

The Stories We Tell Ourselves about the Doctorate, and their Consequences: Ageism and the PhD

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Abstract: PhD supervision is marinated in assumptions. These assumptions are fuelled by professional and personal stories of success and failure, and are edited for public presentation and dissemination. They hook deeply into the conversations we have with ourselves, to justify behaviour, prejudice, discrimination, decisions and the injustices. As PhD supervisors and advisors in higher education, we hold power. How we wrangle that power with PhD students has profound consequences. This article intervenes in one of the stories that academics tell ourselves, about age and the PhD. The moment we enter Google Images and type the phrase “PhD students” into the search engine, our assumptions spill onto the screen. We see young men, and some women, in the sciences, cloaked in a lab coat, staring earnestly at the camera. The truth is distinct. A large proportion of our students are already in professional jobs and completing a doctorate for professional and personal advancement. But the stories continue of higher degree programmes ‘training’ bright young men to be the scientists of tomorrow. This article disrupts such slick, marketable and simple stories about Graduate School. Our students are not like us. They are not us. They have and will experience a completely different university system.

Keywords: Doctor of Philosophy, Storying, Ageism, Homology, Professional Development

1. Introduction (Tara Brabazon)

Teaching and learning are marinated in assumptions. Indeed, they are boiled in assumptions. They are burnt by assumptions. These maxims are accurate for all teaching and learning moments, but in PhD programmes, the impact, costs and consequences of these assumptions intensify. These assumptions are fuelled by professional and personal stories of success and failure, and are then edited for public presentation and dissemination. They hook deeply into the conversations we have with ourselves, to justify daily actions, prejudice, discrimination, decisions and injustices.

PhD supervisors and advisors in higher education hold power. We activate choices that can enable or destroy the careers of our students. We hold disciplinary knowledge, and access to resources, infrastructure and networks. How we wrangle that power with our PhD students has profound consequences on their

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lives. Yet few academics hold any educational qualifications and partake in little professional development and training while ‘on the job.’ Therefore, without andragogical interventions, assumptions are strengthened through the repetition of stories that may not be accurate, real or true. These assumptions, once narrativized, substitute for expertise.

This article intervenes in one of the stories that academics tell ourselves, about age and the PhD. The moment we enter Google Images and type the phrase “PhD students” into the search engine, our assumptions spill onto the screen. We see young men, and some women, in the sciences, cloaked in a lab coat, staring earnestly at the camera. The imperatives of our national governments to incorporate ‘internships’ and creating ‘job ready graduates’ reinforce these stories. The invisible truth is that a large proportion of our students are already in professional jobs and completing a doctorate for professional and personal advancement. In reality, the age of PhD students when they enter the programme is increasing. When I left Flinders University as Dean for my current post at Charles Darwin University, the average age of the students when commencing their higher degrees was 40 years of age. The students spanned in age from 22 to 93. The majority of PhD students were women. But the stories continue of higher degree programmes ‘training’ bright young men to be the scientists of tomorrow. The consequences of such an ideology is that homological assumptions replace research and professional development. ‘We’ supervise these students from our experience – rather than professional expertise – creating another version of ourselves.

This article is an intervention in slick, marketable and simple stories about Graduate School. Our students are not like us. They are not us. They have and will experience a completely different university system. To activate this project, our article has four sections. Firstly, there is an investigation of ageism and/in the deficit doctorate, a model that demeans, discriminates and denies the expertise of students upon entry. The second section provides the methodological strategy for intervention in the policy, procedures, guidelines and training for supervisors, via storytelling. The final two sections share the gripping horror of ageism in our universities. The consequences on individual lives are clear. The impact on knowledge, research and social justice in education is yet to be calculated.

2. The Deficit Doctorate and Its Consequences (Tara Brabazon)

The PhD is an elite qualification. There are multiple screening devices to ensure that the students that enter a programme will have a chance of finishing it with success. Grade Point Averages (GPA), honours or capstone results, and the outcome of a master’s dissertation are all proxies deployed to ascertain ability. This elitism – on the basis of verified intellectual ability – must be in place. As the length of PhDs has reduced, students must be prepared and socialized to reach the required standards of scholarship as quickly as possible. Universities can help at this stage through orientation and induction sessions, that reveal the assumptions punctuating doctoral education. These standards matter as – unlike most areas of academic life – the success of a PhD is determined by the view of two or three scholars of international standing that examine the thesis at the conclusion of the process. Three people are responsible for assessing three, four or five years of work. While a university is responsible for ‘training’ and ‘socializing’ the students, the examination of the research and the researcher is an international and external process. Therefore, the accountability of individual supervisors and institutions is to knowledge and quality assurance. If a thesis is sent out to examination below the required standards, then cycles of blame, shame and accountability

must shadow the institution. If a student leaves the institution before examination, or does not receive a strong result through examination, where is the accountability placed?

To block and deny these difficult questions, doctoral programmes implement a simple strategy, what Biggs described as “blame the student” (1999). This displacement of responsibility was never truthful, real or appropriate, but it was simple and allowed institutions to continue their ‘business as usual’ in research, without having to reflect on supervision, policies and processes. This ideological shift – from institution to individual - was always inelegant and wrong. It has been worsened as the widening participation agenda has proliferated through doctoral degrees, with few challenges or transformations to policies and procedures (Lipka, Baruch and Meer, 2018). The transmission model of education is not functional for undergraduate qualifications. It is even less appropriate when understanding a PhD.

The marginalization of students and student knowledge is particularly disrespectful for citizens who have experienced discrimination and prejudice in their lives. Indigenous scholars, students of colour, international students, students with a disability, women, lesbian, gay, bisexual and transgender students, and students of diverse ages rarely fit in the colonizing, corporate, ableist, misogynist, heteronormative and ageist university. It is very easy to list the sociological mantras of students and their oppressions. Similarly, it is very easy to appoint Pro Vice Chancellors for EDI (Equity, Diversity and Inclusion), or affirm family friendly workplaces, or validate ‘Women in Leadership’ programmes. The problem is that universities were built on the practices, behaviours, meaning and trajectories of heterosexual white men, who were implicated in the colonizing project and ‘supported’ by wives and families. The rigidity of this cookie cutter is even more ruthless in research, with the hierarchization of particular disciplines and methods, the tiering of journals, and the benchmarking of funding. The ‘standards’ of research – with regard to ‘impact’ and ‘quality’ – are rigid and demeaning of most disciplines. The gatekeeping and normalization of truly bizarre research processes, such as the authorship behaviours that take place in medical science (Beshyah et. al., 2018), or the active exclusion of the majority of social sciences and humanities journals from Scopus, which render their indices redundant, inaccurate and irrelevant (Harzing and Alakangas, 2016; Tennant, 2020), ensure that irrationality remains in research policies. This irrationality serves to maintain the power of the powerful, and avoid deep and clear critique of current practices.

