one evening to take it apart and upholster it. At one point he even made his own neckties and bowties.

Watching my father sew encouraged me to sit and watch my mother make quilts and sew on the machine. I learned a valuable skill that has helped me through many theatrical productions and all sorts of situations that were presented to me. Persistence and resilience were demonstrated to me daily as I grew up in the harsh climate of New Mexico. The people of that area demonstrated an attitude of survival that is so common that it was just a way of life and never really stood out to me. My identity is firmly rooted in the resilient nature and persistent attitudes support by God that shaped my everyday existence. Persistence was a way of life that was reinforced in the community as well my home as I developed into an adult.

Life Goals Before Cancer

My life as an adult has been filled with success and failure. At the age of 50 I had accomplished almost all the dreams I imagined as a young man. The pursuit of dreams is not all about success, but the failures that were presented as obstacles in order to obtain that success. Failure is not easy at the time but looking back it becomes apparent that it encourages the possibilities that allowed other dreams to come to fruition.



This is the first textbook that I published (2014).

I had been teaching for several colleges and decided that I might enjoy a role in administration. This started my interest in pursuing a doctorate. I had always had a desire to earn a doctorate since I was a small boy in New Mexico. As I neared 50 years of age, I began this pursuit, but the individual goals surrounding this life goal had changed considerably. I had observed the lack of creativity within the school classrooms in Texas and wanted to earn the credentials that would open the door for me to help effect a change. I wrote a textbook outlining basic strategies for integrating arts activities into elementary classrooms. As a college professor I was effecting a change in future teachers through this book as well as a course that I was teaching, but I wanted to expand this influence. With a doctorate I would be able to offer my insights through teacher training and conferences.

My wife and I also planned to build a new house after my son graduated from high school and our new home location would not be influenced by school district territories. I had

been actively scouting possible locations for this new home. Our realtor met with us several times a week and I would go out in the field with her checking out properties at least one day per week. We were preparing to write a contract to purchase a tract of land in August 2016 and everything appeared to be in place to fulfill the dream of a new house.

As an adult I have embraced my dreams and pursued them successfully. Success does not mean that everything turned out exactly as planned, but overcoming the obstacles and persisting toward completion enhanced the pursuit and made the goal much richer to achieve. I married an incredible woman and we have raised an amazing son who reflects the lessons we demonstrated of sharing with the community.

When I applied to the doctoral program at Liberty University, I was a 48-year-old father of a high school student, active in my church and community as well as a college instructor teaching theatre courses and a special blended course that taught education students concepts to incorporate the arts into their classrooms. It was this education course that inspired me to pursue a doctoral program in education. I had taught high school for nine years and hold certificates to teach theatre and art for grades 7 to 12 as well as all-level art. My master's degree was in theatre which limited me to teaching in the theatre department at the college. It was apparent to me that several of the education faculty members were approaching retirement and it might provide an opportunity for me to teach education courses. It is important that I explain that I was not tired of theatre, but simply wanted to expand my ability and experiences. It also would not hurt my chances of moving into administration.

I had written two textbooks: a 500-page survey of the theatre and a book for teachers that I co-authored with the art professor who taught the education students with me. The publication of this second textbook inspired a new dream of the two of us developing a teaching

training seminar. We began developing this training with the idea that in a couple of years we would introduce it and tweak the textbook we had just written in order for it to be available as a reference. It had become very clear to me that in order to open the doors to be a respected leader in education that could be trusted to advise teachers I needed credentials to back up my dreams.

I struggled with spending the money for a doctorate, and even went so far as to announce to my family in July of 2014 that it was just too expensive and would be difficult to recoup the investment. A key theme related in my life was a strong sense of persistence which demanded that I complete anything that I started. No matter the obstacle I must be resilient until it is accomplished. An example was a dilemma that I had had experienced in the past. A book publisher contacted me and asked me to write my first textbook. I was actually at Walt Disney World with the high school band as a chaperone and I got an email from the publisher and they wanted to meet with me that week. We were returning to Texas on Thursday so I set up a meeting for Friday.

I had no idea what I was walking into when I went to that meeting at a local Starbucks, but I was determined to make it happen. I had always had a desire to be an author and had published a cookbook in the past, but a textbook was a little more daunting. It turned out that I retained a literary agent and a publisher from that initial meeting. The publisher proposed that I write a new textbook for theatre and offered a \$1,000 bonus if I could have it ready August of that year. It was March so I felt like I could write it during the summer and have it to them by August first.

I agreed so they drew up the contracts and when I went to sign I realized that I had not understood what they meant about the August date. The publisher wanted the book published and in the classroom by August. This meant that the manuscript must be submitted no later than

the first of June. This allowed almost ten weeks for me to write a 15-chapter textbook.

Demonstrating strong resilience there was no choice but to sign that contract and trust in God that I could get this textbook written. I felt like Moses being asked to lead his people out of Egypt. I did not feel adequate to write an entire textbook in such a short time, but I trusted God to guide me since I felt like he had presented this opportunity to me. This is an example of the strong spiritual element that worked with the resilient and persistent traits of my identity.

In the end the spiritual guidance that God gave me inspired the confidence and patience to persist and get the manuscript written and submitted on time and the bonus check was soon in my bank account. Meeting that deadline was not difficult I took it in stride with the confidence that I could overcome any barrier regardless of the circumstance. It was not in my nature to fail completely I was resolved to keep moving no matter what obstacle presented itself.

It was very similar to directing a theatre production, there was an intense amount of work, but it only lasted for a few weeks and I knew I could push through no matter what obstacles were presented. I owe this determination to the way my parents raised me. I was always taught that if you commit to something you follow through no matter what may happen. It never was an option for me to fail. I had to submit that manuscript on time, I was determined to push through and get it done. This was and is a key part of my identity and who I am.

I began the pursuit of the doctorate in August 2014 and planned to graduate in May of 2017. A plan was developed, and I moved swiftly through the program taking 12 hours each semester and teaching five or six sections at the college. It was a tough road, but I had survived and was ready to begin writing the dissertation in August of 2016. I had demonstrated the same persistent resilient qualities as I worked to complete this degree. I was on track and nothing was going to stop me!

Leukemia

God had another plan: I was diagnosed with Acute Lymphoblastic Leukemia. I turned 50 years old in May of that year and all of my spiritual training was soon to be put to the test. It took several days for me to realize that life as I knew it was over. I was called to the emergency room and did not return to my home for three months. I was home long enough to gather a few personal items and clothing before returning for treatment. My new residence was M.D. Anderson hospital in Houston, Texas and a new travel trailer that my wife and I bought to live in during my treatment.



The first round of Chemotherapy at M.D. Anderson Cancer Center, Houston, TX (2016).

My life and identity as I had known it was gone. A period of great loss was beginning. The first few days at M.D. Anderson in Houston were life changing, “I am realizing that this is not going to be something that we fix and quickly resume life” (Worley, personal communication, 2016). I was programmed to identify a problem, solve the problem and then

proceed with life. I was realizing that my identity and life goals were literally yanked out of my grasp along with every other aspect of my life. I was left alone to evaluate the situation with God first and then my family. I was faced with possibly the greatest challenge of my life and dug deep into my inner being to retrieve every tool I had to help me cope. The very core of my identity was being challenged on a daily basis. As a result, it has forced a change within not only my identity, but my interpretation of the world around me.

I quickly became aware of the selfless donations of others who were now keeping me alive. I was dependent upon blood and platelet transfusions even though I had been too selfish to donate blood my entire life. This generosity as well as the realization that many others had forged a path toward successful treatment through clinical trials changed my perspective. I soon realized that I must give all I could to further research. “So that’s really defined who I am. That’s one reason to help people, because I know I can make a difference. Someone else made a difference and they may not ever know it, but they made a difference” (D. Worley, personal communication, December 9, 2018). I had always believed in generosity, but it has transitioned into a much more viable aspect of my identity as a cancer patient.

Identity and Life Goals After Cancer

I have never been uncertain about my future. Even when the doctor told me I had leukemia my first question was, so that means it will be a couple of weeks before I return to work? I thought that this was just an obstacle like any other that I had encountered, and I would overcome it and move ahead. An email sent to a friend the day I was diagnosed with leukemia stated “I look forward to being with you again when I beat this, I am obviously devastated but wanted to share it with you first” (Worley, email, 2016). I was applying the strength and determination that identified me to this problem. I was determined to fight it with all that I had.

Fighting leukemia was a top priority, but grasping as many key elements of my life as possible was just as important. I managed to balance a few things, but when it came time for coursework to resume for the doctorate things changed. I physically was not able to continue which forced me to withdraw from the doctoral program. This single action established a harsh reality about my future I was suddenly like an astronaut floating through space without a tether. The future was completely out of my control. This was difficult to come to grips with since I had been programmed since birth to keep on until I completed a task regardless of any obstacle that presented itself. At this point the person I had been no longer existed. I was being torn apart by the chemotherapy and the leukemia that was attacking my body.

I began chemotherapy in late August, 2016 and was declared leukemia free on inauguration day January 20, 2017. The period between these two dates was filled with many obstacles, but as before I picked myself up and pressed forward. A key difference this time was that my entire life depended on achieving the goal. I demonstrated resilience and persistent in spite of the threat of death and destruction that surrounded me each day.

The first round of chemo went remarkably well and I was excited to leave the hospital. I would be out of the hospital for a very short time before I developed a high fever and had to return. I was released again and was working through the treatment. We had moved into a new travel trailer that we purchased and had placed a few miles from the hospital. The cost of living in Houston near the medical center was expensive. After my wife, Christa, explored living arrangements near the hospital a furnished apartment began at \$3,000 per month. We really did not want to pay this for an apartment since we still had a home in Waco to maintain. I knew there must be a better solution as it turned out I had been looking at travel trailers for a couple of years and we began to look at that for an alternative. We soon discovered that it would be

less than one third of the cost of an apartment. We owned a tent trailer that was great for camping but would not work to live in full time. We discussed the problem and a phone call was made to an RV dealer in Waco. We negotiated and bought a new travel trailer over the phone. The real trick was that I didn't feel that the salesperson should know how desperately we needed the trailer because of my medical condition. We managed to work a deal without the RV dealership ever knowing that I had leukemia and was in the hospital. This is an example of the resilience and determination that was still driving my identity.

Since I was hospital bound and attached to a constant flow of chemotherapy Christa went to Waco to complete the arrangements. After signing the paperwork for the trailer, Christa asked the salesperson if she could see it. Not realizing that she had never seen the trailer the salesperson was surprised, but took her out to check out the trailer. She later told me that she was sitting in the chair in the living room of the trailer and the salesperson mentioned that the trailer would be ready in two weeks. At this point Christa had a complete melt down and forcefully explained that it was Wednesday, and she needed the trailer on Friday. I was getting out of the hospital on the weekend and we had no place to go. She was successful and her father picked up the trailer and brought it to Houston and Christa's parents and her brother's family moved us into the new trailer at the RV resort in Houston.

The acquisition of the trailer was more important to me than I realized at the time, because, "I knew that I had to have something to keep me busy or else I would die, because if I ever stopped to think about what was wrong with me it was over, literally" (Worley, fieldnotes, 2018). In addition to this I still had to focus on getting the manuscript for what would end up being a 700-page textbook completed. The manuscript was completed in time for it to be published in January when I was declared leukemia free. Fortunately, the manuscript only

needed fine tuning so I was able to work on this with Christa's help. I managed to teach an online course during this time as well. I found that focusing on other things helped me to survive the horrible things that were happening to me during this period.

We moved into the trailer without incident, but it was like a treasure hunt to find things since the family had put things away for us. They brought everything that had been in the previous camper and transferred it to the new trailer. I was out of the hospital, but still visited the clinic daily to see if I need blood or a transfusion. I was doing pretty well and we decided to go to the Container Store to get some items to help us organize the trailer. I was fine when we left and enjoyed perusing the store. We left the store late in the afternoon and there was a lot of traffic. I fell asleep as we travelled and when I awoke, I had the strangest sensation in my left thumb. It was almost like a bee sting and a little red dot had appeared. It looked and felt like an insect bite and looked like a little red dot. That dot began to grow and was the size of a dime by the time I went to bed. In the morning it was the size of a quarter and getting worse so we headed to the emergency room. This would be the beginning of a long trial that would be daunting at best, but as I reflect upon it, I took it in stride. It was determined that I had a flesh-eating bacterium that was coming up through the skin and was threatening to take my thumb. This was distressing in a sense because I love to play the piano and organ and it would be difficult without a thumb. This threatened another key area of my life since I was the organist at our church. They began treatment immediately, but it got worse before it got better. I began charting the progress through photographs each day. Later these photos would be used by researchers in the infectious disease department to develop training about this type of infection. This is another example of the insistence that "I do all that is possible to help someone in the future through my struggles in the present" (Worley, Facebook, 2016). In the emergency room

they had to lance the spot to get a sample to test and when they stopped the bleeding, they used a silver compound that left a black mark under my skin that is still there today. This mark serves as a reminder to me that God is in control and can guide me through any obstacle that I face. Even then I was intensely aware that I needed to do anything I could to further advance the medical knowledge to help further generations.

I have embraced the opportunity for research studies related to my treatment for leukemia from the beginning of my journey through cancer. If someone else had not consented for research I would not be here today. Their sacrifice made it possible for the treatments that saved my life. This was the main reason that pictures of my thumb may be appearing at medical conferences to help doctors discover more about flesh eating bacteria. I am not fully aware of the contributions I have made to the research at M.D. Anderson, but I am aware that I never turned down an opportunity.

My thumb managed to return to the normal size and was healing as I progressed through the chemotherapy regimen. My body did not deal with chemotherapy very well and the doctor was concerned that we would not be able to complete the full treatment plan. One afternoon I was in the hospital feeling well and needed some blood so that I could be released to go back to the trailer. Christa and I were visiting and watching television while the nurse gave me the blood transfusion. I had never had a problem receiving blood so this was a normal procedure that I had endure many times before. The transfusion was almost finished and suddenly I was not able to breathe. I don't remember much, but I do remember my eyes fading to black and God telling me that this was not the end. At that point the only objective was to stay alive in the moment and apparently, I was not doing so well at with that small task.

I woke up three days later in the intensive care unit in a dark depressing room. I had vague memories of having a tube down my throat and not being able to communicate. I distinctly remember Christa's mother laughing at me when I could not communicate. They had given me a white board to write messages. I was writing my messages and they were laughing and could not understand what I was trying to communicate. I have seen pictures of the messages since then and it was just a bunch of scribbles, but I will never forget the frustration I felt not being able to communicate.

When I finally woke up the tube had been taken out and I have since learned that they had a difficult time removing me from the breathing machine. My body would not breathe on its own. They finally forced my body to breathe and it kicked in and brought me back. I was not a happy person. This was the most depressing room I had ever been held in. It was dark and depressing and they would not let me get up to go to the bathroom. The reality is that the nurses there are not used to patients that are awake and talking back to them. I think they wanted to get rid of me as much as I wanted to be out of there.

My determination and resilient traits soon were evident as I really wanted a bathroom. I was determined to get to a regular private room with a bathroom. At this point of the treatment "I had lost my hair, I lost all of my muscle. My muscle mass was gone, literally overnight within a week" (Worley, field notes, 2018). I had been reduced to basic drives as I struggled to hang onto what little dignity and modesty that was left in my life. My immediate goal was a private bathroom. This is important because it illustrates the intense persistence and resilience that exists within me. I finally was released to a hospital room and the irony of the situation soon hit home. I was in a bed less than five feet from a private bathroom and the nurse would not let me get out of the bed for a period of twelve hours.

After getting settled I was awake enough to learn what happened after I blacked out. Christa summoned the nurse and the trauma team arrived and began to work on me. My blood pressure went really high and my heartbeat became irregular. The medical team ended up using the paddles to shock my heart back into rhythm. When the team arrived, they had a chaplain that quickly escorted Christa from the room and began counseling her and explaining what was happening. All of this resulted in being moved to intensive care. My shoes were the only true casualty as a result from this experience, they were lost in the transition and never recovered.

This incident created a new unwelcome medical issue for me, I was diagnosed with congestive heart failure. My heart's ejection fraction was 24%. This news hit me like a boulder falling from the sky. This diagnosis bothered me far more than the leukemia diagnosis. My mother died as a result of congestive heart failure and I really did not want that to happen to me. The doctor realized that I did not take this news well and she turned to leave and stopped. She came back to me and asked if she could pray for me. I assured her that her prayers were welcome and she offered a prayer that provided me the encouragement to continue. A few days later I told her how much that meant to me and she told me that she normally would not do that, but God impressed her that I needed that prayer.

My faith in God has been the only steady and constant aspect of my life since being diagnosed with leukemia. This faith has allowed me to "get through today so that I can get to tomorrow" (Worley, journal, 2018). I relied upon this idea throughout the scariest times of treatment I sang hymns of faith and recited scripture to take my mind off of what was happening to me. This allowed me to cope with what was happening. Giving my medical issues to God was the tool that provided the resilience that I needed to move forward and persist in living life in the best way possible at that time.

My faith in God inspired my persistence and the resilience that I needed to overcome the obstacle of a weak heart function. Heart issues are a red flag to the nursing staff and I was confronted with this new diagnosis every time that I entered a medical facility. I refused to acknowledge this diagnosis almost to the point of being stubborn about it. Christa would become upset with me at times and remind me that I do have an issue. I really think that so much was happening to me that I just could not handle one more thing. The truth is that I did recognize that this was a problem, but I didn't feel a need to discuss it in depth with every nurse that crossed my path this was a strong coping mechanism that helped at the time. Fortunately, the heart diagnosis did not interfere with the treatment for the leukemia.

Restarting the Doctoral Process

The week after I spent time in intensive care on a ventilator, I was scheduled to begin my class at Liberty University. I needed one more course to prepare the proposal before starting to work directly with my dissertation chair. I started the semester and lasted two days before I had to withdraw.

I remember that I was scared, because my thought processes wouldn't work out. It was like looking at a foreign language and I didn't know what to do, and it scared me and I was really afraid that I could never go back and do it, but at the same time I didn't want to be out of the program too long because I didn't want to go through the process of reapplying. (Worley, Focus Group, 2018)

I don't recall withdrawing from a course in my entire life, but my health necessitated this action. Looking at the coursework was equivalent to trying to read a foreign language. It became very clear that my mind had been disturbed by the chemo that was coursing through my body. It was at this point that I realized that my future was completely uncertain.

My life goals at this point had changed drastically. The most important life goal was to make it to the next day. The remnants of my previous life goals were present throughout this process. My wife and I spent countless hours in waiting rooms and hospital rooms which gave us time to plan our new house. We had apps on our iPads that allowed us to design and decorate our house plan. At that time, I was not certain that I would live to see a new house or even the approaching holidays that year. My life was entirely in the hand of God.

Even though my outlook was bleak I still held on to the possibility of returning to my studies as a doctoral student, but the threat of being removed from the program was always on my mind. Dr. Spaulding reached out to me through an email stating, "I am sorry to hear about your reaction and time in ICU. I think you are wise to focus on your health right now and return to EDUC 980 in the future" (Spaulding, email-August 25, 2016). Even though the life goal of pursuing the doctorate had been placed on hold, I felt like I would have the opportunity to one day return to the program.

Challenges

After two rounds of chemo the doctor decided that my body could not take the stress of the current treatment. The leukemia was down to about 2%, but they needed to get it all. There was a new research drug called Blinatumomab that had been approved by the U.S. Food and Drug Administration under the accelerated approval program. My insurance company would not pay for the new drug, but M.D. Anderson had a research study that used Blinatumomab, but it required three cycles of chemotherapy, I had only taken two cycles. My doctor decided to give me a third cycle, but to reduce the amount of the chemo drugs to protect my body. I managed to survive the third cycle and get into the research study for Blinatumomab.

Blinatumomab was an immunotherapy which used my own immune system to target cancer cells and eradicate them. The drug was delivered continuously 24 hours a day for 28 days per cycle. This therapy meant wearing a bag filled with medicine that had to be refilled every two days. We had to be close to the hospital in order to get more medicine. That year I was receiving this treatment at Christmas and it allowed us to meet with family on the day I didn't require medicine. Enjoying family during Christmas was as important for me as the medicine that was coursing through my veins.

This new immunotherapy was remarkable. I had no side effects from the drug and the only hassle was being attached to the IV bag constantly. This became a particular challenge while taking a shower, but I was determined to succeed and created a way to protect the bag and take a shower. The first cycle eliminated almost all of the leukemia and the second cycle eliminated all of the leukemia from my body. I was declared leukemia free the morning of the inauguration of Donald Trump as president of the United States. I distinctly remember this since it was an important day in our history as well as my own history. At that point I had hope that I would be able to continue with my doctoral pursuit, but soon would realize that the upcoming medical procedures would prevent me from proceeding.

After being declared leukemia free I began to regain strength and my body began to rebuild. I had no idea that the biggest challenge of my entire life was about to begin. I had been told early on that once the leukemia was gone that a bone marrow transplant was the only way to keep it from returning. My donor, a 31-year-old male, had been located in Germany and the date was set for March 15, 2017. I was fortunate that my donor had the same blood type that I did so that mine would not change after the procedure.

My perception of the difficulty of the transplant procedure was the six-week long hospital stay. In retrospect this was probably good that I had no idea what was about to happen to me. In preparation for the transplant I exercised daily and submitted to numerous tests and examinations prior to be admitted to the hospital for the procedure.

We moved into the hospital for my bone marrow transplant and I had a cross stitch kit that I had been given and my coffee maker. They encouraged me to bring things that would make me comfortable. I was able to work on the cross stitch a lot during the first few days of my stay, but as the chemo drugs began working my brain would not allow me to continue. The coffee was good for a few days, but soon the chemo had removed my tasted buds and made my mouth an open sore. I did eventually drink coffee toward the end of the stay, but it took a while before I was able to enjoy it.

The cross stitch is important because it represented my mental ability during this process. When I was not able to count the stitches and work on the cross stitch it established a distinct fear within me that my mind might never be the same. This was a constant threat to my ability to return to the doctoral program. The chemo that I was given to kill my bone marrow was the most horrible experience of my entire life. I am not even able to describe how I felt. I have blocked this from my memory except for one moment when I told Christa that I could not go on. Her response to me was strong and stern directing me that I would go on and that I had come this far and was not going to give up. This was the only time Christa had to encourage me to live. The doctors literally brought me to the edge of death in order to administer the transplant.

The actual transplant should have been uneventful, but on the day of the procedure after the cells had been brought from Germany overnight by a carrier, I had a problem. My blood

pressure was too low and they could not administer the cells. The nurses went into action and before I knew what was happening my bed had been raised and my feet were in the air and my head was lowered toward the floor and they worked to get the blood pressure regulated. It worked and soon I was receiving the bone marrow transplant. I don't actually remember the transplant because I was induced to slumber by the preventative drugs they gave me. Even though I had the new donor cells in my body I was facing all the side effects of the chemo drugs that were used to prepare me for the transplant. Each week I began to get a little better and struggled to walk laps around the nurse's station. I was limited to my floor of the hospital except once a week there was an exercise class on the floor above mine and I was allowed to go with an escort to that horrid class.

Coping

The exercise class was very uncomfortable for me. It is important to point out that I was attached to an I.V. pole with several lines running to my chest. I was incredibly weak and what little balance I maintained before this illness was fleeting. The nurses that lead the exercise class were incredible, and I really wanted to do what they were asking, but physically it was nearly impossible. I pressed forward and walked every day. The nurses had a program to encourage exercise which gave a reward of a sticker to go on the door of the patient's room. This incentive motivated me and I quickly amassed a great collection of stickers. Each time I got up and exercised outside of the room I got a sticker and I felt I was another step closer to working on my dissertation. I had to wear a mask and gloves when I left my room to avoid gathering any germs. Every time I obtained fifteen stickers, I would get a scarf that I would hang on my I.V. pole. I looked like a rolling fiesta moving down the hall with all of my scarves travelling beside me.



Returning from a walk. I am in my room, no mask required (April, 2017).

