American Journal of Qualitative Research
2026, Vol. 10 No. 3, pp. 283-308
https://doi.org/10.66815/ajqr/18700
© 2024 AJQR. http://www.ajqr.org

ISSN: 2576-2141

Teaching Through Trials: Living Forward with Breast Cancer in Academic Life

Suzanne L. Porath[1]
Kansas State University, Manhattan, KS, USA

ABSTRACT

This scholarly personal narrative (SPN) examines my experience of navigating stage 3 breast cancer while continuing to teach, mentor, and write as a tenured university professor. Drawing on self-generated artifacts, including blog posts, podcast reflections, and creative writing, I analyze how I made meaning across treatment and survivorship. Guided by Lent's (2004) model of psychosocial adjustment, the study explores how self-efficacy, coping practices, and social support shaped an ongoing process of adaptation. Findings suggest that adjustment is not a simple return to a prior state, but a dynamic practice of living forward, sustained through everyday acts of meaning-making, creative expression, and relational connection. The analysis shows how illness reshaped embodied identity, professional capacity, and understandings of self without erasing continuity or purpose. This work contributes to qualitative research by showing how SPN can illuminate the lived complexities of illness, identity reconstruction, and professional persistence within contemporary academic life and academic work.

KEYWORDS: Scholarly Personal Narrative, breast cancer survivorship, chronic illness in academia, psychosocial adjustment, meaning-making, identity reconstruction, qualitative inquiry

Cancer didn't transform me. It interrupted me. I adapted. I kept teaching, mentoring, and showing up, because I found strength in routine and purpose. I come from a line of farmers who don't expect life to be easy, just worth doing. That mindset, combined with my belief that I could manage what was coming, became one of my greatest assets. My dad had faced stage 4 colon cancer with calm and grit, and I tried to model the same sense of quiet steadiness.

Treatment was a season. It passed. But the side effects didn't. I'm still living with neuropathy, fatigue, and pain; daily reminders that my body has changed. My body was a landscape I trusted; solid, steady, known. Now, I move through the world more cautiously, aware of limits, attuned to discomfort. It didn't change who I am, but it changed how I relate to myself - physically and emotionally.

What helped me adjust was a combination of internal and external support: creating, meditation, writing, and the comfort of a predictable work rhythm; the presence of friends, colleagues, and family who let me be open without judgment. I stayed transparent about the

---

[1] Correspondence concerning this article should be addressed to Suzanne L. Porath, Associate Professor, Department of Curriculum and Instruction, Kansas State University, Manhattan, KS 66506, USA. Email: sporath@ksu.edu

process, through a podcast, through a CaringBridge blog, through quiet conversations, because cancer affects one in eight women, and too often people talk about it in whispers. Most don't know what to say, what to ask, or how to help. I do. I've lived it. I share my story so others, whether newly diagnosed or standing beside someone who is, don't have to feel so alone.

Methodology

I did not initially set out to study cancer. During active treatment (surgery, chemotherapy, and radiation), I began writing blog entries, reflections, and even song parodies to cope with the uncertainty and disruption I was experiencing. Over time, and particularly in the period following treatment, I came to understand these artifacts not simply as expressions of experience, but as data.

Within a Scholarly Personal Narrative (SPN) framework, personal experience is treated as a legitimate site of inquiry, and self-generated texts, including journals, blogs, creative writing, and recorded reflections, serve as primary data sources for analysis (Nash, 2019; Nash & Bradley, 2011; Ng & Carney, 2017). SPN scholars emphasize that these materials are not incidental; they are systematically revisited, interpreted, and analyzed to surface patterns of meaning, identity, and change over time (Meskin, 2023; Nash, 2019). As Heidelberger and Uecker (2009) explain, SPN positions the researcher's own experiences as a valid object of study and uses narrative as a means of constructing and sharing knowledge grounded in lived experience. This emphasis on lived experience and interpretive meaning-making aligns with broader narrative inquiry traditions that seek to understand how individuals construct coherence and identity through storytelling (James, 2018).

This study draws on a set of artifacts, including reflective writing, a podcast, and a CaringBridge blog, to examine how I navigated breast cancer while working as a tenured academic. These materials capture experience across time, allowing for attention to shifts in emotion, language, identity, and professional engagement. In SPN, writing is not only a record of experience but also a method of inquiry; it enables iterative reflection, critical self-examination, and the identification of recurring tensions and turning points (Nash & Viray, 2014). Rather than treating narrative as self-evident, this study approached self-generated artifacts as qualitative data subject to iterative coding, memoing, thematic development, and theoretically informed interpretation. Initial analysis began with open coding of artifacts including blog posts, podcast reflections, poems, parody songs, and journal-style entries. During early analytic passes, I coded for recurring emotional, relational, and identity-oriented experiences, including uncertainty, professional persistence, bodily disruption, humor, fatigue, agency, and relational support. Analytic memos were written alongside coding to document emerging patterns, tensions, and shifts across treatment and survivorship.

In a second analytic phase, codes were grouped into broader interpretive categories connected to psychosocial adjustment and identity reconstruction. For example, initial codes such as "maintaining routine," "teaching through exhaustion," and "showing up despite fatigue" were grouped into a broader category of professional continuity. Similarly, "parody songs," "creative rituals," and "humor during treatment" were clustered into a category of meaning-centered coping.

Through constant comparison across artifacts and time periods, three overarching themes emerged:

1. adaptation as ongoing recalibration,
2. creative and relational meaning-making as coping,
3. survivorship as identity reconstruction rather than return.

These themes were then interpreted through Lent's (2004) psychosocial adjustment framework to examine how self-efficacy, coping behaviors, and environmental support interacted across the experience of illness and survivorship.

This movement between lived experience and conceptual framing reflects a core analytic practice in SPN, where meaning is constructed through the deliberate linking of narrative episodes to broader ideas and questions (Nash, 2019; Nash & Bradley, 2011). The concept of "living forward" emerged through the recursive analysis of narrative artifacts across treatment and survivorship. Rather than describing survivorship as recovery, resilience, or return to a prior state, "living forward" conceptualizes adjustment as an ongoing process of adaptive continuity within altered realities. This process is recursive rather than linear, embodied rather than abstract, and sustained through ordinary practices of meaning-making, relational connection, creative expression, and continued participation in everyday life. Within this framing, survivorship is not understood as the restoration of a former self, but as the ongoing negotiation of identity, limitation, possibility, and purpose across changing physical, emotional, and professional conditions.

Table 1
Codes and Themes

Initial Codes	Category	Theme
"teaching through fatigue," "keeping routines," "meeting deadlines"	Professional continuity	Adaptation as ongoing recalibration
"parody songs," "humor," "creative rituals"	Meaning-centered coping	Creativity as psychosocial adjustment
"altered body," "hair loss," "identity shift"	Embodied identity disruption	Survivorship as identity reconstruction

This study was conducted within the framework of Scholarly Personal Narrative (SPN), in which the researcher's lived experience serves as the primary site of inquiry. Because the study focused exclusively on the author's own experiences and self-generated artifacts, formal Institutional Review Board (IRB) approval was not required under institutional policy. No external participants were involved, and no identifiable private data from others were collected or analyzed. Within SPN, ethical responsibility includes careful attention to reflexivity, representation, and the respectful treatment of lived experience. Throughout the writing and analytic process, care was taken to represent experiences honestly and ethically while respecting the privacy of individuals referenced within the narrative.

Experience becomes both the subject and the source of analysis, and meaning is constructed through ongoing engagement with the data rather than assumed to be self-evident. In this way, the study aligns with interpretive qualitative traditions that understand knowledge as constructed, contextual, and deeply connected to lived experience (Clandinin & Connelly, 2000; Ellis et al., 2011). Reflexive qualitative inquiry similarly emphasizes the importance of critically examining how personal experience, positionality, and identity shape both interpretation and representation within qualitative research (Greene & Park, 2021).

Existing survivorship frameworks frequently emphasize adaptation, coping, resilience, or post-traumatic growth, often implying movement toward stabilization or renewed functioning. In contrast, the findings of this study suggest that survivorship may be better understood as unfinished and continually renegotiated. My ongoing experiences of fatigue, neuropathy, altered embodiment, shifting professional capacity, and identity reconstruction did not resolve into a stable endpoint. Instead, survivorship unfolded through repeated acts of recalibration that sustained continuity without requiring restoration. Grounded in Lent's (2004) framework for psychosocial adjustment, I examine how self-efficacy, adaptive coping, and social support shaped my ability to endure and reimagine life during cancer treatment. What emerges is not a linear story of recovery, but a layered process of recalibration of my body, identity, and professional self. By threading personal experience through scholarly frameworks, I offer this narrative as both testimony and contribution: a way to make visible what is too often carried silently.

While this narrative emerges from lived experience, it is also guided by a set of questions that shape how that experience was examined, interpreted, and understood. Rather than separating the personal from the scholarly, these questions invite a closer look at how meaning is constructed in the midst of disruption, and how that meaning connects to broader theoretical and institutional contexts. This study is guided by the following questions:

- How does a tenured academic experience and make meaning of breast cancer during treatment and survivorship?
- How do self-efficacy, coping, and support (Lent, 2004) shape psychosocial adjustment within the intersecting domains of chronic illness, identity, and academic labor?
- How can Scholarly Personal Narrative (SPN) illuminate the lived complexities of illness, identity reconstruction, and professional persistence in academia?