Doctoral education is highly normative. It squeezes diversity from its students, justified on the basis of ability or quality. Such inelegant and incorrect assumptions undermine individual students, but also crush our doctoral system. For example, Barbara Lovitts, in *Leaving the ivory tower: the causes and consequence of departure from doctoral study*, showed that 50% of the students that start a PhD do not finish it (2001). Yet every student that attrits is treated as an individual failure, rather than a cataclysmic failure of the institution. Such a displacement of blame and failure creates what Lovitts describes as the “invisible problem” of students that leave the programme (2001). Other scholars have confirmed a similar finding (Johnson, Green and Kleuver, 2000). Yet this “invisible problem” infects the system of higher education because the attrition of women, non-white students, students with an impairment or disability, and older students attrit at a higher rate than white men (Lovitts, 2001). I discovered that pattern when I interview our 100 overtime (enrolled over 4 years) students at Flinders University in my last post. Ten of these students were Indigenous candidates. That means that 10% of the overtime students were Indigenous

researchers. This proportion is rendered more disturbing when recognizing that only 19 of the 1100 PhD students in the institution were Indigenous.

One response to such information is to invert this issue. Who – sociologically – is finishing their higher degree? Again, the quantitative results are clear. Science-based disciplines have a higher completion rate than researchers in the social sciences, arts and humanities. Men in the sciences, organized by the time and task-based patterns of a lab, reveal the highest completion rates (Lantona and Browne, 2001). Therefore, what is required to reduce attrition? Again, the research has been in place for decades: quality supervision, timely feedback, regular meetings, connection to a wider academic community, compassionate relationships between students and supervisors with clear boundaries in place, continuity of topic, and continuity of supervision (Lantona and Browne, 2001). This research was verified by the University of Melbourne. There were clear on the factors that triggered student attrition:

- Student lacked understanding about expectations of the degree and supervisor
- Inappropriate choice of topic
- Inelegant match between the supervisor and the student project
- Lack of contact from the supervisor
- No or poor guidelines about authorship
- No or poor guidelines about access to research facilities
- Intellectual and social engagement
- Differential treatment of women and men students (University of Melbourne, 2009)

None of these issues displayed any relationship to student ability. Indeed, research has revealed that the completers and non-completers – graduating students and attritors – are equally academically able. Students do not leave doctoral programmes for academic reasons. The solutions that most universities implement is to assume that attrition is caused by selecting the wrong students in the programme. If the entry protocols can be improved, then fewer students would leave the programme. This is incorrect. Indeed, as selection processes have become more difficult and arduous, the attrition rate has increased because the institutional supervisory strategies have not changed.

This research on attrition was published two decades ago. We – university leaders and higher degree supervisors – know this research. Yet why do the problems remain? Janice Lombardi, in 2016, has provided an answer to this question. Her research investigated teacher expectations (Lombardi, 2016). She demonstrated that teacher expectations are more relevant to progress and achievement than student motivation. Translated into doctoral education, if a supervisor has a low expectation of a particular student on the basis of age, race, sexuality, gender or nationality, then they are less likely to graduate. This powerful finding therefore demonstrates how a self-perpetuating cycle of failure manifests on individuals, groups and communities that suffer wider discrimination in their lives. Supposedly, if these ‘minority’ students – that actual compose the majority of humans – would work harder, then they would be successful. Meritocracy is a lie that is perpetuated to keep the powerful in power. Lombardi states that the ideologies of ‘hard work’ and ‘merit’ displace the context of injustice, and shifts blame and discrimination from institutions and towards individual.

This is not an individual matter. Attrition is expensive. Public funding is lost when a student attrits. When an individual leaves a programme it is an individual tragedy. But it is invisible. Exit surveys and interviews are important because they capture the hot, terrifying desolation of this moment of individual loss. But these exit interviews are rarely shared beyond the institution, because they impact on the 'brand' of the university (Norton, 2011). Another variable rarely researched or publicly presented is the mode and mean length of candidatures. A proxy for students that do not finish their degrees is the length of a candidature. Bourke's study of the Australian system revealed that 51% of the 698 students surveyed completed in four years. After six years, 71% completed. The determinants of that completion – even through the length of time – was influenced by the discipline (arts completions were of a longer duration than the sciences). The relationship with the principal supervisor remains the determinant and pivot to success (Bourke, Holbrook, Lovat and Farley, 2004). McCormack also probed the role of supervision, showing that the frequency of meetings, relationships with supervisors and uninterrupted patterns of support are determinants of success. Within this study, institutional and environmental issues were also key, with belonging structures and clear guidelines for progression and success required (McCormack, 2005).

The deficit model of teaching and learning marinates higher degrees. Inequalities and injustices are institutionalized, with the assumptions we share about achievement and candidatures through the use of such phrases as 'at risk' or 'marginal progress' (Beck, 1992), reinforcing already existing cultural deprivation and disadvantage. Lombardi's work exhibited the ease with which the deficit model can be addressed and corrected. She offered five strategies:

- Display how students can reach the high expectations
- Generate intermediate goals to accelerate success
- Assist students in managing their fear of failure
- Create data-led short term successes
- Produce scaffolded instruction (Lombardi, 2016)

Examples of these strategies in higher degree education include the yearly milestones and reviews, with backward mapping in place, and ensuring information literacies are built into professional development through the degree. Yet why are such simply options not implemented? One answer is that it is easier to blame an individual student for failure, rather than recognize a toxic and failing system. Students will continue to blame themselves, summoning the tropes and descriptions of imposter syndrome, inadequacy, stress and mental health concerns. These states are proxies that a deficit model of supervision is in place.

The institutional work required to transform international doctoral education must begin with critiquing the ideology that the supervisor is Yoda, a god, the keeper of all knowledge. Actually, students write their thesis for two or three people: their examiners. Their supervisors will not be their examiners. Once displacing the Yoda model of supervision, the world views of students are foregrounded. If supervisors can respect the gifts that socially diverse students bring to our universities, then they may also understand the daily discrimination, prejudice and challenges our students confront each day, inside and outside our universities. Rebecca Alber described this as the abundance model of teaching and learning. It maintains four characteristics:

- Every students possesses skills and abilities
- A bespoke and customized model of instruction is appropriate and useful
- Recognition that standards are different from standardization
- Confirm that all learning builds on already existing strengths and interests (Alber, 2013).

