An Investigation of the Resilience of Community College Students with Chronic Physical Health Impairments

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Mary Beth Held

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This dissertation titled
An Investigation of the Resilience of Community College Students with Chronic Physical Health Impairments

by
MARY BETH HELD

has been approved for
the Department of Counseling and Higher Education
and The Patton College of Education by

Peter C. Mather
Professor of Counseling and Higher Education

Renée A. Middleton
Dean, The Patton College of Education
Abstract

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An Investigation of the Resilience of Community College Students with Chronic Physical Health Impairments

Director of dissertation: Peter C. Mather

One population of students who are commonly overlooked in research but are a significant population attending community colleges is students living with chronic physical impairments (CPIs) such as irritable bowel syndrome, migraine headaches, and diabetes. To address the gap in scholarly research, I utilized an asset-based approach to understand the lived experiences of students who are persisting at one rural community college in Appalachia.

My investigation utilized a phenomenological methodology to form descriptive themes. Through purposeful random sampling and snowball sampling, 14 participants living with CPIs who had a minimum GPA of a 2.0 and had completed two or more semesters of college were interviewed. Through in-depth face-to-face interviews lasting 60 to 90 minutes, participants provided rich data.

My findings revealed six themes describing the experiences of students with CPIs who are persisting at a rural community college. The six themes included: recognizing the peaks, valleys, and plateaus, finding the bright side and accepting the dark side, keeping their “eyes on the prize,” engaging in a fellowship, coaching one’s self, and connecting with environments.
Dedication

To all my friends and family who have supported me, especially my mother, Marie, and husband, Nick. And to those who participated in this study. May all who have chronic physical impairments be resilient and thrive for eternity.
Acknowledgments

From family to friends to colleagues and professors, this has been an incredible journey of everlasting fulfillment. I thank my mother, Marie, for all the proofreading, brainstorming, and support, and my husband, Nick, for doing whatever it took to get through each day. Also, a warm thank you to all of those at the Patton College of Education and my professors in the cohort program. And most importantly thank you to my Chair, Dr. Pete Mather, and members of my committee Dr. Laura Harrison, Dr. Jenny Nelson, and Dr. Dianne Gut. Each of you played a vital role in this process.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>3</td>
</tr>
<tr>
<td>Dedication</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>5</td>
</tr>
<tr>
<td>List of Tables</td>
<td>9</td>
</tr>
<tr>
<td>List of Figures</td>
<td>10</td>
</tr>
<tr>
<td>Chapter 1: Introduction</td>
<td>11</td>
</tr>
<tr>
<td>Overview</td>
<td>11</td>
</tr>
<tr>
<td>Research Question</td>
<td>13</td>
</tr>
<tr>
<td>Framing the Study</td>
<td>14</td>
</tr>
<tr>
<td>Positive psychology and the capabilities approach</td>
<td>15</td>
</tr>
<tr>
<td>Resilience and thriving</td>
<td>17</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>20</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>21</td>
</tr>
<tr>
<td>Operational Definitions</td>
<td>25</td>
</tr>
<tr>
<td>Chapter 2: Literature Review</td>
<td>28</td>
</tr>
<tr>
<td>Rural Community College Students</td>
<td>28</td>
</tr>
<tr>
<td>Students with Impairments</td>
<td>29</td>
</tr>
<tr>
<td>Environmental factors of students with impairments</td>
<td>30</td>
</tr>
<tr>
<td>Personal characteristics of students with impairments</td>
<td>35</td>
</tr>
<tr>
<td>Resilience</td>
<td>38</td>
</tr>
<tr>
<td>Early resilience research</td>
<td>38</td>
</tr>
<tr>
<td>Internal protective factors</td>
<td>40</td>
</tr>
<tr>
<td>External protective factors</td>
<td>43</td>
</tr>
<tr>
<td>Thriving</td>
<td>56</td>
</tr>
<tr>
<td>Resilience Research and College Students with Impairments</td>
<td>57</td>
</tr>
<tr>
<td>Summary</td>
<td>58</td>
</tr>
<tr>
<td>Chapter 3: Methodology</td>
<td>60</td>
</tr>
<tr>
<td>Overview of Phenomenological Framework</td>
<td>60</td>
</tr>
<tr>
<td>The Researcher</td>
<td>65</td>
</tr>
<tr>
<td>Participants</td>
<td>66</td>
</tr>
</tbody>
</table>
Demographic description of the participants .......................................................... 68
Procedures ............................................................................................................. 72
Informed consent .................................................................................................. 75
Confidentiality ......................................................................................................... 75
Interviews ............................................................................................................... 75
Data analysis .......................................................................................................... 77
Credibility Techniques .......................................................................................... 87
Summary ................................................................................................................ 89
Chapter 4: Results ................................................................................................ 90
Overview of the Bodily Experience ....................................................................... 90
Theme 1: Recognizing the Peaks, Valleys, and Plateaus ....................................... 93
Theme 2: Finding the Bright Side and Accepting the Dark Side ............................ 98
Acceptance ............................................................................................................ 98
Positivity ............................................................................................................... 102
Healthy perception of the self ............................................................................... 107
Theme 3: Keeping Their “Eyes on the Prize“ ........................................................ 110
Focusing on a goal ............................................................................................... 111
Having a plan ....................................................................................................... 113
Pushing through .................................................................................................. 117
Theme 4: Engaging in a Fellowship ..................................................................... 118
Relating to others ............................................................................................... 119
Relying on others ................................................................................................ 121
Gaining motivation from others ......................................................................... 126
Theme 5: Coaching One’s Self ............................................................................. 128
Theme 6: Connecting with Environments ............................................................ 133
Adapting to environments .................................................................................. 134
Vacationing from reality ..................................................................................... 137
Summary ................................................................................................................ 142
Chapter 5: Discussion ........................................................................................... 143
Overview .............................................................................................................. 143
Discussion of the Findings ................................................................................... 145
Students with impairments .................................................................................. 145
Resilience .............................................................................................................. 150
List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1.</td>
<td>Demographic Profiles of Participants</td>
<td>69</td>
</tr>
<tr>
<td>Table 2.</td>
<td>Academic Profiles of Participants</td>
<td>71</td>
</tr>
<tr>
<td>Table 3.</td>
<td>Themes of Initial Eight Participants</td>
<td>80</td>
</tr>
<tr>
<td>Table 4.</td>
<td>Sub-Themes Identified for Each Theme</td>
<td>83</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Figure 1</td>
<td>Data Analysis Process</td>
<td>86</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

Overview

At the beginning of each semester, students of all ages enter the classroom with high hopes and ambitious goals. This also holds true for faculty who have faith that students who encounter personal and academic challenges will use all the resources available to them to be as successful as possible in academics. Of course, for educators, academicians, and former students, these hopes in the beginning of a semester or academic career can slowly fade. Students who live with chronic physical impairments (CPIs) such as kidney disease, migraine headaches, or back pain may be at higher risk of experiencing academic fatigue because of their health conditions. This study explores the resilience of community college students with chronic physical impairments.

As efforts have improved to increase the success of students with impairments through policies such as the Americans with Disabilities Act of 1990 (ADA) and the Individuals with Disabilities Education Act of 1990 (IDEA), the number of students with impairments graduating high school and pursuing college is similar to the rates of non-impaired students (National Council on Disability, 2015). More students with disabilities and impairments attend community colleges (53%) than 4-year or technical/vocational schools and retention rates of this population are low (Snyder & Dillow, 2013). Even though it is apparent through large national quantitative studies that a significant number of students with impairments attend college, this type of national data includes a limited list of impairment categories in which respondents can classify themselves and largely overlooks chronic physical health impairments such as migraine headaches, kidney
disease, and irritable bowel syndrome. In the large national studies, many of these chronic health impairments get lumped into the category of “other health impairments.” I am specifically interested in chronic physical health conditions as opposed to chronic psychological or mental health conditions such as depression or schizophrenia.

Universities have limited ways to track the number of students with CPIs because Section 504 of the Rehabilitation Act of 1973 prohibits institutions from requiring students to disclose their disabilities or health impairments. Students with disabilities and chronic illnesses often do not identify themselves as being impared or disabled because they want to avoid the stigma associated with such labels and/or they do not consider themselves impaired (Dowrick, Anderson, Heyer, & Acosta, 2005; Green, 2007). The lack of access for students with CPIs has resulted in a limited body of research making it difficult for institutions to understand and meet the needs of this population. Whether students with CPIs use disability services or not, they face many challenges traditional students never encounter which can compromise academic achievement.

Students who persist in college despite their CPI display an ability to overcome challenges during times of adversity. The ability to overcome and positively adapt to adverse conditions is known as resilience (Benard, 1994, Luthar & Cicchetti, 2000; Masten, Best, & Garmezy, 1990). In this study I employed a phenomenological approach and the framework of resilience theory (Benard, 1994) to understand the experiences of students who are persisting with CPIs at a rural community college. Understanding the experiences of students with CPIs can help faculty, staff, and administrators better address the needs of this population of students.
Research Question

The research question guiding this study was: what are the lived experiences of students with chronic physical impairments who are persisting at a rural community college? For the purposes of this study, I adopted a definition of chronic physical impairment originating from Hwang, Weller, Ireys, and Anderson’s (2001) in which a chronic condition is when a “person’s condition [has] lasted or [is] expected to last twelve or more months and result[s] in functional limitations and/or the need for ongoing medical care” (p. 268). This definition is commonly used by the Centers for Disease Control and Prevention and the National Center for Health Statistics. It is important to note the intent of this study was to explore the lived experiences of students with physical impairments; therefore, chronic physical condition is defined to delineate between people living with psychological disorders such as depression and schizophrenia and physical conditions such as kidney disease and irritable bowel syndrome. Throughout this study, the term impairment is used because it more accurately reflects the social model of disability recognizing that conditions both internal and external to an individual can affect their well-being. Through careful examination of each of these terms, the population under study is referred to as those who have chronic physical impairments.

Additionally, I have adopted the definition of persisting as any student who has maintained enrollment and completed or is about to complete coursework for at least two consecutive semesters with a minimum grade point average of 2.0 at an institution where a grade point average of 2.0 is considered passing. To remain consistent with the theoretical framework and appreciative approach of this study, I only included students
maintaining passing grades since a passing grade point average is a strong indicator that students have developed assets to allow them to flourish; thus, I have created this specific parameter to identify those who are succeeding. In conjunction with a 2.0 grade point average, enrolling in two consecutive semesters shows persistence in completing a degree despite chronic health conditions. I also created this parameter to fulfill the need in research. Even though limited research on this population of students exists, more is known about students transitioning into college than on those who have already transitioned and are in the second half of their college careers.

The primary focus of this study is to gain a holistic perspective of the experiences of rural community college students living with CPIs. In order to accomplish this aim, I explored the following: (a) the general life history of the participants leading up to the present time in relation to their academic careers and impairments; (b) the details of their experience at the present time through the exploration of on-campus supports (e.g. relationships with faculty and staff, use of disability services, etc.), off-campus supports (e.g. friends, family, community involvement, etc.), and personal assets (communication skills, ability to make decisions, etc.); and (c) how the participants have made meaning of their experience.

**Framing the Study**

Many models have been developed to define disability. In one of the oldest models, the medical model, disability is identified as a condition requiring medical care in order to cure the problem (Burch & Sutherland, 2006). From the perspective of this model, disability is a condition needing treatment and originating within the individual,
thus implying that individuals with disabilities are reliant on medical treatments to become better. As an alternative to the medical model, the social model recognizes disability as a social construct where factors in the social environment can be changed to positively or negatively impact the individual (Mitra, 2006). This study uses the basic tenets of positive psychology and Mitra’s (2006) three-factor model derived from the capabilities approach to examine the human experiences and self-determination of students with CPIs to be resilient and thrive in a rural community college setting. This framework reflects the tenets of the social model because it recognizes that factors beyond the medical state of the individual affect their capabilities.

**Positive psychology and the capabilities approach.** Traditionally, the aim of psychological research was to identify barriers and human weaknesses hindering the well-being of individuals with the intent to fix or cure the problem. As an alternative to this traditional approach, positive psychology aims to identify assets of individuals allowing them to flourish. The primary focus of this approach is to understand positive human experiences driving an individual’s desire to live a fulfilling and worthwhile life (Seligman & Csikszentmihalyi, 2000). The term disabled is not used in the context of this study because it implies there is something wrong with the individual needing to be identified so it can be fixed through medicine. To remain consistent with the positive psychology framework adopted, it is necessary to adopt a more positive perception of an individual who is commonly labeled as disabled. This perception is further developed through the lens of the capabilities approach—a theoretical framework often used in social justice policy research for people with disabilities (Nussbaum, 2003).
In education, the term used to refer to students with impairments has cycled through many different versions. Before the 1970’s, students with impairments were labeled as disabled. As an effort to move toward a more inclusive educational framework, where students with disabilities were no longer referred to in a negative context, educators began to refer to students with disabilities as individuals with special educational needs. Hastings and Remington (1993) argue that labeling a population cycles it from having a positive connotation to a negative connotation. With this in mind, Norwich (2014) explains this labeling cycle “can be extended to apply not only to labels but also to ideas and assumptions” (p. 1). To avoid the assumption or idea that participants in this study are disabled (a negative connotation), I approached this study with the positive perspective that the participants have capabilities rather than disabilities affecting chronic conditions. Before moving forward with this study, it is important to further explain the difference between disability and impairment. Mitra (2006) distinguishes between these two different states of an individual through the perspective of the capabilities approach.

The capabilities approach was originally proposed by Amartya Sen (1985) as an economics theory to understand the welfare of individuals. The primary focus of this approach is to better understand human capabilities. In this theory, there are two concepts: capabilities and functioning. Capabilities refer to what individuals can do or can become—they are practical opportunities. Functioning refers to the actual achievements of an individual through what the individual values doing or being. An example of a functioning is being educated. Functionings are capabilities humans choose
to achieve. As described by Kuklys (2005), “the capability approach clearly operates at two levels: at the level of realized welfare which is measured by functionings; and the level of potential or feasible welfare which is measured by capabilities” (p. 12). Several scholars have expanded on this original concept to acknowledge a relationship between an individual’s disability, personal characteristics, and environmental and social factors (Altman, 2001; Mitra, 2006; Terzi, 2010). This study uses Mitra’s (2006) three-factor model to further define the difference between a disability and impairment and to recognize that personal characteristics (age, gender, impairment, etc.), resources available (food, shelter, etc.), and environmental factors (physical, social, economic, cultural, and political) interact with one another to affect an individual’s capability to function.

According to Mitra (2006), “an individual is disabled if he or she cannot do or be the things he or she values doing or being.” (p. 241). An individual is considered impaired versus disabled when he or she is still able to accomplish what he or she values doing or being. If something changes in an individual’s life, either in personal characteristics, resources available, or environment leading to a deprivation in the individual’s capabilities or functionings, then he or she is disabled. This theoretical framework reflects a positive approach to understanding an individual’s capabilities as opposed to disabilities and it provides a holistic perspective recognizing that a wide range of factors in an individual’s life can interact with one another to affect his/her capabilities to thrive in a rural community college setting.

Resilience and thriving. This study is concerned with both the resilience of students with impairments and their ability to thrive in a college setting. The concept of
thriving suggests that during times of adversity certain individuals have the ability to not only withstand the challenges, but also to rise to the occasion to meet and exceed the challenges put forth in their lives (O’Leary, 1998). When individuals are faced with challenges, they can do one of the following: succumb to the challenge; survive with the impairment; recover from the challenge to match the level at which they were before the challenge (this is known as resilience); or surpass the challenge to thrive (O’Leary & Ickovics, 1995). In this study I adopted definitions of both resilience and thriving that are more distinct from one another than the continuum that O’Leary and Ickovics describe and are more suitable for the context of higher education and students with CPIs.

Resilience has been studied among many different populations which have been exposed to adversities ranging from poverty to mental illness. As a result, this concept has been assigned a wide range of definitions. As discussed above, O’Leary and Ickovics (1995) recognize resilience as simply the ability to recover from a challenge but not necessarily to rise above the challenge to exceed the level where they were before the incident of trauma or adversity. Resilience has also been defined as an adaptive positive response to adversity (Masten, Best, & Garmezy, 1990). This definition is broad and does not delineate between thriving and resilience. It simply implies that resilience is a positive response to adversity. To further elaborate on this basic definition, Luthar and Cicchetti (2000) define resilience as “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” (p. 858). Even though this is similar to the definition of Masten et al. (1990), Luthar and Cicchetti’s (2000) definition recognizes resilience as a complex construct containing two major
components- adversity or risk and positive adaptation. The recognition that resilience is more dynamic than a simple one-time response to adversity is important to this study where I sought to understand the lived experiences of students with CPIs when challenged by adversities caused by their impairment. Having a chronic impairment is long term; thus, it stands to reason to adopt a definition that recognizes resilience as a process of positively adapting to adversity. In addition to understanding the resilience of CPI students, this study also sought to understand students’ successes through the theoretical framework of thriving.

According to O’Leary and Ickovics (1995), thriving is the ability to not only meet a challenge but also to exceed the challenge and gain a more positive outcome than before the adverse challenge was presented. As the concept of thriving has developed in the field of higher education, it has transformed into having a more dynamic and distinct meaning than simply overcoming and surpassing a challenge. Students who thrive in a college setting are intellectually, socially, and emotionally engaged (Schreiner, 2010). Not only are these students engaged academically but they also gain college experiences allowing them to develop a greater sense of meaning which allows them to feel connected with a community and fulfill a greater psychological sense of well-being (Schreiner, 2010). Schreiner (2013) identified five factors of thriving: engaged learning, academic determination, positive perspectives, social connectedness, and diverse citizenship. Students who thrive are fully engaged in learning and invested in the setting and achieving academic goals; have a positive outlook on their current and future lives; develop positive and meaningful relationships with others; and have a desire to help
others in their community. This study is designed to understand how the personal characteristics, resources, and environmental factors of students with CPIs play a role in the capabilities of students to be resilient and thrive in a rural community college setting.

**Statement of the Problem**

Approximately 133 million people in the United States are diagnosed with at least one chronic health condition (Ward, Schiller, & Goodman, 2012) which can lead to stress, a lack of sleep, mental and physical health impairments, and many other negative effects that inhibit academic performance. One region of the United States where the population suffers significantly from health disparities is Appalachia which is the region of the United States stretching from Pennsylvania through West Virginia and into the southern states of Georgia and Alabama. Sixteen percent of the people living in this region have a disability (Pollard & Jacobsen, 2015). In 2009, only 35% of the students with chronic impairments attending two-year institutions graduated (Snyder & Dillow, 2013). These statistics only account for individuals who self-identify as having impairments who feel they fit the impairment categories listed in national surveys. In other words, a belief exists that more students qualify as students with CPIs than large quantitative studies are able to capture.

As national pressures increase for community colleges to improve enrollment and retention rates, efforts need to be put towards understanding the experiences of students persisting with CPIs. Even though students diagnosed with CPIs exhibit resilience through their academic successes, little is known about what motivates students with CPIs to persist in college—especially those living in rural Appalachia who attend a
community college. The purpose of this study is to gain a better understanding of the experiences of students who are exhibiting resilience.

**Significance of the Study**

With chronic illnesses on the rise in the United States, the impact of not having an educated workforce is concerning for both individuals who lack a sufficient education and for society as a whole. Earning a degree presents many benefits. Individuals with higher education levels earn more money and are more likely than others to be employed (Baum, Ma, & Payea, 2013). On average, college graduates earn approximately 65% more than high school graduates and two to three times more if they earn an advanced degree (Baum et al., 2013). College educated individuals are more likely to have access to health care, smoke less, exercise more frequently, and cost less for society overall (Baum et al., 2013).

In the Appalachian Region of the United States, only 8% of the population earns an Associate’s degree and 22% earn a Bachelor’s degree (Pollard & Jacobsen, 2015). The low percentage of college educated people in the Appalachian Region paired with a high percentage of people living with a disability (16%) is concerning (Pollard & Jacobsen, 2015). These disparities will continue if efforts are not made to better understand the experiences of students attending college with impairments to improve college completion rates.

Chronic impairments often affect the everyday lives of students and sometimes require daily management (Smith, Taylor, Newbould, & Keady, 2008). Maintaining a life with doctors’ appointments and medical treatments interferes with taking exams and
achieving optimal test scores (Fowler, Johnson, & Atkinson, 1985; Shaw, Glaser, Stern, Sferdensch, & McCabe, 2010). Students with chronic impairments also experience stress which exacerbates symptoms of chronic impairments (Hauman & Stapley, 2013). Even though students may experience stress and anxiety as a result of their illness, they often do not use disability services or college resources and are not connected to peers (Herts, Wallis, & Maslow, 2014). Many of these problems exist once students enter college because they have not been properly trained in secondary schools for the transition into college (Madaus, 2005; National Council on Disability, 2015). Students need to be self-determined and self-advocates as they transition into adulthood and they need to be trained in the differences in available services as dictated by applicable laws between high school and college (National Council on Disability, 2015).

Efforts have been taken to better understand students’ attitudes towards disclosing their disabilities (Lyman et al., 2016; Taub, McLorg, & Fanflik, 2004), but few studies have specifically examined students with CPIs and what enables them to persist once they transition to college (Getzel & Thoma, 2008). In a review of literature on interventions to teach self-determination and self-advocacy skills, Algozzine, Browder, Karvonen, Test, and Wood (2001) found that students with learning disabilities are more likely than students with other types of impairments to be taught self-advocacy skills; thus, emphasizing the need for research to better understand the experiences of students with CPIs to determine what skills and conditions support persistence. Even if students have the appropriate self-advocacy skills, they often lack knowledge of their rights as an individual with impairments in the higher education setting.
In high school, the Individuals with Disabilities Education Act of 1990 (IDEA) requires schools to identify and provide students between the ages of 3 and 21 with services as outlined in their individualized education plans (IEPs). The structure for disability services is much different in higher education and can be a significant change for students who are used to the plans developed in the P-12 setting (Madaus, 2005). Students must learn an entirely new system under the protection of the *Americans with Disabilities Act of 1990* (ADA) and Section 504 of the *Rehabilitation Act of 1973* which requires self-disclosure and self-advocacy for services. The challenge with these federal policies is the considerable institutional variation in the way services are provided (Madaus, 2005). For students with CPIs, this is especially problematic because symptoms can disappear and relapse quickly making it difficult for institutions to determine if their conditions are applicable to the federal policies designed to protect them. Even though institutions are required to accommodate and provide services to students with disabilities, students indicate a need to improve and strengthen the coordination of support services (Dowrick, Anderson, Heyer, & Acosta, 2005) and a desire for an increase in support groups on campus (Hauman & Stapley, 2013). In recent federal legislation, two efforts have been made to improve the academic success of students with disabilities but ambiguities still exist leaving students with CPIs overlooked in policy once they enroll in college.

In 2004, the reauthorization of IDEA placed tighter provisions on high schools to be more accountable in their efforts to improve a successful transition for students from high school to adulthood. Transition planning increases the likelihood of students
attending postsecondary institutions but does not assist them once they arrive and enroll. Another effort to improve educational outcomes for students with impairments is in the Higher Education Opportunity Act of 2008. The primary focus of this legislation is to improve conditions for students with intellectual impairments. This legislation also provides institutions with funding and professional development opportunities for faculty and staff but it is unclear as to whether these professional development programs are to focus on students with intellectual disabilities or for students with other impairments such as CPIs. Throughout section 760, part D subpart 1, some sections specify assistance for students with intellectual impairments and others use the general term “disabilities.” The lack of specificity may allow institutions to develop training programs to benefit all students including those with CPIs but this is unclear. Layered on top of all of these policy barriers for students with CPIs is a lack of support from faculty.

Overall, students with disabilities receive insufficient support from faculty (National Council on Disability, 2003). Research indicates there are effective and efficient ways to train faculty to increase awareness and to use instructional practices to better accommodate students (Lombardi, Murray, & Dallas, 2013). However, training costs time, money, and resources (Christ & Stodden, 2005) and faculty have many misconceptions about accommodating students with impairments which may inhibit students’ disclosure and requests for accommodations (Dowrick, Anderson, Heyer, & Acosta, 2005). The Higher Education Opportunity Act (HEOA) passed provisions to fund programs to better train faculty and staff but these programs have remained unfunded (National Council on Disability, 2015). Other studies indicate that faculty lack
knowledge about federal law and legal obligations to students with impairments in higher education (Vasek, 2005). Without the proper training and support, faculty can be an additional barrier to the academic success of students with chronic illnesses.

Since students with CPIs frequently do not disclose their impairments and do not use special accommodations, it is important to better understand the lived experiences of this population to determine what enables them to continue their education. Without a better understanding of how this population of students in higher education develops the skill(s) necessary to be resilient and/or thrive, the greater the negative impact will be on the individuals, institutions, and society.

**Operational Definitions**

- **Chronic Condition**- The operational definition of the participants included in this study begins with the definition of chronic condition defined by Hwang, Weller, Ireys & Anderson (2001) which is when a “person’s condition [has] lasted or [is] expected to last twelve or more months and result[s] in functional limitations and/or the need for ongoing medical care” (p. 268).

- **Chronic Physical Condition**- The definition of chronic condition, defined above, is maintained in this operational definition and includes conditions such as kidney disease, irritable bowel syndrome, and diabetes. Individuals who have psychological disorders as a secondary condition to their physical impairment such as depression, anxiety, and posttraumatic stress disorder are included in this definition which excludes individuals who have psychological disorders not associated with a physical condition such as personality disorders and schizophrenia.
• **Impairment**- The term impairment versus disability is used to refer to this population to more accurately reflect the definition of disability in the capabilities approach. In the medical model, disability is viewed as a condition directly caused by disease or illness treated by medical care. Impairment, however, is a term more directly associated with the capabilities approach because it recognizes that factors external to the individual can play a complex role in the condition of the individual with the impairment (Burchardt, 2004).

• **Community College**- a government supported institution that offers certificates, associate degrees, and/or a limited number of bachelor degrees

• **Disability**- According to the Americans with Disabilities Act of 1990, disability is “(a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) is being regarded as having such an impairment” (42 U.S.C. §12102).

• **Disability Services**- an office at an institution which evaluates a student’s mental and physical health to determine if the student receives accommodations for his/her condition(s) and to execute federal laws such as the American with Disabilities Act to ensure that all students are treated equally in an academic setting

• **Resilience**- “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” (Luthar & Cicchetti, 2000, p. 858).

• **Self-determination**- is broadly defined as having the skills, knowledge, and beliefs to move one’s life in a direction enabling them to engage in autonomous, goal-directed,
and self-regulated behaviors (Field, Martin, Miller, Ward, & Whemeyer, 1998)

- **Thrive** - a state of well-being that is greater than simply overcoming adversities. It is a state of being where the student exhibits attributes such as being engaged in learning, setting and achieving goals, developing positive and meaningful relationships with others, and engaging in activities in the community (Schreiner, 2013).

- **Persistence** - any student who has maintained enrollment and has completed or is about to complete coursework for at least two consecutive semesters and has a minimum GPA of 2.0.
Chapter 2: Literature Review

The purpose of this section is to review the literature relevant to students with CPIs and the theoretical constructs that guide this study. I conducted computer searches through academic databases such as EBSCO and UMI ProQuest Digital Dissertations. I also retrieved information from books and independent federal agencies such as the National Council on Disability. After I reviewed the literature thoroughly, I identified common themes and organized this chapter into the following categories: rural community college students, students with impairments, and resilience and thriving.