Together, these questions position this work at the intersection of personal narrative and qualitative inquiry, using SPN not only as a mode of storytelling, but as a methodological lens through which to examine how individuals navigate illness while sustaining professional identity and purpose. Rather than claiming statistical generalizability, this study offers what SPN scholars describe as universalizable insights; experience-based, theoretically informed understandings that readers may recognize, adapt, and apply within their own contexts (Heidelberger & Uecker, 2009; Nash, 2019). In this sense, the goal was not to produce a single authoritative account, but to invite reflection, connection, and further inquiry.

This experience also took place within a broader set of pressures shaping current academic life. Recent research shows that chronic illness and health challenges often collide with the demands of academic work, especially in systems that prioritize constant productivity and visibility (Bisaillon et al., 2020; Brown & Leigh, 2018). For faculty navigating illness, this can make it difficult to be open about their experiences, as vulnerability may feel professionally risky. Instead, many are left to quietly manage the tension between their health and their responsibilities.

These challenges are not experienced equally; rather, they are shaped by persistent inequities within academic life. Gendered expectations around caregiving, emotional labor, and professional presence continue to influence how women in academia experience illness, often intensifying stress and limiting access to meaningful support (Moors et al., 2022; Brewer, 2025).

These inequities have been further amplified in the aftermath of COVID-19, as the conditions of academic work have shifted without corresponding structural change. Research points to increased burnout, blurred boundaries between work and home, and escalating expectations for productivity and visibility (de Aguiar Bandeira et al., 2026; Gewin, 2021; Oleschuk, 2020; Vyletel et al., 2023).

In relation to this study, these conditions help contextualize the experience of navigating illness within academia, not as an isolated disruption, but as something that unfolds within already demanding and uneven systems. This becomes more than a personal story; it reveals the broader conditions that shape how that adjustment is lived. Chronic illness, in this sense, does not simply interrupt academic work; it makes visible the assumptions that underlie it - assumptions about productivity, embodiment, and what it means to sustain a professional identity.

By situating this narrative within these broader conversations, the study extends beyond individual experience to illuminate the structural and cultural forces that shape how academics live, work, and endure. In addition, rather than smoothing disruption into coherence, SPN allows researchers to remain attentive to the recursive, unfinished, and embodied nature of lived experience as it unfolds within broader social and institutional systems.

The Day Everything Shifted

Before I could adapt, endure, or reflect, there was a moment. One clear, ordinary moment when life split into before and after.

It was Friday, September 30th. I was in the drive-thru at Radina's Coffee, grabbing a caramel mocha latte to fuel my afternoon. Life was full and vibrant. I had just earned tenure and was riding a wave of momentum: planning a Fulbright proposal, prepping for fall conferences, imagining international travel. I felt deeply rooted in my work, energized by possibility, and grateful for the balance I had carved out in both career and life.

Then the call came through my car's Bluetooth.

It was the clinic. I had recently undergone a biopsy following a suspicious ultrasound and mammogram. Of course I answered. The nurse's tone was quiet and careful.

"Is this Suzanne Porath?"

That was all I needed to hear. I knew.

"It's cancer, isn't it?" I said solemnly.

"Yes," she replied softly.

I took a breath, greeted the barista at the window with as much composure as I could muster, grabbed my latte, and found a parking space. Then I asked, "What's next?"

She mentioned an MRI, "Let's schedule it right away."

That moment was surreal. I wasn't crying or panicking. I was already pivoting. Already making a plan. That's how I cope. That's how many academics cope, I think.

The initial oncologist believed it was Stage I. Manageable. Surgery, radiation, ten years of hormone therapy. Not nothing, but not catastrophic. My medical team and I began to map the treatment plan.

The MRI with contrast was scheduled for the following week. The tech warned me that I'd feel burning, nausea, and heat rushing through my body. It might feel like I'd wet myself, even if I hadn't. "Try not to throw up," she said. "If you do, we'll have to reschedule."

I leaned on every bit of yogic breath and meditation training I had. I chanted silently, OM, over and over, trying to center myself as the contrast spread through my body. I didn't throw up, but I definitely felt like I had wet myself. It was disconcerting.

A few days later, the oncologist called again. I was back in the car.

The tone of his voice matched the nurse's from before. The cancer was more widespread than expected. Stage II. Mastectomy. Radiation. Possibly chemo.

That news felt different. Heavier. I remember sitting in the driver's seat, hands still on the wheel, realizing that everything had shifted. Cancer wasn't a detour. It was now a mountain I'd have to climb.

I postponed surgery briefly so I could present at two academic conferences in October. That's what tenure-track habits do to a person. I told myself, "You're still you. This is just a wrinkle". But it felt strange, surreal, to soak in a snowy hot tub in Canada while knowing a tumor was quietly threading its way through my breast.

I walked into the hospital on November 17 with the body I knew. When I woke up, that version of me was gone.

My chest was bound in compression bandages. I couldn't move easily or breathe deeply. Everything felt stiff and foreign. Underneath the wrappings was something cold and hard; a silicone implant placed beneath my skin.

People joked, "Well, at least you get a boob job, right?" I wanted to scream. This was not an enhancement. It was a loss, a replacement. A wound stitched shut with something plastic and unnatural.

Later, when I was healed from surgery, the implant didn't behave. It flipped. Literally. Sometimes, when I moved, it rotated inside my chest, revealing the silicone fill ring, a flat circle, like a pool toy's valve. I'd stare at my chest in the mirror, confronting not only the loss but the absurdity of its replacement. There was nothing soft, feminine, or empowering about it. Just the cruel reminder of what was gone.

Then it got worse. The pathology report.

Invasive lobular carcinoma - ER positive, PR positive, HER2 negative. It had spread, not just in the breast but into the lymphatic system. Sixteen out of nineteen lymph nodes were positive.

Stage IIIB. Advanced. Not yet metastatic. Not yet.

I thought the surgery would be the hardest part. That once it was over, I'd be on the road to recovery. But the surgery wasn't an end. It wasn't even a middle. It was the beginning of something longer, harder, and more uncertain than I'd imagined.

That day, September 30th, was the day everything shifted.

In the weeks that followed, I cycled between numbness and overdrive; oscillating between disbelief and the overwhelming logistics of treatment. The academic in me made to-do lists. The patient in me tried to keep up. But underneath it all, I knew this wasn't going to be something I could plan my way through. The impact wasn't just physical; it was emotional, professional, even existential. I wasn't only navigating illness. I was beginning to renegotiate who I was. And while I didn't have the language for it yet, I eventually found a framework that helped me make sense of this transformation, not just as a disruption, but as an ongoing process of adaptation, meaning-making, and reorientation.

Situating Personal Experience within Theoretical and Institutional Contexts

This was not just a personal health crisis; it was an entry point into a much larger, ongoing struggle that affects millions of women around the world. Breast cancer remains one of the most prevalent forms of cancer globally, significantly impacting women's health. The American Cancer Society (ACS) estimated that in 2025, about 316,950 new cases of invasive breast cancer will be diagnosed in women and about 59,080 new cases of ductal carcinoma in situ (DCIS - non-invasive) will be diagnosed in the United States, causing around 42,170 deaths (American Cancer Society, 2025). Globally, breast cancer accounts for 24.5% of all new cancer cases and 15.5% of cancer deaths among women (Sung et al., 2021). These high incidence and mortality rates underscore the importance of early detection, effective treatment, and ongoing research to combat this pervasive disease.

While my diagnosis and treatment were deeply personal, I quickly realized that my experience was not unique. Trying to keep up with academic responsibilities, emails, grading, meetings, manuscript deadlines, while managing physical pain and emotional exhaustion forced me into a constant state of negotiation. The tenure track did not slow down for cancer, reflecting broader patterns in academia where expectations for productivity and progression remain largely unchanged even when faculty are navigating chronic illness, disability, or significant health disruption (Beatty & Joffe, 2006; Brown & Leigh, 2018; Santuzzi et al., 2014). These expectations are shaped by ableist assumptions about bodies, capacity, and visibility that position illness as a private burden rather than a structural concern within academic life (Dolan, 2023).

This tension between personal crisis and professional expectation reflects Lent's (2004) integrative model of psychosocial adjustment and well-being, which emphasizes the dynamic interplay among personal, environmental, and behavioral factors. The model synthesizes both normative well-being, that is experienced under typical life conditions, and restorative well-being that is mobilized in response to adversity, offering a comprehensive lens for understanding adaptation across life contexts.

At the core of this model is a triadic interaction among three components of (see Figure 1):

- **Person variables** (e.g., self-efficacy, personality, health status),
- **Environmental supports and barriers** (e.g., social relationships, institutional structures), and
- **Coping behaviors and strategies** (e.g., problem-solving, meaning-making, emotional regulation).