Many supervisory strategies can enable this model. The first key step is to conduct a careful, respectful conversation, enabled by a scaffolding strategy such as a set up document (Brabazon, 2022), to configure an inventory of the student's experience, expertise, and a recognition of their skills and knowledge. Such conversations require an intervention in supervision as usual, therefore professional development is required. Too often, supervision is based on experience and subjectivity, rather than research-driven andragogy. Beth Harry and Janette Klingner confirmed that this mode of teaching and learning configures a "social/cultural deficit lens" (Harry and Klingner, 2007). Continuing the supervisory practices of the past – without reflection and critique – ignores the radical transformations of higher education in the last twenty years (Brabazon, 2016a; Brabazon 2016b). Mentoring programmes are not enough. Provocatively, Gonski described mentoring as, "code language for 'assimilating'" (2009, 20). This secondary socialization is a strategy to carve away differences and exfoliate diversity. Similarly, the ideology that PhD programmes deliver 'job ready graduates' denies student diversity. Many of our PhD students are retired. Many more are in full time work, enrolled in a part-time PhD. Some students wish to write books. Others use the PhD to scaffold a consultancy career. The assumptions about higher education are too frequently overlaid with assumptions about a particular type of employment. The 'young people' in a PhD programme – enrolling before serious relationships, marriage, families and a career – are an absolute minority in our universities. Yet student guides continue to perpetuate this lie (Buchan and Wilcox, 2012).

The question is how to create this consciousness in supervisors. Professional development, although as unpopular as wisdom tooth extraction, is one clear option. However, to enter training, supervisors must have a reason to change. To activate those reasons – to display the cost of the deficit model of teaching and learning in our universities – I enter our next section: storying as a methodology for doctoral intervention.

3. Storying as a Methodology for Doctoral Intervention (Tara Brabazon)

The noun 'story' has a light, soft and fairy tale quality to it. It remains distinct from the credible Todorov and Propp-fuelled attention on narrative (Propp, 1968; Todorov, 1971). Stories are an important mode of communication, enabling socialization over generations and building relationships. When transposed to research, and methodological discussions, 'storying' is the trope to monitor. Louise Gwenneth Phillips and Tracey Bunda, in their book *Research through, with and as storying* (2018) offer a clear and powerful definition of the term: "the act of making and remaking meaning through stories (2018, 6). Stories are not imposed from the empowered to the disempowered. Instead meaning is made, and accountabilities are configured in a different way, to construct and disseminate research that matters to diverse audiences. The positioning of research and researchers remains the key unspoken variable in doctoral education. In supervisory relationships, who holds power, and why (Acker and Haque, 2015)?

Storying translates research but also reveals and amplifies the voices that have been silenced, dismissed, denied or demeaned. Storying as a methodology does not log events or time passing. Instead, it is about

change, and how one rendering of ourselves transforms into something different. Let me provide an example. Two PhD supervisors offered the following comments to me about professional development and supervision.

“Professional development for PhD students is irrelevant because they are all going to end up with a postdoc.”

“I don’t need it and Tara needs to explain to me how it would improve my supervision.”

What stories about teaching, learning, research, supervision and life are these supervisors telling themselves and their students? The confidence in the comments is clear, but beyond that brittle if impressive façade is a waterfall of evidence that contradicts the foundation of these micro-manifestos.

The easy answer to both questions is that we don’t know what we don’t know (Brabazon, 2023). A better answer as to why any supervisor requires professional development and continual learning is that we must ascertain the limits and parameters of our knowledge. Experience – personal and professional experience – while valuable has limitations caused by family structure, working lives, educational training, and a suite of biases, discriminations and prejudices built on the foundation of an asymmetrical power structure that naturalizes injustice as ‘reality.’ The comment about the ‘postdoc’ is hemmed by discipline and history. Most disciplines in our universities do not move students from a PhD to a postdoctoral post. That has been naturalized in the experimental sciences, and is not generalizable. But also, that statement demonstrates a lack of awareness of the changing sociology of the PhD cohort. The notion that students already maintain a successful career and enrol in a PhD part time, or pause a career to enhance their employment and promotional prospects, is beyond the world-view of this scholar. Similarly, even the idea that an older citizen – still in work – would enrol in a PhD is not within their vista. Students enrol while running small businesses or are consultants. The diversity of students is extraordinary. Therefore, how are these ideologies of single pathways into, through and beyond a PhD constructed? There are two variables framing such an argument:

1. The assumption from supervisors that their reality when they were PhD students still exists in the present
2. Ageism

There is an assumption that PhD students are young, without family commitments, dedicated to their studies as a singular priority, and men. Historically, this is an accurate analysis. When reading Cardinal Newman’s *The Idea of the University* (1992), this ideology is in full flower. These assumptions about what we do in a university are also assumptions about who we are at a university. Those students who are not young, white, middle or upper class and men are – on a daily basis – trying to operate in a system that was not designed for them.

Assumptions about doctoral education, and the identity of our doctoral students, is causing real problems. That is why supervisors require professional development, to grasp the political economy of higher education. Most students are not ‘young.’ As will be shown in the next two sections of this article, students join the programme in their sixties, seventies and eighties. The lifecycle patterning of work and

retirement has ceased. Therefore, the ageism in the doctoral space must cease. It is important for those of us that supervise and occupy leadership roles in graduate education to understand who is completing a PhD, why they are completing a PhD, and the options available to them post-candidature.

The trigger for this article is what is happening to the older PhD students, in terms of their supervision. With some horror, I had a moment of stark and brutalizing consciousness when recording a podcast on the rescue doctorate and rescue supervision (Brabazon and Redhead, 2017). I realized that almost half of the doctorates where I had assumed supervision because of the previous failures or breakdowns in relationships, involved students over the age of 60. In all those cases, the supervisors had described the student as not very bright and not able to do doctoral work. Actually, the students were incredibly intelligent. When I took over their supervision, all students had submitted within six months. Most submitted within three months. I am not a wizard. But I do respect people and deliver distinct supervision to different students. We do not work for Ford. Why would we expect to undertake Fordist supervision?

I do not romanticize academic life. It is a hard life. Older students keep supervisors and our universities honest. They hold up a mirror to remind us of a bigger life and world. The lessons that we learn from these students improve our universities. Therefore, we now move to the next two sections of this article, activating storying, to ensure our higher degree supervisors and graduate studies leaders learn the lessons from our failures, and how ageism is a marinade of these failures.