In order to be released from the hospital I had to demonstrate that I was drinking enough fluid and my white cell counts had to be stable for at least three days. After weeks in a hospital room unable to eat much and frankly very weak I had been reduced to sitting in a recliner and watching April the giraffe. April was pregnant and due to deliver any day. The doctors at M.D. Anderson take two week shifts on duty in the hospital and are on a rotating schedule. The last doctor I saw during my stay was really fascinated that I was watching this giraffe in anticipation

of the live birth. He would come in and ask about April before he checked to see how I was doing. I managed to leave the hospital before she gave birth but witnessed it with the rest of the world a few weeks later.

After being released I moved back to the trailer and then went to the clinic five days a week. It was great to be out of the hospital, but really it just meant that I got late afternoons and evenings away. As my blood work numbers began to increase my visits to the clinic were moved to three days a week. The first of May was approaching, and I was doing the three day a week schedule. I was offered an opportunity to participate in another research study, I agreed since I felt it was my obligation to pay it forward and if it worked it would put me one step closer to returning to my studies at Liberty University. I was admitted to the study and started the medicine, within one week I was in renal failure and back in the hospital. They stopped the drug from the study, and I began to improve, but my blood counts did not seem to be improving like they had been. Instead of improving my situation the drug trial had the opposite impact and my transplant suddenly was not improving. My son was scheduled to graduate in June from high school and after missing his entire senior year I really wanted to attend graduation. When the week of graduation had arrived, I was going to the clinic two days a week and the doctor talked about germ avoidance and cleared me to go to the event. Even though I had been removed from my son for almost a year at this point I really wanted to go to his graduation. It was brought to my attention that it would be better to be present for more of his life and miss the event than to go to the event and then die from some germ that I might encounter. The greatest threat to my education and my life in general at this point was staying alive another day.

I managed to make the trip home to Waco for a three-day weekend and the graduation

ceremonies followed by a family get together and dinner at our home. It was very odd for us to host a large group of people for a dinner in our home since we were traveling two hundred miles to be there. In the past it was nothing for us to host 100 or more people for a dinner or get together, but now planning on 30 people was a real challenge particularly since we had not been home for nine months' time. The decision was made to cater the event with the help of other family members and it was successful. It was very strange for me to attend such a gathering and not play an active part in hosting everyone. This event showed me that life was not the same anymore.

It was essentially my first experience in my own home since I had been called to the hospital. I had visited a couple of other times for a day or two, but those visits were about gathering things to bring back to Houston. The sole purpose of this trip was to host our family. It really took a village for me to attend that event. I had purchased a new dress suit just prior to being diagnosed and needed something to wear for the graduation. My sister offered to alter the suit for me. This was no small undertaking since I had lost over 50 pounds throughout the course of my treatment. She did the best that she could, but it was difficult reducing a suit two sizes, but in the end, it turned out to be presentable. Experiencing the love and support of my family that weekend really boosted my spirit and helped me to get through the next few months.

We returned to Houston and soon had transitioned from the outpatient clinic to the Stem Cell clinic. The outpatient clinic was really like a hospital room with a bed and television since I received transfusions and other treatments while I was there. The Stem Cell clinic was a regular doctor's office setting. We would sit in the waiting room and be called back for vital statistics then taken back to a room to wait for the doctor to consult with us. At this point we were in the clinic two days a week.

The summer was progressing, and I was reminded of the email I had received from Liberty University informing me that if I did not enroll in the summer term I would be removed from the program. This had been a heavy cloud hanging over me since I was forced to withdraw the previous Fall. I was terrified to return to school, but I was even more afraid of being removed from the program. My mind did not function as well as it did when I entered the program and I was afraid I would not be able to regain a place within the program if I was removed. I had invested so much money and time toward this degree I really did not want to lose that effort.

I had decided that I needed to enroll in the next course which was the last course before moving to work directly with the dissertation chair. This course would require intensive writing each week and I was afraid of how I would deal with this, but I was more afraid of not dealing with it. I knew if I could just pass this course, I would be able to set my own schedule for the rest of the dissertation journey.

Supports and Strategies



Selfie taken on the campus of Liberty University, Lynchburg, Virginia (2015).

June 29, 2017, I posted a photograph of myself standing in front of DeMoss Hall at Liberty University during the first week of residency in June 2015.

Wow! What a difference two years makes. In this photo I was preparing for my first class in the residency for my doctorate. The professor that I had during that week turned out to be a major impact on my life. We stayed in touch and she will be the chair for my dissertation committee. I will start the final course on Monday which will get me ready for my research proposal and prospectus. Although my education has been delayed a year since I have been battling cancer, I know that God will lead me through this last course. (Worley, Facebook, 2017)

It was terrifying to revisit the doctoral studies, but I felt that if I could just get past this hurdle then it would be much easier since I would be controlling the deadlines during the dissertation process.

It was the grace of God that allowed me to participate in that course “for the first time ever I am having to settle for just a passing grade rather than the quality of my work” (Worley, personal journal, 2017). This was the first time ever in my life that I approached education with the idea that if I failed to make a passing grade, I would just retake the course. Until this point my goal was to achieve the highest score, now I was reduced to just hoping to pass and progress forward. I was most upset that my mental capacity had been reduced by the chemo drugs I had taken and it was very difficult to recall things. I was not able to remember what I did five minutes before, much less recall statistics and research for writing a research proposal.

In my normal fashion I approached this course a week at a time and a piece at a time and managed to get going. The obstacles were mounting as I soon learned from the professor that my foundation work for the proposal used a different format and that I needed to update it for the new dissertation guide. This meant extra work, but I didn’t let it dissuade me, I forged ahead

writing with all of my might. The first week I managed health wise without any issues, but the second week I spent in the hospital with an uncontrollable fever.



The second week after returning to school I was in the hospital (July, 2017).

As I worked it soon became clear that my research was not fresh anymore. It had been almost a year since I had gathered any information and a lot had been published within that time frame.

About four weeks into the course the additional stress of the course and my recovery got to me and I collapsed getting out of our truck. I fell on the concrete driveway and tore open my knees and shins and was very banged up. Up to this point in my life I had never been so weak that my muscles would not do what I was willing them to do. I was physically weaker than I have ever been. I found myself in the hospital during this period trying to write and submit work for this course. The professor was very understanding, but also very brutal pointing out the simple mistakes I was making with formatting errors. This was a great challenge since I had worked diligently in the past to eliminate any errors. I decided that I must forge ahead and if I failed then I would try again. I wanted to earn an A in the course, but I would settle for a passing grade.

I ultimately completed the course and was able to progress forward, but I felt so bad about the quality of my work that I apologized to the professor. I would miss very common mistakes even after reviewing my writing several times. This was going to be a difficult journey, but I knew that if I could just get through this obstacle Dr. Black's section was waiting and I would establish my own timeframe to complete the dissertation.

The Summer of 2017 was turning into Fall and in late August hurricane Harvey was approaching Houston. We had hurricane plans and the trailer was moved to the ranch and we moved to a hotel. It had been determined that I needed another transplant of donor cells and it was scheduled for the day before hurricane Harvey was going to arrive. We got to the hospital and checked in and by lunch time the hospital was emptying out. The waiting rooms were

almost empty and I was called back to the room for the transplant procedure. It was a unique experience. There were a couple of patients when I first arrived, but soon I was the only patient left in the entire wing of treatment rooms. The doctor came in and we discussed the hurricane and she insisted that we needed to leave town after the procedure. She gave us her cell phone number and said she would stay in touch with us.

I received the transplant and we got into the truck and left the parking garage. I had never seen Houston, Texas look like this. It was nearly 6 pm and there was no traffic at all. We saw a handful of cars in the medical center as we left. Heading north on Interstate 45 was even more bizarre there was no traffic at all however the further north we progressed the more automobiles we encountered. We tried to stop for gas at Buccees, but it was so packed with people we decided to wait until later and went on to the ranch to ride out the storm.



This photo was taken during the time I returned to doctoral work (July, 2017).

I was finally enrolled in Dr. Black's dissertation course. She had been so supportive of my efforts throughout my treatment sending text messages of encouragement periodically and keeping in touch. The support that she had provided throughout this journey was tremendous and would continue as we were dealt with being displaced after hurricane Harvey ravaged the coast of Texas.

Coping with Cancer and the Doctoral Program

After a rough start I was finally settled back at home in Waco, Texas and focused on resuming the dissertation process. I had completed one course since the diagnosis and it had been a great challenge. "I was so frustrated because it was not my best work, but it was the best

I could do at the time” (Worley, field notes, 2018). The mistakes were simple, but I just was not able to see them to make corrections. I also was very ill throughout this course, but I was driven to complete it for various reasons. I needed to continue to keep from being dismissed from the doctoral program and I needed to make the best grade possible in order pass the course and not make things worse than they already were.

As the semester progressed, I struggled to get excited about researching, but it was a real problem that I was so far behind with my research. During the focus group Dr. Black asked if I had thought about having to start over and about whether the policies had changed. I acknowledged that this was a prominent thought in my mind and that “I was very concerned because I was losing research everyday because my research was old, and I knew that.” Another concern was the feeling of loss including the loss of ability to do anything about what had happened to me and the feeling of helplessness and not knowing how to change the situation.

I really struggled throughout the semester and did not accomplish much toward writing the proposal. In December Dr. Black called to discuss the semester and where I stood in the program. She had been very in tune with my struggles throughout the semester and unbeknownst to me had met with Dr. Spaulding about my struggles. That meeting produced an idea that would change my entire situation and set me up to complete the doctoral program. This phone call changed my life almost as significantly as the diagnosis of leukemia had changed things and year and a half earlier.

Charting a New Course

The result of that phone conversation was a new approach to the dissertation for me. It was suggested that I investigate autoethnography and consider completing the dissertation using this form of inquiry to explore my lived experiences with doctoral persistence in the face of

cancer. This was so important because my life goals and outlook had changed so much that the first topic just really was not important to me anymore. I also had the issue of being isolated due to my compromised immune system. This new idea was really an answer to prayer for me and I felt that God had provided a path that I could successfully attempt to travel.

The challenges that I faced struggling to continue as a doctoral student had been incredible. Trying to write a three-chapter research proposal from a hospital bed was a distinct problem by itself, but was magnified by the physical impairment that I was facing with my mental capacity. I also was faced with a very weak physical condition that allowed me to focus on studies for about two hours per day. The stress of education was impacting my health in a negative way, but it was imperative that I push through and complete the coursework. The resilience and persistence that I had exhibited before the diagnosis with leukemia was emerging as a prominent attitude to get me through this struggle. The key themes that influenced my persistence through not only leukemia, but continuing the doctoral program were spiritual influence and family and faculty supports throughout the process.

Dr. Black has been a phenomenal support throughout this entire process. She sent text messages to me from the time she heard I had been diagnosed with leukemia. She even offered us a place to stay if needed. Dr. Spaulding was also very supportive but was not as direct in her support since she contacted me primarily through email. Dr. Black exchanged text messages with me which allowed me to be in touch whether in a hospital room or at home in the trailer.

The first point of contact as I was being diagnosed was with Dr. Spaulding who offered her full support regarding my educational pursuits. She also served as a point of contact for me with the School of Education and Dr. Black to let them know what was happening. The School of Education was praying for me throughout this situation and it was a great source of

encouragement when I would hear from various faculty members as well as Dr. Spaulding and Dr. Black. Dr Spaulding's email assured me that she was willing to help, asking, "are you able to work with your advisor at this time to withdraw from my course, or would you like me to facilitate this? I am praying for you Daryl. Please keep in touch" (Spaulding, email August 2016).

The communication from Dr. Black was much more personal and in touch with what I was experiencing each day. Her personal experience battling cancer gave her an insight into what I was living at that point. Those messages provided a strong bond that assured me that if I could just make it to her section for writing the dissertation that everything would work out.

I was enrolled in Dr. Black's section during the Fall of 2017 and was struggling to make progress toward developing a research proposal. At the end of the first semester Dr. Black called with a suggestion that I consider changing the research topic. This would mean adopting not only a new topic, but an entirely new approach to the research. This was an answer to prayer for me since I felt completely lost not having any idea of how to proceed. I agreed and quickly began researching autoethnography.



Dr. Black and Me at Glynwood Ranch, (2018).

Shortly after the spring semester began Dr. Black came for a personal visit at Glynwood, our family ranch. That weekend we developed a plan of action that would allow me to complete the doctoral program. I had a new drive and began working to get the new research organized to present a prospectus. This process took some time and it was early in the Fall semester of 2018 before the prospectus was ready. The prospectus defense was similar to a firing pistol at the beginning of a foot race. I quickly assembled the IRB application and submitted it for review. After several revisions the finalized application was ready and submitted for approval.

Completing that application felt like trying to fit a square peg into a round hole.

Autoethnography was not a common approach for doctoral students within the School of Education and this created some confusion when completing the IRB applications. The amount of time between application and approval from the IRB seemed eternal, but eventually it was approved.

The focus group was scheduled for December of 2018 and the other data for the study were coming together. I was very focused at this point and devoted as much time as physically possible to completing the analysis. I managed to complete the draft of the dissertation by the first of March 2019 and started the process of revisions and preparing to defend the dissertation.

Writing and revising the dissertation was a struggle due to physical complications. I could write a paragraph and 10 minutes later not have any memory of what I had just written. This was problematic for a document of this magnitude. It also created havoc when trying to proofread the document. In April I received a call that my dissertation defense had been scheduled. The sense of relief and fear that settled over me was indescribable. As I was assembling the PowerPoint presentation, I became very unsettled and nervous. As a trained theatre professional I had learned to control nervous energy, but this was different than anything I had ever felt. I immediately returned to the coping mechanism that had gotten me through leukemia. I put out a call to anyone that was willing to pray for me as I prepared to defend the dissertation. I also spoke with Dr. Black and she managed to calm me down and help me to get focused on the task at hand. Her assurance during the hours before my defense enabled me to focus and prepare for what seemed to be the most difficult moment of my life.

The dissertation defense should not have had such an impact on me. The diagnosis of leukemia was far more daunting than a presentation of my work. As I thought about it, I soon

realized that the defense of my dissertation was actually a battle for me. It was a battle to retain one of the last achievable goals that was left in my life. The amount of loss I had faced throughout my battle with cancer was overwhelming and felt as though I had lost control of my life. The dissertation was one thing that was left that still gave me a sense of control. The defense represented a threat that I would fail and the whole process would have been for nothing. This was not a conscious fear, but came from the depths of my subconscious self and physically weakened me as I prepared for the defense.

The morning of the defense Dr. Black logged onto the Webex platform that was used for the presentation and we checked for any issues. Everything seemed to be working great. When Dr. Spaulding connected, we could hear her, but she could not hear us. After some manipulation it was decided to use a conference call for the sound and Webex for the video source. Although that was a minor problem it actually served to relax me and took my fear away. Once I began the presentation to defend my dissertation, I had full control of my presentation skills.

Once the presentation was completed and I was declared to be Dr. Daryl Worley I came out of my home office and stood in our living room and thought now what? I was home alone, my wife was travelling, and I wanted to celebrate, but it is not the same when you are alone. I went and picked up breakfast and then sent notices to loved ones that I was successful. The congratulations were sent for the remainder of the day. My sister and her husband came that evening and took me to dinner to celebrate. Even though I was successful the realization of what I had accomplished was not fully recognized at that point. I still had several revisions to make to the dissertation document so in a sense it was not complete. I had applied for graduation, but received an email stating that I had not met the requirements to graduate. I

contacted the school and the issue was soon resolved. After four years and an incredible journey fighting leukemia I was prepared to graduate.

The experience of persistence within a doctoral program after a diagnosis with cancer was the focus of this autoethnographic study. Application was made to the IRB at Liberty University and approval was given prior to the research (see Appendix A). Historical documents and artifacts including personal journals were collected. The focus group was organized and an email invitation was sent to potential participants (see Appendix B). The focus group was conducted after each of the participants agreed to consent for the study. The focus group was conducted via telephone and audio recorded. A transcript was developed using the recording. The data were analyzed using the NVIVO software.

Theme Emergence

Themes were identified using the research questions and theory. Key themes that were initially identified were identity, life goals, coping, challenges, support and strategies. The data revealed additional themes. Loss was a significant theme that reoccurred frequently in the data along with the theme of determination. A spiritual theme quickly presented in the data and recurred frequently throughout the data analysis.

Challenges

Challenges began to appear immediately within the data in artifacts gathered from before the doctoral program began. Before beginning the doctoral program at Liberty University, I was torn between the cost of the degree compared to the value of earning a doctoral degree. This was clear in a journal writing from the summer of 2014,

I am struggling with the idea of beginning the doctoral process. It would definitely provide the credentials that I need to explore consulting, however I am not sure the cost

would we worth it. In fact, I announced to the family today that I am not going to pursue the degree because of the expense.

The challenge of the financial burden related to doctoral study ultimately did not prevail since less than two months later I began the program. The challenge of finances was obvious, but another challenge loomed in the background.

I survived the first day as a graduate student. It's been almost 30 years since I studied education at Howard Payne University. A lot has changed since then. Almost all of my classes are online now. I will have to spend three weeks in residence at Liberty University in Virginia before the degree is completed. It is going to be a long road to earn the Dr. in front of my name, but it will be worth it in the end.

The challenge of returning as a student after so many years was daunting, but would be a small challenge compared to what lay ahead.

Numerous challenges were presented in the doctoral program, but the greatest challenge came in the form of a medical diagnosis. This medical challenge was illustrated numerous times in a variety of ways such as, "I started chemo last night and had a couple of rough moments" (Worley, Facebook, 2016). Although enduring chemo was a distinct challenge this created numerous other issues that soon appeared. An incredible issue arose after I had been in the intensive care unit at M.D. Anderson hospital. I was released from the unit back to a room and from that room I attempted to go back to the doctoral program. The frustration at this challenge is indescribable for "I didn't know what to do. And it scared me and I was really afraid that I could never go back and do it" (Worley, Journal, 2016). This situation created a great problem for me.

Dropping that course brought the threat of being removed from the program.

Unfortunately, the chemo had really impacted my brain processes and I was afraid that I would not be able to reapply for the program. This challenge hung over my head, but there was very little that I could do about it.

Another challenge was after I returned to the program and was trying to write the research proposal. All the work I had completed before being diagnosed with cancer used a different doctoral dissertation handbook and the guidelines for the proposal had changed. While other students were just updating and expanding their proposals from the previous course I had to go back and rewrite a great portion of my existing work which added a great deal of stress to the situation. When working toward previous degrees I had always been locked into a particular handbook and guidelines for the degree. At this point with the struggles that cancer had brought to my life it would have been a great benefit to have guidelines remain stable. At that point in my life nothing had remained stable.

Daryl: I am two weeks into being literally ripped out of my life. I mean I got a phone call and went to the hospital and didn't go home for three months.

Dr. Spaulding: Wow.

Daryl: and that was just for two days. That experience is so intense that adding, to me that was just another little thing that was added to it. Because you know I have been ripped away I am no longer teaching in the classroom, I have still got an online class that I managed to hang onto, I had to beg the dean to let me teach it. She was afraid that it would overwhelm me, I knew that I had to have something to keep me busy or else I would die.

Dr. Spaulding: Wow

Daryl: Because if I ever stopped to think about what was wrong with me it was over.

Dr. Black: Literally not figuratively?

Daryl: No literally!

I had struggled to cope with this great loss of everything around me and then was able to enter the doctoral program again only to realize that my research was out of date and that my previous work did not fit the current template.

The treatment for cancer had left me without the mental capability that I possessed prior to the diagnosis of leukemia. This challenge was not only related to my writing ability, but my ability to function in general throughout the day. I had a condition often referred to as “chemo brain” which affected my cognitive ability to recall specific details or even something that I had discussed 10 minutes before. I discussed my issues with the doctor and she told me that “it is not unusual to experience diminished mental capacity and recall for up to five years after treatment” (Worley, Field Notes, 2017). The idea that a chemotherapy that was introduced into my body for a few days could leave a lasting impact for five years never crossed my mind. The loss of the ability to recall things quickly was an incredible blow for my self-confidence as a writer. I would write a paragraph and by the middle of the next paragraph not remember what I had written only minutes before. This was a huge problem for someone preparing to write a dissertation.

Support

The theme of support was demonstrated in many forms. The levels of support from family became stronger after the diagnosis with leukemia. Faculty support was strong as I worked through the doctoral program, but that support changed from an educational support to a more personal support throughout the treatment for leukemia. Although family and community

support were represented throughout the illness it was focused completely on my health and wellbeing and was not focused on the educational pursuits like the faculty and department support.

During the focus group Dr. Spaulding asked about my family support during the focus group and I responded.

My immediate family has been very supportive of my pursuits in a weird way. I don't talk about school and they don't bother my time. It was like my wife treats my work and what I do like a hobby. It's like some people play golf, some people do this and some do that. I teach school and I go to school. So that's like my thing. Now, every once in a while, I would have to stay home and write a paper and do something, but I mean they were very supportive of that for the most part and really didn't have a problem.

The amount of family support was consistent for the pre-diagnosis period of the doctoral degree but changed after I returned to the program. My wife was overwhelmingly supportive after I returned to the program. She would "provide whatever I needed of course by then realize we weren't living in a big house, but a 33-foot travel trailer, so what each of us did we were on top of each other" (Worley, 2018).

Faculty and institution support emerged early in the process as I was being diagnosed. Dr. Spaulding was in touch and facilitated me rearranging my schedule of classes as a result of my illness. Dr. Black provided emotional and spiritual support as well as an assurance that I will complete this process and write the dissertation. The support from the Liberty University advising department and the School of Education were not as positive. This was mostly because of the computer-generated messages that kept threatening to remove me from the program if I didn't register soon.

Dr. Black: and yet that is interesting because as you know that is a computer-generated thing, but the terror of it was

Daryl: it was scary to me.

Dr. Black: I believe you, of course I believe you, but it's just so interesting the power of words. You know the power of words and those messages go out to so many people. But they are in a very different place than you were at that time.

Daryl: and here is the problem at that point. I had been through so much that I wasn't sure I could make it through the hurdles to get back in the program if I got kicked out.

Dr. Black: And that was the fear wasn't it?

Daryl: It was, that was the fear I said you know I am not strong enough to do what I did. And it really concerned me.

Dr. Black: and if you have to start over and if the policies have changed. Did that enter your mind?

Daryl: Right, well it did I was very concerned because I was losing research every day because my research was old and I knew that, but I didn't know what to do about it because I wasn't able to research. You know I just didn't feel like it. You can understand I could barely raise my head some days. I was just so sick.

This perceived lack of support was a great contrast from the personal support of the faculty. The support of the dissertation chair was crucial to my success within the program.

Dr. Black: What I remember about it is you know when Daryl reentered but then his topic was no longer important to him because of everything he had lived through. And I remember going to your office Dr. Spaulding just because we would touch base about Daryl and pray for him.

Dr. Spaulding: Yeah.

Dr. Black: I remember coming to you and saying you know what he's just in a different place. The topic isn't meaningful do you have any ideas? What do we do? Because from my perspective you know I feel this responsibility and commitment and desire to see Daryl finish and knowing his life has changed so this topic doesn't mean anything.

Dr. Spaulding: Right.

Dr. Black: and so, it was your idea you know you said could we consider this, and you had a book on your desk (laughter) and I said you're going to have to look at it. I didn't even know where to even begin, but then when I called Daryl and I just heard it in his voice immediately and Daryl you told me that day, you said, "well, I have known all along that I was supposed to write about this."

Dr. Spaulding: Wow.

Daryl: Well, I have from day one.

Dr. Black: It really was just one of those from my perspective, a divine appointment to talk about that.

The discernment of the dissertation chair and the personal interactions with me ultimately cleared obstacles that allowed me to continue. Changing the focus of my research sparked a new vision and feeling of ability to actually achieve the goal of completing the doctoral program.

Loss

The idea of loss was not a part of my life before the diagnosis with leukemia. Loss was a major theme with almost every aspect of my life after the diagnosis. Although most of the loss was focused around my personal life it clearly invaded the world of academia as well. "It really changed who I am completely. I don't look the same, nothing, in fact everything in my world has

been turned completely upside down. I don't know of anything that's the same" (Worley, 2018). This statement indicates the vast feeling of loss related to personal, professional, community and educational aspects of life. The feeling of loss is so deep that it penetrated the very identity of who I was and am. An example is the idea of career and the response that "I don't know what my career is anymore" (Worley, 2018). This idea also translated to academic life as well.