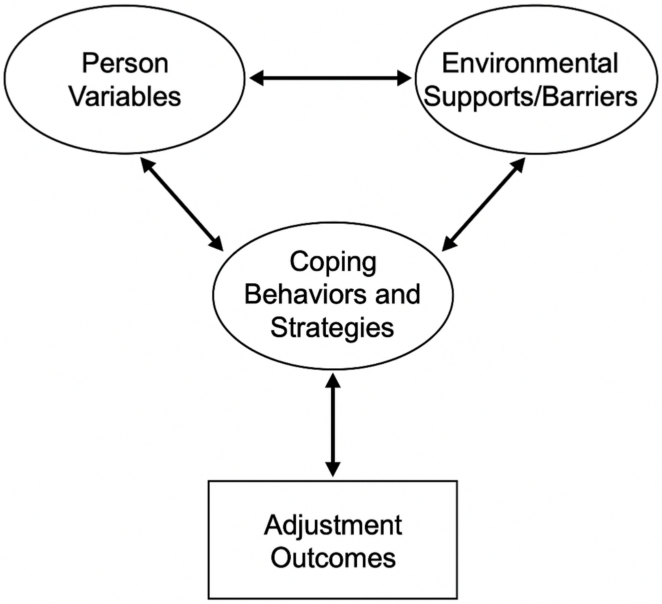
These dimensions do not function independently but instead influence and reinforce one another over time.

One of the central mechanisms in Lent's model is self-efficacy, which he defines as "the perceived capability to manage domain-specific stressors or obstacles" (p. 502) is a key predictor of adjustment outcomes. Self-efficacy, in turn, is shaped by both internal and external inputs, including one's past experiences, modeled behavior from others, and the emotional and verbal encouragement received from one's environment. Lent emphasizes that these influences can significantly enhance or diminish a person's confidence in their ability to cope and achieve goals, thus shaping the trajectory of adjustment.

Environmental supports serve not only as resources but also as catalysts for psychosocial resilience. According to Lent, "environmental factors may affect goal selection and progress directly... as well as indirectly, by enhancing or deflating self-efficacy and outcome expectations relative to one's goal pursuit" (p. 499). These supports include both tangible conditions—such as access to healthcare, flexible employment, or institutional understanding—and less visible forms of encouragement, like having one's experience affirmed by others. These external forces play a particularly vital role when individuals encounter efficacy-deflating conditions, such as serious illness or systemic inequities.

In addition, coping behaviors function as active responses to stress and disruption. Lent outlines a variety of strategies, from problem-solving and social engagement to meaning-making and emotional regulation, that help people maintain continuity in the face of upheaval. Importantly, he argues that "participation in valued life activities... can help one to manage feelings of depression and loneliness, structure time, avoid rumination, and restore a sense of purpose and mastery" (p. 502). These behaviors are not only about alleviating distress; they are also central to the process of re-establishing a coherent sense of self and direction.

Figure 1
Adapted Model of Psychosocial Adjustment and Well-Being



Note. *Adapted from Lent (2004)*

Together, these three dimensions form an interactionist model of adjustment, one that accounts for how people experience, interpret, and respond to adversity. This framework is particularly resonant in narrative-based inquiry, as it allows for the exploration of adjustment as both a psychological process and a story people actively tell and revise. In the context of serious illness, Lent's model offers a way to understand how people not only survive disruption but slowly reassemble their lives around new realities.

Situated Within Privilege Support and Constraint

As I reflect on this experience, I recognize that my ability to continue was not simply a matter of personal resilience but emerged from the interaction of internal beliefs and external supports. My capacity to keep teaching and writing was grounded in self-efficacy—a belief that I could still perform under pressure, even when my energy and clarity were limited. This was reinforced by support systems, including mentors, colleagues, and friends who helped carry the load in both visible and invisible ways. At the same time, adaptive coping strategies, such as meditation, blogging, and maintaining routines, allowed me to remain grounded amid ongoing instability.

While the broader literature rightly emphasizes the gendered and institutional barriers women face in academia when coping with chronic illness, my story also underscores something else. That well-being in these moments is not a fixed state, but a fluid process. One shaped by inner resources, outer support, and the relentless effort to keep going.

Women in academia, particularly those on the tenure track, face unique challenges when dealing with chronic illnesses such as breast cancer. The tenure track is notoriously demanding, requiring sustained commitment to research, teaching, and service (Love et al., 2023) and especially for women who tend to be caretakers of children and parents (Moors et al., 2022). As

Bisaillon et al. (2020) argue, the structure of the neoliberal university normalizes overwork, sidelines care responsibilities, and cultivates environments that are physically and emotionally unsustainable, particularly for women and marginalized faculty. For women with chronic conditions, these professional expectations often collide with the physical and emotional toll of treatment and recovery (Cramer et al., 2019). Research indicates that female academics with chronic illnesses frequently struggle to balance their health needs with institutional demands, leading to increased stress and heightened risk of career disruption (Goodwin & Morgan, 2012).

While much of the literature emphasizes the lack of structural support and the gendered assumptions that often intensify these burdens (Brewer, 2025), Lent's (2004) framework on psychosocial adjustment offers a complementary lens. His model highlights how individual well-being is shaped not only by external pressures, but also by self-efficacy, coping strategies, and the presence (or absence) of supportive environments. From this perspective, professional persistence is not merely survival but a complex process of adaptation unfolding within and alongside institutional systems.

In telling this story, I also recognize the deep privilege I carry. I am a white, middle-class woman with an incredibly supportive, thoughtful, and caring husband; financial security; comprehensive health insurance; and access to high-quality healthcare. Even before cancer, I had a strong support system of family and friends, and I work in a job that offered flexibility, empathy, and stability throughout my treatment and recovery. These factors so often absent for others, profoundly shaped my ability to adjust, cope, and continue forward in my academic career.

Addressing the challenges faced by chronically ill academics requires more than policy reform; it demands an understanding of how personal and environmental factors interact to shape well-being and adjustment. Institutions must create conditions in which faculty are not penalized for health-related disruptions and are instead supported through inclusive, responsive structures that honor the full complexity of human experience.

When the Grading Didn't Get Done

It was just after Thanksgiving. I was still healing, still tired in a way that doesn't go away with sleep. I had been doing what I could like responding to emails, checking in with students, holding things together. But I hadn't graded everything in my online classes and a graduate student email my department chair with a complaint.

He emailed with warmth and understanding, acknowledging the difficulty of my circumstances and offering support. Gently, he noted that a graduate student had expressed concern about ungraded work and that he and several colleagues were ready to step in if needed. It was kind. It was compassionate. And it still stung.

Even in the midst of surgery, clearing drains, doctor's appointments, and relentless fatigue, I had held tightly to one belief: I was still a good teacher. That email disrupted that sense of self. I had fallen short.

It wasn't that I had checked out. I was still showing up for meetings, mentoring doctoral students, recording mini-lectures, and meeting hard deadlines. But grading required a kind of sustained, focused attention I no longer had access to. I could read students' work and track their progress, but I couldn't summon the mental clarity or stamina to provide the kind of thoughtful feedback I typically prided myself on. Instead, I stayed silent, convincing myself I would catch up quietly. That plan ultimately unraveled.

In the quiet that followed his email, I sat down with my colored pencils and a coloring page that read, "I will rise." I began filling in the shapes, one color at a time. It wasn't just coloring; it was recovery. Meditation. A way of sitting with the shame and slowly transforming it into something softer. Something I could hold, something I could face.

This, too, was part of adjustment. As Lent (2004) suggests, psychosocial well-being is not defined by the absence of struggle, but by how individuals respond to it such as acknowledging the need for support, accepting help, and finding ways to reconnect with purpose and identity, even when those identities feel fractured.

That night, I responded to my chair. I apologized for the position I'd put him in and thanked him for the support. I told him I was working on catching up and that I had been monitoring my students' work, even if I hadn't been providing feedback. I acknowledged that I should have been more transparent and committed to communicating more clearly moving forward.

The next day, I reached out to my students. I recorded a short video, apologized, and explained the delay. I shared that I had been tracking their progress, even without written feedback, and that I believed they were on track. I invited anyone with concerns to meet with me directly. I wanted them to understand that the delay was not neglect, but the result of effort stretched too thin.

Three days later, I followed up with my department chair. I let him know I was caught up on grading and that I had made a video apology to my students, explaining the situation, offering to meet with anyone who had concerns, and reassuring them that I had been keeping an eye on their progress throughout. It wasn't about fixing everything. It was about repairing trust, creating transparency, and naming what was true, for them and for me.

This wasn't a moment of triumph. It was a moment of truth. A reminder that wellness is not perfection but rather participation. It's staying in the work, even when it looks different than it once did. And that's the kind of rising I could believe in.

That day also clarified something I had only begun to understand: recovery is not only physical. It is emotional, relational, and deeply embodied. As I adjusted to the invisible impacts of treatment, I found myself preparing for one of the most visible - hair loss. This change, though anticipated, marked a new phase of my illness, one that would reshape how others saw me, and how I saw myself.

Reckoning with the Altered Body

For individuals navigating serious illness, the body often becomes both a site of trauma and a symbol of identity disruption. Scholars in medical sociology and health psychology have long acknowledged that visible markers of illness, such as hair loss from chemotherapy, can complicate how patients experience their sense of self (Bury, 1982; Little et al., 1998). These embodied changes not only alter how patients see themselves, but also how they are perceived and treated by others. For women, in particular, the loss of hair may carry gendered and cultural weight, often associated with femininity, strength, or control (Harcourt & Frith, 2008).

Lent's (2004) framework positions adaptation to such embodied shifts as shaped by the interaction of self-efficacy, coping strategies, and environmental support. What follows is one such moment, when my illness moved from private to public, and the limits of those resources became newly visible as I renegotiated what it meant to be seen.