4. ‘Only a Nurse, and at My Age Why Would I Even Think of Starting a PhD’? (Eunice Gribbin)

My journey into a PhD was hardly traditional. I was not the archetypical student who had completed an honours or master’s in research. I started from a foundation of hospital nursing training in the 1970s, then onto a Bachelor in Nursing, Graduate Diploma in Adult Education, and a Master of Health Law, none of which was seen as the standardised progression into a PhD. It seemed I was on my own in this journey. Nurses - for decades - had been configured as a doctor’s handmaiden, a term I have learnt to find amusing rather than insulting. It signifies ignorance. I appreciate that for the majority of occupations, most people outside those professional boundaries would have no idea what tasks the employees engage in each day. As for a nurse considering a PhD, that in itself was considered an unusual pathway and trajectory. At my age – at that time in their late fifties – it certainly raised eyebrows. Why was I interested in considering this path? What was the point? What could I possibly have to gain? More importantly, what purpose would it serve to academic institutions. Clearly I was not suitable material as an aspiring academic, particularly at my age.

5. Starting the Long Journey

I initially enquired at the university in which I was employed as an associate lecturer in medical education, an entry level position I had held for many years after transferring from the nursing faculty. I had a passion for teaching and enjoyed seeing students grow and transform over time as they came to understand concepts more clearly and could build on their basic knowledge towards completion. From this foundation, the real learning began when they took on internships in hospital settings to cement their base learning. Students seemed to thrive on the real life experiences I was able to convey from my decades of nursing and personal experience raising four children, one of whom was born with complex severe

disabilities. I had completed general hospital-based nursing training in 1978, converted to a Bachelor of Health Science in Nursing, and held multiple postgraduate coursework degrees to master's level. But without a research degree, my PhD application was unlikely to be considered. But I was willing to learn if someone would give me a chance.

6. What Was My Rationale for Going Down This Unconventional Path?

The catalyst behind my desire to launch into years of gruelling study towards the ultimate goal of a PhD was the hundreds of families I had the privilege of meeting who had a child born with a congenital bowel disorder. The children who suffered faecal incontinence were largely hidden from society due to its repugnant nature and the isolating, stigmatising condition. The misheld belief that these rare conditions were surgically corrected at birth gave the impression, once the surgery was over, that the problem was solved and the baby developed in line with societal norms. As the mother of a baby born with Hirschsprung's disease 34 years earlier, I knew first-hand this was far from the case. What I had observed and learnt since his birth from the standpoint of a mother, a paediatric nurse who cared for these children, an educator of future clinicians and founder of a support group for these families, needed to be heard. I had a responsibility to share what I had learnt if there was any hope of changing attitudes, to help shape the way we provide care in a holistic way. At the time, the condition was medicalised. Compiling the hundreds of parent experiences, I had the privilege of sharing over the past 34 years into a thesis, may change the way we care for them. It was my sixth supervisor that paved the way and introduced me to the concept of a thesis based on storying, a concept that was appropriate to my thesis, but under-exposed during my previous degrees.

7. Finding a Supervisor

I started the task of finding a suitable supervisor. The first step was natural and predictable. I was working in medical education, so why not apply in that programme? I was politely told without a research degree, and at my age, I would not be considered. Whilst I found this frustrating, the rejection fuelled my determination to find a suitable supervisor who understood and supported my passion. I had no idea how hard that would be. I was inexperienced and did what seemed to me to be a logical thing to do, I simply telephoned each university in NSW to see if anyone had an interest or understanding of the topic. This was before there was easy internet access to university websites to review potential supervisors. Every enquiry brought a resounding no. Supervisors were not interested in my topic, or me. My next step was to contact one of the paediatric surgeons I had worked with at the Children's Hospital. I was a theatre sister and mainly focused on general paediatric surgery, so assisted in a large number of these operations throughout the children's lives, all in an attempt to normalise them and prepare them for the world where they would be accepted, providing they could gain continence. This was the key to an exclusive club. If a child was incontinent, then they were excluded. The professor and I had worked together for many years and with my contacts, I had helped with his research into Hirschsprung's disease for his own PhD in the late 1980s.

8. Securing a Supervisor

Securing a supervisor seemed the hardest step. I did not know that was only the first of many hurdles. My

intention was to ask the professor whom he would recommend. To my surprise he enthusiastically offered to be my primary supervisor, confirming, "I'd be happy to take you on." It seemed a strong choice: we knew each other well and worked and researched together. What could go wrong? On reflection, I was both naïve and lacked the skills to assess the situation. He supported my application which seemed to progress relatively easily. I now realise this ease of decision making lacked academic rigor. I had no idea what to expect from a supervisor and quickly realised I was largely on my own as he ran an extremely busy paediatric surgical practice; was often on call, ran clinics, and had little time to devote to supervision. Sessions were ad hoc, infrequent and progress was very slow. I had some health issues which further delayed progress, it seemed as though I was constantly requesting extensions.

The professor suggested two of his colleagues would be a good choice to make up the required three supervisors. I had no idea that I could question my primary supervisor. I was a novice, a nurse and a mother hoping to be accepted into higher degree study. Imposter syndrome weighed heavily. The other two supervisors he suggested were also paediatric surgeons and turned out to be in name only. They were never engaged. After writing a literature review, I emailed the document to all three supervisors. None responded. I knew one of them from my days at the Children's hospital, so I called him to ask if he had received it and could provide some feedback. He replied, "oh I don't do email." I printed the article, drove over an hour to hand deliver it and waited. No response was every received. Nor was any received from the third supervisor. One day, I required a signature from all three supervisors. My primary supervisor escorted me around the hospital where he was appointed. This was over three hours from my home. We caught up with one of the supervisors and I was introduced. The response was, "doing something important are we?" He did not look up, signed the form but had no idea who I was and clearly no interest in finding out. My only relevance to him was a silent addition to his resume.

9. Wakeup Call

It took me a long time to realise that I was on my own in this journey. I had one, very busy supervisor who after nine long years, admitted he had his own agenda when he took me on, which was quantitative, and he neither understand nor supported qualitative research. I was gutted. Why take me on when he knew my passion was to bring about change in the way we care for children and their families when a baby is born with a congenital bowel disorder? What I hoped to achieve was to bring lived experiences into focus through qualitative research. I now realised this was never going to happen under his tutelage. I had wasted years obtaining ethics clearances from the university and each hospital I was to include in the data collection. Then ,countless hours of reading thousands of paper-based patient records to collate data, I was fortunate to engage two people enrolled in paediatric surgical training who helped with the data collection, but it took years to complete.