Rural Community College Students

A significant portion of the public schools across the United States are located in rural areas. Specifically, one third of the approximately 100,000 public schools in the United States are identified as being in rural locations with 24% of the nation’s population of students attending those schools (Kena et al., 2014). This population of students is of particular concern in education because people living in rural communities often have limited access to higher education opportunities, social services, and job opportunities (Gurley, 2016). For those living in rural communities, many choose local community colleges to attend. Thirty-five percent of the nation’s population of college students attends community colleges (Provasnik & Planty, 2008). For those with CPIs who attended two-year institutions in 2009, only 35% graduated (Snyder & Dillow, 2013).

Community colleges differ from four-year institutions in many ways—they have fewer financial resources, higher numbers of non-traditional students, and difficulties
engaging students in campus activities (Center for Community College Engagement, 2014). Each of these differences could affect students with CPIs attending community colleges differently than for students of the same population attending a four-year institution. Several studies have examined the experiences of students with impairments who are non-traditional (Reynolds, 2012); transitioning to college (Getzel & Thoma, 2008; Patrick & Wessel, 2013; White, Summers, Zhang, & Renault, 2014); and attending college as a woman with physical impairments (Taub, McLorg, & Fanflik, 2004); but few have examined the experiences of students with CPI’s who attend rural community colleges.

**Students with Impairments**

The idea and motivation to study the lived experiences of people living with chronic impairments began in the 1970’s when Strauss and Glaser published their book, *Chronic Illness and the Quality of Life* (1975). The focus of this book is on the psychological and social aspects of living with a chronic disease and how people with chronic illnesses manage their lives to achieve normalcy. Strauss believed “the nature of chronic illness was social and that without examining it in the context of which it was lived, modern societies would never be able to support, aid, and care for those with chronic illnesses” (Conrad & Bury, 1997, p. 375). Since Strauss and Glaser’s publication, different aspects of the lives of students with impairments have been studied associated with their postsecondary environment, personal characteristics, and transition to college. The following section provides an overview of the literature on these main aspects of the postsecondary academic career of students with impairments.
**Environmental factors of students with impairments.** Each college campus has its own unique culture, characteristics, and support services offering a variety of programs and services. Research supports that higher levels of student engagement are associated with positive student outcomes (Center for Community College Student Engagement, 2014). Engagement allows students to develop relationships with faculty and peers which is important to persistence (Tinto, 2012). Developing these connections is important for all types of students especially for those who have impairments (Patrick & Wessel, 2013); however, many barriers exist for this student population which inhibits their ability to connect with the appropriate support services on campus (Getzel, 2008; Getzel & Thoma, 2008). This section discusses how external factors or environmental characteristics of college campuses play a role in the engagement and success of students with impairments.

Even though institutions are required to have offices of disability services, these services vary widely across the United States (de Vries & Schmitt, 2012; Government Accountability Office, 2009; Tagayuna, Stodden, Chang, Zeleznik, & Whelley, 2005). Disability service providers determine what types of accommodations are needed for students on a case-by-case basis. This makes the evaluation of students’ needs wide-ranging and different depending on the institution that is granting the accommodations. In 2009, the Government Accountability Office analyzed 25 postsecondary disability services programs and reported that some schools go beyond meeting the minimum standards of federal law by implementing specialized programs whereas others only meet
the minimum standards mandated by federal law. Past research consistently supports these claims made in the GAO report about disability services programs.

In a study by Dowrick, Anderson, Hayer, and Acosta (2005), focus groups were conducted in 10 states across the United States on students with impairments to identify barriers to educational supports and preparedness for employment. In this study, four themes were identified: postsecondary supports, transition to employment supports, natural supports, and attitudes and awareness. Regarding postsecondary supports, students expressed the importance of disability services but recognized these offices often do not effectively communicate or disseminate the appropriate information needed to make use of the services provided. Students also recognized a gap between policy and practice whereby they struggle with understanding their rights and how to receive them from disability services. These results are reflective of other studies recognizing students’ struggle with the transition between high school and college because they are no longer functioning under individualized education plans (Patrick & Wessel, 2013; Targett, Wehman, West, Dillard, & Cifu, 2013). When students enroll in college, they are protected under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 but they no longer have individualized education plans. Navigating this new system is difficult for students especially if personnel in student service offices are undertrained in dealing with this population of students.

A lack of training among personnel who interact with students with impairments on college campuses has been a longstanding problem (Madaus, 1996; Madaus, 1998; Dukes & Shaw, 1999). Dukes and Shaw (2004) conducted a study that surveyed
The personnel of 563 United States and Canadian postsecondary institutions’ disabilities offices. The results of this study indicated that personnel are largely inexperienced with 38% of the respondents having only five years or less experience in the disability services profession. This study also found that fewer than 20% of the participants reported having special education as their background field. The researchers argue that the lack of training in disability services offices compromises the effectiveness of programs for students. Evidence in a more recent study by Burghstahler and Moore (2009) supports this notion. In this study, the researchers conducted 13 focus groups with college students with impairments and 14 focus groups with personnel from student service offices on campuses across the country. Both students and personnel recognized a need to improve interactions with students with impairments through training programs.

In addition to undertrained disability services personnel, it is also common for faculty to lack knowledge in instructional design for students with disabilities and accommodation services (Lombardi & Murray, 2011). Faculty generally lack an ability to understand students with chronic pain and they lack knowledge to implement teaching techniques which can be used to help this population in the classroom (Lombardi & Murray, 2011). Teachers often attribute students’ chronic pain to more of a psychological issue than a physical issue (Logan, Catanese, Coakley, & Scharff, 2007). The inability to use a biopsychosocial framework to understand students’ chronic pain from both a psychological and physical perspective inhibits strong relationships between teachers and students (Logan et al., 2007). Evidence also shows that teachers perceive their classrooms as having a more supportive and favorable climate for students with
disabilities than do the students themselves (Baker, Boland, & Nowick, 2012). This difference in perception creates discomfort among students with impairments to disclose their conditions to professors (Baker et al., 2012). Continued evidence demonstrates that students still feel disconnected with faculty and staff on campus. An article published in InsideHigherEd, Grasgreen (2014) reports that “students with disabilities say the ignorance of faculty and staff members makes it difficult to get the help they need—and in some cases makes them less willing to disclose their condition” (p. 1). Developing relationships with peers and faculty on campus is a catalyst for educational success for students with CPIs (Dowrick et al., 2005).

In the Dowrick et al. (2005) study, students reported developing relationships with nondisabled peers is supportive because they act as strong role models, and faculty mentorship was a reason for students being successful in post-school employment. Mentorship programs have been developed on college campuses to help students with impairments. In another study by Patrick and Wessel (2013), interviews were conducted to better understand the experiences of students with impairments who participated in a faculty mentorship program for at least one full semester in their first year of college in a university setting. The participants consisted of 12 students—seven with physical impairments and five with cognitive impairments. Students who participated in the mentorship program voluntarily participated by being paired with a “disability friendly” faculty member in their major. The frequency of the mentor/mentee meetings varied among the participants. As part of the mentorship program, faculty mentors attended seminars and luncheon meetings to discuss and learn more about students with
impairments. Results of this study indicate that students used their mentors for social and academic advice, learning about campus resources, and reassurance that at least one person on campus cared about their success. Mentors also helped students make the transition from high school to college to adjust academically and learn how to be more independent from their families. Many institutions recognize the struggle students with impairments experience in postsecondary settings and have designed a variety of programs to help students develop meaningful relationships with faculty and peers on campus.

Wright State University in Dayton, Ohio, the University of Illinois at Urbana-Champaign in Champaign, Illinois, and Edinboro University in Edinboro, Pennsylvania, are a few of the nationally recognized universities for having excellent disability services programs (Tiedemann, 2008). For example, Wright State University offers several college credit courses designed specifically for students with impairments to learn how to become self-advocates for themselves and to better adjust to college life. Students with impairments are also offered an opportunity to take a college level course to prepare them to participate in a mentoring program. Wright State’s college campus is highly accessible for students with physical impairments. An underground tunnel system connects academic buildings to protect students from harsh weather conditions and campus shuttles are accessible. Additionally, a personal assistance station in the student union helps students with physical impairments complete daily tasks such as personal hygiene and laundry (Wright State University, 2016).
As discussed in this section, many components exist in the students’ environment affecting their success. The strength of a disability services program and the knowledge and skills of faculty and staff on how to accommodate students can have a positive impact on success. In addition to these environmental factors, many students with impairments may not develop the appropriate supports because they lack an awareness of themselves and their impairments. The next section identifies individual characteristics of students with impairments affecting postsecondary academic persistence.

**Personal characteristics of students with impairments.** All institutions are required to follow ADA and Section 504 of the Rehabilitation Act of 1973 and should be in compliance with federal regulations to equalize opportunities for students with disabilities or impairments. Students with CPIs often choose to proceed in their academic careers without utilizing those services for fear of stigma among other reasons. Once students leave high school, they have complete discretion over whether they disclose their impairments either formally to disability services or informally to instructors. This section reviews literature associated with characteristics of students with CPIs.

Despite the limited body of research on students with CPIs, some advancement in understanding individual characteristics of this student population has been made. In a qualitative study conducted by Lyman et al. (2016), it was found that students with impairments have a desire to be self-sufficient and avoid negative social interactions associated with their disabilities and accommodations. Evidence from this study also indicates that when students choose to use accommodations, they discover that signing up for services is burdensome and less useful than expected. The results of this study suggest
a wide range of perceptions among individuals with impairments affecting their decisions to seek services and accommodations.

In another study examining the lived experiences of women with physical disabilities in a college setting, Taub, McLorg, and Fanflik (2004) interviewed 24 females to better understand how they manage stigma associated with their impairments. The disabilities of this population ranged from mobility impairments to chronic conditions such as fibromyalgia and cerebral palsy. The results indicated that women downplay their disability status by deflecting their disability through humor, cheerfulness, and kindness. They also attempted to normalize their condition by educating others about their impairment and emphasizing they have capabilities similar to other non-impaired peers. When interacting with faculty and staff on campus, participants indicated that they advocate for themselves and emphasize their disability. The major takeaway from this study is that the determination of the students to disclose a disability was dependent upon the type of stigma, the relationship with the audience, and the perceived reaction of the audience.

As recognized in both of these studies, coping with factors associated with stigma is complex and wide-ranging depending on the individual and his or her circumstances. With this in mind, research has focused on examining the significance and development of self-determination and self-advocacy skills to help students navigate challenges they face with academics and impairments (Getzel & Thoma, 2008; Test, Fowler, Wood, Brewer, & Eddy, 2005). Self-determination plays an important role in an individual’s desire to fulfill human needs—it is a combination of beliefs, knowledge, and skills that
enable him/her to pursue and accomplish goals (Deci & Ryan, 2000; Field, Martin, Miller, Ward, & Wehmeyer, 1998). Similarly, self-advocacy is a combination of knowledge of self, knowledge of rights, communication, and leadership (Test et al., 2005). Both self-advocacy and self-determination have been recognized as critical characteristics for students with impairments to be successful in the postsecondary setting. A significant body of research examines how transition programs play a role in the development of these skills during the transition from secondary to postsecondary settings (Patrick & Wessel, 2013; Stodden, Galloway, & Stodden, 2003; White, Summers, Zhang, & Renault, 2014) but a limited body of research examines how these qualities enable students to remain in college once they have transitioned.

Getzel and Thoma (2008) conducted a series of focus groups with 34 students between the ages of 18 and 48 with a variety of cultural backgrounds and impairments to identify the effective self-advocacy and self-determination skills used to persist. Participants were from six locations—three community colleges and three universities and were referred by their offices of disability services as students who exhibit strong levels of self-determination. In this study, participants recognized many of the qualities of self-advocacy proposed by Test et al. (2005) such as having the ability to solve problems, develop self-awareness, and develop support systems on campus, but a gap still remains in understanding the experiences of students at rural community colleges who have transitioned into their latter years of college.
Resilience

The study of resilience aims to understand what risk factors and protective factors inhibit and/or enhance an individual’s ability to cope with adverse conditions. As has been observed in countless settings, some individuals cope with adverse conditions better than others. As resilience research has evolved, the belief that only extraordinary individuals have the ability to overcome adversity and prosper in life has become a misconception. Scholars have learned that not all children who grow up in negative environments such as foster care have unsuccessful adult lives (Garmezy, 1971; Luthar & Cicchetti, 2000; Werner & Smith, 1982). Often the resilience of a child depends on protective factors such as developing meaningful relationships, accomplishing tasks that are important to the individual, and solving problems critically (Rutter, 1987). Resilience has been studied among many at-risk populations including children born into poverty (Werner & Smith, 1982), children raised with schizophrenic mothers (Garmezy, 1971), and medically fragile adolescents (Spratling & Weaver, 2012). The next section discusses early resilience research and how it has evolved as an appropriate framework to use when studying students with CPIs in a community college setting.

Early resilience research. Research on resilience began in the early 1970’s with the fascination of Norman Garmezy, a psychologist from the University of Minnesota, who sought to better understand how children at-risk of schizophrenia through genetics or environment (having a parent diagnosed with mental illness), were affected. Many of Garmezy’s early publications (1974; 1985) began to allude to the idea that not all children exposed to mental illness were destined for unsuccessful adult lives. These early
studies as well as the work of a longitudinal study by Werner and Smith (1982) of at-risk children in Kauai influenced the modern study of resilience.

Garmezy (1971) reviewed literature associated with children who have schizophrenic mothers and found that not all children who live in adverse conditions develop mental health or behavioral conditions as adults. He called this population of resilient individuals the “invulnerables” of society. As a result, Garmezy urged researchers to focus on learning more about the environments of the “invulnerables.” In response to his own call for research, Garmezy conducted several studies examining the protective factors of children living in “high-risk” environments. Garmezy (1987) found a wide range of characteristics such as a higher IQ level, higher socioeconomic status, and strongly developed social skills were correlated with the development of resilience. The results of this study suggest an individual’s personal characteristics, environment outside of the family, and environment within the family may play a role in the development of resilient children.

Evidence that resilience is not just an innate characteristic of individuals also appeared in the seminal study of Werner and Smith (1982). Their four-decade longitudinal study began in 1955 and followed 698 children from infancy to adulthood living on the island of Kauai. Approximately 30% or 210 of the children participating in this study were identified as living in high-risk conditions such as being born and raised in poverty, living in households with divorce, living with parents with psychiatric disorders, or having parents with low education levels. Two-thirds of the children identified as high-risk experienced four or more adverse conditions in their households
and developed problems such as learning or behavioral problems, mental health problems and/or had delinquency records. Even though many participants were negatively affected by their adverse living conditions as children, one third of this population developed into competent, caring, and autonomous adults who showed no signs of mental health or behavioral problems. This study identified several protective factors or buffers that resilient individuals experienced that non-resilient individuals did not. For example, resilient individuals were identified as having higher levels of self-efficacy, at least one strong relationship with a stable family member who was sensitive to their needs, and a strong relationship with a mentor in the community such as a teacher. These research results challenged the belief that children from high-risk households are destined to live high-risk unsuccessful adult lives. The seminal works of Garmezy and Werner and Smith influenced modern resilience research by sparking researchers’ interest to better understand how individual characteristics and external protective factors aide in the development of resilience.

**Internal protective factors.** As modern resilience research has progressed, scholars have expanded their focus to studying both factors internal and external to the individual that may aide in the development of resilience which ultimately affects an individual’s ability to meet his/her own needs. Three main factors affecting the development of resilience in children include: their personal characteristics, the characteristics of their families, and the characteristics of their wider social environments such as their school and community (Benard, 2004; Khanlou & Wray, 2014; Luthar, Cicchetti, & Becker, 2000; Masten, Best, & Garmezy, 1990; Werner & Smith, 1982). The
next section describes personal characteristics of resilient identified as internal protective factors playing a role in the development of resilience in individuals.

Characteristics of resilient individuals have been identified in all stages of life beginning with infancy and ending in adulthood. As a result, evidence shows resilient individuals display common characteristics across a lifespan such as social competence, problem solving, autonomy, and sense of purpose (Benard, 2004; Rouse, Longo & Trickett, 1999). These qualities are recognized as positive outcomes of resilience but are not necessarily prerequisites for resiliency. An individual who positively adapts to adversity at one point in life may not in another. Throughout the course of one’s life, new weaknesses and/or strengths emerge depending on life circumstances (Werner & Smith, 1982). Even though these strengths and weaknesses can emerge and/or diminish throughout the course of people’s lives, when individuals are resilient, they display common internal protective characteristics.

Individuals can begin to show characteristics of resilience as early as the toddler stage as evidenced by their levels of social competence. Children who exhibit the ability to effectively communicate with others are able to express empathy and caring and are more likely to develop appropriate supportive relationships while living in adverse conditions. In Werner and Smith’s (1982) longitudinal study, resilient toddlers were described as agreeable, sociable, and self-confident—all characteristics of social competence. Toddlers who later developed problems were described as anxious, withdrawn, and nervous. Similar characteristics have also been identified in older
individuals. At the elementary school age, resilient children have been described as sociable and having the ability to get along well with others (Werner, 1989).

As children develop, parents, teachers, and mentors are encouraged to challenge children to use critical thinking skills to solve problems. Developing the ability to think about alternate solutions to a problem at a young age can foster the development of resilience. Brooks and Goldstein (2009) call this developing a “resilient mindset”—one allowing the self to believe that one has the ability to use his/her own skills to navigate difficult challenges. Encouraging students to think of alternate solutions empowers them and allows them to believe they have the capability to seek positive solutions to challenging tasks (Petty, 2014)

Research findings provide evidence that males and females are affected differently by adverse conditions depending on their stage of life. Werner and Smith (1982) recognized young boys have a more difficult time coping with adverse conditions during adolescent years than young girls. Several characteristics of young males versus females contribute to these difficulties such as having a slower development of intellect and a greater tendency toward aggression. These characteristics change, however, as children mature from youth to adolescence. Young boys often show improvement when dealing with adversities as they move into adolescence, whereas, girls begin to struggle. Werner and Smith believe this occurs because as females begin to mature, they begin to develop a stronger sense of dependency which makes them more vulnerable to adversities. Living in environments supportive of autonomous behaviors improves the development of resilience in individuals.
By the time resilient individuals reach high school graduation, they develop a positive self-concept and internal locus of control (Werner, 1989). In the 30-year follow up to Werner and Smith’s study, resilient adults were identified as having a high sense of achievement and having an education beyond high school. Many attributed their greatest qualities for coping with high stress adversities to their competence and determination.

Adolescents who are raised in adverse conditions are more likely to be resilient in their environment if they have a strongly developed sense of self-efficacy (Jones & Lafreniere, 2014). Having a strong sense of self-confidence allows individuals to feel they have greater control of their environment which helps them make more positive decisions in the activities in which they are involved. Developing characteristics such as autonomy and a strong locus of control can be derived innately but as resilience research has evolved, scholars have learned these characteristics, in addition to having social competence, can be learned or buffered through external protective factors.

**External protective factors.** Multiple environments have been identified as having qualities that protect individuals from adversities such as the family, community, and school. Upon extensive review of the body of resilience research, Benard (2004) identifies three protective factors that external environments should have to foster resilience- caring relationships, high expectations, and opportunities to participate and contribute. The next section discusses how each of these protective factors builds resilience during times of adversity.

**Relationships.** For at-risk individuals, building a meaningful relationship with someone such as a parent, teacher, or mentor in the community can make a significant
difference in the resilience of that individual (Benard, 2004). When individuals have secure feelings of attachment to others, they are more likely to develop stronger levels of well-being than those who do not (Ryan & Deci, 2001). Relationships can build confidence, increase motivation, and inspire individuals who are experiencing adverse conditions in people of all ages (Werner & Smith, 1992).

In a longitudinal study of 625 South African black children and families that examined the impact of living in direct and indirect violence in the home and/or in the community, Barbarin, Richter, and deWet (2001) found that children’s resilience is influenced by family relationships. When mothers exhibited emotional distress towards community violence, children were more likely to have aggression and attention problems. These findings suggest that maternal distress can affect the climate of the entire family unit. A family’s ability to buffer the negative influences of violence in the community is beneficial for the child; therefore, building strong family relationships are significant for the development of resilience in children. Other studies in adolescents and young adults indicate that building strong relationships with non-familial members is also important to coping with adverse conditions as described in the next section.

Any adolescent transitioning into adulthood can benefit from having a meaningful relationship with a mentor (Hurd & Zimmerman, 2010). In a study including 615 African American individuals who were transitioning from high school to adulthood, Hurd and Zimmerman found that having mentors helps protect young adults from adversities. Of the participants interviewed, 63% reported having a mentor and slightly over half of those reported having a natural mentor who was a family member (aunt, uncle, grandparent,
cousin, etc.) For those who reported having non-familial mentors, they were boyfriends, girlfriends, or friends’ parents. The authors report that having a natural mentor moderates symptoms of stress and depression and minimizes risky sexual behaviors, suggesting that developing a close relationship with at least one individual improves resilience to adversities.

Parental involvement and support of autonomy have also been identified as protective factors of resilience in adolescent and high school-aged children (Wong, 2008). Parental involvement has a positive relationship with self-regulated academic behaviors and academic performance (Wong, 2008). Relationships with parents and parental involvement are key factors in the development of resilience of both high-risk and low-risk children and adolescents (Wong, 2008).

Beyond adolescence, research indicates that developing relationships are equally important to the development of resilience in college-aged students and adults. In the higher education setting, it is evident that building relationships with others improves retention and persistence—suggesting that developing meaningful relationships influences resilience. In the small body of research examining the lived experiences of college students with physical impairments, most researchers examined college students transitioning into college or those in their first year of college (Dowrick et al., 2005; Patrick & Wessel, 2013). A common theme among these studies is that participants recognized faculty mentors and relationships with peers on campus play an important role in their success. In another study examining students with impairments who withdrew from college in the latter half of their college careers, students reported feeling
inadequate, insecure, and embarrassed about their impairment (Thomson-Ebanks, 2014). Students recognized that the absence of a meaningful relationship played a significant role in their decision to withdraw. When students have opportunities to interact with faculty outside the classroom or develop friendships with peers in clubs or organizations, they become more invested in their academic careers and are more likely to be resilient when adversities occur.

**High expectations.** Many researchers believe that characteristics such as hope, optimism, and a positive mindset motivate individuals to overcome challenges (Dweck, 2006; Maholmes, 2014; Seligman, 2011). Individuals with high expectations of themselves or with people in their lives who reinforce that hard work and determination result in positive outcomes are more likely to thrive in times of adversity (Dweck, 2006). Researchers have examined how these characteristics affect individuals in many different contexts such as living in poverty and for students who struggle with academics. This section discusses how characteristics of high expectations for self and others such as having a growth mindset, hope, and optimism, play a role in the development of resilience.

In *Mindset: The New Psychology of Success*, Dweck (2006) identifies two types of mindsets people can have about their levels of intelligence that affect motivation to overcome challenges. The first type is known as fixed mindset which is the belief that individuals have an innate ability or talent to achieve certain tasks. If individuals do not have that innate ability, they are unlikely to have the motivation to learn how to accomplish a task after experiencing failure. When students have a fixed mindset, they
often run from difficulty rather than face the challenge and overcome it (Hong, Chiu, Dweck, Lin, & Wan, 1999; Nussbaum & Dweck, 2008). In contrast to a fixed mindset, Dweck identifies its counterpart as a growth mindset which is a belief that failing is part of the learning process and despite a lack of natural ability, with hard work and determination challenges can be overcome to achieve difficult tasks. Research on elementary and middle school aged children indicates that developing a growth mindset can be learned with the influence of a teacher or parent and have positive results on an individual’s resilience and perseverance (Blackwell, Trzesniewski, & Dweck, 2007; Dweck, 2006). Evidence also suggests that having a growth mindset is predictive of a college student’s resilience to challenging academics (Shively & Ryan, 2013).

In a two-part study by Blackwell, Trzesniewski, and Dweck (2007), researchers were interested in determining how middle school students with growth mindsets versus fixed mindsets affect math grades. Researchers were also interested in learning how an intervention that teaches students about the brain and how it processes information would affect students’ math grades versus those who did not participate in the intervention. In the first study, 373 seventh graders were followed through the eighth grade. Participants completed a motivational questionnaire measuring their beliefs about effort and failure. Mathematics achievement test scores were also obtained at the end of each year. The results indicated that students with a growth mindset predicted an upward trend in grades over the two years of junior high school in mathematics, whereas, students who had a fixed mindset predicted a flat trend in grades over the two years of the study. In a second study, a different sample of 7th grade students was selected from another school to
participate in an intervention. These students were low achieving math students who were divided into experimental group and control groups. Both groups completed the same motivational questionnaire as in the first study. The experimental group participated in an intervention consisting of an eight-week workshop that met once a week for twenty-five minutes. The workshop taught students how the brain worked during the learning process and that learning is malleable and not fixed. The students in the experimental group showed positive change in motivation in the classroom and improved grades. The students in the control group had continuously declining grades. This study supports the idea that placing the expectation on students that learning is an incremental process requiring trial and error increases students’ growth mindset which positively affects their resilience.

The positive impact of a student’s growth mindset on academics is also reflected in college students. In a study by Shively and Ryan (2013) examining how the mindset of college algebra students affects their success and help-seeking behaviors, it was found that students who began the semester with stronger beliefs in a growth mindset were more likely to seek academic help than students without. Students with stronger beliefs in having a fixed mindset had lower grades for the semester. Teaching college students about the potential for growth in intelligence is beneficial to the students and their resilience to challenging academics.

In addition to developing a growth mindset, hope and optimism are constructs closely related to one another that positively influence the individual’s expectations. Hope is defined as “the perceived ability to produce pathways to achieve desired goals
and to motivate oneself to use those pathways” (Rand & Cheavens, 2011, p. 323). Positive psychologist, Charles Snyder, proposed the hope theory in the mid 1990’s as a framework to better understand the pathways (the routes people take to reach their goals) and agency (the motivation to use those pathways) used to attain goals. Hope is considered a cognitive process that can be used in many life situations involving physical well-being, athletics, and academic success (Snyder, Feldman, Shorey, & Rand, 2002). Hope is a predictor of life satisfaction and quality of life (Bailey, Eng, Frisch, & Snyder, 2007) and has been associated with self-efficacy (Venning, Eliott, Whitford, & Honnor, 2007). It has been studied in the context of patients with chronic illnesses and families coping with loved ones who have chronic illnesses and has been identified as an important component to successfully coping with this type of life circumstance (Benzein & Berg, 2005; Venning et al, 2007). Research examining hope in the educational setting has primarily been used as a construct to better understand the general population of students and not those with chronic impairments.

Evidence suggests that students with high levels of hope are more successful in their courses in school and are more likely to persist (Snyder et al, 2002). Hope is a powerful component of student success because it can act as a personal expectation for the self to succeed. In a 3-year longitudinal study by Day, Hanson, Maltby, Proctor, and Wood (2010), results indicated that hope predicts academic achievement to a greater degree than intelligence, personality, and previous academic achievement. Understanding students’ goals, their pathways to those goals, and their motivations to use those pathways can be useful for counselors and other mentors in the school setting (Snyder et
al., 2002). If counselors and mentors strive to understand students’ pathways to developing hope, they can create environments that foster the expectation of hope in students. In a closely related concept to hope, optimism has been studied as another component that can be enhanced in a student’s life to improve resilience.