I had been told it would happen ~~around~~ soon after the second infusion of chemotherapy. I thought I was prepared. But nothing prepares you for watching parts of yourself come loose in your hands.

When Cancer Became Visible

Hair loss is one of the most visible signs of cancer treatment. Until then, I could still mostly pass as healthy when I showed up on Zoom, in class, in meetings, and I looked more or less like myself. But when my hair began coming out in tufts, there was no hiding it. It wasn't about vanity. It was about control, about choice, about what it meant to be seen as a sick person.

Before surgery, I went to Great Clips for a pixie cut, a kind of preemptive move. Erin, the stylist, had experience with cancer hair loss and told me to come back when I was ready to shave. When the time came, I wasn't ready but I knew it was time. I asked her to tug a tuft; it came out easily. She started the shave. At one point I looked like Tintin, the comic book character with a floppy quiff. By the end, I was bald. In that moment, the shift was no longer internal. It was visible, undeniable, and no longer mine alone to manage.

What surprised me was how good it felt not to hide. Chris, my husband, had already cut his hair in solidarity. Even Nikki, my dog, had been trimmed. That afternoon, I met a friend at a coffee shop for a holiday coffee flight, four tiny cups of seasonal magic, and some laughter, which I needed just as much. At home, I had a selfie photo shoot with a tiara in front of the Christmas tree. The loss of hair meant that the chemotherapy was doing its job, and this moment of loss became, unexpectedly, a marker of healing.

But the next week brought a different kind of discomfort. Though I was bald, stubble remained, and the bristles felt like Velcro. My head itched and ached; my skin turned red as the hair follicles died. Stray hairs found their way into my eyes. It was miserable.

My husband Chris, with all the gentle mischief I adore about him, ran a quiet rescue mission. He warmed a compress, wrapped my head, and pulled out a bottle of Vitamin E oil. Then he played The Barber of Seville and massaged my scalp like Bugs Bunny tending to Elmer Fudd, music and all. I laughed so hard I cried. And then I exhaled, because it felt so good.

A few hours later, I was more Mr. Clean than G.I. Jane, and my scalp finally felt calm. I ordered a simple wig to wear while recording lectures, but mostly, I planned to live in beanies and scarves. Honestly, I was kind of excited to experiment with color and style. My head was becoming a new kind of canvas.

As Lent (2004) suggests, psychosocial adjustment involves more than managing symptoms; it involves restoring a sense of agency, meaning, and connection as individuals navigate profound disruption. In this moment, through pain, laughter, and love, I experienced a restoration of agency, meaning, and connection. The experience did not erase the loss, but it reshaped it, allowing space for connection and meaning to coexist with vulnerability. This was not simply about hair. It was about being witnessed, supported, and seen, not just as a patient, but as a whole person.

Creative Coping and the Lighter Side of Survival

While cancer brought a constant undercurrent of pain, fatigue, and uncertainty, I also found myself reaching repeatedly for moments of levity, play, and creativity. These weren't distractions. They were part of how I coped, how I made sense of what was happening, and how I stayed connected to myself and the people around me.

Illness narratives often center suffering and struggle, and rightly so. Yet there is also power in joy. For many navigating serious illness, creative expression can function as an anchor, a mirror, and a survival practice. Humor, parody, poetry, and small daily rituals have been shown to support emotional processing, foster meaning-making, and restore a sense of control (Bennett, 2003; Chelf et al., 2000).

Scholars have consistently demonstrated that creative expression, including journaling, humor, music, and poetry, can support individuals in navigating distress, preserving identity, and fostering emotional resilience during serious illness. Foundational work on expressive writing highlights its role in helping individuals process difficult experiences and construct coherent narratives (Pennebaker & Seagal, 1999). More recent research extends these findings, showing that arts-based practices can enhance psychological well-being, reduce anxiety, and support meaning-making in cancer contexts (Fancourt & Finn, 2019; Pizzolante et al., 2024; Ünal & Yüce, 2025). These practices create space for individuals to interpret and represent their experiences on their own terms, often transforming fear or grief into something more manageable and, at times, even joyful (Psaila-Savona, 2024).

Humor, in particular, can function as both a shield and a bridge. It can protect the self from the emotional weight of illness while also sustaining connection with others (Shi et al., 2024). Research in health communication and psychosocial oncology suggests that humor can alleviate stress, support coping, and reinforce social bonds in the context of serious illness (Dean & Major, 2008). Within cancer narratives, humorous expression has been shown to reframe medical experiences, enabling individuals to reclaim agency, maintain a sense of identity, and assert voice amid vulnerability (Finlay et al., 2018; Iannarino, 2018; Tanay et al., 2014).

Lent's (2004) model of psychosocial adjustment frames adaptation as an interaction among self-efficacy, environmental support, and meaning-making. From this perspective, coping is not only about enduring difficult moments but about constructing meaning within them. Practices such as humor, music, and small sensory rituals become sites where these processes are enacted, shaping how individuals navigate illness and sustain a sense of agency.

In the midst of chemotherapy, creativity and humor were not just coping mechanisms for me. They became small, persistent declarations: I am still here. I am still me.

Chemo, Custard, and Creativity

Not everything about cancer felt heavy.

Those declarations did not always look profound. Often, they showed up in small, unexpected ways. Some of my most grounded moments during treatment were wrapped in parody songs, satin pajamas, flavored coffee flights, and unexpected laughter. Lent (2004) describes adaptive coping as central to psychosocial adjustment, and for me, creativity became a lifeline. It was not about avoiding what was happening. It was about staying within it, with my voice intact.

When I started chemotherapy on December 17, I wrote a parody song, "I'm Getting Chemo for Christmas," set to the tune of "I'm Getting Nuttin' for Christmas." In it, I joked about my "bad" boob, imagined mammograms and ultrasounds as tattletales, and reminded others to get their colonoscopies. Humor became a way of reclaiming agency. I could not control the treatment plan, but I could shape the story I told about it. In doing so, I was not just coping with treatment; I was actively reauthoring my experience within it.

During my second chemotherapy infusion, I found myself composing another musical moment, this time set to "The Trolley Song" from Meet Me in St. Louis. As the "red devil" dripped through the IV, the sounds around me began to take on a rhythm of their own. The ice machine clunked. The chemo pump beeped. Time stretched and folded in unfamiliar ways. I leaned into it, turning the room into music:

> Drip, drip, drip went the chemo
> Clunk, clunk, clunk went the ice machine
> Beep, beep, beep went the pump

What might have remained sterile and disorienting became something patterned, something I could hold onto. The parody did not change the treatment, but it changed my experience of it. It softened the clinical edges, making the moment feel more human and more my own. I was not just a patient moving through a protocol. I was a narrator shaping the scene as it unfolded.

When words failed, other comforts stepped in. A pair of satin pajamas from a friend became a nightly ritual of ease. Cool to the touch and smooth under blankets, they made the simple act of lying down feel like an act of self-care. I even wrote them an ode, thanking them for their softness, their static-free kindness, and the way they made me feel regal, even on the hardest nights.

There were custard treats after infusions, Snickers Swirl from Culver's. There were fortune cookies from Panda Express that read, "A sudden change in plans will test your adaptability," and I laughed out loud at the understatement. There were cravings for salty lo mein and beef with broccoli, and friends who showed up to satisfy them. There were slow, sunlit walks with Nikki, perfectly timed Green Bay Packers football wins, evenings spent binge-watching The Expanse, and Friday night fish fries.

These were not simply distractions. They were acts of resilience, small rituals of joy and absurdity that allowed me to claim moments of myself within a season of uncertainty. They created pockets of steadiness when everything else felt unpredictable, offering ways to return to my body, my relationships, and my sense of self. In those moments, I was not defined by diagnosis or treatment, but by experience, connection, and choice.

This experience aligns with research on coping and adjustment in serious illness, which suggests that meaning-making and everyday adaptive practices play a critical role in psychological well-being by helping individuals integrate disruption into a coherent sense of self (Bonanno, 2013; Hajdarevic et al., 2025). Lent's (2004) framework similarly positions wellness as an ongoing process shaped by the interplay of internal resources, external support, and meaning-making. These rituals can be understood through that lens: humor, creativity, and sensory comforts as internal resources; the presence of friends, shared meals, and small acts of care as external support; and the act of noticing and naming these moments became a form of meaning-making (Boen et al., 2018; Naeyaert et al., 2026).

Research in psychosocial oncology reinforces this interpretation, demonstrating that small, intentional practices can support emotional regulation, reduce distress, and sustain a sense of agency during treatment (Pinquart & Duberstein, 2010; Zhang et al., 2025). In this way, these moments, however small, were not peripheral to my experience of illness; they were central to how I navigated it. They did not change the reality of illness, but they changed how I lived within it, allowing me to remain connected to myself and to others in ways that felt sustaining and real.

Even so, I did not always feel strong, but I could be silly. I could be loud. I could be seen. And that was enough. Looking back, I realize these parodies and poems were not just coping strategies. Each lyric, each journal entry, each ode became a way of shaping chaos into something shareable. It was storytelling, which sits at the heart of how I connect with students, with friends, and with myself.

During a time when my academic productivity had to shift, this creative work reminded me that I was still a writer. I was still a teacher. I had not stopped being who I was; I had adapted the form. Humor became a lesson in vulnerability. Poetry became a practice in attention. Each post or parody was a small offering, a way of learning how to live within ongoing change.