Dr. Spaulding: What were your priorities what were your thoughts about your present and future?

Daryl: Honestly, get through the day so that I can get to tomorrow. That's what I would recommend to anybody facing something like that because if I ever stopped to look at the big picture it caused me great heartache. But if I let it be just one moment you know one moment at a time and example of that you know in the middle of the nights is when I would get into trouble, because I would be thinking. At about four am one morning I was really upset, I was in tears because I was wanting to go home so bad. And I thought at that point I wasn't sure if I would ever get to go home ever again. This was the second round of chemo and this nurse. Who had been with me from day one. She was a charge nurse that was my nurse the first day that got me assimilated to M.D. Anderson in record time. She came in and she talked to me and really was a gift from God because she assured me, she said, "you will get to go home we will make sure you get to go home" and she gave me the pep talk I needed to get through it. You see that was something that I couldn't. I never would break down when Christa was there because I couldn't, I didn't want to burden her with that. So, you know I would have moments like that every once in a while, but I learned from those that it is best to go

day to day. Then I get an email from Liberty saying you're going to be withdrawn from the program if you don't register. And honestly it was scary.

At this moment I was adapting to daily challenges personally and then receiving an email from Liberty University instructing me to register or be dropped from the program literally put a fear in me that is not describable. I had entered the program two years earlier without any issues, but now my mind was impacted by the harsh chemo therapy and I was very concerned that it would be a greater struggle than I could handle to attempt to gain re-entry to the doctoral program. As I returned to schoolwork it was obvious that I had lost some of my mental ability as a result of the chemotherapy. Simple little mistakes would now slip by me and become an embarrassment when I was called out for them.

Determination

The idea of completing a task once it has been started was a personality trait that remained constant regardless of the circumstances that were present. Starting a doctoral program was an incredible commitment that was not decided lightly. The choice to enter an online degree program allowed flexibility related to location. Such a long-term commitment needed to allow for other changes such as relocation for work or other circumstances that might arise. "I didn't want to get started and then be uprooted two years into the program and be left without anything" (Worley, 2018). Determination was exhibited again during the chemotherapy treatment when "I finished those last three chapters of that textbook in the hospital" (Worley, 2018). An agreement had been made with the publisher that a manuscript would be delivered the first of September, 2016 and although it was a little late the determination to meet that commitment encouraged persistence to see it through.

Dr. Spaulding asked during the focus group why I felt like I persisted and continued pressing toward completing the degree. I responded, "I'll tell you why. I had invested so much money in it and first of all I was raised as a person to believe that if you begin something you better finish it." Another indicator of determination was the statement, "I am encouraged, I don't have anything that I am concerned about as far as getting it done. I mean from my perspective it's not even up for discussion, right?" (Worley, 2018). Meeting the obligation to complete a textbook on time even though obstacles appeared demonstrated the determination and drive that existed before the doctoral program was begun. Once the doctoral program was begun the determination to complete the degree as quickly as possible was evident with the speed and quality of work within the first two years of the program.

Identity

Identity is such a personal thing, but also something that drives every decision that is made in a person's life. The traits associated with identity that prevailed throughout most of my life had been successful and daring. I was not afraid to attempt anything that I desired. There are several key points within my life that impacted identity: marriage, becoming a father, and becoming an orphan come to mind. Prior to beginning the doctoral program, the most important factor that impacted identity was the death of my oldest brother David. He was diagnosed with liver cancer and died shortly afterward. This caused me to evaluate who I was and what I needed to do in life.

I was a very driven person, you know I had gastric bypass surgery in 2013 which literally changed my life. My brother had passed away with liver cancer in January of that year and my sister in-law took a photo of me by the gravesite and I realized that I had gained a bunch of weight. Over a hundred pounds over a period of time. I had been

on diabetic medicine and it had caused me to gain this weight and I couldn't lose it. And so I decided I've got to do something about this. It's funny that for someone to say, oh well they didn't realize they were heavy. I never thought about it.

This was such a key decision and a good example of identity before the doctoral program. I was a very driven person who once committed to something gave it all that I had.



Family picture before gastric bypass surgery (2011).

My identity did not change instantly, but within three weeks of diagnosis my identity was ruled by two factors: Christianity and cancer. If I was introduced to someone, I would now mention the fact that I was fighting leukemia and as time progressed it became a source of apology for not being the man I had been before.

Daryl: Well, as far as me, I mean I didn't get to go to a doctor's office and really go in looking for cancer. I had a blood test and was told to go to the emergency room, and I had no idea why. They told me that my hemoglobin was 5.3 and I didn't know what that meant. And still didn't for several days. This was on Monday and every day they would come in with statements such as it might be aplastic anemia or something else

and the word cancer never ever entered their vocabulary even when they said it was leukemia. On Thursday they came back with the diagnosis of leukemia and my only frame of reference at that point was the movie *Brian's Song* from the 1970s and I knew the guy died and that's all I really knew about it. It was not something that I thought was necessarily survivable, but I didn't know anything about it. Yeah, but within 24 hours I was at M.D. Anderson and it really changed who I am completely. I don't look at anything the same, nothing. In fact everything in my world has been turned completely upside down. I don't know of anything that's the same.

Dr. Black: Daryl, it's so interesting to me that they never used the "C" word. They never used the cancer word with all of their conversation.

Daryl: The only place I would see cancer was with the M.D. Anderson logo.

Dr. Black: Now for me, right.

Daryl: And it always had the slash through it.

Dr. Black: And I see that every day here in Houston, I see M.D. Anderson, every day, every day I see that logo. Yeah, that's interesting.

Daryl: But it was always leukemia they never, never talked about cancer, you know that.

Cancer was the unspoken element in the room at all times and if it was acknowledged it was almost as if I was admitting defeat. Cancer may not have been mentioned out loud, but it had an intense grip on my identity and my life goals.

My life goals had been reduced to one important objective on that day when I was diagnosed with cancer. My new life goal was to survive today so that I could live tomorrow. In those scary moments the idea of earning a doctorate were actually nowhere within my mind.

The beginning of classes and email reminders would bring it back to my attention, but it was no longer the most important goal at that moment within my life.

Coping

Coping is deeply rooted in the spiritual aspect of my life. Life before leukemia exhibited a strong ability to cope with anything that life placed along the path. After the gastric bypass surgery in 2013 “I had a new life, because I had to learn to eat completely again. You don't eat the same way and you don't eat as much” (Worley, 2018). This was an obvious struggle, but the determination and spiritual connection I had with God allowed me to cope with this new dietary need and to persist.

Coping mechanisms vary before and after leukemia. Learning to eat in an entirely new way was a short-term goal and the realization that this was a limited scope event helped with coping. The same mechanism was in play when I was asked to write a manuscript for a 500-page textbook within a three-month period. Faith and a belief that God is guiding and directing me allowed me to cope with the issues that were created with the limited time to write. I coped with this struggle by comparing myself to the story of Moses in the Bible and the struggle he had going to face the pharaoh in Egypt. God gave him strength and I firmly believed that he gave me the same strength and guidance to approach the project.

Coping with struggles as I began the doctoral program were much the same as it had been prior to that time. I was in control of the schedule and could manage my time to get through any obstacle that was placed before me. I was in complete control of my life and things were going great until one Monday morning in August of 2016. The diagnosis of leukemia soon revealed an obstacle that I did not know how to cope with. I turned to God immediately and was given a calm resolution to the problem. The response I got was to give the issues with leukemia to God

and not to worry with them. I did that very thing and worked with other things that I had some control over.

When I was diagnosed with leukemia I was faced with an important decision. Either I could lay down and die or I could get up and fight for my life. I chose to fight, and I knew that I needed a strong ally in that fight so I turned immediately to God. That prayer session resulted in God's instruction to be the light of Jesus and

was really a comfort to me and it has gotten me through a lot of times. Now telling me to be the light of Jesus was not an easy task. Yes, I had gone to Sunday school and church for fifty years, but what does that mean. I had to really evaluate what that meant and I have learned a lot about what that means. It really is just let Jesus shine through you, and I think, I know he does because I get comments about it all of the time, you know in waiting rooms and different places I go they talk about how positive my outlook is and things. And I know that is what it had to do with.

I coped by sharing my story and trying to help others who had struggles.

Coping with my struggles returning to school and trying to write was very difficult. I felt the urge to “apologize for myself because I am so weak and not able to do the things I used to do” (Worley, 2018). I would review my work numerous times before submitting it for grading and it would still come back with simple errors that made me feel so inadequate. I used a simple coping mechanism to overcome this. I would tell myself that all I had to do was make a passing grade it did not have to be my best work. I just had to survive in the class long enough to make a passing grade and progress forward.

The ultimate coping strategy that was apparent throughout the treatment for leukemia and graduate studies afterward was very simple and straight forward. “If you’re not living your life

then it's ultimately death" (Worley, 2018) and it is important to note that the term death is literally death and the end. Not a figurative idea, my life had become a struggle just to make it to the next day. After conducting this research, I am beginning to live life with hope again. Until this point I have not been able to plan for life beyond a few days.

Strategies

I have always been a very goal-oriented person. Once a goal was identified then I would establish a strategic plan to accomplish the goal. I learned early in life that small actions can be put together to complete a much larger project. It is always my objective to identify the goal and then break it into manageable pieces.

Even after leaving the doctoral program I had a plan to regain my place and complete the degree. This plan was not necessarily something I did for myself as much as the threat of being removed from the program encouraged a plan for re-entry. The more involved I became in the reality of leukemia and the treatment for the disease the more I began to realize that I had to "get through today so that I can get to tomorrow."

I knew that if I was going to beat cancer that I had to keep my mind occupied on other things. I still managed to teach one online section but this was a struggle.

I am no longer teaching in the classroom, you know I've got an online class that I managed to hang onto. I had to beg the Dean to let me teach it. She was afraid that it would overwhelm me. I knew that I had to have something to keep me busy or else I would die.

I honestly did not think about my situation or cancer or leukemia it tried desperately to keep other things I lined up to think about.

Life Goals

The life goals I held at the beginning of the doctoral process were based in career aspirations. “After I graduate, I would like to develop curriculum insights that will help teachers to integrate artistic approaches to instruction” (Worley, 2014). At that point I was publishing a textbook that instructed future educators with ideas for integrating the arts into the classroom. I also had thought about moving up into administration and the credentials of a doctorate would facilitate that move.

As a child I enjoyed learning and the idea that I might become Dr. Worley one day. When I taught high school and was the department chair for fine arts “I often signed my name DR Worley. This infuriated the art teacher who constantly reminded me that I did not have a degree, I always reminded her that my initials were D.R. and it was legitimate” (Worley, Journal, 1995). After teaching at the college level, the value of the doctorate became more real and ended up as a life goal.

Another life goal was to be an author. This goal has been expressed in a variety of ways during different phases of my adult life. Working in the field of the arts and theatre I have employed the ability to write. As the artistic director of a theatre I was responsible for authoring the program notes for each production and a personal greeting for the audience. Later in my career I authored a cookbook that took my mother's recipes and added various stories to go with them. As a college instructor the opportunity was given to me to author a theatre textbook. This was the fulfillment of a life goal that ultimately encouraged me to pursue the doctorate.

The pursuit of a doctorate and authoring books are important since they both are intermingled as life goals for me. During the course of the doctoral program I authored two additional textbooks while managing to balance the course load and maintain progress in the

program. The diagnosis of leukemia completely changed my life goals even though I was in the middle of completing the doctoral program. I still held tightly to the goal of obtaining the doctorate. I was determined to complete the degree because “I have a need to complete it, because it’s one thing that I guess that I can still control” (Worley, 2018).

A key factor that changed my perception of life goals is coming so near to death and the end of my life. Suddenly things are put into a completely different perspective particularly during treatment for cancer. The medical community always made statements such as “well, maybe we could do this or we might or hopefully” (Worley, 2018). Until this point in my life I had been ruled by positive thoughts that were more indicative of when I do this and a definite belief that I would accomplish a goal.

After living with cancer my primary life goal has changed to one singular purpose that has been granted to me by the gift of more time.

Daryl: I was to the point that it was God or nothing. Not that I wasn’t that way before, but I mean I really was in a place where that's all I could do was focus on God. And I really feel like it’s made me a better person, but it's changed my perspective and outlook with what I should do with the rest of my life. Because I have been given more time and I need to use it wisely. And I say that because I want to use that time trying to help other people.

Dr. Spaulding: Powerful

Daryl: the other big take away is that God has shown me over and over again, that if you ever feel like you are in a bad place, go sit in a cancer patient waiting room. There is always someone worse off than you are.

My singular life goal has been changed to work toward helping other people through my

writing and other work that becomes available.

Spiritual

The life and death importance of a cancer diagnosis brought me to the very basis of life and an examination of the core beliefs that drove my existence. I was raised in a Christian family surrounded by Baptist ministers and missionaries. I first attended church services as an infant and my faith in God was firmly established through intensive study of the Bible for over fifty years at the point of my diagnosis with leukemia. I quickly turned to my spiritual training and not only sought direction but came away with a clear directive for how to proceed. My faith in the Lord Jesus Christ and the prayers of Saints all over the world are the reason I have overcome this obstacle in my life.

Dr. Spaulding: If you were to share any advice for a student like yourself who's started the doctorate and is diagnosed with cancer, what advice would you have for someone just like yourself on the journey?

Daryl: Well, first of all I would advise them that if you don't have faith you need to get some. Because it is very difficult to make it through this journey without God.

Dr. Black: Yes.

Daryl: And you need to turn to God and focus on Him and look for God in the little details. And I would tell them that I was going to pray for grace and peace for them and that they need to take it a day at a time. Don't focus on their diagnosis at all. Focus on what it takes to get through the day facing you. And the same with their journey with the doctoral program. I would tell them to treat it the same way. If you have continued your enrollment then take your assignments week by week, work on it the best that you can and do your very best at it. And if it is not good you can always redo it. You can

retake the class. That's the one thing I always thought in the back of my mind, I can retake it. I didn't want to and have never had to retake a class, but you that provided me an out because I mean my writing was horrible. I was operating at like 70 to 60% capacity. So that's the one thing I would encourage them with is just don't give up, if you don't try you don't know.

Dr. Spaulding: That's good advice.

Daryl: and so, you know you've got to just keep living. You can't stop. If you stop living you die.

The source of my life is heavily rooted in the spiritual faith I hold in God.

The idea of God and the influence that spiritual forces play within my life were present before I entered the doctoral program. "The story of Moses and his readiness to serve inspired me to tackle the doctoral program" (Worley 2014). My faith has guided my entire life, but at the point of facing leukemia and battling cancer that faith suddenly became the most important factor within my life. "I firmly believe that God lays a plan for your life before your born and this was part of my plan and I honestly believe that its what's going to elevate me to be able to minister to more people" (Worley, 2018). Spiritual faith is an important resource and was shown to be a common theme that was present both before the diagnosis of cancer and afterward. Reliance upon God and that faith that with His support anything is possible provides the basis to persist and insist on facing the trials and tribulations that exhibit strong resilience.

Summary

This chapter presented the data related to the experience of persistence within a doctoral program after a diagnosis of cancer at the point of dissertation. Research question one asked how does a cancer diagnosis impact the personal identity and life goals of an

individual enrolled in a doctoral program? The results indicated that my identity as a Christian was illuminated and strengthened. The challenge of battling leukemia forced me to return to the very basis of my existence in order to focus on staying alive for another day. My faith in Jesus Christ is the foundation that my entire life is built upon. Although leukemia was a challenge that ultimately encouraged spiritual growth and strengthening. My life goals were instantly erased as survival became the only achievement that I was working to achieve.

The second research question asked what are the unique challenges experienced when coping with cancer while enrolled in a doctoral program? A hope that stemmed from my firm faith in God derived the coping skills that allowed me to persist and forge ahead no matter how difficult the obstacle facing me might be. The greatest challenge that I was forced to overcome after being diagnosed with cancer was not only the sense of loss, but the actual loss of most everything in all areas of my life.

The third research question asked what supports, and strategies encourage doctoral persistence in an individual coping with cancer during the doctoral journey? The obvious supports as a cancer patient were the health care professionals who guided my treatment and the support and prayers of my family. I had an intense support system that was praying for me all over the world including the faculty at Liberty University. The dissertation committee provided a strong source of support not only for my recovery, but also in encouraging me to continue my educational pursuits. Strategies after a cancer diagnosis were divided into two distinctions, health and education. The driving force that encouraged me to progress and work to become healthier was the idea that I would do whatever it takes to beat leukemia. The strategy for the doctoral degree was not as simple, but came down to a promise that I made

myself when I had to pause my coursework. I vowed to continue the degree within one year because I was terrified of having to go through the admission process again.

A narrative describing the events that preceded a diagnosis with leukemia to establish a precancer condition was presented followed by the diagnosis period and return to the doctoral program. Key themes associated with persistence and resilience emerged from the data: challenges, support, loss, determination, identity, coping, strategies, life goals and spiritual support.

CHAPTER FIVE: CONCLUSION

Overview

The experience of persistence during the pursuit of a doctoral degree after a diagnosis with cancer at the point of dissertation was the focus of this autoethnographic research. This chapter discloses a summary of the findings of this research study. The conclusions drawn from the data are interpreted and the implications related to the relevant literature are discussed. The chapter concludes with recommendations for future research related to the limitations of this study.

Summary of Findings

This research study was focused on my life and the events that occurred throughout my studies in a doctoral program at Liberty University. Particular interest was given to a diagnosis of acute lymphoblastic leukemia at the point of dissertation and the impact this created upon my personal persistence and resilience to complete the program. The diagnosis of cancer completely altered my personal identity not only as a doctoral student, but as a human being. Not only did my identity change, but the old life goals that urged me through life were altered significantly as a result of who I had become.

The challenges that I faced as a cancer patient seeking a doctorate were based within the same challenges any student seeking a doctorate would face, however the diagnosis of cancer added a new dimension to those challenges. My coping skills have been very strong throughout my life and the diagnosis of cancer did not alter those skills at all since a key to coping is adapting to obstacles that are placed along the path. The supports that guided me through the beginning of the doctoral program were strong but did evolve as I progressed through cancer treatment. The institutional supports were an inconsistent factor throughout the program. The

strategies that encouraged my persistence to continue the doctoral program were altered almost on a daily basis at times but managed to evolve into a successful plan that allowed me to continue on the path to a doctorate.

Family and friends were an instrumental support system that gathered close during the treatment for cancer. Without this support I would not have been able to return to the doctoral program. The University administration proved to provide more of a hinderance than a support through the use of automated emails. However, the faculty support was strong particularly the support from the dissertation chair. Jesus Christ was the strongest support system that encouraged me to persist and exhibit the resilience to return to the doctoral program. My faith provided me the comfort, encouragement and strength to persist through life threatening events. This resilience encouraged me to continue moving toward the goal of the doctoral degree.

Discussion

I entered the program at Liberty University with a strong foundation of not only who I was, but also an unwavering projection of my identity as a Christian male in my late forties. I was a college professor, a father, an active member of my church and a community leader. August 18, 2016 the foundation of my identity began to crumble and the core beliefs that I held were challenged like never before. That was the day that I was diagnosed with cancer and I began to lose my grip on not only who I was, but how I functioned as a human being.

The diagnosis of cancer shook me to the very foundations of my being leaving me with the basis of my identity from early childhood, my relationship and faith in God. Identity, life goals, coping strategies and support are all firmly rooted in my faith. It was my faith that gave me the confidence to begin a doctoral program and my faith that allowed me to adapt and continue with the program after surviving cancer.

Research question one asked how does a cancer diagnosis impact the personal identity and life goals of an individual enrolled in a doctoral program? The results indicated that my identity as a Christian were strengthened through this challenge, but the reality of growth was that challenges allow beliefs to be strengthened.

Identity

The basis of my identity is the saving grace of Jesus Christ and the man that I have grown to be represents those values. Prior to the diagnosis of cancer, I held a strong identity as a Christian male college professor who served the community as a leader in the Boy Scouts of America and played the organ for his local church. After being diagnosed with cancer my identity began to erode and change as a result of a sense of great loss in my life. I had been ripped out of life as I knew it and set on a path of uncertainty. In theory I was still a college professor who wrote textbooks, but I no longer taught in the classroom and was struggling to complete a manuscript for the latest textbook. I remained a solid Christian, but a had been removed from my church and community. My identity did not change instantly, but within three weeks of diagnosis my identity was ruled by two factors, Christianity and cancer. If I was introduced to someone, I would now mention the fact that I was fighting leukemia and as time progressed it became a source of apology for not being the former man I had been before.

My life goals had been reduced to one important objective on that day when I was diagnosed with cancer. My new life goal was to survive today so that I could live tomorrow. In those scary moments the idea of earning a doctorate were actually nowhere within my mind. The beginning of classes and email reminders would bring it back to my attention, but it was no longer the most important goal at that moment within my life.

Survival was the most important life goal and other goals were possible with the achievement of survival. The other goals became apparent as hope for the future became available. The most important goal was to get the manuscript for the textbook that was due right after diagnosis completed and to the publisher. The other goal that was most important during that time was to enroll in the next course toward the completion of the doctorate. These two goals were very closely tied to a strong value that had been taught to me as a young child. Once you commit to something you must see it through no matter what obstacle may impede your progress.

The persistence I felt was based in the idea that I could not withdraw completely and the idea of failure within the program was unacceptable. If I failed to persist it would be the first time I had failed at an educational effort. First time failure at the doctoral level is a common finding in the present study that relates to previous literature (Lovitts, 1996; Lovitts, 2001; Nelson & Lovitts, 2001). The lack of support has been cited in the literature as a reason that doctoral students abandon the pursuit of a program (Lovitts, 1996; Lovitts 2001). This study found that support was instrumental in encouraging student persistence. At the point of the cancer diagnosis support was offered to help facilitate this life changing event. A professor reached out to help reschedule the course while I was in the hospital beginning chemotherapy. The faculty also offered support through prayer and encouragement throughout the treatment process. The dissertation chair reached out at least weekly to encourage me and demonstrate that I was on her mind and that I would complete this degree. This strong feeling of support from the faculty to encourage persistence is consistent with the previous literature which indicated that the degree of support and structure that a student encounters has been demonstrated to show an increase in the likelihood of degree completion (Gardner, 2008a;

Herzig, 2004; Nerad & Cerny, 1993). The broad range of support throughout the trial of cancer as well as the integration back into the doctoral program provide a foundation for success for me personally.

Life Goals

The amount of support throughout the pursuit of the doctoral degree and the treatment through cancer remained constant though my perceptions of support were challenged after the diagnosis. Support is a source of encouragement that inspires goals and a need to learn and develop (Tinto, 1993). The type and amount of support offered to a student beginning a program are very different from the support offered for a student beginning the dissertation phase of the program. A foundation of solid support established early within the educational experience nourish and encourage the realization of the goals a student has established (Lovitts, 2001; Tinto 1993). Although the volume of support changes as the conditions and stages of the program develop the security associated with that support was crucial. Regardless of the obstacle that might be placed to potentially discourage persistence a strong foundation of support can provide the hope to continue the pursuit of the goal. Another key area that support influences is the progression and motivation to achieve life goals. Support encourages motivation which has been shown to be a necessary element for success (Grover, 2007; Hoskins & Goldberg, 2005; Rockinson-Szapkiw et al., 2014). My life goals were strong at the beginning of the doctoral journey, but after a diagnosis of cancer they were changed to a single goal.

The singular life goal was to survive and live another day. Completing the doctoral program is the remnant of a life goal that I possessed before the cancer diagnosis, but this changed after cancer. I still have the goal to complete the doctoral program, but none of the goals that I have been able to formulate after cancer are beyond one year. For example, almost

two years after a bone marrow transplant my immunity is still incredibly low and may never recover to normal levels. Even with this in mind I have forced myself to plan a vacation to Hawaii in a few months. This vacation represents something that was done two to three times per year prior to cancer and now is such a huge endeavor that trip insurance has been secured. This is the first-time trip insurance might be needed, before we were determined to go and nothing was going to stop us. Now the physical condition has overruled the mental ability to insist on persistence.