Two definitions of optimism are used in the field of positive psychology to understand how optimism affects human decisions and actions. The two types are dispositional (Scheier & Carver, 1987) and explanatory optimism (Carver & Scheier, 2002). Dispositional optimism is slightly different than hope because it is simply the expectation that positive outcomes will occur (Scheier & Carver, 1987). Unlike hope, optimism is not associated with the actions or pathways that individuals will take to achieve an expectation. Bryant and Cvengros (2004) found that hope is more closely related to self-efficacy, whereas, optimism is more closely related to positive reappraisal. In other words, hope is associated with beliefs about personal capabilities, whereas, dispositional optimism is associated with a person’s disposition towards a personal outcome; therefore, individuals with high levels of optimism may have a stronger ability to positively reappraise a situation when faced with an adverse condition that is unchangeable (Bryant & Cvengros, 2004).

Explanatory optimism is viewed as a quality individuals either have or do not have based on their immediate response to an event and their optimistic/pessimistic tendencies (Carver & Scheier, 2002). Three dimensions help define an individual’s explanatory style when faced with an adverse condition—internal/external, stable/unstable, and global/specific. The internal/external dimension refers to whether the
individual believes he/she has control over an event; the stable/unstable dimension refers
to whether an individual believes a repetitive event will have the same outcome every
time it occurs; and the global/specific dimension refers to whether an individual makes
generalizations based on one specific experience (Carver & Scheier, 2002). An optimistic
person will not place blame on himself or herself (external), believes change can occur
(unstable), and a bad experience is specific to an event and should not be generalized to
all events (specific). An individual’s explanatory style influences his/her beliefs which in
turn affects his/her behaviors. In the academic setting, evidence shows that a student’s
explanatory style predicts his/her academic achievement (Peterson & Barrett, 1987;
Maleva, Westcott, McKellop, McLaughlin, & Widman, 2014).

Peterson and Barrett (1987) found that first year college students who explain bad
academic events with a pessimistic explanatory style (internal, stable, and global) are at
higher risk for poor grades. They also found students with a negative explanatory style
less likely to visit their academic advisors and had weak academic goals. These results
have been supported in other studies seeking to better understand how a student’s
explanatory style affects levels of academic achievement. Maleva, Westcott, McKellop,
McLaughlin, and Widman (2014) also found a significant correlation between
explanatory style and GPA and that of the three dimensions of explanatory styles, a
global style had the largest predictive value of GPA. Not only has research recognized
the importance of having optimistic beliefs in oneself from the student’s perspective but
evidence also shows that faculty’s optimism has an impact on students’ academic
achievement.
Academic optimism is when faculty members have positive beliefs in themselves and their ability to make a difference in their students’ lives (Hoy, Tarter, & Hoy, 2006). Research indicates that a teacher’s emotions about teaching, academic optimism, hope, and personal responsibility are related to each other and that a teacher’s academic optimism mediates emotions about students’ motivation and achievement (Eren, 2014). Teachers with high levels of academic optimism are also likely to have higher levels of self-efficacy which are vital to students’ success in the classroom (Sezgin & Erdogan, 2015). Many variables exist in the classroom that could affect the disposition of the teacher; however, Hoy, Hoy, and Kurz (2008) found that between socioeconomic status (SES), ethnicity, and disability status, the only variable that had a slight influence on teacher’s optimism was SES. Specifically, the higher the students’ SES, the higher the level of academic optimism among teachers.

Over time, low expectations of the self and others can impact hope and optimism leading to feelings of learned helplessness. With time and effort, both pessimists and optimists can learn to develop expectations for themselves and others to develop resilience (Seligman, 2006). Placing high expectations on the self and on others is critically important to the development of resilience.

**Opportunities to participate and contribute.** Many scholars from a broad range of disciplines who examine topics such as well-being, self-determination, motivation, resilience, and thriving claim that when people have opportunities to participate in activities that contribute in meaningful ways to the self and others, positive outcomes occur (Benard, 2004; Emmons, 1986; Ryan & Deci, 2001; Ryff, 1989; Ryff & Singer,
Individuals who pursue life goals are likely to have higher levels of positive affect and life satisfaction (Emmons, 1986). Adults as well as children and adolescents have stronger levels of well-being when they develop a sense of meaning and purpose (Ryff, 1989). When individuals are able to maintain their well-being and pursue goals that fulfill them in meaningful ways during times of adversity, they are considered to be resilient (Ryan & Deci, 2001). People who have the ability to face adversity and adapt with the mindset that there is opportunity to grow from a challenging experience rather than perish are also considered to be resilient (Ryff & Singer, 1998). It is for these reasons that Benard (2004) identifies participating and contributing to life in meaningful ways as one of the three major protective factors associated with resilience.

Some evidence shows that individuals with impairments identify active participation as an important component to their resilience. In a phenomenological study by Edward, Welch, and Chater (2009), eight participants between the ages of 18 and 64 years who had been in remission of a mental illness for at least six months were interviewed and asked to describe resilience in light of their experiences. Participants recognized that by accepting their illness and acknowledging they must maintain balance by reacting to their needs was important. They also described their experience of resilience as having meaning in life and meaningful relationships. Specifically, participating in activities where there were opportunities to help others and change other people’s lives made participants feel a sense of belonging and that they were appreciated by others.
As research has progressed in education, several theories have emerged to aide in understanding the relationships between student involvement, resilience, and retention. Astin’s (1999) student involvement theory is based on the foundational belief that “the greater the student’s involvement in college, the greater will be the amount of student learning and personal development” (p. 529). In Schlossberg’s theory of marginality and mattering, individuals need to feel they are not marginalized and believe they are important and matter to others. “Marginality can be defined as a sense of not fitting in and can lead to self-consciousness, irritability, and depression” which could ultimately lead to a lack of persistence and resilience in college (Evans, Forney, Guido, Patton, & Renn, 2010, p. 31). Similar themes of feeling the need to be involved and to have a meaningful purpose appear in theories originating from the field of positive psychology. In both Seligman’s (2011) well-being theory and Schreiner’s (2013) theory of thriving, individuals need to fulfill their desire to belong to and contribute to a cause greater than themselves in order to be resilient and thrive. Evidence in educational research supports these notions that school connectedness and involvement are beneficial to developing resilience.

Students in middle school and high school with low levels of school and social connectedness are at a higher risk of participating in behaviors such as smoking and drinking which decreases their likelihood of completing school (Bond et al., 2006). Creating environments where students feel comfortable participating in classroom activities as well as participating in clubs and organizations help build school connectedness. Service learning and community service opportunities also build
resilience for at-risk adolescents because it gives them an opportunity to build social connections with others not necessarily experienced at home (Newman & Dantzler, 2015). The importance of school connectedness continues through high school and into college. In a national longitudinal study of youth with child onset chronic impairments, Maslow, Haydon, McRee, and Halpern (2012) found that of the four protective factors identified (parent relationship quality, school connectedness, mentoring, and religious attendance), school connectedness was the only protective factor associated with college graduation of children with chronic impairments. Research also indicates that long-term persistence in college (third year students and above) is directly affected by social connectedness (Allen, Robbins, Casillas, & Oh, 2008).

School campuses can do many things to create an inclusive environment. Strange and Banning (2001) argue that many components of a school environment affect the engagement of students including the physical environment, organizational characteristics, human aggregate, and social climate. Creating an inclusive campus can involve making adjustments in a wide range of areas such as making buildings more accessible for impaired students, enrolling a diverse range of students at the institution, and encouraging group activities in the classroom allowing students to interact with others. Engagement in school and community activities is important to the development of resilience but it has yet to be determined how this plays a role in students’ lives who have CPIs.
Thriving

As research and theoretical ideas have evolved in the field of positive psychology, concepts such as authentic happiness, well-being, and flourishing have developed. This section provides an overview of how the concept of thriving has evolved and is relevant to the study of students with CPIs in higher education.

O’Leary and Ickovics (1995) define thriving as an individual’s ability to not only meet a challenge during times of adversity but also to rise to the occasion to surpass the previous level of functioning. As an extension of this basic premise, this study adopts Schreiner’s (2013) framework of thriving which is specific to the college setting. A student who is thriving is engaged in learning, able to set and achieve academic goals, positive about the present and the future, developing positive relationships, and desires to make a difference in society (Schreiner, 2013). This framework originates from the field of positive psychology or more specifically from a concept known as flourishing (Seligman, 2011).

Seligman (2011) claims there are five components enabling individuals to flourish or achieve well-being- positive emotions, engagement, meaning, accomplishment, and positive relationships. “The goal of positive psychology in the well-being theory…is to increase the amount of flourishing in your own life and on the planet” (Seligman, 2011, p. 26). Seligman explains that in order to understand whether a community, school, or nation is flourishing, we need to develop a better understanding of the human experiences of the five elements of the well-being theory. Schreiner (2010) has chosen the word thriving as opposed to flourishing or well-being for her model to “shift in focus from
merely surviving in college, and to distinguish it from the extensive research on flourishing in adult populations that does not include the academic and intellectual objectives inherent to the college experience” (p. 42).

Schreiner’s concept of thriving is grounded in models of psychological well-being and psychosocial models predictive of student retention. One influential model of Schreiner’s model of thriving is Bean and Eaton’s (2000) theoretical framework recognizing that a student’s personal characteristics interact with a school environment which affects his/her psychological characteristics such as self-efficacy and motivation. The interaction between the individual’s psychological characteristics and school environment result in academic and social integration and better performance; thus, leading to a student’s intent to persist at that institution. The concept of thriving through Schreiner’s perspective advances the theoretical perspective of this study beyond the framework of resilience. It is for this reason that thriving is considered an important component of the experience of a student with chronic impairments.

**Resilience Research and College Students with Impairments**

Extant research indicates that resilience can change throughout the course an individual’s development from childhood to adulthood (Werner, 1989; Werner & Smith, 1992), but few studies have examined the resilience of emerging adults, especially its incidence among rural community college students with CPIs. Whether an individual is transitioning from high school to college, reentering school after several years of taking a break from academics or plugging along in their academics as second and third year students, there are inevitable phases of readjustment and development the individual
experiences throughout his/her academic career. In addition to these changes, students with CPIs must cope with the symptoms of their impairment and some may experience symptoms exacerbated when exposed to the stressors of school and academics. Because of the drastic pressures academics place on individuals, it is important to gain a better understanding of how the personal strengths of a student with a CPI and the characteristics of their environment help foster resilience and thriving.

Summary

Throughout this literature review, several studies examining students with impairments have been discussed. It has been established that the transition from high school to college is challenging for students with impairments (Dowrick, Anderson, Hayer, & Acosta, 2005; Patrick & Wessel, 2013; Targett, Webman, West, Dillard, & Ciffu, 2013; Wodka & Barakat, 2011) and that relationships with faculty and mentors can play an important role in the lives of these students (Dowrick et al., 2005). It has also been found that the attitudes of students with impairments to use accommodations from disability services vary widely (Lyman et al., 2016) and they are consciously aware of the stigma surrounding people with disabilities (Taub, McLorg, & Fantlick, 2004). Because of the dynamic challenges this population of students face, researchers have taken an interest in understanding how the quality of life and self-determination of students with chronic impairments affects academic achievement in the college setting (Bishop, 2005; Herts, Wallis, & Maslow, 2014).

As discussed in this chapter, studying resilience is about understanding the individual’s internal and external protective factors. Few studies have used the
framework of resilience and thriving to better understand students with impairments. In a collective case study by Reynolds (2012) the framework of resilience and thriving was used to better understand nontraditional college students with impairments. The participants in this study were from two-year postsecondary institutions who were enrolled in the current semester or enrolled in the previous semester of the date of the research. All participants were registered with the office of disability services at their institution. Reynolds found that students were poised to achieve academically, had positive attitudes, were advocates for themselves, passionate, and utilized many different supports at the institution. Even though this study provides insight into the experiences of students with impairments, it does not capture the essence of the experiences of students with CPIs who attend rural community colleges.

As discussed in this chapter, resilience changes throughout the course of a lifespan (Werner & Smith, 1989). This study recruited participants who are in the latter half of their college careers who either did or did not use the office of disability services at their institution. For many reasons already discussed, not all students use accommodations at their institutions because of stigma or a lack of recognition or knowledge that services are available, needed, or may be helpful. Including both students who use accommodations and those who do not allowed for a more robust opportunity to understand the population of students with CPIs who attend community college.
Chapter 3: Methodology

In this study, I used a phenomenological approach to investigate the lived experiences of students with CPIs who are persisting in a rural community college setting. Phenomenology is a qualitative research method that “describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (Creswell, 2013, p. 76). The phenomenon of interest in this study is living as a student with a chronic physical impairment (CPI) in a rural community college setting.

The decision to use a phenomenological approach was based on the goal to capture the shared experiences of students with CPIs to better understand the challenges and supports this population of students uses to develop resilience. Using a phenomenological approach allowed for a holistic perspective of the topic under investigation to emerge without narrowing the focus of inquiry. Phenomenological description brings to life the lived experiences of others (Van Manen, 1990). In this chapter, I describe the phenomenological framework used to accomplish this goal. I also provide a detailed description of the analysis and interpretation process that I used to illuminate the lived experiences of students with CPIs.

Overview of Phenomenological Framework

One characteristic of a phenomenological approach in contrast to other qualitative methods is the assumption that “there is an essence or essences to shared experience” (Patton, 2015, p. 116). A phenomenological study focuses on identifying what it is people experience and how they experience it. Van Manen (1990) explains, “...a good phenomenological description is collected by lived experience and it validates lived
experience” (p. 27). To capture the lived experiences of students with CPIs to develop a “good phenomenological description,” I used an interview guide to talk to participants in 60 to 90 minute interviews. Whenever possible, I sought opportunities for students to tell stories to help illustrate their experiences. This allowed me to gain a richer understanding of the essence of being a community college student with a CPI. In phenomenology, both the researcher and the participants are at stake in capturing the essence of an experience (Colaizzi, 1978).

An important characteristic of this methodological approach is to include participants who are consciously aware that they lived the experience under research (Van Manen, 1990). It is also important for the researcher to have an awareness of him/her self in relation to the topic under study (Colaizzi, 1978). All of the participants in this study self-identified as students with CPIs. This volunteerism implies that the participants are aware of their experiences as students with CPIs and are able to talk about them as if they have made meaning of their experiences. The researcher must also recognize her experience in relation to the topic but detach herself from that experience to understand the lives of others (Colaizzi, 1978).

As the researcher, I attempted to avoid my prejudgments, biases, and preconceived notions. Distancing myself from the experience under study is referred to as bracketing. Van Manen (1990) explains: “Bracketing describes the act of suspending one’s various beliefs of the natural world in order to study the essential structures of the world” (p. 175). Bracketing is important throughout the research process because it allows the researcher to derive meaning from the analysis of the lived experiences of the
participants rather than be influenced by the world of meanings outside the phenomenon under investigation. The process of bracketing is called phenomenological reduction. This process was executed through many different techniques such as reflexive journaling, personally transcribing the interviews, and peer debriefing. This process will be described in greater detail throughout this chapter.

Phenomenological reduction aims to validate the research conducted through a process of consciously analyzing and understanding life experiences. Van Manen (1990) provides steps in validating phenomenological reductions:

First, reduction involves the awakening of a profound sense of wonder and amazement at the mysteriousness of the belief in the world. This fundamental amazement animates one’s questioning of the meaning of the experience of the world. Next, in the reduction one needs to overcome one’s subjective or private feelings, preferences, inclinations, or expectations that would prevent one from coming to terms with a phenomenon or experience as it is lived through. Third, in the reduction one needs to strip away the theories or scientific conceptions and themes which overlay the phenomenon one wishes to study, and which prevents one from seeing the phenomenon in a non-abstracting manner. (p. 185)

For this study, the transcribed interviews served as the description of the experiences of the participants. As someone who lives with a CPI herself, I bracketed my experience as an impaired doctoral student to withhold my judgments. I recognize and will describe my own experience in the next section. When I developed the interview guide for this study, I made a conscious effort to be as broad as possible so as to not limit
the structure of the interviews to what only I thought was possible in the lived experiences of students with CPIs (Patton, 2015). I also used reflexive journaling and peer debriefing throughout the data collection and analysis process. This gave me the opportunity to recognize any biases I had and correct them in the data collection, analysis, and interpretation process (Peshkin, 1988).

Throughout the reflexive journaling process, I became consciously aware of my tendency to give advice to students when they described their academic struggles. This influence derives from who I am as a professor. I also discovered that I had a tendency to want to know more about the student’s darkest times in their history of having a chronic impairment. I often had an urge to want to deepen my understanding of how students recovered from seemingly catastrophic life experiences such as a liver transplant or back surgeries. Through reflexive journaling, I recognized this tendency and acknowledged that deepening my understanding of recovering from catastrophic health occurrences was outside of the realm of this study. My interest in understanding the experience of recovery was a result of having a recent personal experience with recovery. In response to this tendency, I remained focused on the lives of the participants as students and not as people recovering from recent health conditions. One final predisposition that I identified through reflexive journaling was a tendency to feel more connected to the words of the veterans that participated in this study. Although I am not a veteran, my past as a collegiate athlete has relatable characteristics to the mentality of a soldier such as being goal oriented, determined, and loyal to others.
As part of the reduction process, I listened to and transcribed all of the interviews conducted for this study. The process of transcribing is considered part of the reduction and bracketing process (Nelson, 1989). It is through the labor of listening and transcribing that the researcher is able to bracket or distance from the experience (Nelson, 1989). After coding the interview transcriptions, the data underwent further reduction through a process called imaginative variation. This process involves “seeking possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles, or functions” (Moustakas, p. 98, 1994). The goal of imaginative variation is to identify and describe the central structures of the phenomenon by reflecting on the data and examining it in many different ways (Patton, 2015). To do this, a list of structural qualities are identified and clustered into themes for each individual participant. It was through a complex process of analyzing the data from many different perspectives that the final six themes of this study were identified. I will describe this process in greater detail in the data analysis section.

Throughout every step of this research process, I followed the phenomenological structure of bracketing, phenomenological reduction, and imaginative variation. I used many credibility techniques throughout this process and was conscious of my own biases. In this chapter, I describe how I moved through each of these steps. First, I describe my personal experience with the topic under analysis to begin to bracket my experience as the researcher.
The Researcher

In this section, I reflect on my story as a student and teacher with a CPI in order to bracket my experience. At the time of this writing, I am employed as an Assistant Professor of Communication Studies at a rural community college. I have been a community college instructor for seven years—one year as an adjunct and six years as a full-time professor. In the seven years that I have been involved in postsecondary education, I have been vaguely aware of students with chronic impairments but never identified with them or had an interest in learning about their struggles. My interest in this population quickly changed after I was diagnosed with a chronic condition two years ago. It is with my own experience that I began the journey of understanding the lives of students with chronic physical impairments in the community college setting.

Two years ago, I developed a pinched nerve and bulging disc in my neck. Immediately, I went from being a full-time professor and doctoral student to living on the couch and barely able to teach during the day. Taking time off from work was not a financially viable option and I seriously considered delaying my academics during times of pain and depression. When I taught my classes, I wore a neck brace and moved slowly and cautiously. Having a visible impairment seemed to make me approachable for both students who knew me and for those who did not. Within a couple of weeks, an astounding number of students with chronic impairments approached me—to empathize with me. Students who approached me had health conditions ranging from chronic back and neck impairments to Chron’s Disease and migraine headaches. It became apparent that many students were chronically impaired and persisting in school. Meeting these
students opened my eyes to an entire population of students who are enrolled in college but are often overlooked for the reasons discussed in Chapter 1.

After experiencing a chronic impairment that continues to wax and wane, I am aware of some challenges students may face. I recognize that my perceptions of living as a student with a chronic impairment may not be the same as a community college student. Even though my interest in studying this population of students originates from my own experience, I was committed to setting aside my predispositions and to remain conscious of my own experiences to research the lived experiences of chronically impaired community college students.

**Participants**

One important characteristic of conducting phenomenological research is participants must have awareness that they lived the experience under investigation (Van Manen, 1990). All of the participants in this study self-identified themselves as having a CPI. The act of self-identifying as students with CPIs was validation that the participants were aware of their experiences of the phenomenon under study. For this reason, it was not a requirement that participants provide medical records of their condition or that they have a record of health impairments through disability services.

This study utilized a combined purposeful sampling strategy to identify information-rich participants at one rural community college in West Virginia. This sampling strategy allows for two types of strategies to be used—one for the initial recruitment and another to further the focus (Patton, 2015). The two strategies used were purposeful random sampling and snowball sampling. A purposeful random sample of
participants was recruited through mass emails sent to the entire student population and full-time faculty. Approximately 2,000 emails were included in the initial recruitment email to students and approximately 150 emails were sent to full-time faculty and staff on campus (the content of the email is shown in Appendix A). In addition to the emails, faculty were asked to make in-class announcements about the study. Once the initial participants identified themselves and participated in the interview, they were asked to refer other students they knew who had CPIs to consider being a participants. This technique is known as snowball sampling (Patton, 2015). According to Patton, “this is an approach for locating information-rich key informants,” (p. 298).

The participants of this study were required to meet the following eligibility criteria:

- be currently enrolled as a community college student who had completed two or more consecutive semesters or were in the process of completing their second consecutive semester
- have a minimum GPA of 2.0
- have a chronic physical impairment as defined in chapter 1

Phenomenological studies range widely in terms of the number of participants but are typically between 3 and 15 (Creswell, 2013). In this study, a total of 15 interviews were conducted. One of the interviews was discarded because the participant did not meet the eligibility requirements; thus, a total of 14 participants were included in the final data analysis. The profiles of each of the 14 participants are described in the next section. This
final number of participants was determined when saturation was reached. A detailed discussion of this analysis process will be discussed in subsequent sections.

**Demographic description of the participants.** At the beginning of each interview, participants completed a 10-item demographic questionnaire (Appendix D) eliciting basic information about their age, ethnicity, and number of credit hours being taken at the time of the interview. The intent of collecting this information was to gain a basic understanding of the profiles of each of the participants in order to preserve the interview time that I had with them for more meaningful open-ended questions. This section provides a basic overview of the participants’ demographic and academic profiles reflecting the information gathered in the questionnaire. A summary of this information is shown in Table 1 and Table 2.

I conducted a total of 15 interviews; however, the data from one of the interviews was excluded from the final analysis because the participant did not meet the minimum grade point average criterion set forth in the study. This participant anticipated earning excellent grades in the semester that we arranged for the interview; however between the time we set the date to have the interview and the end of the semester, the participant had to file for incomplete grades due to health complications. As a result, the lack of grades earned from that semester kept her grade point average below the 2.0 standard established for this study. Despite her ineligibility for the study, I agreed to interview her. She insisted that she contribute in some way to help higher education constituents understand the lives of students with CPIs. Even though this student’s data was not included in the
analysis, she provided insight into future research opportunities which will be discussed in Chapter 5.

Of the 14 participants included in the analysis of this study, six were male and eight were female. Thirteen identified themselves as White and one identified himself as African American, Latino, and White. The ages of the participants ranged from 19 to 58 years old and they had a diverse range of CPIs such as Chiari Malformation, type 2 diabetes, and Crohn’s disease. Even though it was not part of the questionnaire, I believe it is noteworthy to recognize that three of the participants were veterans. A summary of the participants’ demographic profiles and the specific CPIs that each of the participants have is shown in Table 1.

Table 1.

Demographic Profiles of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Ethnicity</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath</td>
<td>30</td>
<td>Male</td>
<td>Married</td>
<td>Black, Latino, White</td>
<td>Back pain in the lumbar region, sleep apnea, ankle joint pain</td>
</tr>
<tr>
<td>Rachel</td>
<td>41</td>
<td>Female</td>
<td>Married</td>
<td>White</td>
<td>Ulcerative colitis</td>
</tr>
<tr>
<td>Lucas</td>
<td>52</td>
<td>Male</td>
<td>Single</td>
<td>White</td>
<td>Sleep apnea, type 2 diabetes</td>
</tr>
<tr>
<td>Dylan</td>
<td>49</td>
<td>Male</td>
<td>Cohabit</td>
<td>White</td>
<td>Knee and joint pain from calcium deposits</td>
</tr>
<tr>
<td>Kristi</td>
<td>28</td>
<td>Female</td>
<td>Cohabit</td>
<td>White</td>
<td>Side effects from multiple intestinal surgeries, mobility issues, and chronic pain</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Marital Status</td>
<td>Race</td>
<td>Medical Conditions</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>--------</td>
<td>----------------</td>
<td>------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Landon</td>
<td>47</td>
<td>Male</td>
<td>Married</td>
<td>White</td>
<td>Back pain, bulging discs</td>
</tr>
<tr>
<td>Kallie</td>
<td>20</td>
<td>Female</td>
<td>Single</td>
<td>White</td>
<td>Liver transplant, pulmonary hypertension</td>
</tr>
<tr>
<td>Simon</td>
<td>19</td>
<td>Male</td>
<td>Single</td>
<td>White</td>
<td>Chiari Malformation, syringomyelia</td>
</tr>
<tr>
<td>Jen</td>
<td>58</td>
<td>Female</td>
<td>Single</td>
<td>White</td>
<td>Lower back pain, shoulder pain, diabetes, high blood pressure, left kidney removed</td>
</tr>
<tr>
<td>Roxie</td>
<td>48</td>
<td>Female</td>
<td>Single</td>
<td>White</td>
<td>Chronic cluster migraines, rheumatoid arthritis, back pain, Meniere’s disease</td>
</tr>
<tr>
<td>Liz</td>
<td>25</td>
<td>Female</td>
<td>Single</td>
<td>White</td>
<td>Degenerative disc disease in lumbar, bulging discs, migraines</td>
</tr>
<tr>
<td>Anna</td>
<td>44</td>
<td>Female</td>
<td>Married</td>
<td>White</td>
<td>Type 2 diabetes, high blood pressure, high cholesterol, scoliosis, osteoporosis, cancer survivor</td>
</tr>
<tr>
<td>Hunter</td>
<td>29</td>
<td>Male</td>
<td>Single</td>
<td>White</td>
<td>Ringing in ear, chronic back pain, pre-diabetic</td>
</tr>
<tr>
<td>Sara</td>
<td>19</td>
<td>Female</td>
<td>Single</td>
<td>White</td>
<td>Crohn's disease with ileostomy, gastroparesis with NJ tube, Ehler Danlos Syndrome, Postural Orthostatic Tachycardia Syndrome, hyperkalemia</td>
</tr>
</tbody>
</table>

Within the demographic questionnaire, I also asked participants to identify basic information regarding their academic history and future plans such as the type of degree they were pursuing, the number of credit hours they were taking at the time of the
interview, and the number of consecutive semesters in which they were enrolled at the
time of the interview. The participants were pursuing certificates, associate degrees, and
bachelor degrees. The number of credit hours the participants were taking in the semester
in which they were interviewed ranged from 7 to 18. A complete summary of the
academic profiles of each of the participants is shown in Table 2.

Table 2.