Need a space here

The Work of Ongoing Adaptation

While parody songs, poetry, and custard stops helped me learn how to live within ongoing change during chemotherapy, survivorship introduced a more elusive challenge: ongoing adaptation. The moment the infusions stopped didn't mark the end; it marked a shift. The fatigue didn't lift. The neuropathy worsened. A new emotional terrain emerged, one that required recalibrating how I thought, moved, taught, and lived.

This sustained, evolving adjustment aligns with Lent's (2004) model of psychosocial adaptation, while also resonating with more recent scholarship that conceptualizes coping with chronic illness as a dynamic, ongoing process shaped by identity, context, and social expectations (Brown & Leigh, 2018; Santuzzi et al., 2014). Contemporary research in survivorship and chronic illness further emphasizes that individuals are not simply managing symptoms but actively reconstructing a sense of self in response to disruption (Xianliang et al., 2025). Studies in health psychology and illness narratives suggest that serious illness often creates what Bury (1982) first termed a "biographical disruption," requiring individuals to reinterpret their identities, relationships, and future trajectories in light of new limitations and uncertainties (Miller, 2015). More recent work extends this idea, showing that survivorship involves continuous identity negotiation, as individuals integrate lingering physical, cognitive, and emotional effects into their everyday lives (Charmaz, 2014).

In this way, what followed active treatment was not simply recovery. Recovery implies a return to a prior state, a restoration of what once was, but that framework did not hold. Instead, the work was iterative and interpretive, shaped by ongoing adjustments to a body that felt different, a mind that worked differently, and a life that required new rhythms. Research on chronic illness adaptation underscores this shift, emphasizing the role of meaning-making, identity reconstruction, and narrative coherence in sustaining psychological well-being over time (Park, 2010; Soundy & Condon, 2015). Within this framing, survivorship becomes less about returning and more about reauthoring, not a linear progression toward normalcy but an ongoing process of becoming.

This process is often intensified by what scholars describe as a second wave of psychological strain during the transition from treatment to survivorship, one that is less visible but equally consequential. Foster et al. (2009), in a systematic review, found that many survivors experience lingering effects such as cognitive fog, social withdrawal, and body image challenges. These experiences do not signal weakness; they reflect the realities of living in a body permanently altered by treatment.

That reorientation frequently involves the reconstruction of self, particularly when chronic side effects reshape daily functioning. Little et al. (1998), drawing on Turner (1979), describe cancer survivorship as creating a liminal space, a threshold in which a previous identity is no longer fully intact while a new one has yet to stabilize. Survivors inhabit this "betwixt and between" state (Turner, 1979, p. 94), navigating uncertainty not only in their health but in how they are seen and how they come to see themselves.

Within this terrain, meaning-making becomes central. Park (2010) argues that meaning is foundational to human experience and that stressful life events disrupt the alignment between one's global meaning systems, including core beliefs, goals, and sense of purpose, and the appraised meaning of a specific event. This discrepancy generates distress and initiates efforts to restore coherence. Meaning-making, then, is not about eliminating difficulty but about reducing the gap between lived experience and one's broader sense of meaning, allowing individuals to reestablish their lives as coherent and worthwhile (Park, 2010). These efforts often unfold through reflection, reinterpretation, and symbolic action, contributing not only to psychological adjustment but to an evolving sense of self within altered circumstances.

The songs, poems, and small pleasures were part of that meaning-making work. They helped me interpret what was happening, hold onto a sense of self, and create moments of coherence within disruption. Yet they did not erase the toll. As the creative energy that sustained me during treatment began to wane and the deeper fatigue set in, a different kind of challenge emerged. I was no longer asking how to get through the hardest moments, but how to continue living within their aftermath. The next phase was not about performance or productivity. It was about endurance, about sustaining a self across physical, cognitive, and emotional changes that were not temporary.

Living with Side Effects

Even as chemotherapy neared its end, there was no neat return to "normal." Treatment was still ongoing, and the side effects were intensifying. Neuropathy crept into my fingers and feet, making daily tasks frustrating and, at times, painful. Fatigue settled in like a weighted blanket that would not lift. Rather than recovery, I found myself in a prolonged state of recalibration, of body, mind, and identity, adjusting constantly to the shifting terrain of survivorship in progress.

My hands no longer did what I asked of them. Ziplock seals felt like a cruel joke. Opening jars became a two-person activity. My fingers buzzed constantly like someone had filled them with pop rocks and electricity, and even petting Nikki's soft fur hurt. There were tears, tantrums, and moments of defeat. And there was Chris, patient and present, helping me tie shoes, tear open packages, and reach for hope when I couldn't grasp it myself.

As Lent (2004) suggests, psychosocial adjustment isn't a singular shift; it's an evolving process. It depends on self-efficacy, coping strategies, and environmental support and I leaned into all three. The academic in me sought meaning through reflection and structure. The teacher in me tried to stay grounded in routine. The woman in me grieved the person I no longer recognized in the mirror. My face had changed. My pace had changed. My confidence had changed. But my purpose still held.

It was within this ongoing recalibration that I encountered the idea of the optimalist in Lynn Eib's (2017) *Peace in the Face of Cancer*. Drawing on Tal Ben-Shahar, she describes a continuum between perfectionism and optimism, a spectrum I had not realized I was navigating daily. An optimalist, I learned, does not deny difficulty but embraces reality, allows for the full range of human emotion, and accepts that good enough can, in fact, be enough. That idea stayed with me. I underlined it, wrote it in my planner, and returned to it often: good enough is still good.

On Mondays through Wednesdays, when chemo fatigue turned my limbs to lead and my thinking to fog, I held onto that phrase. It became both permission and practice. Permission to be human, to feel the so-called bad emotions without judgment. Practice in continuing forward, not despite those feelings, but alongside them.

Hope, then, began to take a different shape. It did not look like smiling through everything. It looked like journaling in bed, listening to the birds outside my camper, showing up to Zoom faculty meetings in a headscarf, and eating strawberry custard from Culver's after another appointment. It looked like ordering a new teaching wig online and laughing at my steroid moon face in the mirror. Hope, as Eib (2017) suggests, was not wishful thinking but the capacity to see suffering through a lens of perspective and possibility.

As treatment continued, I began to sense its eventual end. For the first time, I allowed myself to imagine a future, to make plans with the quiet recognition that I was going to live. With that realization came the beginnings of narrative reconstruction. When I taught middle school, I guided my students through Joseph Campbell's (2008) hero's journey, mapping stories like *Star Wars* and *Harry Potter* through the archetypal pattern of call, ordeal, and return. At the time, I hoped my students might one day see their own struggles reflected in those cycles. Now, I found myself inside one.

The diagnosis had been the call to adventure, abrupt and disorienting, pulling me out of the life I knew and into unfamiliar terrain. Treatment became the cave, the place of deepest descent, where the work was not visible from the outside but required endurance, surrender, and a confrontation with limits I had never imagined. I found myself somewhere between the road back and the return with the elixir, no longer in the thick of the ordeal, but not yet fully reemerged. I had moved through some of the hardest trials, and I carried something with me, not only survival, but insight, a deeper awareness of my own thresholds, my dependencies, and the quiet strength required to continue.

That insight began to shift further when I encountered Sharon Blackie's (2022) concept of hagitude, a feminist reimagining of the hero archetype. Rather than casting the older woman as something to be feared or dismissed, Blackie names her as one who has endured and, through that endurance, come into her own authority. The hag is not polished or performative; she is grounded, complex, and unconcerned with approval. Blackie invites a reframing of age, experience, and change not as diminishment, but as initiation into a different kind of knowing.

In survivorship, I began to recognize that possibility within myself. What if this was not a story of fragility, but of return? Not a narrowing, but a deepening? I found myself shifting, slowly, from seeing myself as someone who had been acted upon to someone who could claim what had been lived through. The scars remained, but they no longer read as damage alone. They began to carry meaning.

And then came the ending I didn't expect.

The twelfth and final chemotherapy infusion was canceled. Neuropathy had taken too much from my hands and feet. My oncologist gave me a choice: continue or let this be enough. I chose to stop, not out of defeat, but out of discernment. I had done enough. My body had done enough. The journey was not over, but this chapter had come to a close.

What followed was not a clean transition, but a layered one. It unfolded gradually, unevenly. It appeared in a family trip to Aruba where, despite my limitations, I returned to scuba diving. It continued during radiation that summer, in slow walks through the woods of Token Creek, where Nikki chased frisbees and I practiced gratitude with every painful, tingling step. It surfaced on the porch, as I rediscovered flavors and felt the wind on my scalp. It persisted when I broke my collarbone and continued radiation treatments anyway. It carried into my work, in each class I designed, each email I answered, each student I mentored.

I had not bounced back. I had taken root in new ground, learning how to live from there.

Carrying Forward

Through the lens of Lent's (2004) model of psychosocial adjustment, which extends Bandura's (1977) concept of self-efficacy by situating it within a broader system of coping strategies and environmental supports, I have come to understand my experience not as a return to what was, but as an ongoing process of living forward, shaped by the interplay of belief, action, and context. Self-efficacy, in this sense, is not simply confidence; it is the belief in one's capacity to act within constraint, to make choices that sustain movement even when conditions are less than ideal. These were not abstract constructs; they were lived, embodied choices.