Knowledge generation requires both qualitative and quantitative research. In the case of my research area, the people living with these conditions, needs to be revealed. Otherwise, they remain hidden from society, stigmatised and marginalised. The affected children are excluded from the very things that build the foundations of life experiences. The Professorial supervisor believed that by compiling how many children after primary pull-through surgery were readmitted to the hospital for ongoing continence issues, that would give insight into the number of children whose operations were not successful. As an afterthought, I could collect further data on whether being part of a support group improved outcomes. I failed to see

how this could be proven. As for data collection, many children moved to different states or had minor surgical procedures in smaller hospitals or private facilities, so results would be inaccurate or inconclusive.

10. The Bright Moments

Despite the lack of progress and no input from my supervisors, I learnt so much from being asked to speak at several international conferences locally and around the UK and Europe. I am grateful for those rare opportunities which were only possible through my primary supervisor, as he attended them all each year so suggested I present the work so far. As the conferences were run by, and frequented by, paediatric surgeons and upcoming registrars, being the only nurse and mother presenting qualitative, personal experiences, I felt the imbalance of power. The only shining light came from one young registrar who approached me enthusiastically after my presentation in Milan and was very supportive as he explained no one had ever taught him what I had shared, and that he felt compelled to understand more. I felt he was in the minority, although he gave me hope that attitudes were changing. Still, those small glimpses of hope soon faded as we returned home and the long silences between fleeting meetings prevailed.

11. Forms of Support

Joining an online group known as the 'OWLS', Older, Wiser Learners' on Facebook, provided support, as I learnt of others in less than ideal circumstances. The group offered support and encouragement. People who had completed their doctorate remained in the group to offer care for those seeking help, a way of giving back to the community that had supported them. The group had been started by a woman from the same university at which I was enrolled. She was classed as a mature age student and took many years to complete her own studies. I had the privilege of talking to her on the phone one day, and felt I was not alone in this journey.

I required this support, because it took a long time to realise I had to go above my supervisor and speak to the Head of School and raise the issues of the lack of progress with my long-time colleague. As profoundly difficult as it was, it had to be done. To my surprise they were supportive and I was assured a new supervisor would be found to support my progress to the finish line. It took a few months before I was contacted again to advise me they had found a brilliant supervisor whom they felt was more in line with my intention of bringing to light the sociology aspects of my work. Whilst he was technically appointed, he was on sabbatical for the next year, so further delays ensued. Once I commenced with this supervisor, the research seemed to progress in the right direction. He actively encouraged online weekly meetings as opposed to the previous routine of driving three and a half hours to meet with my previous supervisor who could often only spare 30 minutes to discuss progress. Research was going well and he introduced me to the concept of stigma and actively encouraged me to write from a first person perspective. Work progressed well and I was engaged in qualitative research and bringing the years of experience together. Just six months into our sessions, which had always gone well, I received a message from him that he was going on leave for an unknown period of time. Any attempt to contact him went unanswered and it took several months before I was told he had left the campus and would not be returning. I was never offered an explanation as to his abrupt departure. I could not believe it. Whilst I had never met him in person, he always conducted himself professionally and I had progressed further in the short time since he was appointed than ever before. A further six months went by before I was appointed my fifth supervisor. It

took quite some time to settle into writing again. Whilst this supervisor was unable to provide any insight into the former supervisor's sudden departure, she did speak warmly of him and his research methods and saw his departure as a sad loss to the students and the university, as he was well regarded. Progress was again slow as this supervisor, despite being encouraging, had the task of taking on his academic load as well as her own busy schedule until a replacement could be found. This dragged on for months and I felt I was never going to accomplish what I had started.

12. The Worst Experience

The university had imposed a deadline for my completion date. The previous supervisor had raised the issue of the unrealistic time limit given a complete rewrite was necessary, which he put down to virtually no supervision over the previous nine years. He asked for a full year to bring me to completion. His request was refused. For reasons I could never understand, the deadline was a few months away. There was still so much work to be done and I was working as hard as I could, but this seemed utterly unfair given the circumstances. The crunch came when my supervisor informed me the deadline was now moved up again, and our next online meeting would be a long one to ensure I was ready to submit. The day arrived for our meeting. It was a Thursday. I was all set for a long session, but sensed something was amiss as the supervisor was rushed and what was supposed to be an extended meeting turned into less than ten minutes of hasty instructions on what was still to be done. I was also informed at that final meeting that the deadline had actually been moved to Sunday, earlier again than anticipated. No explanation was given. I was to send her each chapter of my finished work and she would be available over the weekend before submission. I checked online and the deadline had been changed on my student access to the upcoming Sunday at midnight, just three days away. Panic was starting to set in, the supervisor assured me as this enrolment had dragged out for so long, a few more days would not matter. I felt very uneasy about that assurance though. If the submission was electronic, then how could the date set online be ignored? I decided to contact administration and my worst fears materialised. They confirmed my access would be cut off at midnight Sunday.

I do not recall going to bed. Whilst I fell asleep at my desk a few times, I rarely moved from there. The supervisor was true to her word and even though she had flown to another state to visit her daughter, she remained in constant contact throughout the weekend. On Saturday night, she asked if I had written a chapter on two more issues. I said no. Surely it was far too late now to embark on new chapters. By three am Sunday morning, there was less than 24 hours left to the deadline. I was told to 'just write two more chapters on that and send to me'. I was shattered and through a fog of severe sleep deprivation, I wrote two more chapters, I have not looked at them since but am convinced they were far from the level expected for a PhD. I then went online to submit the thesis. It was five minutes to midnight. I uploaded my thesis.

13. Choice of Examiners

I was advised that the university only recruits international external examiners, but due to the COVID-19 pandemic, finding three suitable examiners proved difficult. There had been significant difficulties appointing examiners as many had taken early retirement or had been retrenched as countries entered a sustained lockdown. Several months went by before I was sent a notification that examiners had been found. I later learnt two were Australian. Six months passed and the results were returned. As was

expected, they were far from exemplary. I had been permitted to revise and resubmit, but the level of work ahead was daunting. While I attempted to wade through and rewrite the thesis, I had no contact with the current supervisor other than one phone call saying it would take all of the six months allotted to revise the thesis.