*Academic Profiles of Participants*

<table>
<thead>
<tr>
<th>Name</th>
<th>Highest degree achieved</th>
<th>Degree pursuing</th>
<th>Credit hours taking</th>
<th>Consecutive semesters enrolled</th>
<th>Semester and year of enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath</td>
<td>Associate</td>
<td>Bachelor</td>
<td>15</td>
<td>3</td>
<td>Spring 2016</td>
</tr>
<tr>
<td>Rachel</td>
<td>High School</td>
<td>Bachelor</td>
<td>15</td>
<td>3</td>
<td>Spring 2016</td>
</tr>
<tr>
<td>Lucas</td>
<td>High School</td>
<td>Associate</td>
<td>9</td>
<td>4</td>
<td>Fall 2013</td>
</tr>
<tr>
<td>Dylan</td>
<td>Associate</td>
<td>Bachelor</td>
<td>12</td>
<td>5</td>
<td>Fall 2011</td>
</tr>
<tr>
<td>Kristi</td>
<td>High School</td>
<td>Bachelor</td>
<td>10</td>
<td>2</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Landon</td>
<td>Associate</td>
<td>Bachelor</td>
<td>18</td>
<td>6</td>
<td>Fall 2014</td>
</tr>
<tr>
<td>Kallie</td>
<td>High School</td>
<td>Bachelor</td>
<td>12</td>
<td>2</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Simon</td>
<td>High School</td>
<td>Associate</td>
<td>8</td>
<td>2</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Jen</td>
<td>High School</td>
<td>Bachelor</td>
<td>12</td>
<td>8</td>
<td>Fall 2012</td>
</tr>
<tr>
<td>Roxie</td>
<td>High School</td>
<td>Bachelor</td>
<td>18</td>
<td>4</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Liz</td>
<td>High School</td>
<td>Associate</td>
<td>12</td>
<td>9</td>
<td>Fall 2013</td>
</tr>
<tr>
<td>Anna</td>
<td>Associate</td>
<td>Bachelor</td>
<td>12</td>
<td>9</td>
<td>Fall 2013</td>
</tr>
</tbody>
</table>
As can be seen in Tables 1 and 2, a wide range of diversity exists among the participants as far as their ages and types of CPIs. Significant diversity in the number of credit hours participants were taking and the degrees they were pursuing also is obvious. Despite these differences, many similarities exist among the participants in how they experience being a community college student with a CPI. In the next section, I discuss the six themes identified from the 14 interviews conducted for this study.

**Procedures**

Prior to conducting interviews with the community college participants, a pilot was conducted with a doctorate student who had phenomenological research experience and lived with a chronic physical impairment known as narcolepsy. Through this process, I gained insight into how to improve my interviewing techniques such as how to phrase my questions to allow them to be more open ended. I also removed one question from the original interview guide that asked students to describe a time when they felt defeated by a challenge. The word “defeated” was removed from the interview guide and replaced by simply asking the participants to describe a bad day. I removed the word “defeated” to keep the interview guide more open ended. In other words, I wanted moments of feeling defeated by the participants to emerge on their own without me prompting this specific type of experience. I also learned through the pilot study, that I needed a basic

<table>
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<th>Hunter</th>
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demographic questionnaire that collected the same basic information for each participant such as their age, highest degree achieved, and marital status (Appendix D). Adding the demographic questionnaire at the beginning of each interview allowed more time for in-depth and personal questions to emerge.

Upon approval of the Institutional Review Board (IRB), participants were initially recruited through a purposeful random sample by email (Appendix A), flyers (Appendix B), and in-class announcements. The email was sent to approximately 2,000 students and 150 full-time faculty and staff. Two rounds of recruitment emails with the same content were sent to members of the campus community. The first email was sent at the end of the spring 2016 semester (one week before finals) and the second was sent at the beginning of the fall 2016 semester (two weeks after school started). In conjunction with the recruitment emails, flyers were posted in the student lounge, veterans’ resource center, and on bulletin boards throughout the institution. Full-time faculty were also asked to announce the opportunity in their classrooms when they received the recruitment flyer by email.

Of the 15 interviews conducted, six were at the end of the spring semester and nine were at the beginning of the fall semester. The one interview that was not included in the data analysis because the participant did not meet the eligibility requirements was conducted in the spring. The first recruitment email was sent to faculty and students two weeks before the end of the spring semester at 12:30 p.m. Within three hours of the initial email, nine people contacted me by phone, email, or in person. In total, I received 19 inquiries about the study in the spring recruitment session. A similar response rate took
place in the fall semester when the recruitment materials were released in the same fashion as they were in the spring. Eight of the interviewed participants were familiar with who I was—either as a former or current professor. At the end of every interview, I asked each of the participants to refer other students with CPIs to me. To my knowledge, two of the 14 participants were recruited by snowball sampling. I report these specifics about the response rate because it supports the notion that there is a robust population of students with CPIs attending college. It also suggests that this population is eager to have opportunities to share their stories.

Students who were interested in participating in the study contacted me through email, phone, or face-to-face. Regardless of the method of communication used to make initial contact, the same information about the study was distributed to each participant. During the initial contact, students were asked if they met the criteria of an eligible participant (has a chronic impairment, has a minimum GPA of 2.0, and enrolled for at least two consecutive semesters or about to complete their second consecutive semester). Additionally, I described the nature of the study and the type of questions that would be asked. If the student had interest in participating and met the eligibility criteria, a date, time, and location was scheduled to conduct the interview. All of the interviews were held in a small conference room on campus.

At the beginning of each interview, the informed consent form was reviewed and discussed and the participant was asked if he/she had any questions or concerns about the study. Once questions and concerns were addressed, the participant signed and dated the consent form (Appendix C). Next, basic demographic information was collected through
a questionnaire (Appendix D). The components of this questionnaire included age, marital status, ethnicity, highest degree achieved, date of enrollment, number of credit hours currently taking, number of consecutive semesters enrolled in college, and a description of the impairment. I recorded and transcribed all of the interviews within a week or two after the interview was conducted. Notes were also taken during the interviews and throughout the transcription process.

**Informed consent.** When the participants initially contacted me, I explained that the study was IRB approved through Ohio University and that they had the right to decline questions or withdraw from the study at any moment. It was also clearly described that their identities were protected. At the beginning of each interview, the participants officially reviewed the IRB approved consent form and signed the document. Participants were encouraged to ask questions or express concerns at any point before, during, and after the interview.

**Confidentiality.** Audio recordings and field notes were taken during the interviews. All digital recordings were stored on the personal laptop of the researcher. The only people who will have access to the field notes, recordings, and transcriptions are the researcher, participants, and dissertation committee (upon request). Each participant was assigned a new name in the transcriptions and final report to protect identities. The new names were identified next to the original names on the consent forms stored in a confidential folder.

**Interviews.** I employed in-depth interviews to obtain the lived experiences of students with chronic physical impairments who are persisting at a rural community
college. Interviews were conducted with each participant using an interview guide (Appendix E). An interview guide is a list of questions and topics to be discussed during the interview but is not a prescribed list of questions like in a closed or fixed interview (Patton, 2015). According to Moustakas (1994), a phenomenological interviewer is “responsible for creating a climate in which the research participant will feel comfortable and will respond honestly and comprehensively” (p.114). Using an interview guide versus fixed or closed questions allows for a more conversational interview to take place and also provides the researcher with a comprehensive list of topics to be explored consistently throughout each interview (Patton, 2015).

The sequence and exact wording of the questions was determined during the interview. The semi-structured nature of an interview guide allowed me to probe topics that arose from the participants’ responses (Patton, 2015). This allowed themes to emerge naturally and to be investigated with further depth. As the researcher of a phenomenological study, it was more of a concern to have substantial depth in my inquiry as opposed to breadth. Because depth is of higher priority, the length of the interviews and number of participants was adjusted accordingly as the study progressed (Patton, 2015). The interview guide questions were grounded in the theoretical readings of resilience and thriving.

The structure and content of the interview guide used for this study is based on Seidman’s (1998) three-interview series. This phenomenological approach involves three interviews that have different focuses with the goal of having participants reconstruct their history and experiences associated with the topic under study. In this study, I
conducted one interview that maintained the structure proposed by Seidman in the
interview guide. According to Seidman (1998), “as long as a structure is maintained that
allows participants to reconstruct and reflect upon their experience within the context of
their lives, alterations to the three-interview structure and the duration and spacing of
interviews can certainly be explored” (p. 15). The goal of Seidman’s three-interview
structure is to establish the context of the experience by exploring participants’ lives up to
present time, to focus on the details of the experience, and to focus on having participants
reflect on the meaning of their experiences. Rather than conduct three separate
interviews, I conducted one interview that specifically addresses each of the three
components suggested by Seidman. Through this structure, participants were able to
frame their experience and reconstruct and make meaning of their experiences by
providing a comprehensive description of their lives in relation to the topic under study.

I recorded and took field notes on each interview. Interviews lasted between 60
and 90 minutes. The purpose of taking notes throughout the interview was to help
formulate new questions along the way based on the content of the interviewee’s
responses. Taking notes also aides in the analysis of the data after the interview is
conducted. Note taking and reflexive journaling after the interviews was a valuable
method for monitoring my own biases and the experiences of others (Patton, 2015).

**Data analysis.** Through the phenomenological methods of bracketing,
phenomenological reduction, and imaginative variation, I underwent a rigorous process
of analyzing the data of 14 interviews. I went through each of the phenomenological
methods described earlier to capture the essence of being a student with a CPI who is persisting at a community college.

Analyzing the data of the participants began as early as the transcription process. As the researcher, I made a conscious decision to transcribe the interviews myself as opposed to hiring a third-party to complete this task. When the researcher transcribes the content, she is better able to bracket herself from the experience and focus on the words being spoken by the participants (Nelson, 1989). It is the process of starting and stopping and rewinding the recording over and over again that provides a unique and new perspective for the researcher (Nelson, 1989). While I transcribed the interviews, I kept a journal to make notes of memorable phrases or themes that occurred in the interviews. Some of the phrases I recorded included “keeping my eyes on the prize,” “it’s fun,” and “it’s what God has dealt me.” This helped provide guidance when I began interpreting the data and identifying themes. I also used reflexive journaling to monitor my own biases and predispositions. In an excerpt from my journal after interviewing Simon, I explained:

There were times when I wanted to jump on certain topics and talk about them more in the interview but that was mostly motivated by my own personal experiences. I could relate to the part in the interview about the physical therapists feeling like family. I could also relate to Simon building his gym. It’s the, “I conquered it even though I didn’t believe I could” attitude. I recognize these interests as being revealing of my own “self’s” that Peshkin (1988) talks about. I’m not ready to label my “I’s” yet but will continue to be conscious of them.
To remain conscious of these biases, I reviewed my journal before each interview, during the transcription process, and throughout the data analysis process. This helped me focus throughout the transcription process on the words that were being spoken by the participants and not by my internal voice which enabled me to bracket the experience (Nelson, 1989).

After I transcribed the first three interviews, I shared the transcripts with a colleague to reflect on the content. This portion of the research process helped establish credibility through a technique known as peer debriefing (Lincoln & Guba, 1985). This exercise allowed me to gain a more dynamic insight into my interviewing techniques and become more aware of my biases. It also helped me analyze the content of the interviews from a fresh perspective. I used peer debriefing three times throughout the data analysis process: once after the third interview, once after the eighth interview, and once after the final interview. I also used a peer to discuss my final interpretations to gain additional perspectives. Taking notes, journaling throughout the transcription process, and identifying common phrases and themes after each transcription helped me determine when I reached saturation.

After the first eight interviews were conducted and transcribed, I reviewed each transcript to begin identifying themes. All sorting and analyzing of the data was executed in Microsoft Excel. In this process, I did not allow the themes identified from one transcript influence the next as best as possible. I did this by reviewing one transcript per day. I did not assign a general set of themes in the analysis of the first eight interviews because I did not want to prematurely assign themes and risk overlooking the intricacies
of the student’s experiences. According to Van Manen (1990), “The meaning or essence of a phenomenon is never simple or one-dimensional. Meaning is multi-dimensional and multi-layered” (p. 78). Even though some of the themes in the first eight transcripts were similar, reviewing each transcript as separate from the others allowed me to recognize subtle differences that may not have been noticed had I prescribed the same set of themes for every transcript. Again, I developed this process to allow as many complexities and dimensions of the experience to emerge as possible. The themes for the first eight participants are shown in Table 3.

Table 3.

Themes of Initial Eight Participants

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<td>Mobility</td>
<td>Occupy mind</td>
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<td>Ups and downs</td>
<td>Pride</td>
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<td>Psychological challenges</td>
<td>Learned from health condition</td>
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<td>Visible disability</td>
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Adaptations                                Facilities
Acceptance                                 Acceptance
Pride                                      Acceptance
Relationships                              Acceptance
Humor                                      Acceptance
Psychological Counseling                   Acceptance
Backup plan                                Acceptance
High expectations for self                 Acceptance
Resilience                                 Acceptance

Rachel

- The condition
- Academic challenges
- Adaptations
- “That person”
- Planning
- Acceptance
- Health triggers
- Academic Adaptation
- Learned from the past
- Occupy mind
- Pride
- Learned from health condition
- High expectations for self
- Psychological challenges
- Self-fulfillment
- Resilience
### Table 3: continued

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<th>Psychological challenges</th>
<th>Physical challenges</th>
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<th>Pride</th>
<th>Adaptation</th>
<th>Campus resources</th>
<th>Safety net/fall back</th>
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Table 3: continued

- Relationships
- Ups and downs
- Escapes
- Empathy

**Simon**
- The condition
- Academic challenges
- Embarrassment
- Relationships
- Adaptations
- Fatigue
- Outside resources
- Escapes
- On campus resources
- Disclosing condition not worth it
- Having a vision/goal
- Acceptance
- Introvert
- Condition doesn’t define you
- Frustrations
- Good/bad day

After the first eight transcripts were reviewed in the process described above, I began to recognize the redundancy in developing new themes. I felt like I was developing new themes with synonymous words. Nothing new was emerging. At this point, I compiled the themes from the eight interviews and developed a common set of themes to use to analyze the remaining six interviews. Through this process, the following 16 themes were identified and used to code the remaining six interviews: facing academic challenges, adapting to impairment, having relationships, pushing through, having pride, accepting impairment, having a plan, escaping reality, focusing on a goal, empathizing with others, finding the bright side, concealing condition from self and others, facing psychological challenges, facing physical challenges, using resources, facing challenges outside school and health. After I analyzed the remaining six transcripts with the common set of themes, I re-themed the first eight transcripts with the 16 themes that were established.

Statements from each of the interviews that were reflective of the sixteen themes were clustered and sub-themed. For example, all of the statements that were identified as
pushing through were analyzed and sub-themes were developed. Each of the sub-themes identified for each of the sixteen themes are shown in Table 4.

Table 4.

*Sub-Themes Identified for Each Theme*

<table>
<thead>
<tr>
<th>Facing academic challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Challenges with subject content</td>
</tr>
<tr>
<td>• Missing class and scheduling issues</td>
</tr>
<tr>
<td>• Concentration and focusing</td>
</tr>
<tr>
<td>• Study habits</td>
</tr>
<tr>
<td>Adapting to the impairment</td>
</tr>
<tr>
<td>• Adjusting to student life</td>
</tr>
<tr>
<td>• Adjusting to daily living</td>
</tr>
<tr>
<td>• Adjusting to schedules</td>
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<tr>
<td>• Adjusting careers</td>
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<tr>
<td>• Adjusting mentally to impairment</td>
</tr>
<tr>
<td>Relationships</td>
</tr>
<tr>
<td>• Keeping distance from others</td>
</tr>
<tr>
<td>• Relating to others</td>
</tr>
<tr>
<td>• Having someone to rely on</td>
</tr>
<tr>
<td>• Motivated by others</td>
</tr>
<tr>
<td>Pushing through</td>
</tr>
<tr>
<td>• Pushing through class time and homework</td>
</tr>
<tr>
<td>• Quitting is not an option</td>
</tr>
<tr>
<td>• Taking it one day at a time</td>
</tr>
<tr>
<td>• Knowing when to quit-when not to push through</td>
</tr>
<tr>
<td>• Seeking alternatives to push through</td>
</tr>
<tr>
<td>Pride</td>
</tr>
<tr>
<td>• Pride in academics</td>
</tr>
<tr>
<td>• Pride in their identity</td>
</tr>
<tr>
<td>• Pride in being a role model</td>
</tr>
<tr>
<td>Accepting impairment</td>
</tr>
<tr>
<td>• Unwilling to accept that it will control you</td>
</tr>
<tr>
<td>• Willing to accept that it is part of life</td>
</tr>
<tr>
<td>Having a plan</td>
</tr>
<tr>
<td>• Using disability services as a backup plan</td>
</tr>
<tr>
<td>• Having a backup plan</td>
</tr>
<tr>
<td>• Sticking to future plans</td>
</tr>
</tbody>
</table>
Table 4: continued

- Having a daily routine

Escaping reality
- Mental escape
- Relational escape
- Spiritual escape

Focusing on a goal
- Motivated to get a degree
- Motivated by family (kids, grandkids, etc.)
- Motivated to succeed

Empathizing with others
- No sub-themes identified

Finding the bright side
- Using humor or jokes
- Viewing the challenges as fun or beneficial
- Comparing something to a worse situation
- Avoiding a negative viewpoint

Concealing condition from self and others
- Embarrassment or sadness
- Does not want to be different
- Not necessary to tell others

Facing psychological challenges
- No sub-themes identified

Facing physical challenges
- Having bad days
- Learning about condition and how to balance
- Taking medications
- Dealing with fatigue and focus

Using resources
- On campus resources: disability services
- On campus resources: advice to others
- Off campus resources

Challenges outside school and health
- No sub-themes identified

To gain additional variant perspective, I re-analyzed the data through the universal lifeworlds identified by Van Manen (1990): temporality, spatiality, corporeality, and relationality. To do this, I set all of the developed themes and sub-
themes aside and read through the transcripts with only the four lifeworlds in mind.

Throughout this process, each statement from the interviews was sorted into one or more lifeworlds. By reexamining the content of the transcripts from these four perspectives, I further exercised the process of phenomenological reduction and imaginative variation. The goal of imaginative variation is to identify and describe the central structures of the phenomenon by reflecting on the data and examining it in many different ways (Patton, 2015). Again, moving through this process helped me gain additional perspectives.

After the transcripts were analyzed through the four lifeworlds, I created 254 distinct groupings of quotes based on the following sorting criteria: four lifeworlds, 16 themes, and 47 sub-themes. This process essentially forced me to analyze every theme and sub-theme through the four separate lenses (relationality, temporality, spatiality, and corporeality) suggested by Van Manen (1990). Through this process, I gained the ability to identify the essence of the experience through multiple perspectives. A summary of the data analysis process is shown in Figure 1. Ultimately, these analysis processes led me to six themes capturing the lived experiences of students with CPIs who are persisting at a community college. These themes will be discussed in Chapter 4.
Figure 1. Data Analysis Process
Credibility Techniques

According to Patton (2015), “generating meaningful and useful qualitative findings through observation, interviewing, and content analysis requires discipline, knowledge, training, practice, creativity, and hard work” (p.15). Several techniques were used to ensure the trustworthiness of this qualitative study to generate the meaningful qualitative findings that Patton describes. I used the following criteria to ensure credibility and meaningful results: (a) constant comparison, (b) thick description, (c) peer debriefing (Lincoln & Guba, 1985), and (d) reflexive journaling (Peshkin, 1988).

Throughout the interviewing process and the analysis of data, I took detailed notes. These notes were used to help identify themes, to recognize my own biases, and to control for subjectivity (Patton, 2015). This process enhances my instrument and builds my credibility as the researcher (Patton, 2015). Because I have a personal experience with being a student with a chronic impairment, I chose to use a credibility technique known as the Peshkin I’s to more accurately identify how my own experiences affected my perspectives and interviewing techniques throughout the research process (Peshkin, 1988). This technique involves detailed journaling throughout the research process to become acutely aware of my own subjectivities. Throughout the journaling process, I read and reflected on my own thoughts to identify my subjective “I’s.” This process enabled me to manage my own subjectivities and consciously attend to them throughout the research process.

The subjectivities I identified and consciously withheld throughout the interviewing process and interpretation of data included my subjectivity as a teacher, my
subjectivity as a student with an impairment, and my subjectivity to more readily relate to the participants who were veterans. Even though I am not a veteran, I became aware of my tendency to more easily relate to these participants. I believe this subjectivity originates from being a former collegiate athlete who also seeks camaraderie and endures pain in a similar fashion to the veterans described in this study. Despite these subjectivities, the credibility techniques discussed in this section enabled me to control them.

Through the use of detailed notes and transcriptions, rich, thick descriptions are provided in the methodology and results section to increase the transferability of this study (Lincoln and Guba, 1985). As the researcher, I made the conscious decision to transcribe the interviews myself. It is through the transcribing process that credibility is increased because it allowed me to more easily detach myself from subjectivities and focus on the words and experiences of the participants (Nelson, 1989). This process also enhanced my ability to interpret the meanings of the participant’s experiences (Nelson, 1989).

Peer debriefing (Lincoln & Guba, 1985) was also used throughout the analysis and interpretation of data. This technique involved using colleagues who were not directly involved in the study but had some knowledge of the research topic. During the peer debriefing sessions, opportunities arose to challenge my thoughts and add fresh perspectives to the study. The colleagues who participated in this exercise read a few transcripts before discussing them with me. Not only did this technique establish credibility but it also ensured dependability (Lincoln & Guba, 1985).
Summary

In this chapter, I provided an overview of the methodological framework that I used to guide this study. I also included a detailed description of how this research topic relates to me and how I bracketed the topic under investigation. All of the confidentiality standards described in the informed consent form were upheld to the highest standard. A rigorous and thorough data analysis process grounded in phenomenological methods was established. Through this meticulous and at times non-linear process, I will describe the essence of the lived experiences of students with CPIs who are persisting at a community college in the next chapter.
Chapter 4: Results

In this chapter, I present the results of the 14 interviews conducted at a small rural community college in Appalachia. After a careful analysis of the transcripts from each of the interviews, I identified six major themes that help capture the lived experiences of students with CPIs. The six themes I identified include the following: recognizing the peaks, valleys, and plateaus; focusing on the bright side and accepting the dark side; keeping their “eyes on the prize;” engaging in a “fellowship;” coaching one’s self; and connecting with environments. In the first section of this chapter, I present an overview of the bodily experience of the participants. I do this to build a foundation for understanding the more complex experiences of the participants. In the second section of this chapter, I identify and describe in full detail the six themes that emerged. As I report these results, I hope to bring to life the essence of being a community college student with a CPI to answer the following research question: what are the lived experiences of students with chronic physical impairments who are persisting at a rural community college?

Overview of the Bodily Experience

Living with CPIs presents many physical challenges that ebb and flow depending on the circumstances. Every participant described in some capacity the trials and tribulations they face when dealing with their bodies. As already identified in the section above, the physical impairments of the participants in this study were wide ranging. Despite these differences, all the participants indicated they experience pain and discomfort by using words to describe their health impairments such as constant pain,
sharp pains, excruciating pain, constant discomfort, hurts, throb\ring, uncomfortable, and cramps. Some of the participants had difficulties describing their pain in words but were still able to convey that they experienced discomfort. Hunter said, “I mean it’s just really uncomfortable. I don’t really know how to describe it other than the word uncomfortable.” Landon also struggled with describing the pain he experiences but was able to acknowledge his discomfort by stating, “if you’re hurtin’, you’re still alive!”

Other participants, however, were better able to articulate the pain they experience through a general description of their impairment. Roxie, for example explained:

A cluster migraine can last anywhere from a day up to years. I mean it’s just a constant headache and it will, uhm…it will feel like someone is shooting you in the head; and then it might ease up a little bit and then BAM, it hits again. It’s just constant. It’s a constant battle. It wears me out.

Even though these general statements about pain and discomfort were revealing, a more in-depth understanding of the participants’ bodily experiences was apparent when they referred to their daily activities. Six of the participants described their morning rituals and, particularly, getting out of bed as a way to illustrate the pain and discomfort associated with mobility. Liz, Simon, and Sara recognized that they do not get out of bed for the day if they are experiencing severe pain. Simon explained:

Some days I have so much pain I just don’t even come here [referring to school]. I will just tell them that I just can’t make it today. There is just no way. Like I cannot get out of bed because it will hurt that bad. I just lay in bed. . . Um, I only
get up if I really need to do something. I just stay there mostly. Maybe I will work on an assignment or something as long as my back is propped up with a pillow or something.

Roxie, Kristi, and Heath also framed their pain in the context of getting out of bed, except that they acknowledged that despite their pain, they are still able to get up and function for the rest of the day. Heath said, “I get out of bed slowly. I basically roll out of bed because I can’t just pop up anymore.” Roxie also describes getting out of bed as a similar experience to Heath’s. She explains, “it’s funny because sometimes I just have to roll out of bed and just crawl because your bones get so stiff. Your joints, they get so stiff that you just…oh, you need a grease gun!”

Getting out of bed was not the only way participants described their pain and discomfort. Seven of the participants described their physical challenges by describing the struggles they have with the chairs and physical layout of the classrooms. Heath described the chairs in one of his classrooms as “horribly uncomfortable” and Landon explained that the chairs in the classroom make it “really difficult” to sit for an entire class period. In addition to the chairs in the classrooms, Liz described her pain through the context of the physical layout of the classrooms. She felt like she has to “strain” to turn and look at the projector screen because the layout of the classroom is not conducive to viewing content presented by the instructor.

Fatigue also played a role in the daily lives of the participants. Roxie, Anna, Lucas, Kallie, Kristi, Simon, and Sara mentioned fatigue as something they struggle with because of the pain and discomfort they endure. Roxie described her recent experience of
coming home from work, “[I was] just so exhausted…not just from work but from trying to maintain with a headache. I am exhausted when I come home. I take my little dog, jump in bed, and we go to sleep.” Lucas also described a similar experience when coming home from a long day, “I would go home and sit down in a chair and I would be out within five seconds. I would be out.”

Even though all of the participants continue to persist in college and in some instances maintain jobs while attending school, frustrations were still expressed at times when describing the battles they face when dealing with their bodies. Anna described her CPI as “wearing her down” and Simon described his fatigue as being “at the top of the list.” He explained, “I rarely feel like doing anything. I often push myself to do stuff.” Sara expressed fatigue as being a “huge issue” with all of her CPIs.

Even though pain, discomfort, and fatigue played a large role in the physical challenges of participants, they all recognized that highs, lows, and even average run-of-the mill days when living with a CPI exist. It is for this reason that I present my understanding of the essence of the experience of students with CPIs in the first of six major themes entitled recognizing the peaks, valleys, and plateaus.

**Theme 1: Recognizing the Peaks, Valleys, and Plateaus**

One of the major challenges living with a CPI is that chronic health conditions fluctuate regularly and unexpectedly and often require daily maintenance (Smith, Taylor, Newbould, & Keady, 2008). All of the participants made some reference to having frequent fluctuations in their health conditions disrupting their daily lives. Participants often referred to their inconsistent health conditions by making comments such as “some
days are better than others” (Heath), “my days vary” (Lucas), and “I have had a lot of ups and downs” (Kallie). Overall, the participants consistently recognized that they experience good days (peaks) and bad days (valleys) and have the goal of maintaining balance or average days (plateaus). I chose to describe this first theme through the concept of peaks, valleys, and plateaus because it implies constant movement between highs, lows, and levels in the lives of the participants. In other words, they rarely perceive themselves as getting stuck in a valley on a bad day and there is often hope that a new day brings movement to an average day or good day.