Social integration into a doctoral program is important for student persistence (Lovitts, 2001; Tinto, 1993). This is true in my case to a certain degree, but the drive to overcome and succeed far outweighed the need to withdraw when my social network from the program had all graduated or were approaching graduation. The idea that academic integration influences doctoral persistence and the failure of integration (Church, 2009; Lovitts, 2001) encourages a sense of isolation that is not consistent with this study. Although I was integrated into the program completely until the time of the cancer diagnosis. I did not emerge from the period of cancer treatment integrated into the doctoral program, but the strong bond with my dissertation chair remained. A feeling of complete isolation was overwhelmingly present when I enrolled in the next course. All of the other students were using a format that was up to date and my previous work no longer fit the format that was in use. Not only did I have to write the proposal chapters I had to ultimately start over since my first drafts from the previous course did not follow the current format. This was a strong source of stress and worry at that time, but I was determined to succeed regardless of what was placed in my path. This feeling of grit and persistence is strong within my personal being and I was determined to get through this and make it into the dissertation phase of the program.

Research question two asked what are the unique challenges experienced when coping with cancer while enrolled in a doctoral program? The challenge associated with the diagnosis of cancer was derived from being forced to withdraw from the doctoral program while dealing with a sense of loss in every area of my life. The sense of great loss created a need to cope in order to survive. Coping with cancer involved a sense of hope that was inspired by my faith in God.

Coping

The second research question asked what are the unique challenges experienced when coping with cancer while enrolled in a doctoral program? Throughout the process of the doctoral program coping was a constant theme that resonated throughout each phase. Adjusting my personal schedule for the coursework for each class required formulating a plan to cope with the additional stress. This type of coping is described in the literature as self-regulation and has been described as the act of adapting to a changing situation as the demands require an adjustment of actions in order to adapt to the change (Baumesiter & Vohs, 2007; Kelley & Salisbury-Glennon, 2016). Coping with a diagnosis of cancer required an entirely different type of coping skill.

The treatment process for acute lymphoblastic leukemia was a life altering process that re-emphasized the uncertainty of tomorrow within my life. The diagnosis alone was enough to create a question deep within me about whether I would live long enough to return to classes at Liberty University. On the outside I presented a very strong positive front, but internally I struggled with the things that I needed to accomplish before I was laid to rest in a little cemetery at our family ranch. For the first time in my life I created a bucket list of places I wanted to visit before the end of life. This would later become an important element as I struggled to return to

life outside of cancer treatment. A side effect of cancer treatment is gaining a lot of time to sit still and think about a lot of things. My faith dictated that I must stay positive and believe that God was going to bring me through this. I never really doubted that God would bring me through this trial, but the time table was certainly not something I understood.

I was adapting to daily challenges personally and then receiving an automated email from Liberty University instructing me to register or be dropped from the program literally out a fear in me that is not describable. I had entered the program two years earlier without any issues, but now my mind was impacted by the harsh chemo therapy and I was very concerned that it would be a greater struggle than I could handle to attempt to gain re-entry to the doctoral program.

In a sense these computer-generated emails provided a source of isolation for me as a student in the doctoral program. Even though I had reached out to members of the department and the advising team the emails continued to arrive indicating that I was not excused because of my illness. Lovitts (2001) theorized that successful academic integration of a student into a doctoral program would encourage a strong sense of confidence and stability within the academic program. This is true with the present study, but does not indicate an issue with academic integration with an entire doctoral program, rather more of a communication issue with the department that conducted the doctoral program. The faculty and advising team were communicating regularly with me throughout this medical ordeal, but that support did not translate to the overall institution that kept generating automated emails. The automated emails were viewed as a threat to my ability to continue with the doctoral program. Although I felt the support of the professors and advisors, there was a great divide in understanding with the administrative area of the program and with the university administration.

Support Strategies

The third research question asked what supports, and strategies encourage doctoral persistence in an individual coping with cancer during the doctoral journey? Golde (1998) developed a socialization model for doctoral students which identified four key indicators that a doctoral student must adopt in order to become an active participant within a program. The four indicators for successful matriculation, intellectual mastery, drive to survive, capability, and integration into the program, were all elements that I had mastered during the first portion of the program at Liberty University. The diagnosis of cancer however challenged these strategies for success. At this point all the coursework had been completed which eliminated the threat of intellectual mastery related to structured coursework.

The drive to survive fueled my strategies for success and was the only support system that remained fully intact after the cancer diagnosis but was challenged in a new way. After the chemo and medical treatment, I had received my thought processes were not as quick as they once had been, and recollection could be impossible at times. I could be working on something and completely forget what I had been doing ten minutes later. The only threat to this area of support was the idea of being removed from the program and not being able to gain access again because of the strain on my mental operations as a result of cancer treatment.

This negative aspect actually served as need to survive within the program in order to prevent expulsion from the program. I had demonstrated a strong will to survive the doctoral process from the time of entrance into the program at Liberty University. I did not begin the program without assessing my ability to complete the degree. I was determined that I could overcome any obstacle that might be placed in my way to complete this degree. Of course, I did not consider a life altering event that might prevent the completion of the degree. The cancer

diagnosis did not impair my ability at first, but after the long struggle to eradicate the leukemia and then replace my bone marrow by transplant I began to have doubts that I could continue at the same academic level. These doubts were not that I would not be able to complete the degree as much as the lack of confidence in the quality of the writing I was submitting for review. The writing was very difficult for me. The physical impairments of cancer were still presenting an obstacle to success. Not being able to focus on proof reading like I had in the past proved problematic as I was forced to rewrite whole sections. This translated into even more work to complete each week which normally would not have been an issue, but many of those weeks I was writing from a hospital bed.

The feeling of being capable to complete the work had become much weaker after the experience with cancer. As I began the coursework again it was increasingly difficult to write and concentrate. I could have written a paragraph and four paragraphs later not recall what I had written. The doctor referred to this as “chemo brain.” This is a very real condition and is something that a cancer survivor learns to live with. I have been told that the condition could last up to five years after treatment. This condition is just one of many obstacles that must be integrated into the new normal processes of life after cancer. Absolutely nothing in my life escaped the clutches of leukemia and the resulting treatment. When I returned to the doctoral program at Liberty University, I was greatly concerned that I was not able to write like I had before this trial with cancer. In a sense I had to negotiate within myself to accept the reality that as long as I presented my best work it did not have to be excellent to receive the top grade it just had to be good enough to pass the course. Even though the quality of my coursework was weaker than before it was enough to get me through to Dr. Black's section to begin the dissertation phase of the program. I was driven to succeed even to the point that if I failed this

attempt I was prepared to register again for the same course and complete it the next time.

When I was diagnosed with cancer I was integrated into the School of Education and had already secured a dissertation chair and was set to complete the program. The framework of faculty support that had been established before the diagnosis of cancer resulted in a strong source of encouragement that resulted in persistence.

Previous research indicated that faculty mentoring and support has a distinct impact on student persistence and success within a doctoral program (Brill et al., 2014; Linden, Ohlin & Brodin, 2013). The support I received from Dr. Black throughout this trial has been tremendous and has been an integral part of the resilience that I have shown to persist toward completion. At the point of diagnosis, she was in contact with me offering her support and followed through as I progressed with my treatment. The support she offered was both personal and professional. As my dissertation chair she was a constant reminder that I would be able to complete this degree. When I would have a rough day, I would look at previous communications with Dr. Black and her positive outlook on my ability to complete the doctoral process allowed me to make forward progress. At the end of my first semester working with Dr. Black she could tell that I was having trouble and after talking with Dr. Spaulding she called me. That phone call in December changed my entire course of study for the dissertation which meant more work. This did not bother me since I was facing basically starting over on the research for the previous topic after so much lost time.

Contributions

Spiritual support has been a vital encouragement for me throughout this struggle and journey through not only cancer, but the doctoral program. The importance of faith and spirituality turned out to be a strong element that encouraged persistence within this study.

The life and death importance of a cancer diagnosis brought me to the very basis of life and an examination of the core beliefs that drove my existence. I was raised in a Christian family surrounded by Baptist ministers and missionaries. I first attended church services as an infant and my faith in God was firmly established through intensive study of the Bible for over fifty years at the point of my diagnosis with leukemia. I quickly turned to my spiritual training and not only sought direction but came away with a clear directive for how to proceed. My faith in the Lord Jesus Christ and the prayers of Saints all over the world are the reason I have overcome this obstacle in my life.

The transition and socialization model developed by Golde (1998) proved to be an accurate indicator of four key elements for persistence within a doctoral program but failed to consider physical changes within the student. Cancer physically changed not only the mental abilities, but the physical abilities that I possessed to fulfil even simple goals, much less even larger goals such as a doctoral degree. The determination and will to persist never changed within me before, during or even after cancer treatment. If anything, the essence of resilience was strengthened by such an encompassing burden. In order to return to the doctoral program It was necessary to persist through the trials of a life-threatening disease before even considering the determination to successfully return and complete a doctoral program.

One revelation that resulted from this research was the power of words in an email meant to encourage a student to register. Some weeks I might receive five or six computer generated emails that appeared to be a threat to me. They were filled with messages that encouraged me to register so that I could remain in the program. My perspective was probably a little warped because of my dire situation, but I saw each one of these emails as a threat to me and my ability to persist. I lived with a daily fear that I would be removed from the program

because I had not enrolled and that I would not be physically able to meet the requirements to apply to the program again. Liberty University administration represented through the automated emails did not demonstrate an understanding of a student who had a life altering problem. Even though the administration was informed of my situation they did not appear to take any action to stop the harassing emails or to reach out to me to see how they might be of assistance. This is a stark contrast with the faculty and fellow students who offered continual support, but the administration emails from advising and the department did not take into consideration why I had left the program. Universities could benefit from implementing structures to find out why a student left the program in order better understand how to communicate with them. This communication could easily have driven me away if I had not held such a strong feeling of resilience and desire to persist.

Implications

Current theories associated with doctoral persistence are centered around socialization and intellectual ability for presumed success within a program (Golde, 1998; Lovitts, 2001, Tinto, 1993). While these theories form a very broad foundation that helps to describe the process of student persistence and resilience within a doctoral program, they do not consider the individual student who has been diagnosed with cancer and the drive to persist. The present study examined an individual student and the drive to persist to completion within a doctoral program after a life altering event. Although the socialization model did describe the student's initial entry into the doctoral program it failed to consider adverse circumstances that occur during the program itself.

Theoretical

The drive to continue a doctoral pursuit was impacted with the diagnosis of cancer. Three of the four areas of the socialization model developed by Golde (1998) were affected. The intellectual mastery, drive to survive and capability related to the program were all threatened by the diagnosis and treatment for cancer however one area of the socialization model was not impacted. The integration into the program remained intact after the devastating life event.

Identity is a key factor for any human being, but for a doctoral student it can be a driving force that impacts most areas of life. A diagnosis of cancer creates a ripple effect within a person's life that touches every aspect of their being. This study illuminates the intricacies of a life that has been shaken to the core. The spiritual identity managed to survive the impact of cancer, but the professional and personal identities were swept away leaving leukemia as the key identifying factor.

The drive to survive within the doctoral program was immediately changed to a drive to survive in order to live another day. The battle with cancer demands a resilient and persistent drive that must be stronger than any physical barrier. This drive employs a strong ability to cope with anything that may happen. The ability to cope was strong before cancer and remained strong through fighting cancer as well as fighting to remain within the doctoral program. A key coping mechanism that allowed me to succeed even though things looked rough after re-entering the doctoral program was lowering my personal standards which was an example of my attempt to manage self-expectations. For the first time ever in my life I allowed myself to do whatever it took just to pass the course. This is important because before the cancer diagnosis I would never have settled for just passing.

Empirical

The identity, life goals and coping mechanisms are all very intricately interwoven even though they have been neatly divided for research. This study examines an individual who is multifaceted and adapts almost daily in order to survive until the next day. Examining identity, life goals, coping and support systems of a doctoral student both before and after a diagnosis of cancer and the resilience that has allowed the persistence to resume a position with a doctoral program pushing toward completion. A key theme that was interconnected throughout the identity, life goals, coping and support systems was spirituality.

Spirituality

Faith in Jesus Christ provided an unwavering bond that influenced all of the aspects related toward resilience and persistence. Support systems within this research can be divided into three areas, family, faculty and the dissertation chair. Spiritual influences were a common theme within each of these areas. The prayers support of family and friends as well as faculty and the dissertation chair were a positive influence. Family was a constant encouragement throughout the trial of cancer and as a result encouraged persistence to regain a position within the doctoral program. The motivation for this academic support from my family was based in the hope of being able to regain portions of life that had been taken from me. Completing the doctorate degree is a major accomplishment upon itself but coupled with the struggle and loss that had been endured in order to overcome leukemia and a bone marrow transplant it is a monumental achievement. The degree serves as a symbol of resilience and an example of defeating the harm that leukemia wrought on me and my family.

Faculty Support

The faculty within the education doctoral program at Liberty University have been an incredible source of support throughout the trial of cancer. They have offered prayers and messages of encouragement through email. Dr. Black the dissertation chair went above and beyond to offer her love and support to me and my family throughout this trial. Upon hearing of my diagnosis, she reached out immediately to offer support with securing housing during treatment. She would contact us by text message or email several times a week to check on us and offer her support. The messages were always uplifting and a very encouraging not only in relation to the treatment and status of the illness, but a positive reminder that I would complete the doctoral degree.

Practical Implications

The support of the university and the School of Education administration were lacking at Liberty University. The missing elements were filled by the faculty support systems which offered support through prayer and concern about my condition. This was simply a chain of emails offering support in the beginning and asking to be kept updated about my condition. As I would send updates several faculty members would reach out to me and offer their personal support. One faculty member heard my name mentioned in the weekly prayer assembly in the School of Education and reached out to me since I had previously been in a course that she taught. Communication with the student is imperative to establish a relationship of concern from the beginning of the issue. Reaching out potentially can encourage student persistence particularly when paths to regain entry to the program are offered.

A negative aspect of communication from the university administration were the constant barrage of automated emails asking me to register for classes. This went on for almost a year

after the university had been notified on several occasions about my status and the illness that was impeding my registration. University administration should make consideration for a way to tag a student's contact information in order to work with them to regain entry. Sending blanket emails to every student regardless of information the advising department has received was a source of discouragement and terror. This addition of stress was not conducive to recovery and added to the many burdens that were present as a result of the disease. Rather than encouraging me to register these emails caused me intense stress and fear that I might be removed from the program because I was not physically able to register at that time.

Changing department requirements throughout the course of a degree program proved to be problematic for me upon enrolling after a one-year absence. The dissertation handbook had been updated and a new format for qualitative dissertations was placed into effect. This was a problem since the first draft of the proposal had been written in the last course before I was diagnosed with cancer. When I returned the students in the course with me had just completed that work over the summer and were operating under the new handbook. This added to the stress of continuing and many times was discouraging enough to threaten my resilience to persist.

Specific Recommendations

Communication is a key element that can encourage a student to strive to continue within a doctoral program. Encouraging a more personal relationship with a student helps to develop an opportunity that encourages a greater level of understanding the needs of the student.

University administration. The university administration can fulfill the need to encourage students by developing methods to identify students with life altering situations. The implementation of specific measures that are designed to encourage and offer support to a student would open lines of communication. An example would be suspending advertising

emails and reminders to register. Communication should be maintained, but a more sensitive approach should be taken to encourage students to reach out to the university. These messages could offer a path to planning registration in the future and following up with any particular needs the student may have. Rather than an email outlining the deadlines for registration a message that asks the student to contact them so that the university could try and meet their needs and encourage them to continue.

Doctoral students. Life altering events no matter what type inflict change upon students in higher education. Program continuity for students who have entered the dissertation phase of a doctoral program serves as an encouragement rather than a discouraging factor. The struggle to adapt to coursework after an absence is difficult at best. The added work necessitated by changing standards adds an unnecessary burden. Communication with faculty and the administration is vital in these situations. The removal of the dissertation handbook was a key source of angst as I struggled to comply with the proper format while finalizing the proposal. The handbook had been removed from the website, but no one seemed to know where it could be found. After several days of inquiry, I was able to find someone that was aware of the issue who instructed me that it was being moved to a new section of the website that was not posted yet. Although this could have been resolved through communication to the students that were impacted by the issue my persistence to seek an answer prevailed.

Medical caregivers. Although medical appointments were not focused upon educational pursuits. It is important for medical caregivers to consider the activities of life that have been interrupted. Doctoral students who are seeking medical care could benefit from encouragement to continue the pursuit of goals. Even though physical conditions present an immediate obstacle it is important to provide an element of hope to one day resume the educational pursuit.

Delimitations and Limitations

The emphasis of self in autoethnographical research limited the number of participants within this study. The use of a personal narrative encourages the interaction of people and the subject to begin to emerge through the practice of reflection (Ellis & Bochner, 2000). Evocative autoethnography involves descriptions from the life of the researcher that frequently contain sensitive issues that impact not only the researcher, but the lives of others who have interacted with the researcher. This requires special care when referring to loved ones whose lives have intersected the researcher's in relation to the subject of the study (Wall, 2008). Special considerations were made to protect loved ones, such as family members or close friends by editing any identifying information.

The autoethnographic approach to this qualitative research study provided an opportunity to allow the reader access into the private world and personal experiences of the researcher. A potential of autoethnography is the opportunity to contribute to the lives of others through the arousal of reflective and empathetic emotions evaluated through personal lenses to provide a very personal interaction with the narrative. The autoethnographic narrative provides a very personal glimpse into the very private worlds of the researcher revealing rich sources of data (Pavlenko, 2002, 2007). Reading an account of a cultural or social experience provides an opportunity to illuminate the realities that autoethnography reveals. This awareness is examined by peeling away the layers of social understanding that cover the motivations that encourage sociological behavior within a community.

Another advantage to the autoethnographical approach is the emancipatory discourse the format provides since the emancipated are able to represent themselves rather than being colonized and subjected to agendas of others trying to create understanding to describe the

culture (Richards, 2008). Using an autoethnographical approach provides the ability for a personal truth to be told as experienced without the reinterpretation of others and the risk of the absolute truth not being revealed. Autoethnography allows the truth to be told as experienced firsthand rather than waiting for another to interpret and express what should be known and understood.

A perceived disadvantage is the exposure that is implied upon the thoughts and innermost feelings of the researcher. The autoethnographic design demands that the researcher be willing to be honest and remove the barriers to self-disclosure. Another limitation related to this type of research is the transferring of self-analysis to a written personal narrative. This limitation has been the subject of debate, however noted autoethnography researchers considered this limitation on the self to be invalid since culture is an element of every human being and it is impossible to break the connection of culture to a world beyond self (Bochner & Ellis, 1996).

Although ethical considerations abound within this form of research. Autoethnography is an ethical practice in and of itself (Ellis & Bochner, 1996). Attempting to recreate the past in a narrative form is an existential struggle to examine the past to enhance future life (Ellis & Bochner, 2000). The purpose of autoethnography is to recreate the experience of the researcher as a reflexive exercise designed to create a connection with a reader which will allow them to interpret the narrative in relation to their own personal experiences.

Recommendations for Future Research

Life altering events inflict change no matter when they impact a person's life. A qualitative ethnographic study of cancer patients that investigates life goals and the impact of spiritual support related to the realization of life goals after a diagnosis of cancer would further the results of the present study.

The culture of a doctoral program is stressful in and of itself, but adding a diagnosis of cancer increases the struggle. Research that is focused on a person who is enrolled in a doctoral program and has been diagnosed with cancer and demonstrates resilience persisting to complete the program should be examined using a larger sample.

The role that faith plays in encouraging student persistence in a doctoral program could offer insight into potential areas of support. A broader examination of a Christian doctoral student could expand the knowledge and understanding that drives and the importance of faith related to persistence and resilience. An ethnographic approach could show the relationship of faith to student completion.

Nursing and medical research should examine the role of life goals before and after a diagnosis of cancer related to the will to survive. The will to survive and coping with the adversity of disease is a powerful force. Expanding the understanding of the drive for survival and how it interacts with the life goals and desires of the patient could provide a tool for a clearer understanding related to the emotional condition of the patient.

Summary

The data from the present study indicated a strong relationship of faith to resilience and in turn persistence. Faith in Jesus Christ provided a security that could not be shaken by anything. This firm foundation was what the basis of hope was built upon which led to dreams and eventual fulfilment of those dreams. The struggle to stay alive from day to day is more than a mere human can handle without faith. Faith is the basis of coping and in turn survival. Faith in God to help overcome obstacles encouraged the persistence and resilience that I needed to continue writing the proposal for this research study. The loss of mental capacity due to

chemotherapy was discouraging, but faith in God allowed me to overcome and push forward. If I ever stopped pushing forward it meant death, literally.

Communication was found to be an important link to not only student persistence, but disappointment. Positive support encouraged the development of short goals that encouraged the persistence necessary to continue with the doctoral program. At the same time the positive support was being issued from the faculty the university administration was sending emails that proved to be a threat to these developing goals. The sheer amount of stress that the threat of being removed from a program was not helpful to a cancer patient. Rather than threats a positive message and incentive to communicate would be a much better approach to reaching out to a student.

Coping is a skill that was impacted by a diagnosis of cancer, but rather than being weakened it grew much more important. Strong coping skills are needed to defeat a disease such as leukemia. Those same skills are at work trying to establish a new life at the same time that the struggle to maintain a physical existence on Earth is the top priority. The struggles to persist were very real and actually grew more difficult as time progressed. The experience of cancer was so life altering that it resulted in a loss of connection to a former dissertation topic which no longer was interest personally or professionally. The experience with cancer challenged the priority of the time that remains in life. This new focus showed the prior topic to be of trivial concern when faced with such a life altering experience. A result of great struggles and determination to succeed regardless of the obstacle placed before me this study represents a capacity to help others who might face a similar obstacle. The ability to cope is a personal struggle that for me turned out to be based in my strong faith in Jesus Christ.

EPILOGUE



Saturday May 11, 2019, I attended the hooding ceremony for the School of Education at Liberty University in Lynchburg, Virginia. I soon discovered after arriving at the venue that I was missing the tassel for my regalia. Four years earlier when I began this degree this might have devastated me. After all the work to complete the degree the failure to come to commencement fully prepared was not acceptable. Walking into the venue without a tassel was almost a symbol of the person who was graduating that day. Rather than worrying about a tassel I chose to be thankful to God and savor the moment.

I was not able to get to Virginia early so I did not have a card for the reader. I found someone and acquired the card. I proceeded toward the front of the venue and a man came up to me and asked if I was Daryl. It turned out that he was the contact for the dissertation defense. I was amazed that in a room full of strangers someone would recognize me. He treated me like I was an honored guest and found my seat and even acquired a pen so that I could complete a form.

The ceremony began and as I approached the stage a rush of emotion came over me. I managed to maintain my composure and slowly climbed the steps to the platform. I gave the

assistant my reader card and as she handed it to the reader, he looked up at me and shared his congratulations with me. One of the weeks I spent on campus in class was under his instruction and I was amazed that he remembered me. In that moment I realized that the three instructors that mentored me in the courses I took on campus were with me to share in this moment. Dr. Black was not able to attend, but had texted me before the ceremony. Dr Spaulding was waiting for me on the stage to place my hood. After she had placed the hood she gave me a hug and then I proceeded to shake the hand of the department chair. I returned to my seat and a few minutes later I received a text from Dr. Spaulding apologizing for hugging me since I am immune compromised. I quickly responded that it was great and that I had left leukemia in the parking lot for the day. I had chosen not to wear my mask and to be as normal as possible.

The reality is that I still have a compromised immunity, but have been growing stronger each day. Four years earlier I had set out on the course to obtain a doctorate in three years. I stayed on track until the diagnosis of leukemia derailed my progress. Many prayers and much support encouraged me to continue and I was able to complete the degree in four years. A friend told me that most people without any issues could not complete this degree in that amount of time. The grace of God and the strong drive to persist modeled by my parents equipped me to complete this journey.



Me and my family.



My reserved seat.