14. Turning Point

I was frustrated and felt completely alone as I tried to wade through the seemingly endless corrections which did not align with my intention of writing a PhD in the first place. I felt overwhelmed. Over the years, I had been communicating with Tara Brabazon at Flinders University and listening to her weekly vlogs. I found her no nonsense approach gave me more guidance and encouragement than any of the five supervisors I had previously. I started to understand the importance of clarifying my significant original contribution to knowledge, or SOCK as Tara Brabazon calls it. I was learning terms I had not encountered previously and beginning to understand their significance, terms such as epistemology, ontology and methodology as opposed to methods. I had never been exposed to these terms in over 13 years of study. I do recall asking my last supervisor about the importance of including the 'SOCK' throughout the thesis to which she promptly dismissed its relevance as she said it was obvious what my SOCK was. Importantly two of the examiners confirmed in their reports that they found it difficult to locate my 'SOCK'. Catherine, my friend and the other author of this article, approached Tara Brabazon to ask if she could supervise her. I was invited to join an online meeting with them. Afterwards I wrote to her to ask if she would be willing to support me transferring to Flinders University under her tutelage to reconfigure and rewrite the thesis in the way I intended. Much to my surprise she agreed. I was asked to send my thesis to her. I was dreading the response. Not only did she agree to supervise me, but it was also done with warmth, conviction and such a positive attitude that I felt a glimmer of renewed hope. I began the process of enrolment and Professor Brabazon supported the transition to Flinders and departure from my current university. Once enrolled, we worked through the thesis methodically, completely changing the structure and content in line with my original passion to expose the trauma some of these children and their families suffer when left to manage faecal incontinence alone. I felt a responsibility to the many families who had entrusted their most personal stories to me.

I had always felt the stigma of commencing a PhD when most people were looking towards retirement, although retirement is a very different experience to that of a generation ago. I see it more as an opportunity to culminate one's life's work to give meaning to future generations. The implication was that completing a PhD was an expected pathway to progress one's career through university employment, which I find an ignorant and narrow view on lifelong learning. I was not pursuing a career as a full time academic, nor was a position likely to avail itself as tenured positions were fast becoming obsolete, as the working environment was changing post pandemic. My reasons for enrolling in a PhD were simple and clear: as an educator, I understood the importance of sharing knowledge. I wanted to recognize and disseminate my unique perspective of congenital bowel disorders as a nurse, an educator, a mother and founder of a support group and share it in the hopes of changing attitudes. There had to be some benefit throughout years of multidisciplinary experiences working with families whose children's lives were worth sharing. These children's lives mattered and the way we cared for them needed to include support and a joining of minds from the lived experience. Their stories needed to be heard.

Progress was rapid, a whole new chapter emerged on stigma which was fascinating and culminated my earlier introduction with supervisor number four. In less than six months of half hour weekly meetings and the introduction of a seventh and final supervisor, Jamie Quinton, who also has personal and professional experience and expertise in disability and the lack of support granted to children as they progress through adulthood, the thesis was finished and submitted to international examiners.

15. Lessons Learnt

The old adage, ‘if I knew then what I know now’ is summoned, then what I would have done differently is to follow Tara Brabazon’s suggestion to interview prospective supervisors. It makes sense to ensure we have a supervisor who is trained in supervision, has a track record of completions and will support ideas and guide a student in the right direction. I would listen to Professor Brabazon’s vlogs and learn as much as I could before embarking on the process so I had some baseline on which to build. I would not be afraid to speak up early and question a supervisor.

Despite the traumatic and seemingly wasted years, I have come to appreciate through my final two supervisors, that if I had completed years earlier with previous supervisors, it would not be the thesis it is today. The knowledge gained over the years has been invaluable in learning what not to do and has allowed me to build strength and character, to speak up and write from the heart. My writing and skills have improved under their tutelage and I could not have written the thesis as it stands today if it had been submitted years ago.

16. How the Age Variable Has Impacted My Writing?

The age variable has impacted my research journey as I could not have written this thesis as a 25-year-old. It is only through a lifetime of personal and professional knowledge and experience that has shaped the thesis into a culmination of my life’s work. As a 70-year-old, it was absolutely the right time to bring this research project to fruition. Questions need to be asked to a prospective student about why they are embarking on a PhD. The finished work should mean something, it should be a starting point for others to build on. It is my belief that life experience enriches the body of the work in a way that society can use the knowledge gained.

17. Ageism and the Doctoral Space (Catherine Sharp)

‘I don’t usually take on students of your age’ mumbled the Professor looking down at the ground. ‘What?’ I yelled. ‘What do you mean? You’ve known me for years. Why are you saying that? You’re the same age as me.’ There was no answer to this question. I was 61 years old when this silly remark was made, yet I had discovered years earlier that hundreds of other OWLS - older wise learners from around the world - were doing master’s degrees and doctorates. I was not unusual. This must be ageism I thought, but why? I did not fulfil the image of an imagined PhD student, a 25-year-old single person in a lab coat. I was a grandmother of five at that stage, with years of nursing experience and many qualifications.

I had upgraded my qualifications many times over the years and her ageist comment did not put me off. Since graduating in the UK in 1970 as a State Registered Nurse and Registered Sick Children’s Nurse, I had gained certificates in Intensive Care, Emergency and Cardiac Nursing, before enrolling at the

University of Sydney in 1989 and completing a Master of Clinical Nursing in 1996 (Sharp, 2006a). I was always studying and working.

I started working for this Professor in 2000, at the University of New South Wales, as the Infection Control research assistant, visiting Hospitals, teaching staff how to collect data on surgical site infections. I was 53 with four children, one grandchild and five peer reviewed publications, including one as first author (Sharp, et al. 2000a), and two as sole author (Sharp, 1996b; Sharp, 1993). I had many other interests outside my hospital work as a nurse, and university study. I was interested in wounds, in particular pressure ulcers which we know are foreseeable and preventable. I was elected President of the Wound Care Association of New South Wales and I became the inaugural life member. In 1997, I became the Founder and CEO of Expert Witness Nurse Consultants Australia and I have been providing expert nursing reports for law firms in every State and Territory in Australia since that time. To improve my ability to write expert nursing reports, I studied for two years in the Faculty of Law at the University of Sydney and was awarded a Master of Health Law degree in 2010.

When I migrated to Australia as a Ten Pound Pom in the early 1970s, I started working at the Royal Hobart Hospital in Tasmania then to children's nursing in Perth, and general nursing in Adelaide. I then arrived in Sydney. This was the end of my two years of travel around Australia with friends in a very old, car. We slept on beaches, washed our clothes in the ocean, and dried them on the roof of the car. During our two years of travel, and as soon as the dollars ran out, we would stroll into a hospital, meet with the Director of Nursing, show our British Nursing Certificates, and were promptly given jobs, and rooms in the nurses' home. There was fruit, a swimming pool, and uniforms provided. Living in nurses' homes presented many opportunities. It was a very supportive atmosphere with fellow nurses to talk to in the evenings. We 'offloaded' traumatic details of patients from the day at work. We worked together all day, then cried together at night. Life in a nurses' home was restrictive but this I did not mind. There were strict regulations to say that we had to wear a uniform, hem no higher than the knee, short fingernails, no nail varnish, no jewellery, and hair pulled back off the collar.