Participants perceived the movement between peaks and valleys in their lives as a normal part of life and not as something unique to them or their conditions. The rotation of peaks and valleys occurs so frequently that phrases such as “it’s common” (Heath), “you get used to it” (Liz), and “it’s a daily thing” (Roxie) were used. The participants also frequently used the word “just” in front of their descriptions to imply that their bad days are simply a routine fact of life that everyone, both the impaired and non-impaired, have to endure. Heath described what it was like to have a bad day, “I just kind of bear it. I mean when you live with chronic pain, you just [emphasis added] kind of get used to it...you know?” Rachel also consistently used the word “just” in her description of an experience of a bad day: “...you just [emphasis added] have to be careful. You have to be careful. You just [emphasis added] can’t have certain things [referring to foods that she can’t eat]...and that’s ok!” Liz also shrugged off her “woeful” days by stating, “everybody has something. . . you can’t sit there and just [emphasis added] keep making it the biggest thing of your life (Liz).”
In addition to perceiving the fluctuations between peaks and valleys as part of life, it was common for participants to describe their days as largely unpredictable. Roxie, Dylan, and Heath who all experience orthopedic pain in their joints, have good days and bad days depending on the changes in the weather. Even though the fluctuations were unpredictable, they were still described in an “as a matter of fact” manner. Heath explained:

Uhm, like I said…depending on the weather…the weather can uh…affect my arthritis, my foot, even my back. Cold, even rain, and storms and stuff. Uhm, it comes and goes. It’s not predictable at all. I can have a good day and then tomorrow I will be in an excruciating amount of pain and come back the next day and it’s just fine. It just [emphasis added] comes and goes whenever it wants.

For others, a downturn in health conditions was even more unpredictable but equally perceived as another fact of life with which everyone has to cope. Rachel explained:

Uhm, you will have periods of a flare and then you will have periods of remission. Flare and then remission, flare and then remission; and I am on the end of a flare. I can be in a flare and it can be nothing but potatoes and chicken and still be sick and I can be in remission and eat salad and be perfectly fine so it’s just kind of random. So, I have learned how to just [emphasis added] have a lot of order to try to control it; because if I don’t try to control it, then it kind of controls me.

Kallie described the unpredictability of the peaks and valleys in her life in a similar to Rachel and Heath. She explained:
I have had a lot of ups and downs. Every time like I will be ok for a while and then something will happen like this last time with the septic shock. Yeah, there has been a lot of stuff that has happened. It has been five years since this started. A lot of stuff has happened. Every time things seem like they are really, really good, something happens; and then every time things seem like they are really, really bad, something brings it up. So it is just back and forth and back and forth.

To further illustrate the unpredictability and frequency of change from day to day, Landon explained, “I really couldn’t say a typical day because I can go like two weeks where it doesn’t really bother me and then I could have ten straight days where it hurts to sit.” Liz also tried to quantify the number of good days and bad days that she experiences by stating, “ninety percent of the days I’m fine, but there a few days when it’s…I just want to go home.” The inability of the participants to quantify the frequency of peaks and valleys in their lives implies that they do not let their impairments control them. They are not counting the number of peaks and valleys they encounter; they just take it as it comes.

The participants also recognized that whenever they are in valleys, it is inevitable that a better day is in the near future. Kallie explained, “you just have to understand that when something bad happens, it’s going to be ok again.” In other words, the participants found comfort in knowing that the passing of time often brings relief from the valleys or bad days in their lives. Liz articulated this recognition of the passing of time well when she described her thought process during a class when she was feeling bad.

What’s going on in my mind is I’m just counting down the time until I can go home and I can just lay down. Uhm, but most of the time I just try to talk to
myself. Like, “ok, it’s fine. You’ve just got a half an hour...like you’ll be ok!”

You know, I know it sounds crazy but a lot of times I just do. I just have to talk with myself. I will just be like, “please, just calm down for five minutes. We’ll be ok. . . . it’s going to be one of those nights.”

Often, participants have little control over how they feel from day to day; so, they approach their lives as if they can achieve balance or reach a metaphorical plateau through a positive mindset. Simon explained, “don’t let it [your impairment] define you. Don’t let it be who you are. Just let it be something that you have but don’t let it control what you can and can’t do.” This state of balance may not necessarily be what the participants experience, but it is their goal to believe that they are in a state of balance to endure the constant physiological fluctuations in their lives. Roxie also explained:

I try not to let it affect my mood. I mean I really try. I’m a pleasant person by nature but—and I try to stay that way even if I have a screaming headache and it’s not their fault. That’s anywhere in public and like at work yesterday. . . . I wanted to rip people’s heads off [laughs] but you know, I know it is not their fault and that you just have to learn to deal with it. So, that is what I do.

Each of the 14 participants in this study had a wide range of impairments causing dramatically different side effects. Despite these differences, it was still clear that students recognized they have many peaks and valleys in their lives but are no different than their non-impaired peers. When enduring the “bad” days, none of the participants described themselves as feeling trapped or unable to recognize that all good days and bad
days pass with time. The participants also recognized it is important for them to maintain a life of balance on a plateau despite frequent fluctuations in their physical health.

**Theme 2: Finding the Bright Side and Accepting the Dark Side**

As discussed in the first theme, students face constant change in their physical health from day to day. Part of coping with these constant fluctuations is acceptance. Participants recognized that acceptance is part of progressing through life as a college student. In this section, I will describe how acceptance, positivity, and maintaining a healthy perception of the self play a role in finding the bright side and accepting the dark side of living with a CPI.

**Acceptance.** According to *Merriam-Webster* (n.d), there are three definitions of the word *accept*—to endure without protest or reaction; to regard as proper, normal, or inevitable; and to recognize as true. The participants in this study adopted a life philosophy closely aligned with all three of the definitions of the word accept. They endure their hardships without resistance; they recognize that bad days are inevitable; and they recognize that hardships are the truth to living with a CPI. A characteristic of the participants discovered in this study is that students follow the criteria above when it comes to acceptance, but they are flexible with the criteria they set for themselves when determining what is acceptable and what is not.

Participants indicated they were willing to accept their struggles with their impairments as part of life. In other words, they adopt their impairment as normal and as a truth in their lives. Common phrases used to convey this level of acceptance included:
“you just get used to it” (Liz), “you just have to learn to deal with it” (Roxie), “yeah . . . it’s common” (Heath), and “you have to accept it” (Kristi).

Sara explained how acceptance plays a role in her ability to build confidence and move on with her life.

It took about a year to get used to using the cane and being comfortable using the cane, I guess. Because I think that any time you start out using something you are super self-conscious. It’s like I got my new wheelchair the other day and I went on my first outing to a concert with it and it was just super awkward and I remember feeling that way when I first got my cane too. And I am like it’s just gonna take time. It’s kinda like you’ve got to fake it ‘til you make it kinda deal. ‘Til you gain confidence which has been my motto about everything.

Rachel was also able to convey how accepting her impairment plays a role in her ability to cope with circumstances at school. She explained that she does not notify her teachers when she has to get up during the middle of class. She explained:

I don’t think of it as something that affects my daily life. I am so used to it that I don’t think that it’s important to know. If I have to go the bathroom, I have to go to the bathroom.

In other words, Rachel has reached a point in her life where she is able to accept that leaving class for health reasons is appropriate. She does not let this one thing in her life drag her down.

Even though it is clear that participants use acceptance of their impairment as a way to push through their everyday lives, they develop criteria for how much they are
willing and unwilling to accept. As discussed above, the participants are willing to accept that they have an impairment and it has become a permanent part of their lives. Participants place a boundary, however, around accepting their impairments as something that can control them. Simon explained, “don’t let it define you. Don’t let it be who you are. Just let it be something that you have but don’t let it control what you can and can’t do.” In a similar fashion to Simon, Rachel explained, “I have learned how to just have a lot of order to try to control it; because if I don’t try to control it, then it kind of controls me.” Other participants described the boundaries that they place around the degree to which they accept how much their impairments control their lives by resisting the use of certain handicap accommodations.

Some participants refused to use supports such as handicap parking passes and elevators because they feel as though using these accommodations would be giving up or succumbing to their impairment. Heath explained:

I do not have a handicap pass. I would still prefer to try to walk when I can because uhm…I don’t like feeling handicapped, I guess; and as long as I can still walk to it…I’m going to try.

Dylan also explained similar feelings of resistance towards accepting the use of accommodations at an amusement park:

You know my goal is to just be able to walk from point A to point B through that park and try to survive. I don’t want to get the wheel chair. The park offers wheelchair…the electronic ones or the push ones; but I am one of those that is afraid
that as soon as you give up, you won’t go back. I don’t want to sit down and say I can’t. . . . I don’t like that word. I’ve got to make it.

Even though the participants did not want their impairments to be an excuse for giving up, they recognize that they must be flexible and accept the fact that on certain days they need to listen to their bodies. The criterion that is used by the participants to determine when it is acceptable to let an impairment control them varies from person to person. Anna explained:

So, my advice to any of them [referring to any student with an impairment] would be, don’t push it. Do what you can. If you can, try to not stress or worry. Do it tomorrow. And, with me, if you’re stressing, get up and take a walk. Take a breather. Close your book. Walk away for a little bit, and if you can, leave it alone, do it tomorrow. I know a lot people don’t push things off until tomorrow because they think they can do it today but that ain’t always true . . . . Sometimes you just need to let it go.

When participants allow their bodies to heal through rest, it often results in skipping class and staying in bed. Even though the students recognized this is sometimes necessary, they made it clear they do not let this option become a reality on a regular basis. The participants have developed a strong sense of positivity over who they are and what they have to face. These two qualities are driving factors to maintaining strength in having flexible criteria for when they are willing and unwilling to accept the challenges that their impairments present.
**Positivity.** Living with a CPI is challenging. It can lead to depression, anxiety, and feelings of hopelessness (Centers for Disease Control and Prevention, 2012). As already identified, the participants in this study experienced constant pain and discomfort. A commonality between the participants was they rarely used negativity to describe their lives as students, instead they conveyed their experiences through a positive lens. The participants used humor to joke about their impairments, they described the challenges they faced as fun or beneficial, and they compared their situation to a worse situation by acknowledging a negative viewpoint.

Humor was a way for students to shrug off their frustrations. It was a way for them to cope with the continuous strenuous cycle of their impairments. Roxie asked, “I mean what else are you going to do if you aren’t going to laugh about it (referring to pain and discomfort)? You can’t…I mean, you can’t…” Liz also viewed laughter as the only option as a way to cope. She explained:

I think a lot of times it is just one of those things that I just have to laugh about and just move forward and get over it because that is what God dealt me and that it is what it is. I can’t change that. . . I feel like it is just easier to laugh about it and to just act like it’s another day because I have seen people that make it the subject of their life.

Even though the focus of this study was on chronic physical health impairments, participants still talked about some of the mental health challenges they face as a result of their impairments and other life challenges. Heath not only saw laughter as a way to
downplay his frustrations with his physical health but he also recognized the mental health benefits of laughing too. He explained:

I’m always joking, though. That is another thing, you know with like mental health—uhm, I think that helps me too—is laughter. I have always liked to make people laugh. I have always been the class clown, I guess. Uhm, and that makes me feel good. You know? I don’t like being angry. You know, it happens but I don’t like to so, I would rather make people laugh even if that is at the expense of myself.

Dylan also found that laughing with others and focusing on someone else’s problems was a method he commonly uses to push through his rough days. He explained:

The thing I try to do to have a good attitude is you know I try to have some way to cheer somebody up. You know when I am hurting I just try to make somebody else laugh or make somebody else feel better. You know try to help somebody else with their work or their problems and actually when it puts me in a good mood it actually sort of makes me forget about the stuff I am dealing with at the moment. So, that is the only way I can deal with it at the moment.

Humor was not the only way in which students were able to find the bright side in their challenging lives. Students often referred to their most challenging experiences as fun. Many even viewed the ongoing learning process they have to undergo with their constantly fluctuating symptoms as challenging but beneficial. They view their weaknesses as a catalyst to learning something new that will make them a stronger and
better person as a result of it. Rachel explained how school and coping with her impairment have built this strength:

Can I do it? Just with the ulcerative colitis. Because I couldn’t cope with it last time. Can I cope with it this time? Can I juggle all of the balls in the air and get my work done and still have a life other than being a taxi (for her kids) and doing homework. It’s been a good thing. I think when you get to a certain age, you just think that you can’t learn anything else. You know it is not conscious in your mind but it’s been really a good experience (referring to her experience as a student). It really has. It has been uncomfortable because it has really pushed me—because for how many years—if I didn’t feel good, I just stayed at home.

Lucas also views his experiences with school and being a student with a CPI as challenging but fun and beneficial. He has used the knowledge that he has gained through nutrition classes to help him cope with his diabetes. He explained:

I will go through my nutrition book . . . the doctors say this and this book says this, I’ve got to convert these, how am I going to do this!? It’s fun! But I do it! . . . I always say fun but that’s how I look at it. If it’s not fun, then I would be like, “man, I really don’t want to do this.” So, I look at everything as in a positive way. It’s fun. It’s interesting. I’m learning. I will still be learning. It’s all good!

Another way in which participants were able to maintain positivity was to compare their situation to something worse. In some cases, the worse situation they compared themselves to was something they experienced in the past.

Kristi explained:
Yeah, it is very motivating. I look back and see everything I have been through and I’m like, “nope anything that comes to me is not going to be half as bad as that.” Like I can do it. That is how I look at things anymore.

Landon, a retired veteran who was deployed four times in the Middle East, was able to find strength on the days that he experiences pain by comparing his current experience to his past life as a soldier. He explained:

I guess just having been in some of the places that I have been and seen some of the things I’ve seen. Ok, it ain’t that bad. [laughs]. You know? Earlier I kind of alluded to how I’ve got a lot of friends who are a lot worse off than me. I’ve been in a lot worse conditions than when I am sitting in a classroom. I guess that is a lot of perspective. Just based off of my experience in life. You know a running joke down there in the office [the veterans’ resource center]…people are stressing out…you know you’ve got 18 or 19 year old kids getting stressed out over exams…It’s like, “you don’t know what stress is.” I’m not in a tent, in a 150 degree desert, taking indirect fire, getting shot at with AK-47’s…It’s a test! You know? So, I think life experiences have shaped a lot of it. And just how I look at it personally. No matter how bad I’m hurtin, it could always be worse.

Kallie, who has pulmonary hypertension and is a liver transplant recipient, was also able to compare her current situation to others and her past health experiences to find positivity. She explained:

So just to be where I am today at 125 pounds, walking around doing whatever I want to do, it feels a lot better just from a liver transplant standpoint let alone
from the pulmonary hypertension that I am able to do stuff because most people with pulmonary hypertension can’t do the things I can do. . .mine is still moderate and that is surprising so I do not know why I can do what I can do. It does not make sense. . . I have seen some people who have gotten diagnosed and then they just act like their life is over and I don’t think—I think that you need to get the mindset that it’s not over that you can still do things that you want to do. . . . I couldn’t do anything a year ago. And I can do whatever I want now—other than this IV limits me a little bit. . . So, just try to believe that you can still have a life because you can. So, I think some people just think, oh well, “I have this so it’s over.” But it is not!

As displayed in the quotes above, the participants were often able to put their discomfort into perspective by returning to their past experiences or by comparing their current state to a worse situation. Participants also consistently made comments about how maintaining a positive mindset is important to pushing through the tough times. Phrases such as “try to be happy” (Heath), “I am happy (Rachel),” “I try to stay positive (Kallie),” and “there is something good in every day (Sara)” displays that there is an intentional effort to use positivity for motivation but not so much that avoidance of negative experiences impedes on the well-being and life-satisfaction of the participants. In other words, instead of the participants dwelling on negative experiences, most proceeded with their lives as if there are many ways to approach a challenge even when facing failure. Liz explained:
I know there is that saying like—when one door closes another one opens; but for me, it’s like when one door closes, ten open! You know? I just see so many different options. It’s like I don’t think I have ever been the person that just says this is my only option. I see like several whether you get to this point either by going through this door, this door, or this door, you have so many different ways to get there.

Despite the many challenges that participants face with both school and their health impairments, they are still able to accept their negative experiences and move on with acceptance. Another characteristic of the participants playing a role in finding the bright side and accepting the dark side was maintaining a healthy perception of the self.

**Healthy perception of the self.** When the participants talked about themselves and their schoolwork, they showed great satisfaction in who they are and who they are becoming as individuals and as students. In this section, I present how the participants’ acceptance of themselves contributed to their success as students.

Rather than rejecting who they are, participants described themselves with confidence. Liz stated, “I think if I was to be here and see myself from somebody else’s shoes I would be like, “That’s an awesome chick! She’s fantastic!” When Roxie described herself, she used the words, “independent, happy, strong, independent [laughs].” When I asked her why she used the word independent twice, she explained, “I am very independent especially now after what I have been through. You don’t want to stand on anyone. I’m me!” In other words, Roxie is determined and proud to be relying on herself to be successful. Jen also displayed her healthy perception of herself through
the comment, “I’m proud of what I am and what I’ve accomplished (Jen).” Lucas went into greater detail to explain how having a healthy sense of pride plays a role in his life. He explained:

Resilience—to me, it’s proving that you can do something in your life to better yourself and I’ve been doing that for 52 years. Since I found out, here lately with the sugar and the sleep apnea and the ADHD—people—the first year I was here people were like, “you need to go on medication.” And I’m like, “no, I’m not doing that. I’m not going to be walking around here at school looking like a zombie.” You see me sitting in the corner falling asleep. It’s not going to happen. I said, I’ve been like this since however old I was. I said, “I’m not doing it. I’ll deal with this every day.” I said, “If there is a wall and I can’t go through it, I’ll find a way around it somehow.” But I always do.

As displayed in this quote, Lucas is proud of who he is despite what people think of him. He has developed a strong sense of self and has accepted who he is and who he wants to be as a student with a CPI. Anna, is also proud of her identity as a student. She explained:

I wanted to go to college! [Laughs] I wanted that college life, I mean it’s not a big major university. I didn’t have to live in a dorm; I had my own place. But at home, I’ve got Phi Theta Kappa shirt hanging out. I’ve got my beads. I’ve got my cap and gown that sticks out. I’ve got my posters and pictures stuck on the refrigerator and that. It’s kind of like my dorm is at home. Uhm, I always dreamed of going to college. I wanted to join that fraternity. I wanted to be a part of this and that. And I figured the only way I was gonna get known and make my
networks and to make those connections to succeed what’s done was to join things and get involved.

Anna is a 44-year-old student who summed up the concept of having a healthy sense of pride by stating, “I think I’ve come to learn that I am who I am, but I am who I am because that’s who I want to be!” In other words, Anna has embraced the challenges she faces to move on with her life as a student and grow as an individual. The participants also displayed a healthy sense of pride in their academics.

When the participants talked about their academics it was clear they have high expectations for themselves. Lucas, Dylan, Landon, Simon, Jen, Roxie, and Hunter mentioned the tutoring center as a valuable resource for academic support. These participants made it clear they do not hesitate using this resource and expect themselves to use it when needed. The participants use the tutoring center to stay motivated. Lucas explained, “[it] keeps me level and keeps me focused on what I need to get done because I want this degree.”

Earning A’s was also at the top of the priority list for many of the participants (Sara, Anna, Landon, Heath, Lucas, Dylan, Rachel, and Roxie). Some participants found receiving B’s unacceptable. For example, Kristi explained:

I always tell my kids that if you work hard and you get a B it’s ok; and they are always like, “yeah, yeah, yeah.” Now, I understand it’s kind of not. [laughs]. It’s just kind of not. Now that I am older, it just kind of means more. It just means more to me than when I was 19.
The student’s healthy sense of pride in academics was also apparent when they talked about how they celebrate their academic accomplishments. Anna posts her A-level papers on her refrigerator and treats herself to milk and cookies whereas Heath “rubs in his accomplishments” to Landon (one of the other participants in this study and his friend). Landon displayed his dedication to academics by sharing his cumulative GPA. He stated, “When I was compiling my hours, my cumulative GPA is a 3.14. I’ve got a 3.14 and that is over a twenty-year period! That’s not too shabby! I have a higher GPA than my wife!” When Lucas’s name appeared on the principal’s list, he said, “My sister Susan posted a picture of it on Facebook. She said, ‘I’m so proud of him!’ And that makes me feel good! [waver in voice] I get a little emotional, but yeah, it’s fun!”

In this section, I have explained how acceptance, positivity, and maintaining a healthy sense of self play a significant role in the student’s ability to find the bright side and accept the dark side. Part of being a student with a CPI is accepting reality while remaining open-minded to the possibility that their criteria for acceptance must remain flexible. Maintaining the ability to find the bright side was partially driven by having a positive mindset but also by acknowledging and accepting that there are challenges along the way. Students made it clear that positivity drives them on most days even though challenges still occur. It is for these reasons that the theme, finding the bright side and accepting the dark side emerged.

**Theme 3: Keeping Their “Eyes on the Prize”**

All the participants in this study talked about how they viewed earning a degree as a mission or goal. I refer to this theme as keeping their “eyes on the prize” because the
participants displayed an intense level of determination driven by their vision to earn a college degree. Within this theme, three subthemes emerged—focusing on a goal, having a plan, and pushing through.

**Focusing on a goal.** All the participants expressed passion and determination in achieving the goal of earning a college degree. The striking quality of the students’ determination was that they viewed their degree as a part of a greater mission. Sometimes the greater mission was to prove to themselves and their families that they could do it, whereas, at other times, it was to distract themselves from their everyday challenges. Participants made comments such as “my mission is to get my degree “(Landon), “I feel like it’s something that I need to accomplish” (Liz), and “I want to see it through” (Jen), to convey their strong desires to complete their goal of achieving a college degree. Even though it is clear the participants have a strong desire to achieve their degrees, the experience of getting the degree for the participants was much deeper.

When the students talked about earning their degrees, they used figurative language including analogies and imagery to help them get through the tough times. Rather than be discouraged by the temporary valleys in their lives, the participants focused on their ultimate goal to earn a degree. Dylan explained:

I realize that I have a goal that I set for myself and I try to keep my eye on the big picture and not allow the other things to you know . . . a good example would just be when you think about when Peter is walking on the water. You know he kept his eye on Jesus and he didn’t look at all of the distractions but once he did, he sunk. So, that is what I try not to do. I try not to focus on the discomforts that I
have and try not to focus on all of the challenges that are trying to yank me this way and yank me that way. I know I’ve got a goal. I am trying to focus on the big picture because again, I know I have a goal and I am going to achieve that.

Landon also used imagery as a way to push through tough times in class when he started feeling uncomfortable in the classroom chairs. For him, imagining his life without school was a motivator for him to keep going. He explained:

I just think, “Ok, I’ve got twenty more minutes. I can gut it out for another twenty minutes and then I can get up and walk around.” Uh, on my bad days, I gut it out. I see the light at the end of the tunnel. I’m almost done with my Bachelor’s degree. So, in my head it’s going to hurt if I’m sitting here in class doing something constructive or if I am sitting at home doing absolutely nothing. It’s going to hurt one way or another. So, I go the route of at least I am doing something constructive. . . . No matter how bad I’m hurtin’, it could always be worse. I guess for a lack of a better phrase. I mean are there days when I don’t really want to come to school? Yeah, there’s days like that. Everybody has days like that but I’ve got my eyes on the prize. I am almost there. I’ve got another semester to get my Bachelors.

For Lucas, imagining his degree in his hands was a motivator for him to stay focused. He explained:

I just keep pushin myself . . . . I keep motivated out here because I want that degree. That degree…that’s there. I can see it. I want that in my hands and that’s another thing that keeps me motivated is that degree. I’m like, Grrr… I want that.
I’m doing what I want to do. I’m not letting anybody stop me from doing it. I’m not letting nothing stop me from doing it. I’ve just got my eyes set on what I want and that’s what I’m going to do. I’m going to get it one way or another. Hook or by crook I’ll get it!

Focusing on a goal and using imagery was not the only way students kept their eyes on the prize.

**Having a plan.** Another common way in which students kept their eye on the prize was to develop plans. Rather than getting distracted from their everyday physical challenges, participants felt comfort in having plans to keep them focused. Many participants took as many precautions as possible to ensure they had a safety net. The plans students developed for themselves were to feel more secure in knowing they have a fallback plan for when times get tough. Some of the plans students made revolved around issues such as needing more time before and after class to cope with physical impairments, dealing with discomfort during class, and scheduling doctor’s appointments around class time.

Having plans made students feel more confident and secure in their endeavors as students. They also recognized they need to be flexible with their plans in order to react to the fluctuating conditions they face. Landon explained:

> If you can’t do it this way, how are you going to do it? And before you start anything if I can’t accomplish my goal this way, then what’s my alternative? What’s my next alternative? Doesn’t matter what I am doing, I have four plans…it is your primary plan, your alternate plan, your contingency plan, and your
emergency plan. PACE. It’s all planning. Uhm, and I think that helps me personally because I know that if something happens I’ve got three back up plans to get to the same place. A lot of it is planning.

Liz also finds comfort in having alternate plans for when things go wrong. She explained:

Even though you may run into a road block, there is always another way. There is always another plan . . . you just got to get back up and go through the other door. It’s fine. It’s not a big deal. You had a little setback. Ok, go around the other way. I think it’s not a big deal.

Participants developed a wide range of back up plans. Ten participants either signed up for accommodations through disability services or used disability services for psychological support. Often signing up for accommodations made students feel like they had a backup plan for emergencies. Landon had never used the accommodations he signed up for but explained, “it was nice knowing that I had that safety net. That plan was in place IF I needed it, which I never really had to use it.” Whether the participants used accommodations or not, simply creating a plan with the disability services office was comforting.

Another challenge students had to plan for was dealing with pain or physical disruptions before, during, and after class. Before even entering the classroom, students planned their class schedules around obstacles they knew would be a factor throughout the semester. Factors such as moving slowly in the mornings and missing classes for doctors’ appointments was a hindrance most participants could purposefully plan around when needed. Kristi explained:
I still have a lot of sharp pains in the mornings. Mornings getting up out of bed are still really hard. That is why I schedule all of my classes for like 10:30 or 11 or later. Because it takes me a lot longer to get ready now than it did. A lot longer. Especially drying my hair because they cut me so many times here . . . . It takes so much longer now.

Simon also went into detail regarding how he approaches his day knowing that he is a little bit slower at getting ready for school because of his impairment. He explained:

It is very hard to get to sleep and get up. I am never fully rejuvenated from sleep. I’m never fully awake. I’m like always tired and I always have tremors or something going on. Usually, I take some kind of ibuprofen or something so my back won’t hurt for most of the day. Um, I usually give myself like an extra twenty minutes. Just in case I am that tired and can’t get up.

Once students got into the classroom, they often had contingency plans for what to do if their health rapidly declined in the time period of one class. Sometimes these plans involved choosing seats in the classroom which would be close to the door, finding a certain chair more comfortable than the others, and bringing food and water to class as medicine. Rachel described how having a plan for when she has to get up in the middle of class makes her feel:

In the morning uhm, if I am in a flare, I will—I know where all of the bathrooms are so uhm, if I am having a rough day (which I have had a few), I would make sure I used the bathroom before the class. I went in between, this is a weird thing—uh Poise pads. If I am feeling particularly ill and I just—I have to go to
class—I just have to—I will put a Poise pad on. If I can’t make it to the bathroom I have that little bit of security in my brain that says, “relax….you’re ok! If you don’t make it, it’s ok!” Because there are times that you just can’t make it.

Other participants simply developed the plan of standing up and moving to the back of the class or taking a walk down the hall as a break. Heath explained, “typically, I just stand up and get off to the side so I’m not blocking anybody or impeding anybody’s view and yeah, if I have to walk around I just walk around.”