Dr. Spaulding and Dr. Worley

REFERENCES

- Abedi, J., & Benkin, E. (1987). The effects of students' academic, financial, and demographic variables on time to the doctorate. *Research in Higher Education, 27*(1), 3-14.
doi:10.1007/bf00992302
- Acute lymphoblastic leukemia treatment. (2018, October 19). *National Cancer Institute*.
Retrieved from <https://www.cancer.gov/>
- Adams, T. E., Jones, S. H., & Ellis, C. (2015). *Autoethnography: Understanding qualitative research*. New York, NY: Oxford University Press.
- Ali, A., & Kohun, F. G. (2006). Dealing with isolation feelings in IS doctoral programs. *International Journal of Doctoral Studies, 1*, 21-33. doi:10.28945/58
- Allan, P., & Dory, J. (2001). Understanding doctoral program attrition: An empirical study. *Faculty Working Papers, 17*. Retrieved from https://digitalcommons.pace.edu/lubinfaculty_workingpapers/17/
- Amini, M., Dehghani, M. R., Kojuri, J., Mahbudi, A., Bazrafkan, L., Saber, M., . . . Ardekain, G. S. (2008). A qualitative study of factors associated with medical students' academic success. *Journal of Social Sciences, 4*(4), 347-351. doi:10.3844/jssp.2008.347.351
- Anderson, L., & Glass-Coffin, B. (2013). I learn by going: Autoethnographic modes of inquiry. In S. H. Jones, T. E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (pp. 57-83). New York, NY: Routledge, Taylor & Francis Group.
- Antony, J. S. (2002). Reexamining doctoral student socialization and professional development: Moving beyond the congruence and assimilation orientation. In J. C. Smart & W. G. Tierney (Eds.), *Higher education: Handbook of theory and research* (Vol. 17, pp. 349-380). New York, TX: Agathon Press.

- Astin, A. (1999). Student involvement: A developmental theory for higher education. *Journal of College Student Development, 40*(5), 518-529.
- Bair, C. R., & Haworth, J. G. (2006). Doctoral student attrition and persistence: A metasynthesis of research. In J. C. Smart (Ed.), *Higher education: Handbook of theory and research* (pp. 481-584). Dordrecht: Springer. doi:10.1007/1-4020-2456-8_11
- Baird, L. L. (1990). The melancholy of anatomy: The personal and professional development of graduate and professional school students. In J. C. Smart (Ed.), *Higher education: Handbook of theory and research*. New York, NY: Agathon Press.
- Barnes, B. J., & Austin, A. E. (2009). The role of doctoral advisors: A look at advising from the advisor's perspective. *Innovative Higher Education, 33*(5), 297-315. doi:10.1007/s10755-008-9084-x
- Baumeister, R. F., & Vohs, K. D. (2007). Self-regulation, ego depletion, and motivation. *Social and Personality Psychology Compass, 1*(1), 115-128. doi:10.1111/j.1751-9004.2007.00001.x
- Bean, T. W., Readence, J. E., Barone, D. M., & Sylvester, T. (2004). An interpretive study of doctoral mentoring in literacy. *Mentoring & Tutoring: Partnership in Learning, 12*(3), 371-381. doi:10.1080/030910042000275963
- Benkin, E. M. (1984). *Where have all the doctoral students gone?: A study of doctoral student attrition at UCLA* (Unpublished doctoral dissertation). University of California at Los Angeles.
- Berelson, B. (1960). *Graduate education in the United States* (Carnegie series in American education). New York, NY: Mc Graw-Hill.

- Berk, L. E., & Winsler, A. (1995). *Scaffolding children's learning: Vygotsky and early childhood education*. Washington: National Association for the Education of Young Children.
- Bochner, A. P., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. New York, NY: Routledge.
- Bowen, W. G., & Rudenstine, N. L. (1992). *In pursuit of the PHD*. Princeton, NJ: Princeton University Press.
- Brailsford, I. (2010). Motives and aspirations for doctoral study: Career, personal, and interpersonal factors in the decision to embark on a history PhD. *International Journal of Doctoral Studies*, 5, 15-027. doi:10.28945/710
- Brill, J. L., Balcanoff, K. K., Land, D., Gogarty, M., & Turner, F. (2014). Best practices in doctoral retention: Mentoring. *Higher Learning Research Communications*, 4(2), 26-37. doi:10.18870/hlrc.v4i2.186
- Brucker, S. M. (2009). Changing the education of scholars: An introduction to the Andrew W. Mellon Foundation's graduate education initiative. In R. G. Ehrenberg, H. Zuckerman, & J. A. Groen (Authors) & R. G. Ehrenberg & C. V. Kuh (Eds.), *Doctoral education and the faculty of the future* (pp. 15-34). Ithaca, NY: Cornell University Press.
- Bruinsma, M. (2004). Motivation, cognitive processing and achievement in higher education. *Learning and Instruction*, 14(6), 549-568. doi:10.1016/j.learninstruc.2004.09.001
- Buckingham, M., & Clifton, D. O. (2005). *Now, discover your strengths*. Gallup Press.
- Cakmak, E., Isci, S., Uslu, F., Oztekin, O., Danisman, S., & Karsdag, E. (2015). Overview of the dissertation process within the framework of flow theory: A qualitative study. *Educational Sciences: Theory & Practice*, 15(3), 607-620. doi:10.12738/estp.2015.3.2606

- Cantwell, R. H., Bourke, S. F., Scevak, J. J., Holbrook, A. P., & Budd, J. (2015). Doctoral candidates as learners: A study of individual differences in responses to learning and its management. *Studies in Higher Education, 42*(1), 47-64. doi:10.1080/03075079.2015.1034263
- Castelló, M., Pardo, M., Sala-Bubaré, A., & Suñe-Soler, N. (2017). Why do students consider dropping out of doctoral degrees? Institutional and personal factors. *Higher Education, 74*(6), 1053-1068. doi:10.1007/s10734-016-0106-9
- Chartrand, J. M. (1992). An empirical test of a model of nontraditional student adjustment. *Journal of Counseling Psychology, 39*(2), 193-202. doi:10.1037//0022-0167.39.2.193
- Chen, X. (2005). *First-generation students in postsecondary education: A look at their college transcripts--postsecondary education descriptive analysis report* (United States, U.S. Department of Education, National Center for Education Statistics). Washington, D.C.: U.S. Government Printing Office.
- Choy, S. (2001). *The condition of education 2001: Students whose parents did not go to college: Postsecondary access, persistence, and attainment* (United States, U.S. Department of Education, National Center for Education Statistics). Washington, D.C: U.S. Government Printing Office.
- Church, S. E. (2009). Facing reality: What are doctoral students' chances for success? *Journal of Instructional Psychology, 36*(4), 307-315.
- Clarke, C., Mccorry, N. K., & Dempster, M. (2011). The role of identity in adjustment among survivors of esophageal cancer. *Journal of Health Psychology, 16*(1), 99-108. doi:10.1177/1359105310368448

- Corno, L., & Kanfer, R. (1993). The role of volition in learning and performance. *Review of Research in Education, 19*, 301-341. doi:10.2307/1167345
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: SAGE Publications.
- Crisp, G., & Cruz, I. (2009). Mentoring college students: A critical review of the literature between 1990 and 2007. *Research in Higher Education, 50*(6), 525-545. doi:10.1007/s11162-009-9130-2
- Cross, T. M. (2014). The gritty: Grit and non-traditional doctoral student success. *The Journal of Educators Online, 11*(3). doi:10.9743/jeo.2014.3.4
- Crumb, L., Haskins, N., Dean, L., & Harris, J. A. (2019). Illuminating social-class identity: The persistence of working-class African American women doctoral students. *Journal of Diversity in Higher Education*. doi:10.1037/dhe0000109
- Deci, E. L., & Flaste, R. (1996). *Why we do what we do: Understanding self-motivation*. New York, NY: Penguin.
- DeMoor, J. S., Mariotto, A. B., Parry, C., Alfano, C. M., Padgett, L., Kent, E. E., . . . Rowland, J. H. (2013). Cancer survivors in the United States: Prevalence across the survivorship trajectory and implications for care. *Cancer Epidemiology Biomarkers & Prevention, 22*(4), 561-570. doi:10.1158/1055-9965.epi-12-1356
- Denecke, D. D., Frasier, H. S., & Redd, K. E. (2009). The council of graduate schools PhD completion project. In R. G. Ehrenberg & C. V. Kuh (Eds.), *Doctoral education and the faculty of the future* (pp. 35-52). Ithaca, NY: Cornell University Press.
- Denzin, N. K. (2014). *Interpretive autoethnography* (2nd ed.). Los Angeles, CA: SAGE.

- Devos, C., Boudrenghien, G., Linden, N. V., Azzi, A., Frenay, M., Galand, B., & Klein, O. (2016). Doctoral students' experiences leading to completion or attrition: A matter of sense, progress and distress. *European Journal of Psychology of Education, 32*(1), 61-77. doi:10.1007/s10212-016-0290-0
- Diaz, R. J., Glass, C. R., Arnkoff, D. B., & Tanofsky-Kraff, M. (2001). Cognition, anxiety, and prediction of performance in 1st-year law students. *Journal of Educational Psychology, 93*(2), 420-429. doi:10.1037//0022-0663.93.2.420
- Duckworth, A. (2016). *Grit: The power of passion and perseverance*. New York, NY: Scribner.
- Duckworth, A. L., & Quinn, P. D. (2009). Development and validation of the short grit scale (grit-S). *Journal of Personality Assessment, 91*(2), 166-174. doi:10.1080/00223890802634290
- Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology, 92*(6), 1087-1101. doi:10.1037/0022-3514.92.6.1087
- Dupont, S., Meert, G., Galand, B., & Nils, F. (2013). Postponement in the completion of the final dissertation: An underexplored dimension of achievement in higher education. *European Journal of Psychology of Education, 28*(3), 619-639. doi:10.1007/s10212-012-0132-7
- Durkheim, E. (2013). *Suicide: A study in sociology* (J. A. Spaulding & G. Simpson, Trans.). Snowball Publishing.
- Egan, J. M. (1989). Graduate school and the self: A theoretical view of some negative effects of professional socialization. *Teaching Sociology, 17*(2), 200-208. doi:10.2307/1317462

- Ellis, C., & Bochner, A. P. (1996). Talking over ethnography. In A. P. Bochner & C. Ellis (Authors), *Composing Ethnography: Alternative Forms of Qualitative Writing* (pp. 13-45). Walnut Creek, CA: Alta Mira Press.
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Handbook of Qualitative Research* (pp. 733-768). London: Sage.
- Engle, J., & Tinto, V. (2008). *Moving beyond access: College success for low-income, first-generation students*. Washington, D.C.: Pell Institute for the Study of Opportunity in Higher Education.
- Fass, M. E., & Tubman, J. G. (2002). The influence of parental and peer attachment on college students' academic achievement. *Psychology in the Schools, 39*(5), 561-573.
doi:10.1002/pits.10050
- Felder, P. P., Stevenson, H. C., & Gasman, M. (2014). Understanding race in doctoral student socialization. *International Journal of Doctoral Studies, 9*. doi:10.28945/1947
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Fontana, A., & Frey, J. H. (2000). The interview: From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Handbook of Qualitative Research* (2nd ed., pp. 645-672). Thousand Oaks, CA: Sage.
- Franks, H. M., & Roesch, S. C. (2006). Appraisals and coping in people living with cancer: A meta-analysis. *Psycho-Oncology, 15*(12), 1027-1037. doi:10.1002/pon.1043

- Gardner, S. K. (2007). "I heard it through the grapevine": Doctoral student socialization in chemistry and history. *Higher Education*, 54(5), 723-740. doi:10.1007/s10734-006-9020-x
- Gardner, S. K. (2008a). Fitting the mold of graduate school: A qualitative study of socialization in doctoral education. *Innovative Higher Education*, 33(2), 125-138. doi:10.1007/s10755-008-9068-x
- Gardner, S. K. (2008b). "What's too much and what's too little?": The process of becoming an independent researcher in doctoral education. *The Journal of Higher Education*, 79(3), 326-350. doi:10.1353/jhe.0.0007
- Gardner, S. K. (2009). The development of doctoral students: Phases of challenge and support. *ASHE Higher Education Report*, 34(6), 1-14.
- Gardner, S. K. (2010). Contrasting the socialization experiences of doctoral students in high- and low-completing departments: A qualitative analysis of disciplinary contexts at one institution. *The Journal of Higher Education*, 81(1), 61-81. doi:10.1353/jhe.0.0081
- Gardner, S. K., & Gopaul, B. (2012). The part-time doctoral student experience. *International Journal of Doctoral Studies*, 7, 64-67. doi:10.28945/1561
- Genevieve, P. Z., Cahill, T., & Clark, M. (2009). The role of collaborative scholarship in the mentorship of doctoral studies. *Journal of College Teaching and Learning*, 6, 29-35.
- Germino, B. B., Mishel, M. H., Crandell, J., Porter, L., Blyler, D., Jenerette, C., & Gil, K. M. (2013). Outcomes of an uncertainty management intervention in younger African American and Caucasian breast cancer survivors. *Oncology Nursing Forum*, 40, 82-92. doi:10.1188/12.onf.a1-a11

- Giancola, J. K., Grawitch, M. J., & Borchert, D. (2009). Dealing with the stress of college. *Adult Education Quarterly*, 59(3), 246-263. doi:10.1177/0741713609331479
- Gibson, A. F., D'Cruz, L., Janda, M., Beesley, V. L., Neale, R. E., & Rowlands, I. J. (2016). Beyond survivorship? A discursive analysis of how people with pancreatic cancer negotiate identity transitions in their health. *Journal of Health Psychology*, 21(12), 3060-3071. doi:10.1177/1359105315592050
- Golde, C. M. (1996). *How departmental contextual factors shape doctoral student attrition* (Unpublished doctoral dissertation). Stanford University.
- Golde, C. M. (1998). Beginning graduate school: Explaining first-year doctoral attrition. *New Directions for Higher Education*, 101, 55-64. doi:10.1002/he.10105
- Golde, C. M. (2000). Should I stay or should I go? Student descriptions of the doctoral attrition process. *The Review of Higher Education*, 23(2), 199-227. doi:10.1353/rhe.2000.0004
- Golde, C. M. (2005). The role of the department and discipline in doctoral student attrition: Lessons from four departments. *The Journal of Higher Education*, 76(6), 669-700. doi:10.1353/jhe.2005.0039
- Gonzalez, J. C. (2006). Academic socialization experiences of Latina doctoral students: A qualitative understanding of support systems that aid and challenges that hinder the process. *Journal of Hispanic Higher Education*, 5(4), 347-365. doi:10.1177/1538192706291141
- Gottfredson, L. S. (1997). Why g matters: The complexity of everyday life. *Intelligence*, 24(1), 79-132. doi:10.1016/s0160-2896(97)90014-3

- Grant-Vallone, E., & Ensher, E. A. (2000). Effects of peer mentoring on types of mentor support, program satisfaction and graduate student stress: A dyadic perspective. *Journal of College Student Development, 41*(6), 637-642.
- Grover, V. (2007). Successfully navigating the stages of doctoral study. *International Journal of Doctoral Studies, 2*, 9-21.
- Hackett, G., Betz, N. E., Casas, J. M., & Rocha-Singh, I. A. (1992). Gender, ethnicity, and social cognitive factors predicting the academic achievement of students in engineering. *Journal of Counseling Psychology, 39*(4), 527-538. doi:10.1037//0022-0167.39.4.527
- Hadjoannou, X., Shelton, N. R., Fu, D., & Dhanarattigannon, J. (2007). The road to a doctoral degree: Co-travelers through a perilous passage. *College Student Journal, 41*(1), 160-176.
- Hawley, P. (2010). *Being bright is not enough: The unwritten rules of doctoral study* (3rd ed.). Springfield, IL: Charles C. Thomas, Publisher.
- Hebdon, M., Foli, K., & McComb, S. (2015). Survivor in the cancer context: A concept analysis. *Journal of Advanced Nursing, 71*(8), 1774-1786. doi:10.1111/jan.12646
- Heckhausen, H., & Kuhl, J. (1985). From wishes to action: The dead ends and short cuts on the long way to action. In M. Frese & J. Sabini (Eds.), *Goal directed behavior: The concept of action in psychology* (pp. 134-157). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Hegarty, N. (2011). Adult learners as graduate students: Underlying motivation in completing graduate programs. *The Journal of Continuing Higher Education, 59*(3), 146-151. doi:10.1080/07377363.2011.614883
- Herzig, A. H. (2004). Becoming mathematicians: Women and students of color choosing and leaving doctoral mathematics. *Review of Educational Research, 74*(2), 171-214. doi:10.3102/00346543074002171

- Higgins, M. C., & Kram, K. E. (2001). Reconceptualizing mentoring at work: A developmental network perspective. *The Academy of Management Review*, 26(2), 264-288.
doi:10.2307/259122
- Holley, K. A., & Caldwell, M. L. (2012). The challenges of designing and implementing a doctoral student mentoring program. *Innovative Higher Education*, 37(3), 243-253.
doi:10.1007/s10755-011-9203-y
- Holmes, B. D., Robinson, L., & Seay, A. D. (2010). Getting to finished: Strategies to ensure completion of the doctoral dissertation. *Contemporary Issues in Education Research (CIER)*, 3(7), 1. doi:10.19030/cier.v3i7.215
- Hoskins, C. M., & Goldberg, A. D. (2005). Doctoral student persistence in counselor education programs. Student-program match. *Counselor Education and Supervision*, 44(3), 175-188.
- Hsu, T., Lu, M., Tsou, T., & Lin, C. (2003). The relationship of pain, uncertainty, and hope in Taiwanese lung cancer patients. *Journal of Pain and Symptom Management*, 26(3), 835-842. doi:10.1016/s0885-3924(03)00257-4
- Hughes, S. A., & Pennington, J. L. (2017). *Autoethnography: Process, product, and possibility for critical social research*. Los Angeles, CA: SAGE.
- Ishitani, T. T. (2008). How to explore timing of intervention for students at risk of departure. *New Directions for Institutional Research*, 137, 105-122. doi:10.1002/ir.241
- Jairam, D. H., & Kahl, D. H. (2012). Navigating the doctoral experience: The role of social support in successful degree completion. *International Journal of Doctoral Studies*, 7, 311-329. doi:10.28945/1700

- Jones, M. (2013). Issues in doctoral studies - Forty years of journal discussion: Where have we been and where are we going? *International Journal of Doctoral Studies*, 8, 83-104.
doi:10.28945/1871
- Jones, S. H., Adams, T. E., & Ellis, C. (2013). *Handbook of autoethnography*. London: Routledge, Taylor & Francis Group.
- Jones, S. R., & McEwen, M. K. (2000). A conceptual model of multiple dimensions of identity. *Journal of College Student Development*, 41(4), 405-414.
- Kahlenberg, R. D. (2010). *Rewarding strivers: Helping low-income students succeed in college*. New York: Century Foundation Press.
- Katz, J., & Hartnett, R. T. (1976). *Scholars in the making: The development of graduate and professional students*. Cambridge, MA: Ballinger.
- Kelley, M. J., & Salisbury-Glennon, J. D. (2016). The role of self-regulation in doctoral students' status of all but dissertation (ABD). *Innovative Higher Education*, 41(1), 87-100.
doi:10.1007/s10755-015-9336-5
- Kong, X., Chakraverty, D., Jeffe, D. B., Andriole, D. A., Wathington, H. D., & Tai, R. H. (2013). How do interaction experiences influence doctoral students' academic pursuits in biomedical research? *Bulletin of Science, Technology & Society*, 33(3-4), 76-84.
- Lewis, C. W., Ginsberg, R., Davies, T., & Smith, K. (2004). The experiences of African American Ph.D. students at a predominantly white Carnegie I -research institution. *College Student Journal*, 38(2), 231-245.
- Linden, J., Ohlin, M., & Brodin, E. M. (2013). Mentorship, supervision & learning experience in PhD education. *Studies in Higher Education*, 38(5), 639-662.

- Lott, J. L., Gardner, S., & Powers, D. A. (2009). Doctoral student attrition in the stem fields: An exploratory event history analysis. *Journal of College Student Retention: Research, Theory & Practice, 11*(2), 247-266. doi:10.2190/cs.11.2.e
- Lovitts, B. E. (1996). *Leaving the ivory tower: A sociological analysis of the causes of departure from doctoral study* (Doctoral dissertation, 1996). College Park, MD: University of Maryland at College Park.
- Lovitts, B. E. (2001). *Leaving the ivory tower: The causes and consequences of departure from doctoral study*. Lanham, MD: Rowman & Littlefield.
- Lovitts, B. E., & Nelson, C. (2000). The hidden crisis in graduate education: Attrition from Ph.D. programs. *Academe, 86*(6), 44-50. doi:10.2307/40251951
- Mast, M. E. (1998). Survivors of breast cancer: Illness uncertainty, positive reappraisal, and emotional distress. *Oncology Nursing Forum, 25*, 555-562.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America challenges and prospects*. Hillsdale, NJ: Erlbaum.
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*(04), 425-444. doi:10.1017/s0954579400005812
- Mcalpine, L., & Mckinnon, M. (2013). Supervision – the most variable of variables: Student perspectives. *Studies in Continuing Education, 35*(3), 265-280. doi:10.1080/0158037x.2012.746227
- McMillan, J. H. (2015). *Educational research: Fundamentals for the consumer* (7th ed.). Boston, MA: Pearson.

- Mesquita, M. G., Moreira, M. C., & Maliski, S. L. (2011). "But I'm (Became) Different". *Cancer Nursing, 34*(2), 150-157. doi:10.1097/ncc.0b013e3181f5568d
- Miller, P. H. (2011). *Theories of developmental psychology* (5th ed.). New York, NY: Worth.
- Mishel, M. H. (1981). The measurement of uncertainty in illness. *Nursing Research, 30*(5), 258-263. doi:10.1097/00006199-198109000-00002
- Mishel, M. H. (1990). Reconceptualization of the uncertainty in illness theory. *Image: The Journal of Nursing Scholarship, 22*(4), 256-262. doi:10.1111/j.1547-5069.1990.tb00225.x
- Mishel, M. H. (n.d.). Uncertainty in illness. *Journal of Nursing Scholarship, 20*, 225-232.
- Mullan, F. (1985). Seasons of survival: Reflections of a physician with cancer. *New England Journal of Medicine, 313*(4), 270-273. doi:10.1056/nejm198507253130421
- Mullen, C. A. (2007). Trainers, illusionists, tricksters, and escapists: Changing the doctoral circus. *The Educational Forum, 71*(4), 300-315. doi:10.1080/00131720709335021
- Nelson, C., & Lovitts, B. (2001). 10 ways to keep graduate students from quitting. *Chronicle of Higher Education, 47*(42), B20.
- Nerad, M., & Cerny, J. (1993). From facts to action: Expanding the graduate division's educational role. *New Directions for Institutional Research, 80*, 27-39. doi:10.1002/ir.37019938005
- Nettles, M. T., & Millett, C. M. (2006). *Three magic letters: Getting to Ph. D.* Baltimore: Johns Hopkins University Press.
- Noy, S., & Ray, R. (2012). Graduate students' perceptions of their advisors: Is there systematic disadvantage in mentorship? *The Journal of Higher Education, 83*(6), 876-914. doi:10.1080/00221546.2012.11777273

- Oliffe, J. (2006). Embodied masculinity and androgen deprivation therapy. *Sociology of Health and Illness*, 28(4), 410-432. doi:10.1111/j.1467-9566.2006.00499.x
- Osborne, J., Simon, S., & Collins, S. (2003). Attitudes towards science: A review of the literature and its implications. *International Journal of Science Education*, 25(9), 1049-1079. doi:10.1080/0950069032000032199
- Patton, M. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: SAGE.
- Pavlenko, A. (2002). Narrative study: Whose story is it, anyway? *TESOL Quarterly*, 36(2), 213-218. doi:10.2307/3588332
- Pavlenko, A. (2007). Autobiographic narratives as data in applied linguistics. *Applied Linguistics*, 28(2), 163-188. doi:10.1093/applin/amm008
- Powell, S., & Green, H. (2007). *The doctorate worldwide*. Maidenhead: McGraw-Hill.
- Project Information. (n.d.). Retrieved May 23, 2018, from <http://www.phdcompletion.org/information/index.asp>
- Reay, D., David, M. E., & Ball, S. J. (2005). *Degrees of choice: Social class, race and gender in higher education*. Stoke-on-Trent: Trentham.
- Richards, R. (2008). Writing the othered self: Autoethnography and the problem of objectification in writing about illness and disability. *Qualitative Health Research*, 18(12), 1717-1728. doi:10.1177/1049732308325866

- Robbins, S. B., Lauver, K., Le, H., Davis, D., Langley, R., & Carlstrom, A. (2004). Do psychosocial and study skill factors predict college outcomes? A meta-analysis. *Psychological Bulletin, 130*(2), 261-288. doi:10.1037/0033-2909.130.2.261
- Rockinson-Szapkiw, A., Spaulding, L. S., & Bade, B. (2014). Completion of educational doctorates: How universities can foster persistence. *International Journal of Doctoral Studies, 9*, 293-308. doi:10.28945/2072
- Rockinson-Szapkiw, A., Spaulding, L. S., & Lunde, R. (2017). Women in distance doctoral programs: How they negotiate their identities as mothers, professionals, and academics in order to persist. *International Journal of Doctoral Studies, 12*, 49-72. doi:10.28945/3671
- Rockinson-Szapkiw, A., Spaulding, L. S., Swezey, J., & Wicks, C. (2014). Poverty and persistence: A model for understanding individuals' pursuit and persistence in a doctor of education program. *International Journal of Doctoral Studies, 9*, 181-190. doi:10.28945/2049
- Rovai, A. P. (2002). In search of higher persistence rates in distance education online programs. *The Internet and Higher Education, 6*(1), 1-16. doi:10.1016/s1096-7516(02)00158-6
- Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry, 147*(6), 598-611. doi:10.1192/bjp.147.6.598
- Schwandt, T. A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Schwandt, T. A. (2015). *The SAGE dictionary of qualitative inquiry* (4th ed.). Thousand Oaks, CA: SAGE.