18. How Was I Able to Enrol at Sydney University When I Didn't Finish School?

I never thought of attending university. After all, I did not finish school. I left in 1963 - aged 16 - and started working as a nurses' aid in a Royal Air Force Hospital in Germany where my father was stationed with the British army. Many years and many hospitals later, in 1987, I returned to work after an extended period away having children. I began working part time in an Emergency Department and was approached by nursing management who asked if I would be interested in a place at Sydney University. Places were being offered to hospital-trained nurses to 'upgrade' to university degrees. I was 42 when I enrolled in the Faculty of Nursing, University of Sydney in 1989, first completing a Graduate Diploma in Clinical Nursing. Young students in some classes looked at me amused and sometimes mockingly. I had to hold my head up high. I knew I had made the right decision because I had so much information to share and found it quite easy to stand up in front of the class to present case studies and nursing issues.

As well as studying part-time, I continued working in the Emergency Department part-time for five years. The part-time hours were on offer for anyone who wanted that mode of employment, but the part-timers who were also mothers were referred to as 'part-time worker, part-time brain.' I was shattered by the

negativity and sarcasm from many nursing staff, but I was very grateful to be able to choose my hours and days to fit in with my life and responsibilities. In the mornings, I could take my four children to the train station, school, then drive to work. Then I left work early in the afternoons to do the reverse: pick up one child from kindergarten, two from school, one from the train station, and get home to start dinner, do the washing, and help with homework. This daily routine was difficult to navigate, being a part-time worker /full-time mother and a University student

Ageism does not have to be directed at older workers in their sixties and seventies. Why would anyone think that getting older means getting stupid and incapable? When I left the Emergency Department, I started working on a medical ward in another hospital in Sydney in 1992 where my early exposure to pressure ulcers was so shocking that I decided to start studying this subject, writing about it, and talking about it. I have never stopped. There were no Guidelines for the prevention, or treatment, of pressure ulcers in Australia at the time, although they were being developed by members of the Australian Wound Management Association, of which I was one. One educator on this ward used to put methylated spirits packs on black heels, black necrotic pressure ulcers. There was no reason to do this. It was so painful for the patients.

I began a Master of Clinical Nursing at the University of Sydney, completing a thesis entitled 'Assessment of Pressure Ulcer Risk and Guidelines for Prevention' (Sharp, 1996), shortly after being employed full-time as an Infection Control Consultant at the Royal Prince Alfred Hospital in Sydney in 1995. My role was to see patients with wounds, primarily surgical wounds/sites and infections and report back to management and the Infection Control committees. I have been aware of, and involved in, many pressure ulcer committees, and wound care committees in hospitals, the community, and residential aged care facilities. I have spoken up repeatedly about pressure ulcers being easy to prevent but I only learned this as I was getting older. I have published papers on pressure ulcers and presented at conferences. I have been 'let go' from hospital committees and hospital positions. I was told in 2000 that I was seen as a whistle-blower in Central Sydney Area Health Service for talking, and writing, about pressure ulcers despite being encouraged by management, to do so. I have known for many years that pressure ulcers are foreseeable and easy to prevent, yet I was never able to get management of any hospital I worked in, to see how easy they are to prevent. I remain baffled. Two peer-reviewed publications on pressure ulcers (Sharp et al., 2000; 2005) resulted from my time at the Royal Prince Alfred Hospital.

19. How was I Able to Enrol at the University of New South Wales?

A new opportunity emerged when I attended an Infection Control conference 'Evolution of risk-adjusted surveillance for preventing nosocomial infections' at Sydney Hospital. The speakers had flown from the Centre for Disease Control in the USA. It was here in the cobblestone courtyard that I met the Professor who later became my supervisor in a PhD at the University of New South Wales. She told me about her programme in the Hospital Infection Epidemiology and Surveillance Unit. She had a vacancy for a research assistant funded by New South Wales Health, and asked me if I would be interested. I went back to Royal Prince Alfred Hospital and asked my Director of Nursing if I could apply for a secondment to work with this Professor. Work at Royal Prince Alfred Hospital had become unbearable, and the Director of Nursing was happy to see me leave. I became the 'Infection Control' research assistant in the School of Public Health at the University of New South Wales. This position involved developing and testing the

Hospital Infection Standardised Surveillance Program, teaching surveillance activities to Infection Control Practitioners in the 16 participating New South Wales hospitals. Surveillance included collection of data on surgical site infections, methicillin resistant *Staphylococcus aureus* and other nosocomial infections. I visited several hospitals to speak to infection control staff and hospital management (Barakate et. al., 2000b; Barakate, 1999). As part of this job, the Professor asked me to speak on Surveillance in Australia, surgical site infections and methicillin resistant *Staphylococcus aureus* at the ‘Don’t Panic’ Microbiology/Infection Control Conference, Sheffield, UK in 2001. I was thrilled to fly ‘home’ to where I had trained as a nurse in the 1960s and where I had so many friends and family. When this position, funded by New South Wales Health, ended, I continued to visit residential aged care facilities, and some gave me contracts to work with them. I provided a wound care consultancy service in approximately two hundred residential aged care facilities, three major public hospitals and many private homes in the community.

I continued working and studying. Having time off with children did not reduce the size of my brain. It simply expanded my knowledge and abilities in many different directions. At the same time my own parents, who had migrated from Scotland to Australia to be with us, were ageing, and I was going in and out of residential aged care facilities all over Sydney, from Kuringai, to Manly, to Bankstown, St George and Sutherland, seeing even older, frail aged residents with wounds, mainly skin tears, leg ulcers, and pressure ulcers. I became very interested in aged care and sought out a Professor at the University of New South Wales. I enrolled in a PhD in 2014 by which time I had been nursing and studying for 49 years. I was 67 with five grandchildren.

This Professor encouraged me to apply for a scholarship because I had a few peer reviewed publications at that stage. Ageism did not play a part in my wanting to get ahead. Nor did it seem to affect anybody at the University at that stage. Unfortunately, that Professor left the institution and took up a position at another University. The co-supervisor Professor took over and when I thought I was ready to submit, she told me I could not submit. I was flummoxed. I still am. Thinking that my 49 years of clinical nursing at this stage, bedside nursing, would stand me in good stead to be able to write about ‘experience’ in a thesis was so misguided. Writing about bedside nursing was frowned upon by this Professor and I was asked to learn statistics and write systematic reviews and meta-analyses. I learned these skills and co-authored three papers (Dumville, et al; 2011; Walter, et al; 2012, Dumville, et al; 2016). Even though I enjoyed writing with all these people, I could never see how a systematic review or randomised control trial (RCT) could give us a practical answer to preventing pressure ulcers. Over-reliance on RCTs is like resting all of healthcare evidence on a one-legged stool (Kaplan et al, 2011).