If developing physical plans around obstacles was not an option, participants often relied on their relationships with others as a backup plan for support. In some instances this meant using classmates to help them keep up-to-date on missed class time, using family for rides to school, or having friends and family for positive reinforcement. Roxie explained how family acts as a back-up plan for her:

But they [her family] uhm, come right down to taking care of me…they [her family] know that if I get that bad they are there and say, “mom, get to bed we will take care of this.” So, yeah they would—I don’t want to sound arrogant but they would do whatever I would need them to do to help me. Which is a good feeling. I’ve always got that to go to.

Liz even found support in having a relationship with her boss at work. She explained: “It helps a lot because then I know I have that support regardless if it has to do with my personal life, or my back, or if it has to do with work. She’s there no matter what.”

Whether it was having a backup plan to deal with challenges in the classroom or simply having the peace of mind knowing they had accommodations through disability
services in case of an emergency, participants found comfort in knowing they had a plan. With this comfort, came the ability for participants to remain focused on what they really want - a degree.

**Pushing through.** A final characteristic worth noting about the participants that helped them remain focused on their ultimate goal of achieving a degree, was having the determination to push through when times get tough. For a lack of a better way to describe the participants’ determination, they are all stubborn and are not prone to give up easily. This determined mindset was displayed in the following comments: “I just keep going (Roxie),” “I just try to stick in there (Jen),” “I just kind of bear it (Heath),” “I am a worker that is born to work (Dylan),” “I push hard every day (Kristi),” “I just gut it out (Landon),” “I’m stickin to it (Hunter),” and “you just gotta do it (Sara).”

At the end of the day, whether the participants felt good or bad, they had the mindset that they are going to earn their degrees, “hook or by crook (Lucas).” Landon, still lives by a motto his military unit developed during his former military career. He told me he has continued to use that motto in his career as a student. His motto is, “night stalkers don’t quit.” Through these comments, it is clear that keeping these participants down is much harder than their frail physical conditions may lead one to believe.

Throughout this theme, I have discussed how approaches, including focusing on a goal, having a plan, and pushing through, play a role in the ability for students with CPIs to keep their eyes on the prize. Despite the many challenges these students face, they find comfort in having a plan and focusing on the big picture. Achieving a degree is the prize
students have their eyes on the prize to help them push through with many plans to help them along the way.

**Theme 4: Engaging in a Fellowship**

As I analyzed how relationships play a role in the participants’ lives, I realized that each participant has developed a strong support network resembling a small, personalized fellowship. They enjoy feeling connected with others and find comfort in knowing they are not alone in their endeavors. Engaging in relationships with others served three primary roles for the participants. First, it fulfilled their desire to have someone to relate to; second, it provided relief for them in knowing that they have someone to rely on and; third, it motivated them to keep persisting in school. In this section, I will describe how each of these roles emerged as sub-themes of having fellowships.

Before I discuss each of the three subthemes, I would like to note that the relationships students develop and maintain for support are selective. When the participants talked about their relationships, they were very specific as to whom they were close and from whom they purposefully kept their distance. They also made it clear as to who they trusted and sought comfort from and whom they did not. For example, some of the participants purposefully kept their distance from classmates because they did not want pity or because they felt they would not “understand” them. In other instances, the participants felt open to interact and share with others if they felt they could relate to them and trust them. It is for this reason that I have used Hunter’s words for the title of this theme. He described his support network as his fellowship.
Relating to others. All participants described a strong desire to have relationships with people with whom they could relate. The participants did not want to feel alone in their experiences. Many were able to avoid feelings of loneliness by seeking out groups or individuals who had similar life experiences. For example, Landon, Liz, and Heath (veterans) are active members of the Veterans’ Resource Center on campus because they find comfort in relating to other people who have had similar military life experiences. Heath used to attend a large university with over 30,000 students. He explained in detail how transferring to a smaller community college of 1,300 students allows him to fulfill his desire to relate to others. Heath explained:

I felt stuck there [at his old university]. I just felt lost there. I didn’t even like telling people I was a veteran. I felt so out of place there. I just didn’t feel like I was part of the population. Here I have no shame in that!

Not only was having a veteran population to relate to comforting for Heath but it was also comforting for him to be able to attend a smaller campus where he could relate to a larger population of nontraditional students. He explained:

You have a higher ratio of nontraditional students here than compared to my old school. So, you’ve got older people that you can relate to who have a lot more life experience. Uh, there is also a better veteran community up here. . . . So, all of those and just being a smaller school in general you have more one on one with professors. That has helped me a lot because I did not do well in the classrooms with 250 plus people. So, all in all, this school has helped me exponentially.
Landon and Liz, who are also veterans, expressed similar feelings of relief when they talked about their relationships with the other veterans on campus. Phrases in reference to their interactions with veterans and their relief to having someone to relate to included: “they are very understanding (Liz),” “he will understand what I am sayin’ (Landon),” and “they understand me (Heath).”

The participants who were not veterans also expressed relief in having people in their lives with whom they could relate. Kallie, Simon, Sara, and Roxie find comfort in relating to people who shared similar health conditions with them. Kallie and Sara find comfort in interacting with people in online support groups. Kallie interacts with other liver transplant recipients and Sara specifically seeks out support groups for teens. She explained:

There are a lot [of online support groups] that are specifically for like teens and young adults. Because there is such a huge difference between things that teenagers and young adults face versus somebody in their thirties or forties. . . . Somebody who has been sick since they were like eight or nine obviously usually has a completely different experience than somebody who did not get diagnosed until they were like thirty. They got to live a full life until thirty; whereas, somebody like me, who has been sick most of their life, has had very different experiences like missing high school, like not getting to do like proms, and stuff like that. So a lot of times it is like Facebook support groups for teenagers and young adults and stuff like that.
Roxie does not use online support groups but she does have a father and brother who have cluster migraine headaches. She gains relief by talking to them about their symptoms. She explained:

We all get together and are like, “yeah! We understand each other.” We have a different connection because we understand because I can see how somebody would have a hard time understanding the cluster migraines if they didn’t have them because they are like, “oh, you have a headache. Take something and you’ll get over it.” But that’s not that easy. They are not that easy to control . . . . It’s almost like an “ahhh!” because there is somebody that knows what you are going through. You are not in it alone. And that is the biggest thing. I mean, even though my kids are really, really supportive, they don’t feel the depth of it because it’s not possible unless you deal with it.

Overall, it is apparent that the participants have a strong desire to seek relationships with others with whom they can relate. All of them gain a level of comfort and relief from having opportunities to interact with others they know will automatically understand them. Simon summed it up perfectly when he talked about the comfort he gains from interacting with his chronically impaired grandfather. He said, “it makes it easier to talk to him because he knows how bad it is.”

**Relying on others.** Participants also used their relationships with others to have someone to rely on for comfort and support. Every participant talked about how they had someone or something to rely on to make them feel secure during both the good times and the bad times. The relationships the participants relied on ranged from family to
friends to nurses and counselors. The participants even found that relying on their faith with God and their relationships with pets was comforting. In this section, I will talk about how participants used their unconditional support for help in completing daily tasks, in having someone to listen to them when they needed someone to talk to, and in having someone to help them with their schoolwork.

The unconditional support the participants experienced was through various actions of others such as having someone to drive them to school, someone to help them complete household chores, and someone to advocate for them when they go to doctors’ appointments. When the participants talked about the relationships they have that provide them with unconditional support, they made comments such as “she’s there no matter what (Liz),” “they would do anything to help me (Kallie),” “She always loves me (Roxie),” “She is the foundation (Heath),” and “I don’t think I could do it if he wasn’t supportive (Rachel).” Through these comments, it is clear the participants view the unconditional support they receive from others as major lifelines.

The participants valued the people in their lives who could help them achieve everyday tasks. One characteristic of the people the participants relied on, was their ability to know what they needed and when they needed it without having to ask. Rachel explained:

Now, my husband knows. It’s like we have been married for 20 years so, if I am in the bathroom for a REALLY long time, he gets up and makes sure that my daughter is up and putting her makeup on at 6 a. m. My son is the one who we will literally like take his blanket and literally pull it to get him out of bed. Uhm,
if I am in the bathroom for a really long time, he takes the dog out and makes sure everybody’s up. You know, he just—it’s just kind of—and the kids know. If I tell them in the morning, “I’m not feeling well.” They get everything else done and I don’t have to worry about it and they are in the car. They usually tend to help me out without me freaking out on them. . . he [referring to her husband] knows when I struggle and he picks up. He picks up the slack and I try to appreciate it . . . I mean I am so fortunate. Uhm, he picks up slack and sometimes my kids pick up the slack too.

Roxie also expressed her gratitude towards her family members for always knowing what to do for her when she is not feeling well. She explained:

They know me like nobody else does. They call this my mood ring [points to her birth mark on her face]. They know how to read it. [laughs] But they, uhm, come right down to taking care of me—they know that if I get that bad they are there and say, “Mom, get to bed we will take care of this.” So, yeah, they would—I don’t want to sound arrogant but they would do whatever I would need them to do to help me. Which is a good feeling. I’ve always got that to go to.

Sara recognized that her mother is her best advocate because she always knows when to step in and help. She explained:

Um, my mom is probably my hugest advocate like she comes to all of my hospital appointments, my doctors’ appointments, and is always advocating for me. Especially, if I can’t find the nerve to do it myself. She’ll tell the doctors, “Hey,
she’s having this problem or that” or “she needs help with this.” She has always been there for me—to help with anything.

Another characteristic the participants valued from significant relationships, was their willingness to sit and listen to them. Seven of the participants (Kallie, Liz, Roxie, Jen, Simon, Dylan, Anna) expressed relief in having someone to communicate with regardless of the content. These people were generally family, friends, doctors/nurses, counselors, and God. When Kallie was in the hospital for her liver transplant, she explained:

It would have been so much harder—like to be there alone. She [her mother] was like a lot of company and I had really, really great nurses too. So, they would talk to me for an hour if there weren’t a lot of people. But she [her mother] just gave me the company that I needed and the extra help that I needed. Things would have been a lot different without these people.

Liz also uses family to rely on for a social or communicative outlet. She explained:

It’s really helped the fact that I know that I can go to my parents and express myself and just let it out—and I am very open with my parents. A lot of people probably frowned upon that or like, “no, I am not going to talk to my parents about that!” But I do. I am very open with them . . . . It’s been a good outlet. It relieves stress and it gets me conversing and it’s like helped me support myself . . . . I mean for them they are probably shaking in their boots and they’re probably so angry with everything that I tell them all the time but at the end of the day it
makes me feel good. So, I’m leaving with a smiley face. Now they have to deal with it. [laughs] Because I feel good!

Not only did participants find relief in having family and nurses to talk to but they also used their faith as a source with which to interact. Roxie, Jen, and Anna rely on their faith and their ability to talk to God as a communicative outlet. Jen explained, “it really makes me feel good that I am here and that I’m blessed . . . I have spoken to God several times and he seems—he listens. Some of these people think he doesn’t, but he does.” Roxie also uses her faith as a source of strength. She explained:

Uhm, yeah, we have lots of talks. [laughs] Oh, yeah, “please let me get through this headache!” And you draw strength from that. You know people that don’t—I don’t know how they do it if they don’t have faith because gosh—yeah, we have some good talks [laughs].

Anna relies on her conversations with God as a way to calm her down. She explained:

Ahh! The good Lord above has really heard it all! I mean, it’s just—yeah, it’s kind of like a venting moment and it’s also helped me to sleep at night. . . . So I get my fan and I got my room cold and quiet and everything is cool in the bed and I’ll just sit there and talk to him and just talk for a while and tell him how the day went and what things are going on. It’s the time to vent. And I will fall off to sleep at that moment. It’s like to me that he listens to you and he lets you go to sleep and “I’ll see ya tomorrow!” So I guess I may have a different way of handling it than some other people feel but to me its comfort.
The final way in which participants relied on their relationships for support was through developing and maintaining relationships with others who could help them with schoolwork. These relationships varied but were generally with classmates or family. The way in which the participants used these relationships was wide ranging. Roxie and Simon used their classmates for notes on the days they have a hard time concentrating in class; whereas, Sara developed friendships with classmates who can help in her coursework. Simon explained that sometimes he interacts with his classmates just to “get my mind off of everything.” Hunter, a recovering addict, even uses his alcoholics anonymous group for school support. He explained:

If I’m just struggling with—“I’m having this horrible problem with writing this essay, man. I am just not comfortable. I just want to, honestly, I want to go get high because I can’t—I don’t feel like I can do this.” They would—somebody would immediately probably scoop me up or tell me to get to them and do a little bit of the program and try to get a little more comfortable.

As noted in this sub-theme, the participants find comfort in having people to rely on to help them complete everyday tasks, listen to their problems, and help them with homework.

**Gaining motivation from others.** Many participants recognized that some of their closest relationships motivated them to continue persisting in school. Generally, these relationships included mothers, grandchildren, children, fathers, and significant others. They placed significant value on these relationships as they provided the motivation and determination to complete their degrees.
Liz, Roxie, Jen, and Rachel found strength in persisting in school by knowing they are role models to their children and grandchildren. Roxie said, “I just keep going. I have to. I have kids and grandkids that are looking up to me.” Jen is motivated to persist in school and in life just knowing her grandkids are relying on her. She said, “what would they [her grandkids] do without me? You know, I mean it’s just they are my everything.”

Other participants were motivated by people in their lives who have put tremendous faith in their abilities to be successful. Dylan explained:

I get that motivation actually not just from God and not just from praying but the fact is I keep hearing my Dad’s voice in my head saying, “you’re better than that.” And that just drives me because I want to be that person. You know? My dad—all my life—my Dad had never actually said that stuff to me and just that one time he said that to me and that meant a lot to me.

Lucas was also able to find motivation through his close relationship with his girlfriend. She also has faith in Lucas and expresses it by continuously checking on him. He explained:

She is the reason why I keep motivated. She is like, “how is school? How was class? Are you out of school? How’s this? How’s this?” She’s like, “well, that’s good honey! You’re doing real good. . . . .” She makes sure that I take my medicine and we go to church together and it’s like she’s my equal. She knows everything. When I’m not in a good mood, she is like—she’ll do something—we text a lot. She will send me these little pictures of smiley faces or little teddy bears huggin’ or kissin’ or something and she’ll go, “here look at this!” I’m like “ok,
thank you! I feel a little bit better [laughs].” It’s like we are each other’s ying and yang. If she’s down, I bring her up; if I’m down, she brings me up. So, it’s an equal balance between me and her. . . . Hopefully, this will help me move up to have a better job and be able to support me and my girlfriend.

Throughout this theme, I have described how relationships play a role in the lives of students with CPIs. As has been described, the participants refer to specific people who have played a role in their fellowship of support. Participants recognize who is important to them and what roles those special people play in their lives. All participants have learned that it takes a fellowship to persist in school as a student with a CPI.

**Theme 5: Coaching One’s Self**

In addition to relying on relationships with others for success, participants also depend heavily on their ability to coach themselves through challenging situations. As the participants described their experiences, they often shared their thought processes as they were coping with difficult situations such as deciding what to do when they were in pain and discomfort in the classroom and when to take the day off from school or work to rest. In this theme, I will discuss how participants used their ability to coach themselves through difficult situations to endure the challenges they faced throughout their day.

As already discussed, the participants accept that they will have good days and challenging days. Rather than giving up or feeling defeated by their struggles, the participants used patience and self-coaching techniques to overcome challenges. Many participants commence their days anticipating that they will need to follow a routine that helps coach them through their morning rituals. In other words, they develop daily
routines as a coaching method to help them cope with the challenging morning hours. Simon, Rachel, Sara, and Kristi allow themselves extra time in the mornings. Simon explained:

It is very hard to get to sleep and get up. I am never fully rejuvenated from sleep. I’m never fully awake. I’m like always tired and I always have tremors or something going on. Usually, I take some kind of ibuprofen or something so my back won’t hurt for the most of the day. I usually give myself like an extra twenty minutes. Just in case I am that tired and can’t get up . . . Uh, I often listen to rock and pop rock and stuff like that. And that is what I usually set my alarms with to wake me up. And I will set it [the alarm clock] across the room to get me up.

Rachel, Sara and Kristi have also developed techniques to coach themselves through morning routines. Sara has learned that her morning routine must be taken slowly. She explained: “I wake up and I have to sit on my bed for a while because I have to give my heart time to kick out of its like sleep rhythm.” Kristi purposely schedules her classes later in the day to compensate for her slow-moving body in the mornings. And Rachel sets her alarm clock before everyone else in her house gets up so she has time to use the bathroom and deal with her own health issues. These routines are only a small fraction of what participants do to coach themselves through the day.

When the participants realize they are having a challenging day, they immediately begin a process of “checking-in” with themselves and coaching themselves through each moment. Liz explained:
I think I know when it’s going to be a bad day because when I wake up that morning I am in a little bit more pain. It’s just more like I am already in a bind or I’m already feeling like the pressure and I haven’t done anything yet. Like I just woke up. So, I’m like, “ok, I feel like today might not be a good day.” So, I will go ahead and take a Tylenol to see if that will help it, go ahead and get it in my system. But then I will get to work and I’m sitting there and I can’t get comfortable and then it seems like I start getting back spasms really bad especially in my lumbar area. So, I start getting those back spasms they just keep going all day and I am like, “please, let me just get to lunch so I can just kind of relax out there soon.” Or I will get up and walk around, try to get comfortable—you know—but people at work know when I am in pain so like they can tell when I am in pain when I am walking because I will start leaning to one side. I mean on my worst day, I have had to go home.

Dylan also undergoes a process of self-evaluation and self-coaching when he begins the day in pain. He explained:

A bad day for me is . . . getting up in the morning and knowing that I am already hurting before I even get up and I do all I can to get myself feeling better enough to where I will actually come into school. Now, there has been a day that I have actually said, “you know what, I’m not doing it today. I am staying home.” I feel ashamed of myself because I hate being behind in schoolwork and that’s what causes or will get you behind to start with. So, when I come in already hurting, I’ve already come in trying to have a good attitude but I am hiding pain all that
way. The thing I try to do to have a good attitude is, you know, I try to have some
way to cheer somebody up. You know when I am hurting, I just try to make
somebody else laugh or make somebody else feel better. You know try to help
somebody else with their work or their problems, and, actually, when it puts me in
a good mood, it actually sort of makes me forget about the stuff I am dealing with
at the moment. So, that is the only way I can deal with it at the moment.

The participants often used self-coaching techniques to push through the duration
of a class period. Common challenges that students faced in the classroom included
sitting in uncomfortable chairs, coping with poor seating arrangements, and fighting
fatigue. When students experienced these distractions, they used various coaching
techniques such as shifting themselves back and forth in their seats, standing up and
excusing themselves from class, and talking to themselves during moments of distress.
Lucas uses self-talk techniques to get himself through frustrating moments in class. He
repeats the following phrases in his head over and over again: “You need to be calm, cool
headed, and level. You’ll get this. You’re not like what everybody says. You know this.”
Landon also coaches himself through class when he experiences discomfort. He
explained:

I just think, “ok, I’ve got twenty more minutes…I can gut it out for another
twenty minutes and then I can get up and walk around.” Uh, on my bad days I gut
it out. I see the light at the end of the tunnel. I’m almost done with my Bachelor’s
degree. So, in my head it’s going to hurt if I’m sitting here in class doing
something constructive or if I am sitting at home doing absolutely nothing. It’s
going to hurt one way or another. So, I go the route of at least I am doing something constructive.

Rachel coaches herself through class periods by occupying herself with mindless activities. She explained:

You know, you don’t want to be that person that gets up. So, I found coping mechanisms. Doodling helps me. If I am in class, it helps me—it keeps me present in what I am doing and I can listen instead of instead of being like, “oh, do I have to get up?” You know what I mean? “Am I going to be sick?” So, I always hate doing that to the speaker but it keeps me in my seat. You know?

Sitting in class is only half the challenge of being a student with a CPI. Many participants described similar struggles when doing homework. As a result, they used similar self-coaching techniques to complete their homework assignments. Lucas explained:

My eyes start getting heavy. When my eyes start getting heavy, I’m getting sleepy. So, I will either have to go in and put on my machine and take a nap and then wake up and try to finish or just work my way through it and say, “ok, you are not sleepy, you are not tired, you are not going to sleep, get this homework done. You need to get this done.” My brain is like, “no, sleep.” And I’m like, “no, awake.” So, it’s still a battle but it’s fun!

Sara also had to develop methods to get through her homework. She explained: Fatigue is a huge issue with like all of my illnesses. And it causes what people call brain fog. It makes it like kind of hard to focus sometimes . . . and since having more
surgeries, and being on more medication, and a bunch of other stuff, I find that I have to actually put more effort into reading something. I cannot read it just once. I have to read it like three or four times and I have to say it out loud while I read it in order to remember it.

Even though the participants displayed persistence through their self-coaching techniques, they still recognized moments when they do not overcome their pain and discomfort. Roxie explained, “last week I was trying, trying, trying, to hear your words and concentrate on what you was sayin’—it was everything that I could do and I was still like, ‘man…I didn’t!’ I’m sorry.” Despite these moments, the participants continue to persist recognizing that life moves on. As Rachel explained, “you’re ok! If you don’t make it, it’s ok! Because there are times that you just can’t make it.”

**Theme 6: Connecting with Environments**

As already indicated in the previous themes, the participants experience pain and discomfort regularly throughout the day. Throughout the interviews with participants, several environments were described as unfavorable and at times unbearable. Rather than be defeated by these environments, participants developed ways to connect with time and space to allow them to adapt to and/or transcend their harsh realities. In this section, I will describe how the participants’ connections with time and space allow them to develop a resilience to constantly changing and evolving environments. Sometimes connecting with their environments meant adapting to their physical surroundings whereas at other times it involved escaping reality for brief moments in time. It is for this reason that two subthemes emerged—adapting to environments and vacationing from realities.
Adapting to environments. The participants commonly referred to the classroom environment as a space consistently presenting physical and mental challenges. When describing the classroom conditions, the participants were specific as to what makes those environments difficult to endure. Heath, for example, mentioned his biology classroom as a place where the chairs are difficult to sit in for long periods of time. Other participants such as Liz and Anna referred to the computer chairs in their classrooms which sagged over time as being disruptive to their concentration and comfort. The ability for the participants to highlight specific features in their classrooms displays they have a conscious awareness of the time and space they spend in their environments. Heath explained:

Like I said, down in the science lab . . . In [instructor’s] class last semester I stood up and walked around. You know and the disability services thing—being ambulatory and standing up and preferential seating when needed . . . I do need it sometimes. You know, our class isn’t too bad. It’s only an hour and fifteen minutes or so. I can usually tolerate that. It just depends on the chair and it depends on the length of time. Just like my management class with [instructor].

Liz also explained how her awareness of time in the classroom influences her behaviors to adapt to her environment. She explained:

Now, that is like a three-hour class. There is going to be standing. I mean, I hate doing it but if there is nobody beside me I’ll try to put a chair beside of me and just push my knee up on it . . . I will try and like push my legs up on the other chairs beside me to see if that will kind of like push the pressure off.
The participants’ awareness of time meant more than just trying to endure the duration of class. It often meant forgetting about time so they can remain in the moment. Rachel explained, “you know, you don’t want to be that person that gets up so I found coping mechanisms—doodling helps me. It helps me—it keeps me present in what I am doing and I can listen.” Roxie also acknowledged a need to remain present when enduring classroom time. She explained:

When I have a headache, it takes all of my energy just to concentrate on keeping a level path because the headache consumes you. I guess you could say. Because they are so intense you have to uhm, you have to focus. If not, you are just going to fall apart [laughs]. You know they tell you if you have a headache to step on your toe you will forget it [laughs]. It’s kind of true because when your head hurts that bad—I don’t know because it is so close to your brain that it’s just—it’s all you can do to focus—to keep your mind on a task.

The participants’ awareness of time described above, allows them to adapt appropriately to their spatial arrangement in the classroom. For some of the participants (Sara, Jen, Liz, Hunter and Anna), adapting to their space involved finding the appropriate chair in their classrooms that meets their bodies’ physical demands. Sara explained:

In my art class I get the wheelie chair so that I can use my arms to get from place to place because all of the desks in my art class are high off the ground so there is no way that I can keep my cane with me because I have to lay it on the ground
because it is too short for the desk so it is easier to push from barrier to barrier to get where I need to go.

Anna also spends a significant effort in choosing the appropriate place to sit in class with the following things in mind: the duration of the class period, the physical features of the classroom, and her physical health conditions. She explained:

There’s different chairs in different rooms. And some of them that you sit in go to the floor, so you gotta be careful [laughs]. I like some of them that have a cushion but some of them don’t have a cushion. Also, I’m a pretty good size lady, so I gotta make sure it’s not somethin’ that’s too tight and squeezed in . . . . So, I wind up tryin’ to get a seat at the end of the table or the end of the aisle so I could stretch my legs out. I like to sit with my left side open, cause it’s the left side that swells. I get my left leg out and I find myself at the end of the table where it can stretch and I don’t block the walkway. Uhm, I do seem to move around a lot but if it’s a long class—if it’s one to three hours—at about an hour in I go ahead and get up and walk around and use the restroom. Whether I need to or not, I go ahead and go because using the restroom helps flush out your salts and your sugars. So, if I feel like I’m hyped up a little too much I definitely go get a drink of water and take a little walk and come back to the room.

For other participants, adapting to the time and space in the classroom was a matter of finding a seat that allows them to sit, stand, or excuse themselves from class without disrupting their classmates. Rachel explained:
Well, actually I don’t have anybody sitting beside me and where I am, I can spread out and I can just walk out [referring to the seat that she sits in for her speech class]. You have that plan in your head, “I’m not going to go to the front one [the front door of the classroom]. I can go straight to the back and I know where the bathroom is upstairs.” I haven’t needed it so far but if I don’t feel like I can make the one downstairs, I can go there. But that is also why I doodle every once in a while. Just to keep me in my seat and keep my focus and try not to be neurotic because it’s just it’s a snowball effect. Once that little seed is in your head and you’re like, “oh, well, I might have to go to the bathroom.” And then it’s like, “well, what if I have to go to the bathroom? Well, if I have to go to the bathroom, oh my goodness! She’s talking! I can’t get up right now! Oh goodness, what if I’m trapped here? Oh, good grief now I really have to go to the bathroom!” So, it’s like a—what is it? If you give a mouse a cookie? [laughs]. One thing leads to another.

The astute awareness that the participants have of their classroom environments helps them develop the appropriate adaptations needed to connect with their surroundings. Even though the participants spend a significant amount of effort in developing techniques to combat their challenges, they recognized they need time to connect with a time and space providing them with a feeling of escape. **Vacationing from reality.** When the participants have more of an ability to manipulate their environment in their homes and in their personal lives, they are able to create an environment allowing them to relax. All participants recognized the importance
of having either a real or imaginary place to escape to for recovering and reenergizing from their daily challenges as students. In this sub-theme, I discuss how participants use their own personal outlets to re-center their energy. I have used the phrase “vacationing from reality” as opposed to “escaping from reality” because participants referred to their outlets as a way to momentarily leave their environment to regain energy. They did not imply that they used their happy places as a way to escape from their lives indefinitely; rather, they take momentary breaks to disconnect from their busy lives by entering into an environment which provides them with peace.

Participants have found a way in which to connect with a time and space allowing them to relax. The ways in which participants found an alternate world with which to connect is wide ranging. Some were able to enter into their “vacation spots” by doing activities such as coloring, playing video games, exercising, and driving. Other participants found comfort in entering into a physical space they created for themselves such as a man cave or a bedroom. Participants also found comfort in interacting with other people.