- Shaha, M., Cox, C. L., Talman, K., & Kelly, D. (n.d.). Uncertainty in breast, prostate, and colorectal cancer: Implications for supportive care. *Journal of Nursing Scholarship*, 40, 60-67.
- Smith, R. L., Maroney, K., Nelson, K. W., Abel, A. L., & Abel, H. S. (2006). Doctoral programs: Changing high rates of attrition. *The Journal of Humanistic Counseling, Education and Development*, 45(1), 17-31. doi:10.1002/j.2161-1939.2006.tb00002.x
- Spaulding, L. S., & Rockinson-Szapkiw, A. (2012). Hearing their voices: Factors doctoral candidates attribute to their persistence. *International Journal of Doctoral Studies*, 7, 199-219. doi:10.28945/1589
- Sugimoto, C. R. (2012). Are you my mentor? Identifying mentors and their roles in LIS doctoral education. *Journal of Education and Library and Information Science*, 53(1), 2-19.
- Sweitzer, V. L. (2008). Networking to develop a professional identity: A look at the first-semester experience of doctoral students in business. *New Directions for Teaching and Learning*, 113, 43-56. doi:10.1002/tl.307
- Taylor, E., & Antony, J. S. (2000). Stereotype threat reduction and wise schooling: Towards the successful socialization of African American doctoral students in education. *The Journal of Negro Education*, 69(3), 184-198. doi:10.2307/2696231
- Templeton, R. (2016). Doctorate motivation: An (auto)ethnography. *The Australian Universities' Review*, 58(1), 39-44.
- Terman, L. M., & Oden, M. H. (1976). *The gifted child grows up: Twenty-five years' follow-up of a superior group*. Stanford, CA: Stanford University Press.

- Terry, T., & Ghosh, R. (2015). Mentoring from different social spheres: How can multiple mentors help in doctoral student success in Ed.D. programs? *Mentoring & Tutoring: Partnership in Learning*, 23(3), 187-212. doi:10.1080/13611267.2015.1072396
- Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. *Review of Educational Research*, 45(1), 89-125. doi:10.2307/1170024
- Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition* (2nd ed.). Chicago, IL: University of Chicago Press.
- Tinto, V. (1997). Classrooms as communities: Exploring the educational character of student persistence. *The Journal of Higher Education*, 68(6), 595-623. doi:10.2307/2959965
- Tinto, V. (2012). *Completing college: Rethinking institutional action*. Chicago, IL: The University of Chicago Press.
- Tough, P. (2013). *How children succeed: Grit, curiosity, and the hidden power of character*. London: Random House.
- Trusson, D., & Pilnick, A. (2017). The role of hair loss in cancer identity. *Cancer Nursing*, 40(2), 9-16. doi:10.1097/ncc.0000000000000373
- Turner, C. S., & Thompson, J. R. (1993). Socializing women doctoral students: Minority and majority experiences. *The Review of Higher Education*, 16(3), 355-370. doi:10.1353/rhe.1993.0017
- Twale, D. J., Weidman, J. C., & Bethea, K. (2016). Conceptualizing socialization of graduate students of color: Revisiting the Wiedman-Twale-Stein framework. *The Western Journal of Black Studies*, 40(2), 80-94.

- Urgin, C. J., Odom, M. D., & Pearson, J. M. (2008). Exploring the importance of mentoring for new scholars: A social exchange perspective. *Journal of Information Systems Education, 19*, 342-350.
- Van den Berg, M. N., & Hofman, W. H. (2005). Student success in university education: A multi-measurement study of the impact of student and faculty factors on study progress. *Higher Education, 50*(3), 413-446. doi:10.1007/s10734-004-6361-1
- Vaquera, G. (2008). Testing theories of doctoral student persistence at a Hispanic serving institution. *Journal of College Student Retention: Research, Theory & Practice, 9*(3), 283-305. doi:10.2190/cs.9.3.c
- Virtanen, V., Taina, J., & Pyhältö, K. (2017). What disengages doctoral students in the biological and environmental sciences from their doctoral studies? *Studies in Continuing Education, 39*(1), 71-86. doi:10.1080/0158037x.2016.1250737
- Wall, S. (2008). Easier said than done: Writing an autoethnography. *International Journal of Qualitative Methods, 7*, 38-53.
- Wao, H. O., & Onwuegbuzie, A. J. (2011). A mixed research investigation of factors related to time to the doctorate in education. *International Journal of Doctoral Studies, 6*, 115-134. doi:10.28945/1505
- Weissberg, N. C., & Owen, D. R. (2005). Do psychosocial and study skill factors predict college outcomes? A meta-analysis. *Psychological Bulletin, 131*(3), 407-409. doi:10.1037/0033-2909.131.3.407
- Wertsch, J. V. (1985). *Vygotsky and the social formation of mind*. Cambridge Mass: Harvard University Press.

- West, I. J., Gokalp, G., Pena, V. E., Fischer, I., & Gupton, J. (2011). Exploring effective support practices for doctoral student degree completion. *College Student Journal, 45*, 310-323.
- Willig, C. (2009). 'Unlike a rock, a tree, a horse or an angel ...': Reflections on the struggle for meaning through writing during the process of cancer diagnosis. *Journal of Health Psychology, 14*(2), 181-189. doi:10.1177/1359105308100202
- Wolcott, H. F. (2008). *Ethnography: A way of seeing* (2nd ed.). Lanham, MD: Altamira Press.
- Zahl, S. (2015). The impact of community for part-time doctoral students: How relationships in the academic department affect student persistence. *International Journal of Doctoral Studies, 10*, 301-321. doi:10.28945/2297
- Zhang, Y. (2017). Uncertainty in illness: Theory review, application, and extension. *Oncology Nursing Forum, 44*(6), 645-649. doi:10.1188/17.onf.645-649
- Zwick, R. (1991). *Differences in graduate school attainment patterns across academic programs and demographic groups* (Publication). Princeton, NJ: Minority Graduate Education Project, Educational Testing Service and Graduate Record Examination.

APPENDIX A: IRB APPROVAL LETTER**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

November 20, 2018

Daryl Worley

IRB Approval 3536.112018: Life Interrupted: An Autoethnographic Exploration of Doctoral Persistence with a Diagnosis of Cancer

Dear Daryl Worley,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,



G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

LIBERTY
UNIVERSITY.
Liberty University | Training Champions for Christ since 1971

APPENDIX B: FOCUS GROUP GUIDE

1. What are your feelings about a cancer diagnosis and what it means once you leave the doctor's office? What does that mean to a person?
2. Who were you then? How did you introduce yourself to Dr. Black's class and it would be a few months later my class? Who were you? What was your main focus in life? Where were you headed at that time?
3. Would you say that you were intrinsically motivated or extrinsically motivated to begin the degree?
4. Was it your purpose for career attainment? Career opportunities or more personal?
5. How did you choose Liberty University? Talk to us about why you chose Liberty.
6. What were the most formative experiences in the program?
7. What were the most formative experiences before your diagnosis?
8. How do you introduce yourself now? Who are you now?
9. Talk to us about the experience of receiving the diagnosis.
10. What were your priorities? What were your thoughts about your present and future?
11. Talk to us about when you reached the point where you thought, first of all share why doc studies? Talk to me about who you were when you felt like you could start to think about the doc studies again. How had your values changed or sense of self and how did that all relate to your continued desire to pursue the doctorate?
12. Can you share a little bit about your family, just their support or thoughts when you started the degree? Their support through cancer and then now you know just their thoughts of regarding you just returning to the degree can you share a little bit?

13. Can you talk a little bit about your reentry? What were your experiences? What were your fears? What were your challenges? What supported you? What was it like coming back and maybe weave that into the dissertation topic?
14. Refresh us. How did we get to the path that you're on today? What do you recall?
15. Can you talk about how you felt when this idea of your dissertation topic was introduced?
16. How have you grown as a scholar through the process?
17. You're listing some factors that influence persistence and the dissertation chair comes up in the literature a lot. Talk to me a little bit about your chair if you will and just what role your chair played?
18. What are you going to do when you finish this?
19. What do you envision? What are you doing next? Put yourself to April, you've just defended, what do you do with this? What does this mean to you?
20. What else do you want us to know? What does the world need to know about what you experienced? What are you experiencing? If you were to summarize just the essence of your last two and a half years?
21. May I ask on the record what recommendations do you have to universities with online programs when it comes to dropping intensives vs keeping intensives? What would your message to university administrators be on that topic?
22. Is there anything that you wish medical providers knew about doc students in the middle of treatment and I don't know do you have any recommendations for that side of things?

APPENDIX C: FOCUS GROUP TRANSCRIPT

Focus Group

December 9, 2018

Houston, Texas

Conference Call

Participants- Daryl Worley, Dr. Ellen Black (Ellen), Dr. Lucinda Spaulding (Cindi)

Prayer

Daryl: What are your feelings about a cancer diagnosis and what it means once you leave the doctor's office, what does that mean to a person?

Ellen: Boy, you know I have lived that Daryl, and I have lived that with my only brother who passed away from leukemia 13 and a half years ago, then personally having, I am surviving thyroid cancer and breast cancer. And You know when it's someone you love... ahh its one thing, when its yourself I think sometimes your sort of thrown into this place of denial. For me when you were diagnosed it was so personal because that's what my brother passed away from and so it immediately brings back, and he battled cancer for a number of years went into remission a couple of times. So it's very personal it's not an abstraction and uhm yeah I will tell you when I heard that you were, when you got word that you had made it to M.D. Anderson I immediately felt that, well, he will get the best fighting chance this side of Heaven because he will have access to the front lines of research and that was a game changer. I know for my self the day that my breast cancer was diagnosed in May of 2014 and you know Mayo Clinic. You don't get dressed until you get a clear bill of health. They have a whole team of radiologist there that read your mammograms and so a number of times before I had been called back for additional pictures immediately, but this time I was called back and then they called me back a third time and said we're going to do an ultrasound. And so I positioned my head so I could see the screen and when they went over this one area and I saw the tumor it was like I knew that, that second my life had changed forever. And uhm you know and then everything was so fast tracked, but for me I had a very clear awareness that life as I know it is now changing and that it will be very different going forward.Cindi?

Cindi: Yeah...well...Daryl I think I misunderstood and honestly, I was prepared to ask you questions. Daryl

Daryl: Well, Hey, I am fine with that

Cindi: OK, so that's why when you were asking about or when I commented about your questions talking about a student or a person in general, I said can I ask, like I want to gear them toward you specific. I wanted to check are you recording so you can transcribe this?

Daryl: Yes I am

Cindi: Wonderful, ok, so I guess I mean if you wanted to continue in that line.

Ellen: I think both are important personally I think both sides of it are important I think that our feelings for Daryl as well, yes. It really is a lot, yeah.

Cindi: I apologize, I had envisioned us really turning the questions to Daryl.

Daryl: No, I am fine with that I just didn't know how you wanted to handle that you know.

Cindi: Yeah, but I don't want to shut the conversation if you wanted to finish this line of like faculty views, we could do that and then shift to Daryl.

Daryl: You see I am interested in what both of your perceptions are as well as mine then I'll follow up with mine. Because mine is very different from Dr. Blacks.

Cindi: uh Hmmm, I mean for me personally I had a grandfather pass away of cancer before, well when I was two, so I didn't know him personally. You know I don't have memories of him or of that time. Yeah, it's just thankfully not too impacted by loss or illness due to cancer. Up until recently, I just lost an uncle who is just a year or two older than my Dad. Yeah, Daryl you are my first student who I have known before cancer diagnosis and after cancer diagnosis. And so I think just realizing that people's identities are so multi-faceted and Daryl the student vs Daryl now the cancer survivor and your needs and you know your preoccupations before vs after it. Such a clear delineation. And I think for faculty there's this wanting to support and wanting to support them on their journey but also not wanting to stress. Daryl there were times when I wasn't sure should I be encouraging and welcoming you back or does that create more stress on you or not allow you to focus, you know so I think its really. Also, I think there is something unique about the distance and not having that face to face to really know how is he really doing what's really going on, what really is the best way to support you know from such a far distance away so I think yeah its very multifaceted.

Daryl: Well as far as me, I mean I didn't get to go to a doctor's office and really go in looking for cancer. I was, I mean I had a blood test and was told to go to the emergency room and I had no idea why. Yeah, they told me that my hemoglobin was 5.3 and I didn't know what that meant. And still didn't. It took me days. This was on Monday and every day they (doctors) would come in with, it might be aplastic anemia or something else and the word cancer never ever entered their vocabulary even when they said it was leukemia. But on Thursday they came back with the diagnosis of leukemia and my only frame of reference at that point was the movie Brian's Song from the '70s and I knew the guy died and that's all I really knew about it. It was not something that I thought was necessarily survivable, but I didn't know anything about it. Yeah, but within 24 hours I was at M.D. Anderson. I wrote the question, but it is really beyond you know my life before diagnosis and after is so it, it really changed who I am completely. I don't look at anything the same, Nothing. In fact, everything in my world has been turned completely upside down. I don't know of anything that's the same.

Ellen: Daryl, it's so interesting to me that they never used the "C" word they never used the cancer word with all of their, with all of their conversation.

Daryl: The only place I would see cancer was with the M.D. Anderson logo

Ellen: Now for me, Right

Daryl: And it always had the slash through it

Ellen: And I see that every day here in Houston, I see M.D. Anderson, every day. Every day I see that logo. Yeah, that's interesting.

Daryl: But it was always leukemia they never, never talked about cancer. You know that?

Cindi: Daryl if we were to back up if you try to remember the very first day you met Dr. Black.

Ellen: I remember that day I remember the room, I remember the room

Daryl: yes, I was sitting against the wall

Ellen: I remember where Daryl Was sitting, Daryl you were sitting on the far left against the wall

Daryl: Yes

Cindi: Daryl, who were you then how did you introduce yourself to Dr. Blacks class, and it would be a few months later to my class? Who were you? What was your main focus in life? Where were you headed at that time?

Daryl: I was, I was a very driven person, you know I had gastric bypass surgery in 2013 which literally changed my life. My brother had passed away from liver cancer in January of that year. And my sister in-law took a photo of me by the gravesite which was a mausoleum and I had

realized that I had gained a bunch of weight. Over a hundred pounds over a period of time I had been on diabetic medicine and it had caused me to gain this weight, and I couldn't lose it. And so, I decided I've got to do something about this. Once I realized. Which it's funny that, for someone to say oh well they didn't realize they were heavy. I never thought about it. So I had this surgery and that not only changed me physically, but it gave me a confidence that I hadn't had in a long time. Because I had a sense that I had a new life. Because I had to learn to eat completely again. You don't eat. And, because you don't eat the same way. You don't eat as much and with that new confidence I had a publisher approach me about writing a textbook. I had written a textbook. I believe it had already been published.

Ellen: When I met you, you had a book that was published.

Daryl: Yes, it had been published

Ellen: I remember that significantly, yes.

Daryl: It had been published. I guess, the August before which that was an experience in itself. But you know it was, that was a religious experience as well as the cancer journey had been. Because I had approached God and said you know you put this opportunity here and I feel like Moses begin sent to Egypt. I don't know what I am doing, but you know I trusted in him to get me through it and that is what ultimately brought me to Liberty to get my doctorate. Because I knew if could write a textbook, I could write a dissertation. And also, this is horrible to admit but we had a professor that is as dumb as a post and they got their doctorate and I told my colleague I said, " look, if this person can get a doctorate I know I can get it".

Ellen: (Laughter) yes.

Cindi: We've thought that.

Daryl: You know it's horrible to admit that

Ellen: Yes, yes. Yes.

Cindi: Yes.

Daryl: But that was a real inspiration to me. Because I am like if they will give a doctorate to this person then I know I can do that.

Cindi: Would you say that you were intrinsically motivated or extrinsically motivation to begin the degree?

Daryl: Ahhh....

Cindi: Like was it your purpose for career, you know attainment, career opportunities after earning it or was it kind of like a personal?

Daryl: It's something I always wanted I think. Well and it kind of had a little to do with the career. I teach a class for Texas A and M that is for elementary teachers. You know I have an undergraduate degree in education. But I didn't have graduate hours in education and I had a friend who coauthored a textbook for that course and we wanted to develop some inservice ideas for Texas teachers and to help and go out and do it. I felt like if I had the credentials it would help.

Cindi: Ok.

Daryl: So its kind of both.

Cindi: Ok, so you felt, yeah so the credentials were a big part of it or a part of it. How did you choose Liberty? talk to us about why you chose Liberty?

Daryl: I did research about what kind of program I needed. I looked into Texas A & M Commerce the problem is...

Ellen: Dr. Black has her masters from that campus, woo hoo!

Daryl: Yeah, I remember that. I had forgotten that. And you had to understand our life at the time. My wife had just sold out her partnership in her firm and joined in with this new national firm that took them over and we were very fluid. We didn't know if we would be in Waco, Dallas, Houston or where. Chicago? So, I was afraid to start a program tied to a physical location. But at the same time in all my research talking to people who hire faculty concluded that we don't like online degrees, we look for brick and mortar institutions. If they have a residency within your program we will hire you. And Liberty had a residency. But they also offered the flexibility I needed to be able to go anywhere I needed to go in the country.

Cindi: Right.

Daryl: To finish the degree because I didn't want to get started. Because I knew the doctorate was a long process. I didn't want to get started and then be uprooted two years into the program and be left without anything.

Cindi: Right. So, what were your initial experiences in the program? What were the most formative experiences before your diagnosis?

Daryl: Well, I think the most prominent thing that it did for me, and I didn't. This sounds horrible to admit to you. I didn't learn a whole lot about education that I didn't already know, but I was taught how to integrate scripture into my writing.

Cindi: Ok.

Daryl: And that was probably the most beneficial thing that ever happened to me in my entire life looking back at it.

Cindi: Why, just out of curiosity?

Daryl: Because, once I had been diagnosed with cancer I really developed a ministry on Facebook where I not only write about what is happening to me, but God gives me the scriptures to integrate with what's happening and to explain it and to help people understand that it's ok, that it's not the end of the world. So that's you know been a real vital part of what I have done with it and I and it's not anything I really realized until I was faced with having to do it.

Cindi: Hmm, very interesting.

Daryl: But I mean I really breezed, I mean I don't. Breezed is not a good term, but I mean I moved quickly through the program, because I started in August of 2014 and I was to your class Dr. Spaulding by June of 2016.

Cindi: Right, do you remember, how would you have introduced yourself to the class at that time? You would have said I am Daryl, I am.

Daryl: I am.

Cindi: I am, what were your main identities at that point?

Daryl: I was a theatre instructor. I also taught education. You know the education students. I had authored two textbooks at the time. Ah, a playwright, I have written several plays I am a professional theatre director, and then I am involved in the community. I am the church organist. I founded, I not only run the Cub Scouts, but help found the Cub Scouts in our community. I was the chairman of the Pack and then did the awards for the Boy Scouts. And there's probably something else I am not remembering. Well, I was involved in the church choir, at that time I was actually directing the church choir too. I was a very involved well round person as far as work and community activities as well.

Cindi: Yes, Daryl how do you introduce yourself now, if you were to meet a person who did know you before who does even know you now? Who are you? How do you?

Daryl: I struggle with that. Because my wife reminded me this past week, "you don't have leukemia". I always work that into the conversation because I almost apologize for myself

because I am so weak and not able to do the things I used to do you know. So I explain to them that I have had cancer treatment and that I am recovering and I am doing better, but I am just not where I want to be yet. So that's my identity now I am a recovering leukemia patient. You know it has nothing to do with work even though I continue to teach that really is not who I am anymore. I never thought about that until you just asked that. But that has changed drastically. Because that's how I identify myself.

Cindi: hmm.

Daryl: Its so impacted my life that.... wow.

Cindi: Yeah, talk to us and Dr. Black jump in anytime I don't want to take over the conversation. But what I was going to ask Daryl. Talk to us about just that experience of receiving the diagnosis. I remember that you had first started 980 I think, and I think you withdrew from it.

Daryl: Yes, here's the deal, this all went down like the week before it started or two weeks before. I was at M.D. Anderson and I think the next week is when it started. And I was going to try it I thought I can do this and I couldn't. I remember I was scared, because my thought processes wouldn't work out. It was like looking at a foreign language and I didn't know what to do. And it scared me and I was really afraid that I could never go back and do it, but at the same time I didn't want to be out of the program too long because I didn't want to go through the process of reapplying.

Cindi: Right.

Daryl: So, I was very, I mean that was just this determining factor throughout the whole treatment. That I have got to get well so I can get back to this program. That's what it initially, eventually. I mean put me in. I mean I signed up for 980 in the summer of 2017 because of that, because I felt like I have to get back in it. And at that point it was like if I can just get through this then I can get to Dr. Black's section and it is not as much pressure. And I remember several. One of those chapter weeks (writing assignment) I was in the hospital writing and I was so frustrated because it was not my best writing, but it was the best I could do at the time. And the mistakes were just silly, silly mistakes, but I couldn't see them because I couldn't concentrate that much. That was, that was very overwhelming.

Cindi: What, pardon?

Daryl: You know I was continuing to write the textbook, because I had two chapters, see this textbook was due the week after I went in the hospital. So, once I left Lynchburg I was focusing on finishing this textbook manuscript because I had to have it to the publisher September the first. So, I hadn't really focused on the dissertation at all, I kind of put it aside and said I'm going to finish the manuscript and then I'll go back to the dissertation. So I did what I needed to do to finish your class.

Cindi: Yeah.

Daryl: But then we went to Boston and Cape Cod for two weeks and came back and I guess it was about two weeks. And at that time, we were looking at building a new house and I was out scouting land with the realtor and so ... I spent time on the book, but I wasn't as focused on writing as I normally would be. So, I finished those last three chapters of that textbook in the hospital. My wife helped me to get that done. I was able to do that, but that was something I controlled, it wasn't someone else. And I remember, I don't know who the professor was in that course, but they didn't encourage me to continue. They were like you can't continue to do this.

Cindi: Why do you think that was?

Daryl: Well I mentioned my situation and I think that it was the automatic response. I mean I think, I don't really know and I don't remember who it was, I know it was a male, but I can't remember. And I don't remember who it was.

Ellen: How did you feel? How did that make you feel when you were told that?

Cindi: Yeah.

Daryl: It was discouraging, but I mean I had so much discouragement at that point that it wasn't. It was just another thing that was taken away from me. Does that make sense, I mean I had to.

Cindi: Yeah.