Some days, self-efficacy looked like logging onto Zoom with my teaching wig in place and a practiced smile. Other days, it looked like staying in bed in satin pajamas, granting myself permission to rest and embracing a good enough stance toward the day.

Throughout treatment, creative expression became my survival language. I wrote parody songs to reclaim control. I created odes to satin pajamas and my recliner that helped me witness, not just document, my experience. These acts were not escapes from reality, but ways of shaping it into something I could carry. As Pennebaker and Seagal (1999) suggest, expressive writing and humor function as meaning-making mechanisms, enabling individuals to process trauma, reduce psychological distress, and preserve a sense of self.

That sense of self, however, did not remain fixed. It shifted, inevitably and profoundly. My body became unfamiliar terrain. My identity as a professor, mentor, partner, and friend had to stretch and renegotiate space around new realities. Yet within this reshaping was also resilience. As Sharon Blackie's (2022) concept of hagitude suggests, the return is not about reclaiming a former self, but about emerging changed, grounded, and more fully attuned to one's own authority. My survivorship is not fragile; it is fierce, not polished, but rooted.

I did not bounce back. I built forward. While I may never return to the woman I was before cancer, I have begun to trust the woman I am becoming, one who knows how to ask for help, who can name her limits without shame, and who honors the ongoing work of adaptation.

This story, like my recovery, is not complete. It continues to unfold in the cancer clinic waiting room, in manuscripts typed with aching fingers, in laughter shared in coffee houses, and in the quiet of a Saturday morning. Healing does not move in a straight line; it cycles, returning in new forms. The same is true of storytelling.

Academic work often privileges clarity, certainty, and distance. The Scholarly Personal Narrative asks something different. It invites the integration of the intellectual and the lived, not only citations, but scars; not only findings, but experience. Attending to the unfinished and the in-between creates space for recognition, for connection, and for the possibility that healing, too, can be imagined.

For those navigating threshold moments, whether medical, professional, or personal, what sustains us is often not grand transformation, but small, repeatable acts that make living forward possible. Parody songs. Custard. Campfires. Laughter. These practices do not resolve uncertainty, but they create continuity within it. Showing up still counts, even in states of incompleteness. Over time, what emerges is not simply insight, but a deeper form of knowing, a recognition that a life does not need to be finished to be meaningful, and that a story does not need to be resolved to be worthy.

Discussion

This scholarly personal narrative extends existing understandings of psychosocial adjustment and survivorship by reconceptualizing survivorship as "living forward," an ongoing process of adaptive continuity rather than return to a pre-illness self. Rather than depicting adjustment as a linear movement toward recovery or restored equilibrium, the findings suggest that adaptation unfolds recursively through everyday practices of meaning-making, relational support, embodied recalibration, and identity negotiation. Through this lens, survivorship emerges not as resolution, but as an ongoing practice of constructing continuity within altered physical, emotional, and professional realities.

This reconceptualization emerged across three interrelated findings. First, adaptation functioned not as recovery, but as continual recalibration across physical, cognitive, emotional, and professional domains. While survivorship literature often frames adjustment in relation to resilience, coping, or return to functioning, the experiences represented in this study suggest a more recursive and unfinished process. The lingering effects of fatigue, neuropathy, altered embodiment, and shifting professional capacity did not resolve neatly at the conclusion of treatment. Instead, adaptation required ongoing negotiation between changing limitations and continued participation in meaningful life activities. In this sense, survivorship was not experienced as restoration of a former self, but as the gradual construction of continuity within altered circumstances. This extends Lent's (2004) framework by suggesting that psychosocial adjustment is not a movement toward equilibrium alone, but an ongoing interpretive process through which individuals repeatedly recalibrate identity, expectations, and daily practice over time.

Second, the findings reposition seemingly ordinary practices, including parody songs, humor, sensory rituals, reflective writing, shared meals, and routines, as central mechanisms of psychosocial adjustment rather than secondary coping strategies. Existing scholarship on meaning-making and expressive practice has emphasized the psychological value of creative expression during illness (Park, 2010; Pennebaker & Seagal, 1999). However, this study suggests that these practices functioned not only as emotional outlets, but also as forms of identity maintenance and narrative continuity. Humor, creativity, and relational rituals became ways of preserving participation in life while simultaneously reinterpreting disruption. Through these practices, moments of illness were reshaped into experiences that remained livable, relational, and meaningful. Coping, therefore, emerged not simply as symptom management, but as ongoing identity work enacted through ordinary, embodied practices.

Third, identity reconstruction surfaced as a central dimension of survivorship, while chronic illness simultaneously functioned as a revealing analytic lens within academic life. The experience of illness disrupted previously held understandings of self, requiring an ongoing process of reinterpretation and reauthoring. Rather than restoring a former identity, survivorship involved integrating physical, emotional, and professional change into a newly configured sense of self. Narrative frameworks, including the hero's journey and feminist reinterpretations such as Blackie's (2022) concept of hagitude, provided language for understanding this shift not simply as loss, but as transformation and reorientation.

At the same time, experiences of delayed grading, cognitive fatigue, altered productivity, and the pressure to remain professionally visible exposed deeply embedded institutional assumptions regarding availability, consistency, and uninterrupted performance. Illness did not simply interrupt academic labor; it illuminated the extent to which academic systems often presume stable bodies, sustained cognitive capacity, and invisible personal struggle. In this way, survivorship became not only a personal experience, but also a means of making visible the hidden structures and expectations shaping contemporary academic work. This extends broader critiques of ableism and productivity culture within higher education by illustrating how illness reveals the tension between institutional expectations and lived human variability.

This study also extends psychosocial adjustment frameworks by conceptualizing survivorship not as recovery or stabilization, but as "living forward," an ongoing interpretive process in which individuals sustain continuity through adaptive everyday practices rather than through return to a pre-illness identity. Existing adjustment models often emphasize coping outcomes or restoration of functioning. Likewise, resilience frameworks frequently privilege recovery, rebound, or return following disruption. In contrast, "living forward" emphasizes continuity within altered realities. Rather than suggesting a restoration of a former self, this analysis conceptualizes survivorship as recursive identity negotiation enacted through ordinary practices of work, humor, relationality, and embodied adaptation. From this perspective, coping is not merely symptom management but ongoing narrative and identity labor.

Together, these findings contribute to a growing body of scholarship that reframes survivorship as an adaptive, meaning-centered, and ongoing process rather than a return to normalcy. While existing research has emphasized coping and adjustment, this study extends those conversations by conceptualizing survivorship as "living forward," a recursive process of adaptive continuity enacted through everyday embodied practices, relational support, and narrative sensemaking. In doing so, the study challenges deficit-oriented framings of survivorship that center fragility, recovery, or restoration and instead positions individuals as active agents continually reconstructing meaning, identity, and participation within altered realities.

Beyond its substantive contributions to survivorship and psychosocial adjustment, this study also highlights the methodological value of Scholarly Personal Narrative (SPN) for examining experiences of chronic illness within academic life. In this study, SPN functioned as more than a vehicle for legitimizing personal experience; it provided a methodological framework capable of capturing recursive adaptation as it unfolded across time, embodiment, and professional practice. This aligns with narrative inquiry scholarship emphasizing the capacity of narrative methods to illuminate resilience, identity negotiation, and lived complexity through interpretive storytelling and reflexive analysis (Kim & Vietze, 2023; Parks, 2023).

Importantly, SPN also made visible forms of labor and adjustment that often remain obscured within institutional narratives of academic productivity. Experiences such as teaching through fatigue, delayed grading, cognitive fog, emotional concealment, and the effort required to maintain professional continuity are rarely captured through conventional institutional metrics or outcome-oriented research frameworks. Through narrative analysis, these ordinarily invisible dimensions of academic labor became analytically visible.

In addition, SPN foregrounded the embodied dimensions of survivorship in ways that more traditional approaches may flatten or abstract. The ongoing realities of altered physical capacity, sensory discomfort, fatigue, and shifting bodily awareness were not peripheral to professional identity and adaptation; they were central to how academic work, relational engagement, and self-understanding were experienced and negotiated. In this sense, SPN offers a methodological approach particularly well suited to examining lived experiences that are nonlinear, evolving, and deeply entangled with institutional expectations and embodied realities.

Implications for Practice

Educators and academic institutions should recognize that adaptation to disruption is nonlinear, ongoing, and often invisible. Expectations of productivity, presence, and performance must be flexible enough to account for fluctuating capacity across physical, cognitive, and emotional domains. This aligns with models of psychosocial adjustment that emphasize the dynamic interplay of personal, behavioral, and environmental factors over time (Lent, 2004). Rather than measuring success solely through output, institutions can begin to value sustained engagement and continuity across changing conditions.

Reflective and expressive practices such as journaling, narrative writing, humor, and creative expression can serve as powerful meaning-making tools. These practices support individuals in processing disruption, maintaining coherence, and sustaining a sense of self across changing circumstances. Research on expressive writing suggests that such practices facilitate emotional processing, reduce psychological distress, and contribute to meaning-making following difficult experiences (Pennebaker & Seagal, 1999; Park, 2010). In educational contexts, integrating low-stakes reflective opportunities into coursework and professional spaces can support both cognitive and emotional engagement.