When describing their experiences in their vacation spots, participants used comments such as: “it just kind of takes me to a different place . . . It’s kind of like meditating.” (Hunter), “being on the motorcycle is my true zen” (Heath), “it actually sort of makes me forget about the stuff I am dealing with at the moment” (Dylan), “It gives me a sense of peace . . . it calms me down” (Landon), and “it’s like a reset” (Rachel). When participants enter into the environments they have a greater ability to manipulate, they are able to forget about their pain, discomfort, and challenges with daily life.
Many participants retreat to a physical space they created for themselves. Simon, Anna, Heath, Roxie, and Sara all referred to finding satisfaction in vacationing in these spaces because it allows them to reconnect with themselves. Heath created a man cave in his basement that is Star Wars themed. In his space, he plays his guitar, watches movies, and colors in his adult coloring books. Sara finds great comfort in having her own apartment and bedroom for the first time in her life. She explained:

I have sensory overload sometimes when too much is going on or too many people are over so it is really great now that I have my own place . . . I can get away and have peace and quiet!

Simon went as far as to build a gym in his backyard despite his physical impairments to create an environment that he could enjoy. He explained:

I actually built my own gym. It took many months to do. I did the floor, the ceiling, got all of the equipment in there. It is very nice in there! It is somewhere that I like to go by myself maybe my little brothers once in a while. I am still building it right now . . . . I LOVE my gym! [laughs] It is like my own place! It is a decent size building and I don’t know—doing all of this exercise and stuff just makes me feel sort of better and like I can still do it and stuff! While I can.

Whenever I can, when I don’t have a bad day I will go out there and I will just turn music on and just stay out there for like two or three hours. I can bring my computer out there. I’ve got a bar to sit at. I’ve got darts to play. It’s fun!

While some of the participants enjoyed vacationing in an environment they created for themselves, many found comfort in driving country roads either in their cars,
on their bikes, or on their motorcycles. Liz, Anna, Heath, Hunter, and Jen all referred to being on an open road as being an outlet. When asked if he had a way to relax, Heath explained:

Yeah, yeah I do! That’s on the road. Man, with the wind in my beard. The wind blowing against my mustache [laughs]. Uhm, yeah! Being on the motorcycle is my true zen! I could be pissed off and just angry and have those bad days where I just want to destroy everything and when I get on that bike and then it all goes away. I will tell my wife, “I’m having a bad time. I’m going. Bye. See you in a few hours!”

Liz also explained how going on Sunday drives in her car allows her to leave her challenging world behind for a few hours:

I feel like it’s a good thing to get out town every now and then. Outside of this town. Yeah, you’re just driving down the road for an hour but it’s like different. You’re in the country and you know—you just roll down the windows and you get yourself relaxed and it seems like when you are taking those drives even if it’s just with your family that you just kind of start forgetting what everything else is going on back home. Regardless of what’s going on in your life. Good or bad, I feel like you just kind of like let it all fade away and you just focus on the road. You just focus on your surroundings and that’s it. It relieves a lot of stress. A lot of stress. The stress I don’t even think I know I have.

Up to this point, I have described how participants create environments or participate in activities allowing them to reconnect with themselves. Even though this
was a common way in which participants gained comfort, it was not the only method creating peace. Rather than reconnecting with themselves, some participants found comfort in connecting with others such as family, friends, and God to forget about their problems. Jen finds comfort in playing with her grandkids. She explained, “just as long as I’m around my grandkids that’s my happy place.” Rachel also explained how going on a run with her kids refreshes and reconnects her with others. She explained:

Oh it’s just—it’s like a reset . . . . It’s kind of like a reset. It’s like that common bond when we get back to the house and we all just—we go into the family room and you turn the overhead fan on and we all just kind of lay [laughs] on the floor. Just like we are so—we lay—this is what we do! We lay on the floor and we talk about how hungry we are!

Dylan also found comfort in relating to others to distract himself from his own challenges. He explained:

The thing I try to do to have a good attitude is you know I try to have some way to cheer somebody up. You know when I am hurting, I just try to make somebody else laugh or make somebody else feel better. You know try to help somebody else with their work or their problems and actually when it puts me in a good mood it actually sort of makes me forget about the stuff I am dealing with at the moment. So, that is the only way I can deal with it at the moment.

Landon, Anna, and Roxie recognized that connecting with God allows them to have a moment of peace. Landon attends church and interacts with the people in his church who are veterans because he is able to connect with them. He explained:
It gives me a sense of peace. You know? It calms me down. I had a lot of anger issues when I was going through my divorce because I was married for twenty-four years and my wife left. Uhm, yeah it calms me down, gets me focused, gets me centered, and keeps my eyes on the prize.

In this theme, I have discussed how participants have an awareness of time and space. They know what makes them uncomfortable in the classroom and are aware of how to develop techniques to adapt to their environment. Participants have developed an ability to connect with their time and space to adjust accordingly. Sometimes connecting with an environment is a matter of disconnecting from one time and space and entering another time and space allowing them to “vacation.” The vacation spots which participants create for themselves is sometimes a matter of entering a physical space they have created for themselves; whereas, at other times, it is a matter of surrounding themselves in environments where they can interact with other people.

All the participants display an astute awareness of themselves and their surroundings. This awareness allows them to adapt and connect with the time and space in which they exist. This malleability contributes to their resilience as students with CPIs.

Summary

Throughout this chapter, the six themes that capture the essence of the lived experiences of students with CPIs at a rural community college were revealed. In Chapter 5, a discussion of these results and how this study contributes to research and practice will be presented. The limitations of this study will also be discussed.
Chapter 5: Discussion

Overview

The rate of students with health impairments who are graduating high school and pursuing college is similar to those of non-impaired students (National Council on Disability, 2015). Additionally, more students with disabilities and impairments attend community colleges than 4-year or technical/vocational schools and retention of this student population is low (Snyder & Dillow, 2013). Even though large quantitative studies attempt to understand the lives of students with impairments, they are less able to capture the experiences of students who specifically have chronic physical impairments (CPIs). This population is often lumped into one broad category known as “other health impairments.” As a result, the experiences of college students living with CPIs such as migraines and back pain are overlooked in research because they do not identify themselves as impaired (Dowrick, Anderson, Heyer, & Acosta, 2005; Green, 2007).

This study aims to better understand the lives of community college students with CPIs in the Appalachian Region of the United States. In this region, 16% of the population has a disability and only 8% of the population earns an Associate’s degree and 22% earn a Bachelor’s degree (Pollard & Jacobsen, 2015). With high rates of disabilities and low rates of college graduates in this region of the country, it is important to improve higher education constituents’ understanding of community college students living with CPIs. This study addressed the following research question: what are the lived experiences of students with chronic physical health impairments who are persisting at a rural community college?
The goal of this study was to illuminate the lived experiences of students with CPIs using phenomenological methods. The theoretical underpinnings of this study are based on a positive psychology framework with an assumption that students can be resilient and thrive in the community college setting. I approached this study from the perspective that people have positive strategies to help them live fulfilling and worthwhile lives (Seligman & Csikszentmihalyi, 2000). The resilience theory and Shreiner’s (2013) concept of thriving helped guide me in developing a phenomenological study to improve higher education constituents’ understanding of this population of students.

A total of 15 semi-structured interviews lasting 60 to 90 minutes were conducted. In the final analysis and interpretation of this study, 14 interviews were used. Participants were identified through purposeful random sampling and snowball sampling. Through the phenomenological methods of bracketing, phenomenological reduction, and imaginative variation, six themes were identified to capture the “essence” of the lived experiences of students with CPIs. The themes identified included the following: recognizing the peaks, valleys, and plateaus, focusing on the bright side and accepting the dark side, keeping their “eyes on the prize,” engaging in a “fellowship,” coaching one’s self, and connecting with environments. In this chapter, I will discuss how the results of this study relate to research associated with students with impairments, resilience, and thriving. I will also provide recommendations for future research and discuss the limitations of this study.
Discussion of the Findings

Headaches, backaches, stomach cramps, and fatigue are a few of the symptoms the participants experienced regularly throughout their daily routines. Despite these physical challenges, it is evident that participants developed methods to cope with their challenging life circumstances. Throughout this section, I discuss the results of this study and explain how they relate to research associated with students’ impairments, resilience, and thriving.

**Students with impairments.** Generally, college campuses have a wide variety of resources for students such as tutoring centers, clubs, support groups, and disability services. Even though these resources exist, it is common for community colleges to struggle with engaging students in the campus community (Center for Community College Engagement, 2014). Despite this common challenge, participants in this study were engaged in both their academic and personal lives. In this section, I will discuss how the school environment and personal characteristics of the participants played a role in academic persistence.

It is critical for students with impairments to develop self-determination and self-advocacy skills to be successful in college (Getzel & Thoma, 2008). Students who display these abilities have a strong sense of self-awareness, communication skills, and leadership (Test, Fowler, Wood, Brewer, & Eddy, 2005). A significant body of research is dedicated to understanding how transition programs are important for the development of these skills for high school students who are impaired and entering into college (Patrick & Wessel, 2013; Stodden, Galloway, & Stodden, 2003; White, Summers, Zhang,
This study advances this body of research and provides a glimpse into how students use self-determination and self-advocacy skills past their first semester in college. The participants in this study used the resources in their environment to overcome challenges and advocate for their needs. Students used on-campus resources such as the disability services office, the tutoring center, and the veterans’ resource center as support. Many also used the elevators and lockers available to them to unload their heavy backpacks. Additionally, they used the people in their academic and personal lives as a resource.

In many cases, focusing on a goal and having a plan drove the positivity and healthy sense of pride the participants revealed. When students experienced an unexpected change in their day because of their health, they were prepared and willing to change their plans. Most participants (10) used the comfort of having an established relationship and plans with the disability services office as a safety net if accommodations needed to be used. Even though most participants never exercised their rights to use accommodations, they recognized that signing up with the disability services office could be advantageous if something bad might happen which needs special attention. Students also used other on-campus resources such as the tutoring center and the veterans’ resource center.

Many participants (seven) described the tutoring center as an important tool for their academic success. Tutoring centers are critical tools for students attending community colleges (Rheinheimer, Beverlyn, Francois, & Kusorgbor, 2010; Wurtz, 2015). Students who seek tutoring services show dedication to their academics and are
more likely to have higher grade point averages (Hendriksen, Yang, Love, & Hall, 2005). They are also less likely to drop out of college and graduate (Rheinheimer et al., 2010). Students who use learning centers are three times more likely to successfully complete a course and two times more likely to persist to the next semester (Wurtz, 2015). The results of the current study support the notion that tutoring centers are crucial to academic success and increased motivation.

For example, Lucas was one participant who derived significant support from utilizing the tutoring center as a campus resource. He explained: “[it] keeps me level and keeps me focused on what I need to get done because I want this degree.” In addition to Lucas, several other participants such as Roxie and Simon implied that the tutoring center is a motivator. Roxie explained that she especially uses the tutoring center if she is having an “off day.” Participants viewed the tutoring center as a motivator to persist. Because of the additional stressors that students with CPIs experience, learning centers are an important component to the motivation of this population when they are feeling discouraged about their academics and fluctuating health conditions.

Another characteristic of the participants in this study supporting their academic success was an ability to maintain strong relationships with people on and off campus. Research indicates that students with impairments benefit from developing relationships with peers and faculty on campus (Dowrick. Anderson, Hayer, & Acosta, 2005; Patrick & Wessel, 2013). When it came to participants reaching out for help or sharing their health problems with others, they were selective in whom they confided. Even though participants were selective in their relationships, maintaining them played an important
role in their lives. Many developed friends who could take notes for them when absent from class and participated in study groups.

Even though the students developed many connections on campus, relationships with teachers was not a primary support. Developing relationships with faculty is important to persistence (Tinto, 2012). When the participants mentioned the faculty, it was in the context of needing an extended due date or recognizing they did not have many conflicts when missing class for health reasons. Even though faculty did not seem to be a barrier students’ success, they were not described as being a major asset. Several participants made conscious decisions to withhold disclosure of their health problems to faculty because they did not want to use their impairments as an excuse or to bring attention to themselves.

For example, Anna went as far as to explain that she only disclosed her health issues to one of her professors because she was in a wheelchair and felt like she would relate to her better because she also had an impairment. The hesitancy of participants to discuss their impairments with faculty is consistent with other studies that indicate there is a disconnection between students with impairments and professors that inhibits relationships to be formed (Baker, Boland, & Nowick, 2012; Grasgreen, 2014; Logan, Catanese, Coakley, & Scharff, 2007). These results of this study are also consistent with other studies indicating that students are cautious of stigmas associated with impairments (Bernard-Brak, Sulak, Tate, & Lechtenberger, 2010; Taug, McLorg, & Fanflik, 2004).

The physical features of the classrooms were not recognized as providing an optimal learning environment. Students often struggled with uncomfortable chairs, poor
seating arrangements, and long class periods. Students spent significant time and effort in choosing the most comfortable chair in the classroom to meet their bodies’ demands. For some, this was a matter of knowing which computer chair sagged over time, whereas for others, this involved choosing a seat in the classroom where they could stand during class without disrupting others. Participants displayed an astute awareness of how the classroom environment could negatively impact their learning experience and were able to adapt to the conditions when necessary.

In this section, I discussed how the campus environment and personal characteristics of the participants affect persistence. On-campus resources were available to the students and in most cases, the participants either used them or knew they were available. It is important to note, however, that when the participants used these resources, they used them as a necessity and not as a characteristic of laziness. One resource the students appeared to be hesitant to use was their teachers. Even though this specific type of relationship was weak, the participants developed many other strong relationships for support.

Overall, the participants expressed an openness and willingness to use as many resources as necessary. Students displayed an acute awareness of themselves and their environment to evaluate and determine what resources were needed for the challenges they faced. They recognized and accepted that challenges or negative experiences are likely to occur. According to Kashdan and Biswas-Diener (2014), “those of us who are willing and able to shift to the upside or the downside to get the best possible outcomes in a given situation, are the healthiest, most successful, best learners, and enjoy the deepest
well-being” (p.9). In the next section, I discuss how participants’ characteristics interrelate with resilience research and other related topics such as hope and positivity.

**Resilience.** Resilience is defined as “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” (Luthar & Cicchetti, 2000, p. 858). Participants in this study displayed an astute ability to be resilient. Similar to what the definition of resilience suggests, the students described many dynamic processes in which they engage when faced with adversity. Resilient individuals are autonomous, socially competent, critical thinkers, and are driven by a strong sense of purpose (Benard, 2004). In this section, I discuss how resilience plays a role in the persistence of students with CPIs.

Many environments foster resilience and protect individuals from adversities such as the family, community, and school (Benard, 2004). Other factors in the environment that encourage resilience include having caring relationships, maintaining high expectations for the self and from others, and having opportunities to participate and contribute in activities (Benard, 2004). Each of these components was apparent in the lives of the participants.

**Caring relationships.** In the limited research examining the lives of students with physical impairments, evidence shows that relationships play an important role in academic persistence (Dowrick, Anderson, Heyer & Acosta, 2005; Patrick & Wessel, 2013; Thomson-Ebanks, 2014). As previous research suggests, the participants’ relationships contributed to academic persistence and success. The participants expressed
a desire to have their relationships fulfill the following three needs: relatability, reliability, and motivation. Each trait was sought after and valued.

The participants made it clear they are selective when developing relationships with individuals they are selective. For example, as a veteran, Heath specifically sought relationships with other veterans because he knew he could automatically relate to them. This was also the case for the non-veteran participants. Kallie, Simon, Sara, and Roxie found comfort in having relationships with individuals who experience similar health conditions. Having someone to automatically relate to enabled the participants to feel secure in their relationships and feel as though they can be themselves and still be accepted. The participants’ ability to be selective of their relationships indicates they are socially competent and self-aware of their social needs. These are common characteristics of resilience (Benard, 2004), self-determination (Getzel & Thoma, 2008), and self-advocacy (Test, Fowler, Wood, Brewer, & Eddy, 2005).

Participants also acknowledged the importance of having individuals to rely on for a variety of reasons. At times participants relied on classmates for notes when they missed class whereas at other times it was important to have someone to help complete daily tasks such as doing the laundry and mowing the grass. Phrases such as “she’s there no matter what (Liz)” and “she is the foundation (Heath)” display the gratitude and value participants place on their most reliable and necessary relational support system.

Regardless of the content of the interaction, participants valued having relationships with others who were willing to talk and listen. These relationships ranged from parents, siblings, doctors, and nurses, to God. The participants recognized that
without these relationships “it would have been so much harder (Kallie).” Interacting with others was also important for participants to divert their attention away from themselves as a method to cope with daily challenges. Dylan explained: “the thing I try to do to have a good attitude is, you know, I try to have some way to cheer somebody up.” By simply having communicative outlets with others, participants felt more secure in their lives.

Maintaining relationships also served as a motivator for students to persist in school. Several participants (Roxie, Jen, Liz, and Rachel) found motivation through their children and grandchildren. Roxie said, “I just keep going. I have to. I have kids and grandkids that are looking up to me.” Other participants remain motivated because the people who are most important to them have put faith in their abilities to be successful. Parents, grandparents, God, and significant others were recognized as being some of these relationships energizing them to keep pursuing a college degree.

As discussed in this section, the participants used their relationships for support. At times this support was for having someone to relate to and rely on, whereas at other times it was for motivation. The circle of people the participants developed for support were recognized as being more than relationships, they were “fellowships.” This support network was viewed as being a community of comrades playing a meaningful role in their success. Through their relationships, it is clear participants have a strong sense of self-awareness and social competence which are representative of resilience (Benard, 2004).
**High expectations.** The participants in this study maintained high expectations. They exhibited characteristics of optimism, positivity, and hope which are all characteristics known to help individuals overcome challenges (Dweck, 2006; Maholmes, 2014, Seligman, 2011). They did not dwell on negative experiences and they strived to maintain balance to achieve academic excellence.

In Chapter 4, it was described that participants often experience the “valleys” in their lives as “just” another part of life. The repetitive use of the word *just* implies participants do not perceive their health conditions as an excuse to be a good student. Instead, they view their CPIs as a routine part of life and expect themselves to persevere. The participants recognized that life is constantly moving from highs to lows and rarely stops at one point for a long period of time. To maintain this optimism, the participants recognized the need to participate in activities to boost positivity.

All the students engaged in activities that provided feelings of happiness which involved spending time with friends and family, attending church, and visiting locations such as a park or an exercise gymnasium. Datu and King (2016) found that when individuals consistently participate in activities generating positive emotions, a greater sense of life satisfaction is achieved. All participants displayed positive emotions toward their lives while also acknowledging and accepting that negative or challenging experiences occur. Overall, the participants expressed deep life satisfaction. The ability for individuals to recognize and accept both the upsides and downsides of life enjoy a deep sense of well-being (Kashdan & Biswass-Diener, 2014).
The students valued participating in recreational activities and displayed positive emotions toward them but were not obsessed with achieving happiness. They implied that engaging in recreational activities is like a *vacation* rather than an *escape* from daily challenges. There was not an unrealistic expectation that engaging in these activities replaced or eliminated the frustrations which come with everyday life. People who obsess over achieving happiness have a greater risk of experiencing depression (Ford, Challcross, Mauss, Floerke, & Gruber, 2014). The more people value happiness, the more likely they are to feel self-defeated (Mauss, Tamir, Anderson, & Savino, 2011). None of the participants in this study described being depressed or obsessed with happiness; rather they valued their recreational activities as contributors to their balance and well-being.

Rather than try to resist their health conditions, students accepted their lives as having trials and tribulations due to their impairments. The participants accepted their impairments but did not always accept that they needed to use accommodations such as wheelchairs and elevators unless absolutely necessary. The boundaries the participants placed around what they deemed as necessary for accommodation changed depending on the demands of their body for the day. In order to cope with these constant fluctuations, it is clear the participants accepted their lives as evolving and changing but rarely perceived themselves as being stuck in a dark or negative place. They accepted the dark side or feelings of failure, negativity, and depression by navigating their lives with a growth mindset.

Individuals who have a growth mindset have the belief that failure is part of the learning process. Furthermore, they believe that, despite a lack of natural ability, with
hard work and determination challenges can be overcome to accomplish difficult tasks (Dweck, 2006). People with fixed mindsets believe they are born with innate abilities; and if they do not have those abilities, they are not likely to have the motivation to keep trying after failure (Dweck, 2006). Many of the participants’ beliefs and actions represented a growth mindset. Rather than viewing their impairments as an innate source of failure, they believed they had an ability to overcome those challenges with effort. The participants exercised their growth mindset when dealing with both physical and academic challenges.

The participants resisted using items such as handicap parking passes and elevators because they felt this would be what they described as giving up or succumbing to their impairment. They did not want to accept that their impaired bodies were a source of failure. They did, however, recognize that on some days using accommodations was acceptable because that was what their bodies were telling them. Even on the days when they had to use items such as handicap parking passes and walking canes, they remained motivated with the belief that they had an ability to persevere despite these physical challenges. The participants displayed a similar growth mindset when dealing with academic challenges.

Many of the participants had high academic expectations for themselves. It was apparent they were willing to seek academic help if they were struggling in their classes. Lucas, Dylan, Landon, Simon, Jen, Roxie, and Hunter all recognized the tutoring center as an important resource when they are not doing well in their courses. Earning A’s was also at the top of the participants’ priority lists. They recognized the motivation needed to
achieve high grades and were willing to persist despite academic challenges. These research findings support the notion that students who begin the semester with a growth mindset are more likely to display help-seeking behaviors with academics than students without a growth mindset (Shively & Ryan, 2013). Of the eight participants who were interviewed at the beginning of the semester, all recognized the possibility of failing in the future but were prepared to persist if these circumstances became a reality.

In conjunction with having a growth mindset and maintaining optimism, participants used hope to propel themselves forward despite the challenges they faced. Hope refers to “the perceived ability to produce pathways to achieve desired goals and to motivate oneself to use those pathways” (Rand & Cheavens, 2011, p. 323). Evidence indicates students with high levels of hope are more likely to persist (Snyder, Feldman, Shorey, & Rand, 2002). Hope also predicts academic achievement to a greater degree than intelligence, personality, and previous academic achievement (Day, Hanson, Maltby, Proctor, & Wood, 2010). The results of this study are consistent with the findings that hope was a major component of the students’ academic success.

The participants produced many pathways to achieve their desired goals. They developed meaningful relationships with others, they used academic supports such as the tutoring center, and they sought recreational activities to improve their well-being. In the themes keeping their “eyes on the prize” and coaching one’s self, hope was particularly apparent. The participants used the motivation of achieving a degree to remain innovative in creating pathways to persist in college. For example, Dylan used imagery to maintain his feelings of hope. He explained:
I realize that I have a goal that I set for myself and I try to keep my eye on the big picture and not allow the other things to, you know, . . . a good example would just be when you think about when Peter is walking on the water. You know, he kept his eye on Jesus and he didn’t look at all of the distractions but once he did, he sunk. So, that is what I try not to do.

There was also motivation among the participants to use inventive self-coaching techniques as a pathway to academic persistence. Students developed morning rituals to help the day begin smoothly. Some woke up earlier than the rest of their family members to take care of their health needs while others knew they needed to take a slow approach to their mornings to let their bodies acclimate to movement. Throughout the day, if participants were having a challenging day, they coached themselves through a checking in process that helped them monitor their state of health. They would simply ask themselves how they were doing, reevaluate their day’s plans, and adapt to the situation. Sometimes self-coaching techniques were used inside the classroom such as doodling or standing to the side of the classroom to keep their minds off their discomfort.

Another method students used to maintain focus was developing fallback plans for when challenging days occurred. Having these alternative plans made participants feel secure. These contingency plans ranged from having a classmate take notes when they missed class to setting the alarm clock for an earlier time to account for sluggish mornings. Once students got into the classroom, they often had a set of alternative plans for when their health rapidly declined during class. For many of the participants, finding
the best location to sit was part of the plan whereas for others the plan was to take food or water into class to help cope with their physical impairments.

The participants also maintained optimism. A student’s explanatory style of optimism predicts academic achievement (Peterson & Barrett, 1987; Maleva, Westcott, McKellop, McLaughlin, & Widman, 2014). The three dimensions of explanatory optimism are the degree to which individuals feel they have control over an event, the belief as to whether or not the same outcome will happen every time a negative event occurs, and the degree to which an individual makes generalizations based on one specific experience (Carver & Scheier, 2002). In a study by Maleva, Westcott, McKellop, McLaughlin, and Widman (2014), significant correlation was shown between explanatory style and GPA. Of the three types of explanatory styles, the lesser degree to which students generalize future experiences on one negative experience, the larger its predictive value of GPA. The participants in this study displayed both positive explanatory styles and successful GPA’s. These results are congruent with the results of the Maleva et al. (2014) study in that students with positive explanatory styles tend to have successful GPA’s.

Based on the three dimensions of explanatory optimism, the participants maintained an optimistic view of their lives as students with CPIs. The students did not blame themselves for their impairments or negative experiences but recognized the valleys in their lives as a fact of life. They did not express the belief that one negative event predicts all other experiences. Conversely, they recognized that life cycles from valleys (negative experiences) to peaks (positive experiences) on a regular basis. Finally,
the participants developed alternative plans with the belief that one bad experience was not predictive or capable of being generalized to all negative experiences in the future.

Regardless of the obstacle, the students approached their challenges with a growth mindset. They rarely allowed their setbacks to prevent them from creating new pathways to increase their likelihood of success. The ability for students to positively reappraise their situation is characteristic of optimism (Bryant & Cvengros, 2004). The use of self-coaching techniques and alternative plans indicate the participants have hope and are motivated to create pathways in their environment to keep their eyes on the prize—earning a degree. This strong sense of hope and optimism drove the participants to have high expectations for themselves. They expected themselves to achieve above average grades and expected themselves to push through the pain and discomfort to achieve their goal of earning a college degree. The tendency for participants to develop creative alternative plans and use strong problem solving skills is characteristic of resilience (Benard, 2004).

**Opportunities to participate and contribute.** Naturally occurring supports in environments such as schools and community organizations act as protective factors for at-risk individuals (Benard, 2004). For both individuals who are at-risk and for those who are not, having opportunities to participate in activities provides a sense of belonging and purpose (Barber, King, & Baxter Magolda, 2013; Edward, Welch, & Chater, 2009). The students in this study were active participants in a variety of environments providing them support and opportunities to participate and contribute. These environments ranged from volunteering with the veterans resource center at school to serving the community
through local churches. The participants also found recreational activities in which to participate to make them feel as though they had meaningful lives. In this section, I will discuss how engaging in activities contributed to the resilience of the students.

Many participants developed methods to engage in activities making them feel like contributing members of society. For example, Simon built a workout gym in his backyard. His gym symbolizes strength and acts as a place where he can go to prove to himself that he is still strong. He explained, “[it] just makes me feel sort of better and like I can still do it and stuff.” Overcoming the challenge of building a significant structure despite his CPIs made him feel worthwhile. Other students found that helping other people provides them with a source of strength, meaning, and purpose. When Dylan sensed pain, discomfort, and frustrations over his own life, he turned his attention away from himself and helped classmates with homework. Heath perceives himself as the class clown. He used humor to feel worthwhile. He explained, “I have always liked to make people laugh . . . and that makes me feel good!” Nearly all the participants created a strong identity with something other than their impairment through the activities in which they participated. If their strongest source of strength and identity was from their impairment, it was embraced rather than rejected.