Daryl: I mean at this point. I am two weeks into being literally ripped out of my life. I mean I got a phone call and went to the hospital and didn't go home for three months.

Cindi: Wow, yeah.

Daryl: And that was just for two days.

Cindi: Yeah.

Daryl: That experience is so... just intense that adding to me. That was just another little thing that was added to it. Because you know I have been ripped away. I am no longer teaching in the classroom. You know I've got an online class that I managed to hang onto. I had to beg the Dean to let me teach it. She was afraid that it would overwhelm me, I knew that I had to have something to keep me busy or else I would die.

Cindi: Wow.

Daryl: Because if I ever stopped to think about what was wrong with me it was over.

Ellen: Literally not figuratively?

Daryl No. Literally.

Ellen: Literally, yes, yes.

Cindi: So, you got the textbook done, you withdrew from 980. Talk about your world then once you had set the doc world aside and finished the manuscript. Talk a little bit about that year.

Daryl: I was in and out of the hospital a lot the first three or four months. Because I was on chemo and my body didn't like chemo it didn't handle it well. Uhm, and the chemo really only got me down to like 5% residual cancer, so it wasn't working. But at the same time (the doctors told me) we really cannot give you another dose. That was after two rounds and so they said we've got this new trial for an immunotherapy. But you can't get into it unless you've done three rounds of chemo. So, they gave me a reduced round of chemo to get me to qualify for the immunotherapy.

Cindi: Wow!

Daryl: And that immunotherapy is actually what got rid of the leukemia in two treatments. But throughout that process, now this is probably the first six months. Throughout that process I lost all of my hair, I lost all of my muscle. My muscle mass was gone, literally overnight within a week. I lost probably 20 pounds because I lost the rest of it with the transplant. But I mean just the leukemia treatment itself was bad. It was I mean cause about the time you start to get to feeling better they zap you again. You know and my mouth was probably one of my weakest points. I would break out in sores. It was so sore you couldn't eat. Nothing tasted right. It was just not a good existence.

Cindi: What were you? Yeah, I guess this may be self-evident. What were your priorities? What were your thoughts about your present and future?

Daryl: Honestly, get through today so that I can get to tomorrow. That's what I would recommend to anybody facing something like that. Because if I ever stopped to look at the big picture it caused me great heartache. But if I let it be just one moment. You know one moment at

a time an example of that. You know in the middle of the nights is when I would get into trouble. Because I would be thinking. At about 4 am one morning I was really upset I was in tears actually because I was wanting to go home so bad. And I thought at that point I wasn't sure if I would ever get to go home ever again. This was the second round of chemo and this nurse. Who had been with me from day one. She was a charge nurse that was my nurse the first day that got me assimilated to M.D. Anderson in record time. She came in and she talked to me and really was a gift from God because she assured me she said, "you will get to go home we will make sure you get to go home" and she gave me the pep talk I needed to get through it. You see that was something that I couldn't. I never would break down when Christa was there because I couldn't. I didn't want to burden her with that. So, you know I would have moments like that every once in awhile. But what I learned from those is its best to go day to day. And then I get an email from Liberty saying your going to be withdrawn from the program if you don't register. And honestly it was scary.

Ellen: And yet that is so interesting because as you know that's a computer generated thing.

Cindi: Yeah.

Ellen: But the terror of it was...

Daryl: It was scary to me.

Ellen: I believe you, of course I believe you. But its just so interesting the power of words. You know the power of words and those messages go out to so many people. But they are in a very different place than you were at that time.

Daryl: And here is the problem at that point. I had been through so much I wasn't sure I could make it through the hurdles to get back into the program if I got kicked out.

Ellen: And that was the fear wasn't it?

Daryl: It was that was the fear. I said you know I'm not strong enough to do what I did. And it really concerned me.

Ellen: And if you have to start over and if the policies have changed. Did that enter your mind?

Daryl: Right, well it did. I was very concerned. Because I was losing research every day.

Because my research was old and I knew that, but I didn't know what to do about it. I wasn't able to research. You know I just didn't feel like it. You can understand I could barely raise my head some days. I was just so sick. And really at that time I really. That's when I delved into this Facebook writing because people wanted to know how I was doing and most of those writings would take place at two or three in the morning. My life had been so. You know living in the hospital upsets your schedule. And when I say living, literally I lived in the hospital I would be in there for two or three weeks at a time and be out for a week and go back. You know so by doing that it changed my schedule. Because when your in the hospital they come in like at three or four am and draw blood. The nurse would come in at two. So, it got my sleeping schedule off. And so that continued even when I wasn't in the hospital a lot. So, I would just wake up and get up and had my Ipad and would go write and read the Bible and go study and pray and post my Facebook post for the day. And really. I almost became what my existence was. I was trying to overcome and telling about it in my story on Facebook. And then I journaled all the time because I felt like from day one I was to write a book about it. I just. You know God had impressed that upon me. Now I need to back up. Whenever I was first diagnosed. Your faced with two choices, you can either lay down and die and wallow and say why me and why did this happen or stand up and ask God what do I need to do. And I decided to stand up and ask God what I needed to do. And He said I've got the leukemia if you can go be the light of Jesus

Cindi: Wow.

Daryl: And that was really a comfort to me and it's gotten me through a lot of times, now telling me to be the light of Jesus was not an easy task. Yes, I had gone to Sunday School and church for fifty years, but what does that mean. I had to really evaluate what does that mean and I have learned a lot about what that means. It really is just let Jesus shine through you, and I think, I know he does because I get comments about it all of the time. You know in waiting rooms and different places I go they talk about how positive my outlook is and things. And I know that is what it has to do with.

Cindi: So, talk to us about when you reached the point where you thought. First of all share why doc studies? still, I guess talk to me about who you were when you felt like you could start to think about the doc studies again. Maybe you know. How had your values changed or sense of self? And how did that all relate to your continued desire to pursue the doctorate?

Daryl: Why did I persist in other words? (laughs) I'll tell you why. I had invested so much money in it. Plus, I didn't. I first of all. I was raised as a person that if you begin something you better finish. If you committed to it you better see it through it doesn't matter what happens you see it through. So that's in the back of my mind. But also, I had invested a ton of money in this. Uhm, and its even finishing. It is not now. Its not career oriented at all because I don't know what my career is anymore. And that may sound funny. But I really don't because I mean yes I still teach, but I don't know if I will ever be able to teach in the classroom. I just don't know what the future holds. You know it has really changed to just a personal goal rather than a career goal.

Cindi: Interesting, can you share a little bit about your family? Just their support or thoughts when you started the degree. Their support through cancer and then now you know just their thoughts of you regarding just returning to the degree. Can you share a little bit?

Daryl: Sure. It's really kind of funny. It's a funny story. July of 2014 we had a family reunion at my sister's house and I remember sitting at her breakfast table saying you know I really have looked into doctoral programs but I really just don't think I'm going to do it. It's just so expensive. I really just don't see the value of it. Well, God had other plans and I found myself enrolled in Liberty University in August. You now my family has been. My immediately family has been very supportive of the fact. I mean in a weird way. I don't talk about school and they don't bother my time. It was like my wife treats my work and what I do like a hobby. If that makes sense. It's like some people play golf. Some people do this. I teach school and I go to school. So it was. That's like my thing. She's busy auditing and running an accounting firm doing her thing and you know I would still carve out family time and it really didn't impact my family life as much as you would think. I know it does with some people, but the way I patterned it, it really didn't. Now, every once in a while I would have to stay home and write a paper and do something, but I mean they were very supportive of that for the most part and you know didn't really have a problem. Now, my wife was overwhelming supportive after I went back after I had the bone marrow transplant. You know and just what ever I needed. Of course by then realize we weren't living in a big house we were living in a 33 foot travel trailer and so whatever each of us did we were on top of each other.

Cindi: Yeah.

Daryl: So, it was very obvious. Even now she will call me and ask, "have you worked on your dissertation? You need to be working on it". Just prodding me along to continue. You know its not like a bad harassment. It's just a reminder that it's still there.

Cindi: Right.

Daryl: The biggest thing lately. My Mother in-law, you know I am projected to graduate in May. Well, my Mother in-law and I made reservations and everything. My mother in-law decided we are going to go and we are going to rent. I don't know if it a cabin or a condo in North Carolina after graduation to make a big deal out of it. So now I have to graduate in May, because she's reserved these condos.

Cindi: That's so awesome. Yeah.

Daryl: So, I've got this built in, you know I have to do it. And you know she was really concerned that the IRB hadn't approved me yet. Saying, "well what does that mean does that mean you know... Cause when it said it was for a year she thought I wouldn't graduate for a year. I told her no it is up to me I can do this you know.

Cindi: Yeah.

Daryl: They have been supportive well in fact they hosted. You know opened up the ranch and then we had Dr. Black to the ranch to work with me. My family has just been incredibly supportive from that aspect.

Cindi: Can you talk a little bit about your reentry? What were your experiences? What were your fears? What were your challenges? What supported you? What was it like coming back? And maybe weave into that the dissertation topic.

Daryl: I tell you the hardest part and it's still the hardest part. Because I am still dealing with it. It's them (Education department) every time they change that handbook you have to change the way you write your dissertation. And looking for those little intricacy's is difficult. Especially once you've written. Like I had written my you know to start the proposal. What I had written in your class no longer applied and so I had to like, to throw it out and just start over.

Cindi: Hang tight, hang tight, why didn't it apply?

Daryl: Because he (the professor) said they had cut out certain sections. They had rearranged things. This is now there. And so other people were able to use that because they had just taken the class so they started with that new form. And I felt like you know that was a disadvantage to me.

Cindi: And now?

Daryl: So, I'm not just working with what I had written. I am having to rewrite everything.

Cindi: Talk about your topic, it was still on your initial topic.

Daryl: Yes, and that was difficult because number one I had lost a year's research and really the drive to study that was just not where it was when I started. But I didn't know how to handle or approach that. Because here I've stared this and I can't say well I need to change at this point, so I just prodded along and tried to work with it, but at the same time I was overwhelmed. I didn't know what to do because I didn't really know where to start.

Cindi: Right, refresh us. How did we get to the path that you're on today? What do you recall?

Daryl: That was awesome. I believe it was in December. Dr. Black called or sent me a text and said I really need to talk to you. And this was after a semester of me floundering in her class. Because I really was not able to accomplish anything because I really didn't know what to do. And that's when she approached me with the idea of the autoethnography and talking about persistence and my cancer journey. And it was just an answer to prayer. Because...

Ellen: What I remember about it is you know. When Daryl re-entered but then this topic was no longer important to him because of everything he had lived through. And I remember going to your office Dr. Spaulding. And just because you know we would touch base about Daryl and pray for him.

Cindi: Yeah.

Ellen: I remember coming to you and saying “you know what he’s just. It’s because he’s in a different place the topic isn’t as meaningful do you have any ideas?” What do we do, because from my perspective you know I feel this responsibility and commitment and desire to see Daryl finish. And knowing his life has changed so this topic doesn’t mean anything

Cindi: Right.

Ellen: And so it was your idea. You know you said “could we consider this?” And you had a book on your desk (laughter) and I said, “you’re going to have to look at it”. I didn’t even know where to even begin, but then when I called Daryl and I just heard it in his voice immediately. And Daryl you told me that day. You said “well I have known all along that I was supposed to write about this”.

Cindi: Wow.

Daryl: Well, I have from day one.

Cindi: Yeah.

Ellen: It really was just once of those from my perspective, a divine appointment to talk about that and yeah, and I don’t know how the timeline with regard to when I was able to come to the ranch.

Daryl: It was in February.

Ellen: It was last February, but I don’t know the timeline prior to that, but I do know that we started reading up on autoethnography. And I remember Dr. Spaulding saying well nobody has done one yet at Liberty but he has to be the first and this would make perfect sense. It does make perfect sense.

Cindi: Yeah.

Ellen: And, ah. But I do think that’s been perhaps some of the frustration and perhaps with the IRB that people are not as familiar.

Daryl: And I recognized that. I was not upset by that at all, but at the same time I felt free enough to share my frustration with both of you. You know.

Cindi: I have to.

Ellen: Yes.

Daryl: Some of the things they kicked back were just ridiculous. I know that they have. I know that there has to be push back. I just hate it when there is push back just to... but I hate it when there is push back just for push back. And that’s what I got the impression that some of that was.

Cindi: Hmm.

Daryl: And them sitting on it for so long. I really didn’t understand that, but... yeah it is what it is.

Cindi: Daryl, can you talk about how you felt when this idea of your dissertation topic was introduced? Cause on one hand changing topics, you know that’s a biggest...

Daryl: It was the biggest relief in the world.

Cindi: Even though it meant a lot of work?

Daryl: Yes, because I was writing about me.

(laughter)

Daryl: That sounds funny, but my wife said, “well of course you do it’s all about you”, but its (laughter). Even though it is about me it’s not, but it;s about something that inspired me. I don’t know how to explain this.

Ellen: Can you share with us your connection between that and your sense of knowing because you’ve said several times today and you’ve told me this numerous times before that you knew all

along you were supposed to write about it. Could you talk about the change of topic within the context of a spiritual awareness?

Daryl: Well, it was incredible because I knew I was supposed to write about it. And I felt like. Because I know, one thing I've learned through this whole journey is that if I can help one person it is worthwhile, and I felt like if I wrote about this it would help at least one person or had the potential to. So that's one reason I have a passion for writing about this. But also after conducting research on student persistent and different things I've really been made more aware of the fact that it is a problem and that we don't really understand why do people not complete things or a degree. You know. What got in the way? The fact that I might could help with that also. Not just with cancer, but with that was very appealing to me.

Cindi: How have you grown as a scholar through the process.

Daryl: tremendously, even with my research. Within myself research began that day because I began reflecting introspectively about things that I never would have thought about before. So suddenly I am thinking about what caused this? Why I am doing this? What do you know? What is the background to this? But also it's really broadened my horizons because I have had to look at different ways of writing. Because the dissertation requires scholarly writing, but yet at the same time it requires this with autoethnography requires almost a personal style as well. So, its learning to blend those two and that's been I think that's been a huge benefit. Also, the time spent doing research on the topics to write the proposal and things. You know I really think that's benefitted me. Because I have discovered, I learned, one thing I really learned is that there is much more to any one given thing. Like if we say student persistence. Yes, but that doesn't just mean persistence. It involves the family. It involves finances, economy possibilities just all sorts of things that impacted that student which equal persistence. Does that make sense? I mean I don't know if I am explaining myself.

Cindi: Yeah, your listing some of the factors that influence persistence and the dissertation chair comes up in the literature a lot. Talk to me a little bit about your chair if you will and just what role your chair played.

Daryl: My chair is a messenger from God.

Cindi: She is.

Daryl: She has been incredible throughout the whole process, from the very beginning even. I will never forget you sent a text offering for me to stay in your condo at Mayo. And just you know when I needed it the most I would get a text from her "I am praying for you today" or "how are you doing". Its been incredible and just her positive assurance of we can get you through this we can do this, you know that's what I needed to hear. You know I had someone, instead of well we might could do it, it was we will.

Cindi: Hmm

Daryl: You know because around the cancer world well maybe we could do this or we might or hopefully. No, she was we will get this done and just the positive support. Well, and the positive support from Liberty in general, you know several professors emailed me to check up on me and I knew they were praying for me at school and just different things, but I know I have the most fantastic chair in the world.

Cindi: You do.

Daryl: And I can't talk about that enough because she's inspired me to be where I am at today.

Cindi: What do you think universities can do better for students like yourself? You know when they are first diagnosed when they are coming back. Can you speak just a little bit about what was helpful?

Daryl: I can, the key is, instead of computer contact with these generated emails more personal contact every once in a while. Just have someone to check in, how are you doing? What can we do for you? You know what are you, do you have any thoughts for the future or what's going on.
Cindi: Yeah.

Daryl: From the institution I didn't see that. You know and that's, I realize that they probably really didn't have a clue why I wasn't enrolled, but You know the department of education did because they were praying for me. So, you know, I don't, now I mean Dr. Black did that on her own, but I mean I have to go back to those emails that I would get and things that were just I mean "scary".

Cindi: Yeah, and you had communicated right? You had communicated with the University with an advisor that...

Daryl: Yes I told them what the deal was and I called the advisors and explained to them and that's when they told me that Spring they said well now you cannot enroll for the Spring, but you have to enroll in the summer or you'll be removed from the program.

Cindi: Hmmm.

Daryl: I will never ever forget that.

Cindi: So, your saying there didn't seem to be a mechanism at all to deal with someone whose life is being interrupted.

Daryl: Oh, there is none. And to make it even worse. I had the same advisor ever since I had been at Liberty. She got pregnant and had a kid and had to leave. Right, and that was probably in November after I was diagnosed in August. So, then I'm stuck with, before I always talked to Ashley in advising well, now its jut whoever you get on the phone. It's a lot less personal I mean she actually knew about me, knew where I lived, She and her husband were considering going to Baylor. I mean she invested herself in me.

Cindi: Yeah.

Daryl: That's the key, that's what helped me through this doctoral program is that I had a good advisor but talking to other doctoral students when we would be on campus some of them thought the advisors were horrible and didn't help them at all. So, I think that's something that could improve a university is the way they handle contact with the student

Cindi: Can you share a little bit about, what yeah, what strategies, what supports, talk about your experiences right now as you look to complete this what are your challenges in the moment what are your strategies for persisting, why and how are you persisting?

Daryl: Well, I will start out with why. First of all, the finish line is in sight. If it was a race, I could see the finish line. Also, this was a monumental undertaking and I just want to complete it and I want to make that idiot call me Dr. Worley, the one that got the doctorate and didn't have any sense. That's silly, I don't know that's not really a good reason to want it, but I have a need to complete it. Because it's one thing that I guess that I can still control. It's the one thing in my life that hasn't changed completely out of my control. My job is out of my control. I can't go to work even if I do go to work no one else works there anymore its all changed. Literally everything has changed. My church has changed they have taken the organ out, so even if I want to go back and play the organ I couldn't. because It's not there anymore.

Cindi: Yeah.

Daryl: That's one thing that keeps me going is this dissertation. It is still in a sense, its not exactly the same, but it's the same. And it's a constant and I feel that I can do it. Now the big question to me the bigger question is what am I going to do when I finish this?

Cindi: That was going to be my next question.

Daryl: Now I thought about that the other day, I don't know to be honest with you. This has been such a driving force and kept me busy and really it has helped me because its kept me from thinking about my medical problems. Anything that can keep my mind off of my problems helps me. Honestly, I'll have a treatment where I can't focus enough to write, but when I do get focused enough I love to sit down and work on this to just drive it that much forward.

Cindi: What do you envision? What are you doing next. Put yourself to April, you've just defended, what do you do with this? What does this mean to you?

Daryl: Well, a lot depends on my immunity (laughs). Say that I can get out and go out in the public. You know I might get a full time job. You know I've worked part time for ten years, I don't know. I've toyed with getting a full time education position. If not I want to develop a new idea to help teachers in the classroom, its not really a new idea I've got some ideas that I have written in a textbook but it's a thing that I think would help today's student because we lack creativity and we are not teaching children to think anymore and it concerns me. I am hoping with this degree it's going to open some doors for me to be able to do that. To make a difference and how we educate children so that we can teach them to think again.

Cindi: Yeah, powerful. What else do you want us to know? What does the world need to know about what you have experienced? What you are experiencing? If you were to summarize just the essence of your last two and a half years.

Daryl: I think the most important thing that is in everyone's lives that we don't pay attention to. God is there every minute of the day if we stop and slow down long enough to notice, He's in our lives and that's the biggest take away I've gotten from this. And little things, it might be a flower painting on the wall, it could be anything, but, that's changed my life literally. You know I was to a point that it was you know it was God or nothing. Not that I wasn't that way before, but I mean I really was in a place where that's all I could do was focus on God. And I really feel like it's made me a better person, but it's also changed my perspective and outlook with what I should do with the rest of my life, because I have been given more time and I need to use it wisely. And I say that because I want to use that time trying to help other people.

Cindi: Powerful.

Daryl: The other big take away is that God has shown me over and over again, that if you ever feel like you are in a bad place, go sit in a cancer patient waiting room.

Cindi: Hmm.

Daryl: There is always someone worse of than you are. My sister asked me the other day, would you rather not do this? I said, If I had it all to do over again, I would choose this path because I am a much better person today than I was before I got it. I have met all kinds of very interesting people who have changed my life. And the other thing that has really been affirmed to me is that I firmly believe that God lays a plan for your life before your born and this was part of my plan and I honestly believe it's what is going to elevate me to be able to minister to more people.

Cindi: Powerful.

Daryl: I think the doctorate is part of that to be honest with you and I don't know why, but I think it will open more doors, It gives credence to what I say I guess.

Cindi: Well, Daryl what should we be asking you that we haven't asked you yet?

Daryl: Uhm, I think, well let me just make a comment and we can go from there. I think one of the struggles even before I got cancer, with Liberty was the lack of information. And once I was diagnosed it became worse.

Cindi: Can you be specific about what kind of information you feel it. . .

Daryl: Like they would say stuff is on the website. Like if you are looking. I'm trying to remember. For instance, I'll give you a recent example. You know the outline for the qualitative dissertation used to be in the handbook, but now it's not and finally when I got ahold of somebody in the school of Education, they told me, well we pulled it out and we haven't put it on the website yet. They had me searching the website, I looked everywhere on that website, but you can't get access to the website unless your on campus. It kept telling me that you're not on campus you can't access the school of education. Things like that that they just expect that you should be able to find things when they are not real intuitive. And also, the layout of the program like how the dissertation works, you know how the program in general. How it works. I had a vague idea, but when I went to that first intensive, I really had no idea what to expect, because they really don't give you any idea other than just show up and be there for a week.

Cindi: Can you talk a little bit about I think the one thing we didn't end up covering at all is peer support, did peer support play a role at all in your journey?

Daryl: It did and I'll tell you I won't ever forget this, because you in class you passed out a penny that day and I don't remember the whole spiel, but I remember that like half of you won't give it back.

Cindi: No I said, I need to be sure its clear, I said, "Statistically half the people that start a doctorate don't finish, but we are going to beat the statistics so lets talk about strategies for persisting".

Daryl: Right.

Cindi: I just needed to be on the record to be clear(laughter) that I was not saying only half of you would finish.

Daryl: No, no, I understand.

Cindi: Good, good, good.

Daryl: But anyway Julie turned to me and said, "well you know your not going to be one of those your going to breeze right through this and finish and your going to give that penny back" and you know ironically that wasn't the case. You know, I said, "you never know". She was struggling so with her topic and things and I saw her struggling I didn't. I mean I was struggling, but I wasn't struggling that hard, I mean I wasn't, I didn't show it necessarily to her.

Cindi: Right.

Daryl: She has been in contact with me throughout the whole time.

Cindi: Ah, wonderful.

Daryl: Even now, I mean you know her husband is in Houston and he wants to meet me sometime when I am down here, but I haven't been well enough to meet him yet and so I am excited about that. Well and then the other. Her name left me. I want to say she's a lawyer, but she's not. She was another one of Dr. Black's students.

Cindi: Judy.

Daryl: Yes.

Cindi: Man, I had a good group!

Daryl: Judy you know emails me from time to time, how can I pray for you and how are you doing. That's been wonderful and then you know just the students within. Once I got into Dr. Black's section I was within you know a very supportive group through our discussions and through contact there and even my 980 course. They adopted me into their group and they all went through the other course together. I am on their Facebook feed and they check in with me every once in a while, to see how I'm progressing and what's going on and that stuff.

Cindi: Great.

Daryl: So that's played an important role.

Cindi: Do you think without intensives you would have developed those relationships?

Daryl: No.

Cindi: May I ask on the record what recommendations do you have to universities with online programs when it comes to dropping intensives vs keeping intensives. What would your message to university administrators be on that topic?

Daryl: It's a mistake because that is the one thing that unified me with the school and the students and with the faculty. It formed relationships that I would not have formed any other way, because your forced to. Because your dealing face to face with people and your in groups. So we had to deal with people. I'm still in touch with people from my, Dr. Black's class. You know that I would never have met them otherwise because online you don't meet people.

Cindi: Right.

Daryl: I think it's a shame that they are doing away with it, I understand why they might do that I think the perception that its too much of a bother for a student, but you know from my perspective as a doctoral student, I think doctoral students should be bothered a little bit.