Mentorship and professional support systems should extend beyond skill development to include attention to identity reconstruction and self-efficacy. During periods of disruption, individuals are not only learning how to perform tasks differently; they are renegotiating who they are within their roles. Supporting self-efficacy, one's belief in their capacity to act and adapt within changing conditions, is critical to sustaining motivation and agency (Bandura, 1977). Effective mentorship creates space for reflection, affirms evolving identities, and supports individuals in navigating constraints while maintaining a sense of professional self.

Finally, institutional cultures can better support individuals by expanding what counts as contribution. Valuing presence, persistence, and adaptability alongside traditional markers of productivity allows for a more humane and sustainable approach to work. This shift requires moving beyond narrow metrics of output toward a broader understanding of professional engagement—one that recognizes showing up, staying connected, and continuing forward as meaningful forms of participation, especially during times of disruption.

Limitations and Future Research

As a scholarly personal narrative, this study is intentionally situated within a single lived experience and does not seek generalizability in a traditional empirical sense. The insights offered are contextually bound, shaped by my positionality as an academic, a cancer survivor, and a participant-observer in my own experience. While this positioning allows for depth, reflexivity, and nuance, it also limits the scope of claims that can be made across broader populations. The narrative privileges meaning-making over measurement and interpretation over prediction, which may not capture the full range of experiences across different identities, institutional contexts, or forms of disruption.

Additionally, the retrospective and interpretive nature of this work introduces the possibility of selective emphasis and reconstruction over time. Memory, emotion, and narrative coherence shape what is included, foregrounded, or left unspoken. While these are not weaknesses within qualitative inquiry, they do signal the importance of reading this work as a constructed account rather than a comprehensive or objective record.

Future research can build on these insights by examining how individuals across diverse contexts engage in meaning-making, identity reconstruction, and adaptive practice during prolonged disruption. Qualitative studies, particularly those using narrative, phenomenological, or longitudinal designs, may illuminate how these processes unfold over time and across transitions. Comparative work across professional roles, health conditions, or institutional environments could further surface patterns of both constraint and possibility.

There is also a need for research that attends more explicitly to the role of institutional structures in shaping experiences of disruption and recovery. Studies that explore how policies, workload expectations, and cultural norms within academic and professional settings support or constrain adaptation would extend the implications raised here. Mixed-methods approaches may be especially useful in connecting lived experience with broader structural patterns, offering a more integrated understanding of how individuals navigate disruption within systems.

Finally, future inquiry might explore the role of reflective and expressive practices as mechanisms of resilience and identity continuity. Investigating how such practices function across populations, and how they might be intentionally integrated into professional and educational contexts, could provide actionable pathways for supporting individuals during periods of sustained challenge.

Conclusion

This study set out to understand what it means to live through and beyond disruption, not as a return to what was, but as an ongoing process of becoming. The findings suggest that adaptation is not a linear trajectory toward recovery, but a layered and evolving practice shaped by self-efficacy, meaning-making, and the conditions within which one lives and works. Across this narrative, coping emerged not as a set of strategies to restore equilibrium, but as a form of identity work—an ongoing negotiation of self in response to shifting physical, emotional, and professional realities.

In this way, the study contributes to existing understandings of psychosocial adjustment by extending them beyond stabilization toward a more dynamic conception of living forward. It highlights how individuals actively construct coherence through reflective and expressive practices, and how self-efficacy is not simply a belief, but something enacted in small, everyday decisions - showing up, resting, continuing. At the same time, the findings underscore the role of institutional contexts in shaping what forms of adaptation are possible, visible, or valued.

Importantly, this work also contributes methodologically by demonstrating the value of scholarly personal narrative as a site of knowledge production. By attending to the lived, the partial, and the unfolding, this approach makes visible dimensions of experience that are often flattened or omitted in more traditional forms of research. It offers not generalizability, but transferability; not certainty, but insight.

What remains is not a finished story, but an ongoing one. Adaptation continues. Identity continues to shift. The work of making meaning persists in both ordinary and extraordinary moments. For those navigating their own threshold experiences, this study suggests that what matters may not be returning to a prior version of self but learning to live with and through change in ways that are sustainable, grounded, and self-honoring. This study suggests that survivorship may be less accurately understood as recovery than as "living forward," an ongoing process of adaptive continuity through which individuals construct meaning, sustain participation, and renegotiate identity within altered realities. In this sense, wholeness does not emerge through return to a former self, but through learning to live meaningfully within ongoing change.

I did not bounce back. I built forward. And in that forward movement, uneven and incomplete, there is not only survival, but a different kind of wholeness; one that holds both rupture and continuity, limitation and possibility, loss and becoming.

Declaration of Generative AI Use

Generative artificial intelligence (AI) tools were used in a limited and supportive way during the preparation of this manuscript. AI assisted with drafting, revising for clarity, and organizing sections of text. All ideas, interpretations, and conceptual contributions are my own. I carefully reviewed, edited, and refined all AI-assisted content to ensure accuracy, integrity, and alignment with my voice and intent as a scholar. AI was not used to generate data or replace my critical thinking or judgment.

Funding

This research received no external funding.

Institutional Review Board Statement

N/A. This study involved self-study and scholarly personal narrative methodology using self-generated artifacts and did not involve human subjects research requiring IRB review.

Informed Consent Statement

N/A.

Data Availability Statement

Because this study is based on personal narrative and self-generated materials, data are not publicly available.

Conflicts of Interest

The author declares no conflict of interest.

Publisher’s note

Reference

American Cancer Society. (2025). *Key statistics for breast cancer.* Cancer.org. https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215. https://doi.org/10.1037/0033-295X.84.2.191

Beatty, J. E., & Joffe, R. (2006). An overlooked dimension of diversity: The career effects of chronic illness. *Organizational Dynamics*, *35*(2), 182-195. https://doi.org/10.1016/j.orgdyn.2006.03.006

Bennett, H. J. (2003). Humor in medicine. *Southern Medical Journal-Birmingham Alabama*, *96*(12), 1257-1261. https://doi.org/10.1097/01.SMJ.0000066657.70073.14

Bisaillon, L., Cattapan, A., Driessen, A., van Duin, E., Spruit, S., Anton, L., & Jecker, N. S. (2020). Doing academia differently: "I needed self-help less than I needed a fair society". *Feminist Studies*, *46*(1), 130-157. https://doi.org/10.1353/fem.2020.0010

Blackie, S. (2022). *Hagitude: Reimagining the second half of life*. New World Library.

Boen, C. E., Barrow, D. A., Bensen, J. T., Farnan, L., Gerstel, A., Hendrix, L. H., & Yang, Y. C. (2018). Social relationships, inflammation, and cancer survival. *Cancer Epidemiology,* *Biomarkers & Prevention*, *27*(5), 541-549. https://doi.org/10.1158/1055-9965.EPI-17-0836

Bonanno, G. A. (2013). Meaning making, adversity, and regulatory flexibility. *Memory*, *21*(1), 150-156. https://doi.org/10.1080/09658211.2012.745572

Brewer, G. (2025). The lived experience of female academics with long-term conditions Impacting on energy levels and/or cognitive function. *Disability & Society*, *40*(2), 419-444. https://doi.org/10.1080/09687599.2023.2287412

Brown, N., & Leigh, J. (2018). Ableism in academia: Where are the disabled and ill academics? *Disability & Society*, *33*(6), 985-989. https://doi.org/10.1080/09687599.2018.1455627

Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health & Illness*, 4(2), 167–182. https://doi.org/10.1111/1467-9566.ep11339939

Campbell, J. (2008). *The hero with a thousand faces* (Vol. 17). New World Library.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Chelf, J. H., Deshler, A. M., Hillman, S., & Durazo-Arvizu, R. (2000). Storytelling: A strategy for living and coping with cancer. *Cancer Nursing*, *23*(1), 1-5.

Cramer, R. A., Alexander-Floyd, N. G., & Means, T. (2019). Balance is a fallacy: Striving for and supporting a life with integrity. *PS: Political Science & Politics*, *52*(1), 35-38. https://doi.org/10.1017/S1049096518001154

de Aguiar Bandeira, M., Rodeghiero Neto, I., Franz, L. A. S., Bemvenuti, R. H., & Bolzan, L. M. (2026). Determinants of burnout in higher education professors: A systematic literature review. *International Journal of Occupational Safety and Ergonomics*, 1-12. https://doi.org/10.1080/10803548.2026.2618929

Dean, R. A. K., & Major, J. E. (2008). From critical care to comfort care: The sustaining value of humour. *Journal of Clinical Nursing*, *17*(8), 1088-1095. https://doi.org/10.1111/j.1365-2702.2007.02090.x

Dolan, V. L. (2023). '… but if you tell anyone, I'll deny we ever met:' The experiences of academics with invisible disabilities in the neoliberal university. *International Journal of Qualitative Studies in Education*, *36*(4), 689-706. https://doi.org/10.1080/09518398.2021.1885075

Eib, L. (2017). *Peace in the face of cancer*. Tyndale House Publishers, Inc.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An Overview. *Historical Social Research / Historische Sozialforschung*, *36*(4 (138)), 273-290. http://www.jstor.org/stable/23032294

Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organization Regional Office for Europe. https://www.ncbi.nlm.nih.gov/books/NBK553773/