Liz, Landon, and Heath are proud veterans of the military and they are active participants with other veterans in the school community. Roxie and Jen proudly speak of themselves as grandparents and role models for their grandchildren. Anna and Rachel are proud mothers, whereas, Dylan is a mentor to two at-risk adolescents. Sara is an avid member of a live action role-playing game and Simon is happy to share his musical
abilities with others. Kallie embraces her identity as a liver transplant recipient and Hunter is a proud leader of his alcoholics anonymous group. The students’ well-developed identities played a role in their resilience.

The participants’ tendency to develop these strong identities is reflective of a concept commonly used in higher education research known as self-authorship. This concept originates from Baxter Magolda’s (2004) theory of self-authorship which is when individuals go through a process of cognitive development where they question what they know, who they are, and how they develop mature relationships to make meaning of their own lives. Baxter Magolda’s theory has the following four phases: formulas, crossroads, becoming an author of one’s life, and developing internal foundations (Evans, Forney, Guido, Patton, & Renn, 2010).

The participants’ strong identities indicate they are in the phase known as self-authorship. In this phase, an individual decides what to believe, determines one’s own identity, and learns how to interact with others (Baxter Magolda, 2004). The individual is able to formulate his or her own ideas and determines what is important. This is exactly what the participants have accomplished. They have made conscious decisions to not let their impairments be their primary identity. Instead, they have taken ownership of their lives and developed their identities in other ways. They have done this by engaging in school and community activities and by developing meaningful relationships with people on and off campus.

By engaging in activities, they have learned how to make meaning of their lives and self-author their identities. Evidence in research indicates that tragedy or extreme
personal challenges shift students’ perspectives and encourage self-authorship (Barber, King, & Baxter Magolda, 2013). When students self-author their lives, they take on a role that prompts them to develop an internal voice that helps them succeed (Barber et al., 2013). Even though this study did not specifically examine identity development, indications are that the students’ physical challenges encouraged them to make meaning and self-author their lives. The students’ ability to develop their identities as someone other than a student with an impairment and gain the ability to listen to their own voices through self-coaching techniques to meet their needs played a role in their success as students.

In the limited body of resilience research examining protective factors in students with chronic impairments, Maslow, Hayden, McRee, and Halpern (2012) found that of the four protective factors (parent relationship quality, school connectedness, mentoring, and religious attendance) school connectedness was the only factor associated with college graduation among this population. In this study, school connectedness was one protective factor playing a role in the student’s success; however, several other protective factors contributed to feelings of belonging. Concerning school connectedness, students developed relationships with classmates on campus who could help them with homework; they had friends to socialize with when they needed someone to make them laugh; they consistently used the tutoring center; and they were engaged in special groups such as the veterans’ resource center. In addition to school connectedness, students had several other protective factors in their lives making them feel like contributing members
of society. These opportunities consisted of doing service projects for veterans, volunteering with churches, and helping family members in need.

A long history of research indicates that when people have opportunities to participate in activities in meaningful ways, positive outcomes occur such as having high levels of life satisfaction, well-being, self-determination, resilience, motivation, and thriving (Benard, 2004; Emmons, 1986; Ryan & Deci, 2001; Ryff, 1989; Ryff & Singer, 1998; Schreiner, 2013; Seligman, 2011). All participants in this study were actively engaged in activities on and off campus. The results of this study contribute to the limited knowledge of what resources community college students with CPIs utilize to gain positive feelings of life-satisfaction, motivation, and resilience.

**Connections with the Literature**

A small body of research exists which examines students with chronic physical impairments who are attending college. Studies within this research include college students who are non-traditional (Reynolds, 2012), students who are transitioning to college (Getzel & Thoma, 2008; Patrick & Wessel, 2013; White, Summers, Zhang, & Renault, 2014), and female students (Taub, McLorg, & Fanflik, 2004). One overlooked population of students is those with chronic physical impairments who have already transitioned and are attending a community college. Similarly, resilience research has primarily focused on children versus adults. The findings of this study contribute to research concerning resilience and community college students with physical impairments.
In her compilation of resilience research, Benard (2004) recognizes that resilient individuals use both internal and external factors to overcome adversities. The results of this study are consistent with these findings. The participants demonstrated characteristics of individuals who had well-developed internal resources. They were socially competent, autonomous, able to solve problems, and experienced a sense of purpose. When the students fell short of internal resources, their external environments fostered supports needed to overcome challenges. These external resources are fostered through caring relationships, high expectations, and opportunities to participate (Benard, 2004). Students were able to find people who cared about their academic success and well-being on and off campus, they maintained high expectations for themselves academically and personally, and they sought opportunities to be active on campus and in the community.

With a significant number of impaired students (53%) attending community colleges (Snyder & Dillow, 2013), a low graduation rate (35%) of impaired students at 2-year institutions (Snyder & Dillow, 2013), and a low rate of college graduates in the Appalachian region (Pollard & Jacobsen, 2015), this study contributes to a better understanding of the supports and barriers experienced by community college students with CPIs. The findings of this study also contribute to the literature examining the need to better serve this population.

Previous research suggests that many barriers exist inhibiting students’ ability to connect with appropriate supports (Getzel, 2008; Getzel & Thoma, 2008). The results of this study contribute to the literature examining supports and barriers of students with
CPIs. Even though students exhibited competency in seeking supports from school programs such as tutoring services, disability services, and student organizations, the participants still experienced feelings of stigma when determining with whom to develop relationships on campus—especially when it came to disclosing their impairments to faculty. This finding is consistent with a history of research indicating that students with impairments struggle with developing strong relationships with faculty (Baker, Boland, & Nowick, 2012; Grasgreen, 2014; Logan, Catanese, Coakley, & Scharff, 2007). It is also consistent with evidence that students with impairments experience feelings of stigma when coping with their impairments (Lyman et al., 2016; Taub, McLorg, & Fanflik, 2004).

The final way in which this study contributes to the literature is by providing a further glimpse into the individual characteristics of students with chronic impairments who are past the transition phase in college. A significant body of research examines the personal characteristics of students who are transitioning into college (Patrick & Wessel, 2013; Stodden, Galloway, & Stodden, 2003; White, Summers, Zhang, & Renault, 2014) but little is known about students who have surpassed their first few semesters. Overall, the findings of this study contribute to a deeper understanding of the qualities of individuals with CPIs and the supports they use to be resilient and persist in community college.

**Recommendations for Practice**

The six themes identified in this phenomenological study provide a greater understanding of the experiences of students with CPIs who are persisting at a rural
community college. It is from the rich stories shared by the 14 participants that I capture the essence of this lived experience. These stories provide a foundation for the recommendations proposed. I acknowledge the participants in this study were from one community college in rural Appalachia who completed or were in the process of completing two or more consecutive semesters at that institution. All the participants were defined as persisting by having a 2.0 GPA or higher. These demographics should be considered when evaluating the transferability of these recommendations to other institutions and populations.

The intent of the recommendations discussed below is to provide guidance to higher education constituents such as academic and student affairs administrators, disability services personnel, and faculty in the community college setting. With a significant population of students with impairments on community college campuses, these recommendations may help institutions evaluate their programs and facilities to improve the academic success of students with CPIs.

**Develop training programs for faculty.** As described in previous sections, participants relied heavily on relationships with others for support. One relationship not highlighted as a major support was relationships with professors. Research indicates faculty are undertrained in topics such as disability-related teaching strategies in the classroom and disability and accommodation policies on campus (Lombardi & Murray, 2011). This lack of knowledge inhibits a professor’s ability to identify and connect with students who have impairments who need guidance and assurance in their academics (Logan, Catanese, Coakley, & Scharff, 2007).
Providing training programs helps strengthen student-teacher relationships which inevitability improves communication and the likelihood of students getting referred to the appropriate support services (Lombardi, Dallas, & Murray, 2013; Sniatecki, Perry, & Snell, 2015). Institutions need to place an emphasis on professional development opportunities for faculty to improve knowledge about this student population. These opportunities can include information sessions about disability services programs on campus and accommodation policies applying to students with impairments. To enhance training programs beyond the basic knowledge of disability services and accommodations policies, faculty can also be trained in curriculum design and teaching strategies to improve learning in the classroom.

One model commonly used to train faculty in designing inclusive curriculum for all students regardless of an impairment is Universal Design (Burgstahler, 2007). The principles of this model can be used in different ways in the classroom to ensure students receive information through multiple modes of delivery. By providing course materials and notes in a variety of formats, the classroom becomes more accessible to all types of students (Burgstahler, 2007).

As discussed in previous chapters, teachers struggle with understanding and relating to students with impairments (Logan et al., 2007). Providing opportunities for faculty to attend conversations on campus about inclusion can improve a teacher’s understanding of those who struggle with CPIs. One process that allows diverse perspectives to emerge through small group conversations is the World Café process which allows large quantities of people to break into small groups of three to four to have
intimate conversations but remain a participant in a larger conversation by rotating members in the small groups (Brown & Isaacs, 2005). With this model, open conversations can flow between faculty, students, and staff to enhance each one’s understanding of the other. Through this style of communication, creativity and innovation for solving problems emerge and collaboration begins (Brown & Isaacs, 2005).

It is also my recommendation that faculty and staff receive training on how to foster optimism and hope through academic advising sessions. As discussed in the second and third themes of this study, positivity, pride, planning, goal setting, and self-coaching techniques play an important role in the lives of the participants. Academic advising is critical for students because it ensures a clear path for success and helps them maintain long-term goals (Center for Community College Student Engagement, 2012; Siegel, 2011). An academic advisor’s role is to help cultivate the culture of the institution, make students feel like they belong and matter to the institution, and maintain high expectations for students (Strayhorn, 2015). If properly trained, academic advisors can play a key role in the development of resilience of students with CPIs.

**Increase outreach to students.** Engaging in activities on campus improves academic persistence and increases the development of relationships with peers and faculty (Tinto, 2012). Additionally, having opportunities to participate and contribute to society in meaningful ways improves well-being (Ryff, 1989; Schreiner, 2013; Seligman, 2011). Whether participants engaged in activities on campus or in the community, they all derived benefit from having an outlet which made them feel good about themselves.
Some volunteered with their churches whereas others participated in activities sponsored by the veterans’ resource center on campus. Recreational activities also played a significant role in the happiness and support for the students. Engaging in these activities gave participants opportunities to laugh, socialize with friends, and feel like contributing members of society.

In addition to engaging in recreational and volunteer opportunities, participants openly used student services such as tutoring and disability services for support. The tutoring center was important for motivation and academic success in challenging courses. Students who use tutors are more likely to be academically motivated and less likely to drop out of college than those who do not use these services (Hendriksen, Yang, Love, & Hall, 2005; Rheinheimer, Beverlyn, Francois, & Kusorgbor, 2010; Wurtz, 2015).

For the reasons stated above, I provide two recommendations to encourage and increase student engagement on campus. First, evaluate the breadth and depth of engagement activities on campus; and second, improve communication with students to increase participation. Because of the challenges this population of students experience, not all mainstream activities such as intramural sports are appropriate or accessible. Some activities on campus may already exist but do not have the appropriate accommodations for those with impairments to participate. Through an evaluation of existing activities on campus, gaps in opportunities for this population of students will be identified.

Institutions also need to place a significant focus on informing students about support services, clubs and organizations, and community outreach and service learning
opportunities. Increasing awareness of these services and opportunities can be
accomplished by using a variety of communication channels such as posting
announcements through social media and email, writing feature stories in campus
newspapers, posting flyers on billboards, and hosting student engagement expos on
campus. Awareness of these services can also be increased through curriculum.
Depending on the academic field, guest speakers, club functions, and awareness
programs can be incorporated into curriculum requiring students to learn more about the
opportunities in their surrounding environment. By evaluating the accessibility of already
existing programs, increasing student engagement opportunities, and improving
communication with students, this student population will be more encouraged to be
involved in meaningful ways that contribute to their resilience.

**Educate the greater community.** It is apparent through the results of this study
that even the individuals who displayed positivity and resilience experienced inhibitions
in revealing their impairments to others because of fear of stigmatization. For example,
Anna was selective in the professors she disclosed her impairments to fearing they would
not understand her whereas, Liz and Rachel purposely sat in a location of the classroom
where classmates would not notice them shifting or excusing themselves from class for a
few minutes. Even though the participants did not discuss how they developed these
fears, the community outside the college environment is still a factor contributing to these
feelings. Brofenbrenner’s developmental ecology theory helps explain this relationship
and the rationale for recommending that higher education constituents educate the greater
community.
Bronfenbrenner’s theory provides a holistic view of how different environments affect the development of students (Evans, Forney, Guido, Patton, & Renn, 2010). This model is useful in understanding how an individual’s characteristics shape relationships with people and objects in the environment over time to promote development (Evans et al., 2010). There are four levels or systems interacting with one another influencing the development of a student (microsystems, mesosystems, exosystems, and macrosystems). The macrosystem refers to the broadest context of a student that is influenced by the larger community’s norms, cultures, and subcultures (Evans et al., 2010). Based on the assumption these environments interact with one another, it is logical to assume cultural and societal norms in the macrosystem influencing the attitudes and beliefs of the participants.

It is common for people with impairments to experience barriers throughout their communities such as stereotyping, transportation issues, and discrimination making daily living difficult (Centers for Disease Control and Prevention, 2016). Although I did not specifically examine societal barriers in this study, it was clear the participants experienced feelings of stigmatization. Based on the assumption that cultural norms in the macrosystem influence students’ identity development, I recommend college campuses educate the broader community about issues surrounding disabilities. College campuses can foster progressive ideas extending beyond the boundaries of the institution and into the community. This can be accomplished by opening campus presentations, trainings, and forums associated with impairments, diversity, and inclusion to the public.
Extending these programs to the public can improve awareness, promote acceptance, and develop an inclusive community.

Seek opportunities to improve facilities. As discussed in the sixth theme, connecting with environments, the participants frequently experienced pain and discomfort when at school. Even though this was an inevitable challenge for the participants, provisions can be taken to improve facilities on campus with the impaired population in mind. When referring to classroom conditions, the participants complained about uncomfortable chairs, poorly placed projectors, and awkward seating arrangements. When available the participants used accommodations such as lockers, elevators, restrooms, and handicap parking. I recommend institutions perform a facilities audit on campus to identify opportunities to improve conditions for this population of students. Performing an audit involves tasks such as analyzing the location of accessible restrooms in relation to classrooms, identifying old classroom chairs and desks that need to be replaced, and rearranging tools in the classroom such as projectors to make the environment more ergonomically friendly. The results of an audit can help higher education constituents develop a plan for improving on-campus conditions. One challenge associated with this recommendation is the monetary costs associated with making institutional improvements.

Funding for the replacements of chairs and old classroom equipment is expensive thus making it difficult for institutions to reach beyond the bare minimum requirements of ADA regulations. One way to combat this funding issue is to target market alumni and local businesses for donations. It is my recommendation that institutions create marketing
materials that specifically ask for donations to support improvements in the classroom. To entice potential donors, stories such as the one’s shared in this study can be used to encourage people to donate to a specific cause such as improving classroom conditions for students with CPIs. Storytelling is a powerful tool that creates bonds between strangers and motivates people to be more empathetic and generous (Zak, 2013).

**Summary**

As discussed in the second theme of this study, acceptance, positivity, and maintaining a health perception of the self all played a major role in the students’ ability to “find the bright side and accept the dark side.” Higher education constituents need to take intentional action to improve the academic success of these students. Through the recommendations provided, a more positive and accepting environment will be created to foster academic persistence and success among students with CPIs.

**Future Research**

Using phenomenological methods and an asset-based framework, a broad understanding of the experiences of students with CPIs who are persisting at a community college was gained. This study was conducted to create a foundation for future research. Because of the limited body of research on this population, a need still exists to continue investigating the lives of students with CPIs in different contexts such as at large universities, small private colleges, and urban community colleges. Additionally, a need exists to increase research efforts in understanding how minority populations living with CPIs persist in college. Through an expansion of asset-based research in different contexts, additional internal and external protective factors will be
identified to build on this body of resilience research. This study also helped recognize the need to further investigate specific aspects of students’ lives that enable them to be resilient and thrive.

As discussed in previous sections, hope and optimism were key components of student’s lives. Future research needs to examine how personal characteristics such as humor and explanatory styles related to optimism are associated with the development of resilience in students with CPIs. Another personal characteristic that was an asset to many of the participants was a connection with God. Further investigation into how spirituality and religion play a role in this population of students is needed.

The results of this study also indicated students have inhibitions when developing relationships with others. It was understood that developing relationships often relied on trust and how well they could relate to one another. One relationship that was not highlighted as an asset was relationships with teachers. Future research needs to investigate why these barriers exist from both student and teacher perspectives.

As discussed in Chapter 1, there is a significant body of research focusing on the experiences of students with impairments in their transition year in college. This study intentionally focused on understanding student’s experiences past their transition into college to begin to understand what happens in the latter years of this population of students’ college careers. Future research opportunities in developing longitudinal studies that follow students with CPIs throughout all four years of their academic careers exist. A longitudinal study will help understand the experiences of both students who succeed and those who do not. A longitudinal study can also provide a glimpse into how coping with
the challenges of a physical impairment impacts the identity development process of this population of students.

Even though this study was asset-based, through my journey to collect the stories of students who are persisting, I had an opportunity to interview a student with Lupus who was not persisting. At the time the interview date was set, the participant thought she would qualify for the study based on her expected grades for that semester. After the student participated in the interview, she had to medically withdraw and take incompletes for her courses, thus disqualifying her from the study. For these reasons, the data from this interview was not used in the results; however, I gained a unique glimpse into some of the differences between the lives of students who are persisting compared to those who are not. From the interview, it was clear this participant was struggling to accept and cope with her condition and was not ready to be in college. For example, when asked to define resilience, she was unable to describe her life as such. She also spoke of her struggles through a negative lens and mentioned thoughts of suicide. This participant described having friends and family for support but she was still living in a world where her condition was controlling her. Because of these stark differences, future research needs to investigate the lives of students who are not persisting. There is also value in investigating how stigmas play a role in these students’ lack of ability to succeed. Researching those who are not persisting will provide a 360-degree perspective of the experiences of students living with CPIs.

This study contributes to a small body of research investigating students with physical impairments (Getzel & Thoma, 2008; Patrick & Wessel, 2013; Reynolds, 2012;
Taub, McLorg, & Fanflik, 2004; White, Summers, Zhang, & Renault, 2014). The knowledge gained from this study lays the groundwork for many future research opportunities. A strong foundation of knowledge about students with CPIs needs to continue to be built by researching this population in different contexts and cultures. Students in this population also need to be examined through their personal characteristics such as their tendency to use humor and spirituality to be resilient. Research also needs to attempt to understand student’s inhibitions of approaching teachers for support. As an understanding of this population builds, it will be important to create longitudinal studies investigating the identity development of students who experience CPIs in their college careers and how this contributes to resilience. With additional research on students with CPIs, programs to strengthen students’ ability to be resilient and thrive can be created.

**Limitations**

This study was approached with as much credibility and integrity as possible. Techniques such as constant comparison, thick description, peer debriefing, and reflexive journaling were used to ensure trustworthiness. Despite these efforts, there were still limitations of this study worth noting. These limitations involve the timing of the interviews and the fact that the participants were from one institution.

The first six participants were interviewed at the end of the spring semester and the last eight participants were interviewed at the beginning of the fall semester. I recognize that the timing of these interviews may have affected the perspectives of the participants. Logically, students who are persisting are likely to have positive
perspectives directly after completing a successful semester. Similarly, students who recently completed a successful semester and are beginning a new semester are likely to have positive perspectives. This may have inhibited my ability to capture the lived experiences of some of the barriers students experienced in the middle of the semester. This limitation could have been avoided by meeting with the participants three times in one semester—once at the beginning, once at midterms, and once at end of the 16-week term. In terms of limitations, it is also worth recognizing all the participants in this study were from one institution. A more robust perspective could have been gained by collecting data from students from multiple community colleges.

**Personal Statement**

I designed this study to gain a holistic understanding of the lived experiences of students with CPIs who are persisting at a community college. I used a lens derived from the social model of disability, capabilities approach, and theoretical framework of positive psychology to recognize that individuals with impairments are capable of flourishing. Furthermore, through Mitra’s (2006) three-factor model, I acknowledged individuals as capable human beings who have a strong desire to function through the interaction of personal characteristics, resources available, and environmental factors. I also used Schreiner’s (2010) theory of thriving to identify that the population under study was engaged with their college environment intellectually, socially, and emotionally. With these perspectives in mind, I pursued this study with the belief that students with CPIs are capable of being resilient and thriving in college.
As I moved through the lives of the participants, I felt as though I was on a long drive across the country. Throughout the interviewing and transcribing process, my own experiences drifted away from the center of attention. This experience was similar to how the mind often wanders when driving in a car for many consecutive hours. I often lost myself in the thoughts of others as I was interviewing and transcribing the interviews but maintained enough consciousness of myself to be aware of my own biases. I remained conscious of these biases by recording them in my journal as I completed each interview and transcribed them. I frequently reviewed these notes as a reminder of my own biases as a professor, former athlete, and individual living with a chronic impairment.

Throughout the data analysis process, I identified commonalities and potential themes. After many iterations of analyzing the data through different methods, I found the interpretation of the themes to be difficult. I was so focused on the literal words of the participants that I had to imagine myself as one of the students to begin capturing the essence of their lived experiences. After I reached a point at which I thought I had identified the final themes of this study, I shared my results with a peer and presented quotes to help illustrate each theme that I thought it represented. Through this discussion, I gained a more dynamic perspective which helped me capture the essence of the lived experiences of students persisting at a community college.

**Conclusion**

In this study, the students recognized the peaks, valleys, and plateaus of their lives and accepted the trials and tribulations as a fact of life. The participants were focused on finding the bright side and accepting the dark side by keeping their “eyes on the prize” of
earning a college degree. When needed, students not only had friends and family to help but they had “a fellowship” of comrades to help them stay motivated. The participants connected with their environments and coached themselves through challenging moments.

The essence of the lived experiences captured by this study, provides insight into how to better meet the needs of students with CPIs. Many steps can be taken by institutions to improve the resilience of students with CPIs. Institutions need to remain focused to better understanding this population of students to improve pathways to success. This study contributes to these efforts with the hope that scholars pursue future research opportunities to better understand this population of students.
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needs a coordinated approach to improve its assistance to schools in supporting*


*U.S. Department of Education, National Center for Education Statistics.*


Appendix A: Email to Recruit Participants

Subject Heading: Chronic pain? Share your experience.

Content of the Email:

Back pain? Kidney disease? Migraine headaches?

Are you a college student who has a chronic physical impairment?

Share your experience! Be a participant in a study!

You must be 18 years or older to participate.

To learn more about this opportunity contact:

Mary Beth Held, Assistant Professor of Communication Studies

Email: mheld@wvup.edu

Phone: 304-424-8000 ext. 428

Office: 1022
Appendix B: Flyer to Recruit Participants

Are you a WVUP student with a chronic health condition?

Share your experience! Participate in a study!
You must be 18 years or older

To learn more about this opportunity contact:

Mary Beth Held
Assistant Professor of Communication Studies at WVUP
mheld@wvup.edu
304-424-8000 ext. 428 or 304-488-9273
Office #: 1022
Appendix C: Informed Consent Form

Ohio University Consent Form

Title of Research:
The lived experiences of community college students with chronic physical conditions

Researchers: Mary Beth Held, M.S. (Principal Investigator), Peter C. Mather, Ph.D. (Advisor)

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Explanation of Study
The purpose of this study is to understand the experiences of students with chronic physical impairments who are persisting at a rural community college. This research will allow faculty, staff, and administrators of higher education to understand how they can better meet your needs as a student with impairments. If you agree to participate and meet the criteria for eligibility (criteria listed below), then you will be asked questions about your experiences as a community college student.

Criteria for eligibility include:
- currently enrolled as a community college student who has completed two or more consecutive semesters or is in the process of completing their second consecutive semester
- has a minimum GPA of 2.0
- has a chronic physical condition such as diabetes, kidney disease, or irritable bowel syndrome that has lasted or is expected to last twelve months or more and results in functional limitations and/or the need for ongoing medical care

Your participation in the study will last approximately 2 hours.

Risks and Discomforts
No risks or discomforts are anticipated, however you may wish to decline to answer a question at any time. You may also request to stop the interview at any time.
Benefits
Sixteen percent of the population in Appalachia has a disability. Only 8 percent of the population in Appalachia earns an Associate’s degree and 22 percent earn a Bachelor’s degree. This high rate of people living with a disability and low rate of college degree completion in Appalachia is concerning for the educational future of the region. Despite these startling statistics, many students with impairments succeed. This study aims to identify the challenges and successes of students who are persisting. Through developing a better understanding of the experiences of this population of students, administrators, faculty, and staff and can better meet the needs of these students.

Confidentiality and Records
Your study information will be kept confidential by not using any identifying information such as your name or student ID throughout the process. The interview recordings will be transferred from a digital recorder to the laptop used by the principal investigator on this project. No other individuals will have access to this laptop or transcripts. The original recordings and any identifiable information will be destroyed within one year from the time of the interview. The transcriptions from the interviews will be saved on the hard drive of the laptop.

While every effort will be made to keep your information confidential, there may be circumstances where this information must be shared with:

- Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- Representative of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU

Contact Information
If you have any questions regarding this study, please contact Mary Beth Held (principal investigator) mh742111@ohio.edu 304-424-8000 ext. 428 OR Peter Mather (Advisor) matherp@ohio.edu 740-593-1936

If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University (740) 593-0664.

By signing below, you are agreeing that:

- You have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- You have been informed of potential risks and they have been explained to your satisfaction
- You understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
- Your participation in this research is completely voluntary
• You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.
• You are 18 years of age or older

Signature ____________________________________________ Date ___________
Printed Name ________________________________________________

Version Date: 4/20/2016
Appendix D: Demographic Questionnaire

Please fill out the information below as best as you can. This basic demographic information will not be used in conjunction with your real name. A code name will be assigned to keep your identity confidential.

What is your age? ________________

What is your sex?
   a. Male
   b. Female

Marital Status
   a. Single
   b. Married
   c. Cohabitating

Ethnicity
   a. White
   b. African American
   c. Hispanic
   d. Other (please specify)_________________

Highest degree achieved
   a. High school degree or GED
   b. Associate degree
   c. Bachelor degree
   d. Other (please specify) ________________

Degree currently pursuing
   a. Associate degree
   b. Bachelor degree
   c. Other (please specify) ________________

Number of credit hours currently taking?
   a. 1-5
   b. 6-8
   c. 9-11
   d. 12 or more

Number of consecutive semesters enrolled in college
   a. 2
   b. 3
   c. 4
d. 5 or more

Date of enrollment at WVUP

Briefly describe the nature of your impairment
Appendix E: Interview Guide

General Life History

Decision to come to college

Chronic Condition

   Explanation of the condition (what is the condition)

   Brief history of when condition was acquired

The Details of the Experience

Daily Life

   A typical day

   A “bad” day

   A memorable day

Challenges

   Types of challenges encountered

   Overcoming challenges

   Current challenges experiencing

Resilience

   Meaning of resilience

   Becoming resilient

Supports

   Relationships

   On-campus resources

   Off-campus resources
Personal Assets

Personal assets that have helped success

Personal assets that have hindered success

Perception

Perception of self

Other people’s perception of you

**Reflection on the Meaning**

Lessons learned since being in college

Advice to other college students who have chronic physical impairments

Is there anything else that you would like to add?