(laughter)

Ellen: Amen.

Cindi: Yeah.

Daryl: Especially something that is so important because that was a pivotal point in my education within my doctoral program I believe.

Cindi: Yeah.

Daryl: I will say the second one, the subject matter I chose wasn't, which it was a technology class, I really didn't gain much intellectually from that but I had a good time, (laughs) so that...

Cindi: Okay.

Daryl: to be perfectly honest with you it wasn't a real intellectual challenge by any means, but let me rephrase that, it did however expose me to NVIVO and some of these other programs.

Cindi: Okay.

Daryl: So, its not bad I mean I cant discount it completely, but I mean did I get as much value from it as I did the other two weeks, no. In other words, I could have gotten that second week in a webinar and had just as much information. No, intensives for me are a very vital element of a program and it also allows the doctoral students to say they had residency. I had three weeks of residency at Liberty University.

Cindi: And I'm thankful to know you from it.

Daryl: Which you know, not that it matters to anybody, but I mean it's, well it may matter to a future employer, I don't know.

Cindi: Yeah.

Daryl: When they mention the Liberty campus you know I have a frame of reference because I have been there three times. Now, granted its probably changed tremendously since I was there the last time because they are building everywhere. You know that to me was vital.

Cindi: Yeah, well Dr. Black.

Ellen: Yes, ma'am I am listening intently.

Cindi: What else do we need to ask this gentleman, or have we covered it all?

Ellen: Boy, there's just so much Daryl. There is just so much. So much emotion related to it. I think for me going forward what I'm really the most concerned about now is how do I best help you to the finish line. I am encouraged I don't have anything that I am concerned about as far as getting it done. I mean from my perspective its not even up for discussion. Right?

Daryl: Right, it's going to happen.

Ellen: So, its yeah.

Daryl: I told the advisor that. This advisor call I have to tell y'all about this because it really made my day. I registered for Spring and the advisor was like you have a really incredibly grade point average. And I said well thank you I figure most doctoral students do and she said oh no you would be surprise. Which I just thought that you had to have a high grade point average in the doctorate, but I didn't know, but I was telling her what all I had been through, you know she had no idea, but I am telling you one way or another I will graduate in May. You know that's not up for debate. I will graduate in May. She was just amazed with my persistence and insistance that I will graduate. And I said I have been through all of this and I will graduate in May. And she said, to quote her she called it "inspiring". Which you know that was the word of the day that day. I heard three people tell me that I was "inspiring". You now and I don't think of myself as inspirational, but the fact that I was driven was inspiring to this person.

Ellen: Well, and it's interesting because advisors hear every excuse under the sun about. You know they are working with people hearing different stories of why I can't do this and why I can't I do that. And how did it make you feel when she said that to you?

Daryl: it really made me feel good because it showed me that I was able to have a positive impact on someone. You know that almost means more to me now than anything else I do. Because if I can impact someone else in a positive way it really just makes my whole day. I've always liked to help people, but that's almost like a drive I have now to try and help other people. Something I really didn't talk about that I should talk about, because you don't see me because its an online program. The reason that I can't teach in class is because I have no immunity. So if I leave the house at all I have to wear a mask, well, I had to go get my oil changed in our truck at the Toyota place and they got the truck and everything, but then they ignored me and wouldn't talk to me because I was in a mask. The salesman wouldn't talk to me and the people... its like they were afraid of me. It's anywhere I go. I mean I had to go to Walgreens to get something and I am telling you it was like Moses parting the Red Sea. I walked in there and those people scattered to get away from me.

Ellen: They're afraid that they are going to catch something from you when in reality the fear is that you will catch something from them.

Daryl: But I say this because that really impacts who I am today.

Cindi: Hmm.

Daryl: You asked how do I introduce myself, well I am the person in the mask. I've worn a mask since March of 2017.

Cindi: Wow.

Daryl: It used to bother me, but now I don't even think about it. But yeah you draw attention to yourself. But there is nothing I can do about it. And I looked. This is horrible to admit. I was setting the table the other day and we had a mirror on the table and I said who is that old man in the mirror. Cancer has really... ugh. I don't want to say aged but made me look... because I am so skinny and my cheeks are sallow it made me look like an old man and I thought I don't recognize myself. Because I don't look like the same student that started Liberty University in 2014. But I finish all those statements to say I am here today, and God's given me another day and everything I went through allowed me to be here today.

Cindi: Is there, may I ask one more question?

Daryl: Sure.

Cindi: You know we have talked a lot about what Universities can do to support students. What about on the medical side is there anything you wish medical providers knew about doc students in the middle of treatment and I don't know do you have any recommendations for that side of things.

Daryl: I will say this, my transplant doctor, once she realized that I was working on my dissertation and stuff it's not that they necessarily talked down to me before anyway because my father in-law is a pharmacist and my wife audits healthcare. So, they spoke intelligently to us, but because I am working on a dissertation she speaks to me in more medical terms and I appreciate that because I hate being talked down to. I don't know how to describe that, but that's been a blessing to me because having a nurse telling me over and over again what they are doing. Well, I don't care what your doing I care what is the benefit of it. You know. And they recognize that and they don't try to waste my time. Does that make sense?

Cindi: Yeah.

Daryl: But, as far as...

Ellen: Daryl, I will say when you earn your degree which when that happens you will notice that the medical community will treat you that much differently. That's my experience at Mayo clinic and other places as a cancer survivor and a cancer patient that the nurses treat you different, they talk to you differently. They call you different the people that walk out and call your name they call you differently, I mean yeah, yeah, well, I will be interested to hear your reaction to that because...

Daryl: Yeah that is going to be interesting. Well even at the bone marrow aspiration (M.D.Anderson) the other day. I told them that I was working on my dissertation and blah blah blah and that elevated the whole conversation. About well do you think its going to help the medical community, but I never thought about it, but it could, one thing I have gathered that I think my experience has shown is that attitude is everything. You know its not just fighting leukemia but even finishing a doctoral program. Its how you approach it. If you approach it with a can-do attitude then I believe you can do it. Now that doesn't mean you aren't going to have obstacles and things, but take it a day at a time with the idea that I can do this, but I mean the M.D.Anderson community has just been phenomenal for me. They have been very in touch, one thing that I think irritates me as a patient, and I say this because we are talking about it. They always want to know if you want to kill yourself or your depressed or this and that and the other. Well I am not about to say yes, I'm smart enough to know I am not about to say yes because they are going to stick me in some group. And I don't want to be in a group like that. But I don't feel that way so it doesn't matter, but I always wonder who is going to sit and say yes to that. So, I wonder if there is a better way to approach that, but I don't know. That's kind of a grabbing that out of the air (laughs).

Cindi: No that's kind of the purpose.

Daryl: The other thing to is every procedure you have you have to sign your life away literally. And I told the doctors you know I don't have a choice, I have to sign that if I want to live. Oh, you always have a choice, I'm like no not really. And I am amazed that I am the only patient that's told them that.

Ellen: That's what they told you that you're the only patient that said that

Daryl: Yes, most patients just sign it and go on or don't sign it.

Ellen: yeah, interesting

Daryl: But I really don't have a choice. I'll sign what ever you want me to sign. Just give me the treatment. The other big thing that has changed with me. You know I went through my life and I

never gave blood because I didn't like needles. Well, God got me over the needle thing, I get my blood drawn three days a week and have been poked I don't know how many times. I can't give blood now, but I am telling you if people hadn't given blood I wouldn't be here today.

Ellen: Yeah.

Cindy: Wow.

Daryl: It has made me keenly aware that I have got to do everything I can to further research. And so, they ask me if they can draw extra blood for research or extra bone marrow or what ever I always agree to it, because if someone hadn't done that before I wouldn't be sitting here today. Because that research ultimately developed the drug that saved my life. So that's really redefined who I am. That's one reason I want to help people. Because I know I can make a difference. Someone else made a difference and they may not ever know it, but they made a difference.

Cindi: Hmm.

Daryl: I mean, this diagnosis lets you face mortality very quickly. And also one advantage that I had is that I got to find out how people felt about me that I probably would never have known that they would have come and told my family after I died. You know I had students from years ago tell me how I had helped them and I never would have know that, so from that aspect it's made my life richer, but also its given me more responsibility because its made me aware that we are impacting people every day of our lives and don't realize it. Every little thing that we do impacts someone.

Cindi: Powerful.

Daryl: At the same time I am ready to get this over with. (laughter)

Cindi: You know it's. Daryl something that you brought up early at the start of our talk about you know, yeah that dissertation being a motivator. Something that is a wonderful distraction for you. Something that you are working towards and even students you know without dealing with cancer have shared a bit of a let down when they are done. You know its almost...there is a... she's in the nursing program. She's a professor who earned her doctorate recently and her and I have talked about doing a study on that, just the postpartum period when you birth that dissertation and kind of the depression that can come from the lack of purpose and the result of that. Yeah, just the change in you know the relationships perhaps you with your chair with you know just things change. There's not that driving force anymore and even though you can't imagine how wonderful that day will be when its not hanging over you, suddenly you miss it hanging over you. You know we'll finish your dissertation. Let's start publishing that, you start presenting that, but I think we should continue and for perhaps another study look at your experiences after you're done.

Daryl: Right.

Ellen: Can I share from my perspective?

Daryl: Absolutely.

Ellen: That is a very deep concern of mine for Daryl personally. Is that yes there is no doubt that we will get this done. But is this the one thing that Daryl has been holding on to so closely and that it's been such a driving force in his life. What will fill that void? Daryl, I do think about it. I need to pray about it more than...

Daryl: Well, I think I know what it is because I had a dream about it last night.

Ellen: Ok.

Daryl: that I need to actually write a book.

Ellen: Ok.

Daryl: And if I do that it's going to continue the situation, but this dissertation is going to be the precursor to that, its going to put my thoughts in order to be able to do that. And I have already written three chapters.

Ellen: This has forced you to put your thoughts in order.

Daryl: Another thing that someone asked me to do is they want me to write a devotional guide with my... using my writings from Facebook. Which I think would be very interesting because a lot of people talk about how they use it for a devotional. And I don't know how I would do that, but I am thinking.

Ellen: That's powerful.

Daryl: So I've got some other projects in the works.

Ellen: Would you feel comfortable sharing your dream, because scripture is so clear about dreams and yet we have walked away from dreams as spiritual discernment.

Daryl: I was in a meeting with my literary agent and we were working out the final negotiations for a contract for a manuscript. And once I signed it the dream was over, but I signed the contract

Ellen: Okay, okay.

Daryl: I've got a literary agent.

Ellen: Scripture says your sons and daughters will dream dreams and...

Daryl: Right.

Ellen: Yeah, I mean its very clear and it's interesting that dreams show up in the Old testament and the new testament.

Daryl: The one thing about it that God is my literary agent really. Because He's the one that's going to have to make it happen, but He made the textbook happen. You know they came to me and I really didn't talk about this even. They offered me a \$1,000 bonus if I'd get this manuscript on time. I talk about it in my dissertation, but I haven't talked about to ya'll. A thousand-dollar bonus to get this manuscript done on time, well this is March and they said they needed it by August. I thought they meant they needed the manuscript by August, not the printed textbook. So, I said I can do that, well then once we got to signing paperwork it came back that the manuscript was due June 1. Since I had already told them I would do it I went ahead and signed on the line and said God you're going to have to help me and we will make this work. And I broke it down to what I had to accomplish week by week and got through it and got it done on time. So, it's you know it's just everything that happens to me happens for a reason, I have learned. Starting with the surgery and publishing the book, so I feel like the doctorate degree is the same thing. Its another step toward where God wants me to go. I just don't know where it's at. Or where yet.

Cindi: Hmm.

Daryl: But at the same time I am having to figure out who Daryl is anyway. Once I quite wearing that mask, I am going to have to refigure out who I am. And when I can eat raw fruits and vegetables again. You know I can't eat like a normal person. You know little things like that, and I've thought about that. I'm not going to know what to do not going to Texas Oncology two days a week. So, its going to be, that's going to be a challenge.

Cindi: Yeah.

Ellen: Well, I would love us to consider us collaborating on persistence and resilience because I just think its just huge and Daryl, its so rare to deal with life and death issues moment by moment like you have that's true, but what's also true is how many people feel so overwhelmed. How many people get a... think about how many people get a computer generated letter and choose to give up.

Daryl: Right.

Ellen: Or feel so overwhelmed that they don't contact...

Daryl: Well, I feel like a lot of them do because they don't have that drive to continue. I almost feel like some students look for any opportunity to stop.

Ellen: I think that it's clear that in the midst of all of this that the story has value and the story encourages people along the way. There's no way to know who and when exactly the story will be used, but you know that it is being used and that it can be used by many more. You said something when somebody said oh when your advisor said that and you were just sharing your story and your intent was so much to tell you, oh isn't that inspiring, but the story in and of itself is inspiring, Daryl, it is, it is.

Cindi: Yes.

Ellen: It is and it's a testimony to your belief in God and a belief well I think for all of us that all three of us felt that this is something that needs to be done. I just want it to be passed on intentionally and purposefully. I think it's the type of story that adds value to grad students everywhere, everywhere, yeah.

Daryl: I believe so, well and also we really didn't touch on this, but starting, I was, how old was I, 48, when I started back to school for my doctorate. You know I wasn't any spring chicken, but I was determined to graduate before Greerson (my son) graduated. See and he graduated in 2017 as a Senior and why I don't know. I don't know why that was such a big deal, I guess

Cindi: Hmm.

Daryl: I didn't want to have two people in college at the same time. Which really didn't matter.

Ellen: Right.

Cindi: Yeah.

Daryl: So that was one of the driving forces, I guess I should have talked about that.

Cindi: What has it meant to you to be a father and a husband through this journey? If I may.

Daryl: That's been a trial because you know we had to leave our son at home alone for a year. He turned 18 the day after I went into the hospital and he started his Senior year that year. And I mean we had to move to Houston obviously and didn't want to uproot him, so we ended up living in a travel trailer in Houston and he's in our house and my in-laws would come and check on him two or three days a week, but for most intensive purposes he was there by himself and I feel guilt sometimes, uhm, now even because like last semester he had problems with a room mate and with just different things with his classes that I feel like if I had been there to advise him maybe he wouldn't have had those problems, but I don't know that. But I feel that. But at the same time it made him much more independent and he did well and he's handled the whole situation well.

Cindi: So you don't feel like the doc studies have taken away from your family life.

Daryl: Oh, no.

Cindi: But the cancer has.

Daryl: No, I think the cancer has. Yeah.

Cindi: Yeah.

Daryl: I don't think the doc studies has, but the cancer has. Because I was able to go to his senior band night. I was not able to see him in the football stadium, but I was able to go to a reception afterwards and surprise him.

Cindi: How neat.

Daryl: Ah, and then I was able to go to graduation and that's all I was able to go to his senior year. I missed everything and so I feel like I was almost robbed of that last year with my son and

I was not able to give him a years' worth of instruction that I feel like would have helped him in college, but he's made it and done well and you know. But I do know he's not real open about it. But he made a comment, what was it. I was going to go, I know what it was, LaMadeleine French bakery opened this week in Waco and I got a really good lab report so I thought I going to just pop by there and pick up some pastries. And I so I told him I was going to do that. He quickly replied, "well, do you really need to do that, that's not wise there may be germs there, there may be a lot of people". You know he was very concerned about that.

Cindi: Hmm.

Daryl: There is that level of concern but its not real apparent. Of course, I don't think we are people that wear our... we are kind of like the Bush family was with the funeral last week. They try their best not to show emotion in public. I related to that completely.

Cindi: A strong family.

Daryl: Because we were I was taught that as a child, emotion is for private time you don't show that in public, which unfortunately that was a difficult time for me at first when I was battling leukemia. Because I could burst into tears at nothing. When a high school friend sent me a medal that she had earned in a triathlon and said she ran the race for me that I was the true hero, I cried about that you know when I opened that up and just little things like that would put me in tears and they still do I still get emotional about.

Ellen: Is that so little a thing?

Daryl: Your right its not a little thing it was a huge thing to me.

Ellen: Yeah, yeah,

Daryl: just to see people do things like that and that this...you know this colleague that has the brain tumor developed a delight for Daryl's day on Facebook everyday and she would post pictures around campus or of trees or flowers or people I knew, something to inspire me every day.

Cindi: Wow.

Daryl: Just that outpouring its just amazing and I ..I ..there's so many I could talk about but there's one other important one. I got a letter from a First Baptist Church that said we prayed for you Wednesday night and they signed their names. You know I go to First Baptist Church Hewitt Texas and at first I thought they changed their logo. But then I got to looking, no it was from Stratford, Texas. I haven't lived in Stratford, Texas since I was four years old. Those people were praying for me, you know that's amazing.

Cindi: Daryl, can I?

Daryl: People all over the world were praying for me and that's just amazing.

Cindi: I wanted to ask you. You know you shared advice for universities, if you were to share any advice for a student like yourself who's started the doctorate and is diagnosed with cancer. What advice would you have for someone just like yourself on the journey?

Daryl: Well, first of all I would advise them if you don't have faith you need to get some.

Because its very difficult to make it through this journey without God.

Ellen: Mmm.

Daryl: And you need to turn to God and focus on Him and yet look for God in the little details and I would tell them that I was going to pray for grace and peace for them and that they need to take it a day at a time. Don't focus on their diagnosis at all. Focus on what it takes to get through the day facing you. And the same with their journey with the doctoral program. I would tell them treat it the same way. If you have continued enrollment, then take your assignments week by week. Work on it the best that you can and do your very best at it. And if its not very good you

can always redo it. You can retake the class. That's the one thing I always thought in the back of my mind, I can retake it. I didn't want to and have never had to retake a class, but you know that was my out because my writing I mean it was horrible. I was operating at like 70 no 60 % capacity. So that's the one thing I would encourage them is just don't give up, if you don't try you don't know.

Cindi: That's good advice.

Daryl: And so, you know you've got, you've go to just keep living. You can't stop, if you stop living you die.

Cindi: Yeah.

Daryl: Which that sounds, that doesn't make sense maybe, but you know if you're not living your life then its ultimately death. That's what I'll say.

Cindi: Well, I think I have had the opportunity to ask you everything I wanted to ask you, Dr. Black?

Ellen: I don't have anything else. That I would ask. Its I feel very humbled and honored to have sat at your feet today and hear these stories and I would say from my perspective as a graduate professor that the value of this, that how often do we reflect in life at such a deep, deep, level and that's the power of this kind of research that it is so rare for stories to be captured and uhm, yeah, I just...

Daryl: Well, I am so grateful.

Ellen: It's profound, I am living it right now with my own daughter in fact the other day just last week she just finished her second week of six of radiation and she had seen her oncologist I mean her radiologist and I wanted her to tell me something and so you know I try not to ask questions cause she hates it but I finally asked her and she said you know what mom, She said, "I'm just not talking about cancer today". She said, "I just don't want to talk about cancer today". She said, "so let's talk about something else and its just. You know we all have different ways to cope with it but it's like you don't want that... the cancer word to define our every day you know it defines our identity to some part.

Daryl: Well, it already defines your existence.

Ellen: It can define hour to hour our lives.

Daryl: It defines your existence as you persist through that treatment. So why do you want to go home and talk about it. I get that, you know you have already endured it . You know why talk about it?

Ellen: As a Mommy I want to know something right, as a Mommy.

Daryl: I relate to that I totally get what she's saying. After you have endured it you don't want to talk about it.

Ellen: So, agreed, agreed and Cindi would tell you most of the school of Ed didn't even know when I was going through cancer. I forbid it to be in the prayer letters. I don't. I think prayer letters are used as gossip.

Daryl: Well, I have lost...

Ellen: And I was terrified I would lose my job so that's why I didn't, look I didn't trust anybody at that time.

Daryl: Well, I have blocked a lot of treatment out of my memory. When I ended up in ICU I felt like. I mean it was just, I felt God's purpose. He had given me all of these experiences so that I could share with people. So that when someone goes to ICU I have an experience there, I was there.

Ellen: Right.

Daryl: I can't even imagine what my wife went through though.

Cindi: Hmm.

Daryl: Because you know that was an interesting. I was getting a blood transfusion one minute and I was blacked out the next and they were using the paddles on me you know.

Cindi: Wow.

Daryl: And they called in this team and they had a chaplain that pulled my wife out and was counseling with her while they worked on me and I ended up in ICU. And she was so frustrated that she forgot where she parked the car and lost it for a week.

Cindi: Yeah.

Daryl: I mean its just so. You know and she gets mad at me for telling that, but it just shows the anxiety level she was at.

Ellen: Yeah, absolutely.

Daryl: This journey is such an emotional, physical and emotional trail that it is, I am so grateful to be able to share anything I can with others and I really appreciate the opportunity you are allowing me.

Ellen: Well, I do believe you are going to look awfully good wearing your regalia in May, that's what I do believe.

Cindi: Yes.

Daryl: That's all that matters.

Cindi: Yes.

(Laughter)

Daryl; That I'll look good.

Ellen: There will be wonderful pictures and you know what this has done in my life it has forced me to think that I am going to have to go back to Lynchburg for the graduation. Which I know that's a whole other story which is not here nor there. Cindi, Dr. Spaulding do you have anything else?

Cindi: No, Daryl I just echo what Dr. Black has said, thank you for allowing us to be part of your story. Thank you for opening yourself up to this study I think it is a very important study. Obviously for you, it's important for us as professors. Yeah, I just think it's a very important story to be told and I am glad that you are telling it. And I couldn't think of a more perfect person.

Daryl: Well, I have a closing thought to share with you and its silly. Last month I went to the doctor and I had gotten a coupon from the Tommy Hilfiger store. (laughs) it was like 50% and then 20% off or something. And I told the doctor that I said you know if my counts are high enough today, I am going shopping. Because I have no clothes that fit because I have been having to buy pants off of Amazon and I hadn't bought any new shirts and so I am down to a large size and I was wearing extra-large. And she said you need to get out and shop you need to live life. So, I went there and I bought like three sweaters and five shirts and four pairs of pants and outfitted myself with clothes and I felt like a new person because I actually had clothes that fit the new me. And so, I feel like in a sense that writing this dissertation is allowing me, is outfitting me to be the new person that I am going to be when I emerge from this.

Ellen: Wow.

Cindi: Uhm, yeah.

Daryl: You wouldn't think that something so insignificant would make a big impact, but getting those new clothes made all the difference to me and how I felt. How I projected myself and everything because I... I had, you know I could go out in public again so to speak.

Ellen: Yes.

Cindi: Oh.

Daryl: I don't know, It's silly but that's who I am.

Ellen: I don't think its silly in the least.

Cindi: Wow.

Ellen: Its not silly, I...yeah, it's not silly.

Daryl: And I still drink coffee out of a china tea cup everyday. (laughs)

Ellen: Well, good.

Cindi: We need our coffee.

Daryl: I'm known for that (laughs) that's the one thing that hasn't changed.

Cindi: Hmm, wow.

Ellen: Please will you thank your children also for being so well behaved and I hope you enjoy your snow day with your kids. Snow days are so incredible.

Cindi: They are when you don't have grading to complete by five pm tomorrow for assessment reports. So I was counting on them being in school all day and me grading all day, it's the guilt, you know the mommy guilt so you just can't get. I used mute every now and then when needed to redirect the children, they're all good. Thank you

APPENDIX D: ARTIFACTS



August 2016



First Round of Chemo



the masked man



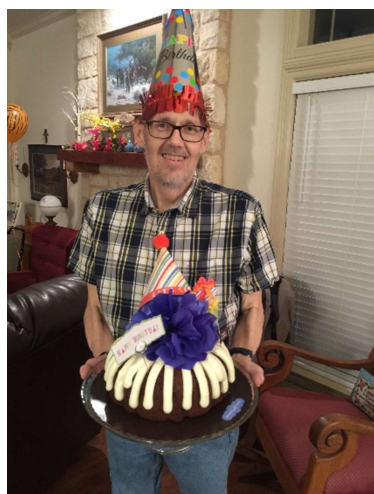
ICU October 2016



home for the first time



post-transplant trophies



(left)- first transplant birthday



(right)- Fall 2018

APPENDIX E: CHARTS