Finlay, K. A., Peacock, S., & Elander, J. (2018). Developing successful social support: An interpretative phenomenological analysis of mechanisms and processes in a chronic pain support group. *Psychology & Health*, *33*(7), 846-871. https://doi.org/10.1080/08870446.2017.1421188

Foster, C., Wright, D., Hill, H., Hopkinson, J., & Roffe, L. (2009). Psychosocial implications of living 5 years or more following a cancer diagnosis: a systematic review of the research evidence. *European Journal of Cancer Care*, *18*(3), 223-247. https://doi.org/10.1111/j.1365-2354.2008.01001.x

Gewin, V. (2021). Pandemic burnout is rampant in academia. *Nature*, *591*(7850), 489-492. https://link.gale.com/apps/doc/A660673890/HRCA?u=anon~c4965928&sid=googleScholar&xid=796bbd8e

Goodwin, S. A., & Morgan, S. (2012). Chronic illness and the academic career. AAUP. https://www.aaup.org/article/chronic-illness-and-academic-career

Greene, M. V., & Park, G. (2021). Promoting reflexivity during the COVID-19 pandemic. *American Journal of Qualitative Research,* *5*(1), 23-29. https://doi.org/10.29333/ajqr/9717

Hajdarevic, S., Norberg, A., Lundman, B., & Hörnsten, Å. (2025). Becoming whole again -Caring for the self in chronic illness - A narrative review of qualitative empirical studies. *Journal of Clinical Nursing, 34*(3), 754-771. https://doi.org/10.1111/jocn.17332

Harcourt, D., & Frith, H. (2008). Women's experiences of an altered appearance during chemotherapy: An indication of cancer status. *Journal of Health Psychology*, *13*(5), 597-606. https://doi.org/10.1177/1359105308090932

Heidelberger, C. A., & Uecker, T. W. (2009). Scholarly personal narrative as information systems research methodology. *MWAIS 2009 Proceedings*, Paper 22. https://aisel.aisnet.org/cgi/viewcontent.cgi?article=1014&context=mwais2009

Iannarino, N. T. (2018). “My Insides Feel Like Keith Richards’ Face”: A narrative analysis of humor and biographical disruption in young adults’ cancer blogs. *Health Communication*, *33*(10), 1233-1242. https://doi.org/10.1080/10410236.2017.1350909

James, G. (2018). A narrative inquiry perspective into coping mechanisms of international postgraduate students’ transition experiences. *American Journal of Qualitative Research, 2*(1), 41-56. https://doi.org/10.29333/ajqr/5793

Kim, H. H., & Vietze, D. L. (2023). Using narrative inquiry for exploring biculturalism and resilience in Korean American young adults in New York City. *American Journal of Qualitative Research, 7*(1), 1-24. https://doi.org/10.29333/ajqr/12711

Lent, R. W. (2004). Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of Counseling Psychology, 51*(4), 482-509. https://doi.org/10.1037/0022-0167.51.4.482

Little, M., Jordens, C. F. C., Paul, K., Montgomery, K., & Philipson, B. (1998). Liminality: A major category of the experience of cancer illness. *Social Science & Medicine*, 47(10), 1485-1494. https://doi.org/10.1016/S0277-9536(98)00248-2

Love, A. S., Morris, D., & Sego, A. (2023). Navigating the demands of tenure-track positions. *Health Promotion Practice*, *24*(2), 218-222. https://doi.org/10.1177/15248399221084225

Meskin, T. (2023). Me, myself, and I: Finding the self in self-study through scholarly personal narrative. In A. Comeron-Standerford, B. Bergh, and C. Edge (Eds), *Pausing at the Threshold: Opportunity Through, With, and For Self-Study of Teacher Education Practices.* Equity Press. https://equitypress.org/pausing_at_the_thres/jtwUNvwa

Miller, L. E. (2015). “People don't understand that it is not easy being a cancer survivor”: communicating and negotiating identity throughout cancer survivorship. *Southern Communication Journal*, *80*(1), 1-19. https://doi.org/10.1080/1041794X.2014.936971

Moors, A. C., Stewart, A. J., & Malley, J. E. (2022). Gendered impact of caregiving responsibilities on tenure track faculty parents’ professional lives. *Sex Roles*, *87*(9), 498-514. https://doi.org/10.1007/s11199-022-01324-y

Naeyaert, A., Fournier, V., Caton, L., Gandolphe, M. C., Duprez, C., Laroussi-Libeault, L., Vander Haegen, M., Antoine, P., & Lamore, K. (2026). Emotion regulation interventions for cancer patients and their relatives: A systematic review. *Cancer Medicine*, *15*(2), e71514. https://doi.org/10.1002/cam4.71514

Nash, R. (2019). *Liberating scholarly writing: The power of personal narrative*. IAP.

Nash, R. J., & Bradley, D. L. (2011). *Me-search and re-search: A guide for writing scholarly personal narrative manuscripts*. Emerald Publishing Limited.

Nash, R. J., & Viray, S. (2014). *How stories heal: Writing our way to meaning and wholeness in the academy*. Peter Lang.

Ng, L., & Carney, M. A. (2017). Scholarly personal narrative in the SoTL tent. *Teaching & Learning Inquiry*, *5*(1), 1-13. https://files.eric.ed.gov/fulltext/EJ1148441.pdf

Oleschuk, M. (2020). Gender equity considerations for tenure and promotion during COVID-19. *Canadian Review of Sociology*, *57*(3), 502. https://doi.org/10.1111/cars.12295

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257-301. https://doi.org/10.1037/a0018301

Parks, P. (2023). Story circles: A new method of narrative research. *American Journal of Qualitative Research, 7*(1), 58-72. https://doi.org/10.29333/ajqr/12844

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*, 55(10), 1243-1254.

Pinquart, M., & Duberstein, P. R. (2010). Associations of social networks with cancer mortality: A meta-analysis. *Critical Reviews in Oncology/Hematology*, *75*(2), 122-137. https://doi.org/10.1016/j.critrevonc.2009.06.003

Pizzolante, M., Graziosi, M., Yaden, D. B., & Chirico, A. (2024). Aesthetic experiences in healthcare. In *Virtual Reality for Serious Illness* (pp. 158-201). Routledge.

Psaila-Savona, M. (2024). An arts-based research inquiry: The disruptive effect of a cancer diagnosis on one's quality of life. *Journal of Creative Arts Therapies*, *19*(1). https://www.jocat-online.org/a-24-psailasavona

Santuzzi, A. M., Waltz, P. R., Finkelstein, L. M., & Rupp, D. E. (2014). Invisible disabilities: Unique challenges for employees and organizations. *Industrial and organizational Psychology*, *7*(2), 204-219. https://doi.org/10.1111/iops.12134

Shi, H., Wu, Y., Wang, L., Zhou, X., & Li, F. (2024). Effects of laughter therapy on improving negative emotions associated with cancer: A systematic review and meta-analysis. *Oncology*, *102*(4), 343-353. https://doi.org/10.1159/000533690

Soundy, A., & Condon, N. (2015). Understanding how mental well-being can be maintained within motor neurone disease: A thematic synthesis. *Frontiers in Psychology, 6*, Article 606. https://doi.org/10.3389/fpsyg.2015.00606

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, *71*(3), 209-249. https://doi.org/10.3322/caac.21660

Tanay, M. A., Wiseman, T., Roberts, J., & Ream, E. (2014). A time to weep and a time to laugh: Humour in the nurse-patient relationship in an adult cancer setting. *Supportive Care in Cancer, 22*(5), 1295-1301. https://doi.org/10.1007/s00520-013-2084-0

Turner, V. (1979). *Process, performance and pilgrimage.* Concept Publishing, New Delhi.

Ünal, E., & Yüce, G. E. (2025). The effectiveness of art-based interventions for cancer patients: A systematic review and meta-analysis. *European Journal of Oncology Nursing*, 74, 102755. https://doi.org/10.1016/j.ejon.2024.102755

Vyletel, B., Voichoski, E., Lipson, S., & Heinze, J. (2023). Exploring faculty burnout through the 2022-23 HMS faculty/staff survey. *American Psychological Association.* https://www.apa.org/ed/precollege/psychology-teacher-network/introductory-psychology/faculty-burnout-survey

Xianliang, L. I. U., Mubei, Y. A. N. G., & Yuhua, M. A. (2025). Living beyond survival: Experiences of self-management among long-term breast cancer survivors–A qualitative study. *International Journal of Nursing Studies Advances*, 100462. https://doi.org/10.1016/j.ijnsa.2025.100462

Zhang, J., Chung, J. O. K., Taylor, S., & Yorke, J. (2025). Emotional strategies to enhance resilience in patients with cancer: A scoping review. *Asia-Pacific Journal of Oncology Nursing*, 100777. https://doi.org/10.1016/j.apjon.2025.100777

Notes on Contributor

Dr. Suzanne L. Porath is an Associate Professor in the Department of Curriculum and Instruction at Kansas State University in the United States. Her scholarship focuses on literacy education, reflective practice, action research, teacher epistemic agency, artificial intelligence in education, and the integration of contemplative and narrative approaches within education. She is Editor-in-Chief of *Networks: An Online Journal for Teacher Research,* co-editor of *Literacy Connections,* and a certified yoga teacher whose work explores meaning-making, identity, and resilience in academic life.

ORCID

Suzanne L Porath, https://orcid.org/0000-0003-3158-2958