My focus was, and always will be, on clinical, bedside, evidence, and the information I gather from other registered nurses and care staff. If a systematic review or RCT could give us the answer to preventing pressure ulcers, then we would see a decline, or eradication of, pressure ulcers. RCTs are not the answer. RCTs require informed consent. Written and signed informed consent for all treatments must be a mandatory part of care in hospitals and residential aged care facilities. Patients at risk of pressure ulcers should be offered an alternating pressure air mattress to prevent pressure ulcers and given the chance to lie on one to then have the choice of staying on it or trialling another alternating pressure air mattress. Informed consent, being given full information, and being able to consent does not happen. Who will tell

patients they can have a choice of being repositioned, and woken, every two hours around the clock, or they can have an alternating pressure air mattress which will prevent pressure ulcers and allow them to sleep all night? This has already been shown to work and prevent pressure ulcers (Sharp & Campbell 2022). As I will continue to argue, regular repositioning that wakes patients is a mode of ‘unintentional abuse.’ It is unintentional because nurses do not intentionally abuse patients, but they are told to reposition patients every two hours around the clock, and this often wakes patients who may not go back to sleep straight away. They may lie there all night and become terribly sleep deprived. This is cruel and unnecessary.

I left the University of New South Wales under a dark cloud, with an angry Professor who wanted a different data set, a different interpretation and a different student. By this time, 2018, I had been writing medico-legal reports for lawyers in every State and Territory since 1997, many on pressure ulcers.

20. How Has the Age Variable Impacted My PhD Journey?

My age has impacted my PhD journey in a most positive way, although for a long time I thought I must be getting too old. Who did I know that was older and very experienced like me? Well, I remember walking into my first Master of Health Law lecture at the University of Sydney in 2008 and the young Professor said to me “Aah you must be a lifelong learner!” I immediately realised that he meant ‘old’ because everyone else in class was young. I met my friend Eunice, a co-author of this article, in another law class, and we have studied and laughed together, talked almost every day since then, sharing the joys of combining PhD study with grandmotherdom.

21. Enrolling at Flinders University

I do not remember how, or where, I first heard of Tara Brabazon. Perhaps through the OWLS, a worldwide group of older students in every discipline, studying. I contacted Tara, and the rest really is, as they say, history. Working with Tara has been just truly inspiring. Not only is she one of the cleverest beings on the planet, she is a true delight, and funny. Every student is full of praise for Tara while sharing their own experiences and asking each other for advice. This is the positive side of modern-day communication with Facebook and Zoom calls with people across the world.

After many discussions with Tara Brabazon, I had several more papers published. This enabled me to enrol in a PhD by Prior Publication. I had 23 peer reviewed publications, 17 of which I was first or sole author and 11 of which I used for this PhD by Prior Publication when I enrolled at Flinders University, South Australia with Tara as my guiding light. She introduced me to the SOCK (the significant original contribution to knowledge). I had never heard that term. In this new thesis, I examined sleep deprivation when patients are repositioned every two hours, in depth. It has taken me on a completely new trajectory with so much variation in my thesis, so much new information to search for and write about. I could not have written the thesis without the career I have had. I could not have written a PhD by Prior Publication at 25 because I did not have any publications at all but I can certainly write now that I am 75. I hold the years of studying working in many hospitals, and visiting 200 or so residential aged care facilities, have added to my knowledge and experiences, and I hope that for those who read this, or my thesis, or papers, that it will add to knowledge.

I am pleased I started a completely new PhD by Prior Publication with Professor Brabazon, in my seventies, because of all the extra reading I completed on informed consent and sleep deprivation in the frail aged, and the knowledge I gained from those subjects alone. Learning about sleep deprivation and relating it, in a ‘lightbulb’ moment, to the two-hourly repositioning we, as nurses, unintentionally and unnecessarily, put our frail aged through during the last precious years of their lives.

I could not have written this thesis at 25 years of age. I recently enrolled in another course to become an Editor. I hope with all my qualifications and experience that I will be able to help, and advise, other students with kindness and fun, just as Tara has done with me. I am 75 with seven grandchildren.

22. Conclusion (Tara Brabazon)

Storying, as a research methodology, offers an intervention, an incisive slice into knowledge. It is a “collective biography” of our universities (Davies and Gannon, 2006). There is power in these stories (Haven, 2007). The horrific, debilitating, affective and discriminatory research lives expressed by Eunice and Catherine must action a sharp, clear and powerful slap to the ‘business as usual’ processes in our universities. These are “narratives of trauma” (Lee and Williams, 1999). In almost every stage of admissions, progressions and examination, our universities have failed these two women. As they aged, the situation became more toxic and more ruthlessly discriminatory. ‘Rescue’ supervision was required (Brabazon and Redhead, 2017). We must demand more from our university processes, policies, scholars and professional staff. We must demand more of our university leaders.

This article has one final denouement. Both Catherine and Eunice had placed their theses under examination as we started writing this article. As I complete this conclusion, Catherine’s thesis is still under examination. Eunice’s reports were returned. Here are two extracts from the anonymized examiner reports.

The moment I began to read this thesis, I was completely captivated by the integration of knowledge, expertise, and skill evident on every page of this magnificent document. In my 40 plus year career as a university professor, family theorist, qualitative research scholar, and doctoral advisor and committee member, I have rarely read a work of this scope, importance, and innovation. Ms. Gribbin expertly blends ideas, practices, and methodologies from multiple disciplines in her use of theory, method, and application, all to illuminate an often-maligned subject matter—that of children born with relatively rare and invisible medical conditions ... Eunice Gribbin approached her topic from so many different sources and directions and in the interweaving of various disciplines, the new contribution to science she makes here is evident. In addition, she did something that few others can actually pull off—she shed new light onto a deeply personal and stigmatized subject matter by putting herself, her child, her family, her support group, and her community in the center of analysis and inviting the rest of us in. This research is exemplary in every way. It is beautifully written and an exquisite merger of the personal and the academic. At my university, I would nominate this thesis for a major award.

Academia and professional disciplines lose important and diverse voices like Mrs. Gribbin's all too often due to circumstances like the ones she describes having experienced as part of her dissertation journey. Mrs. Gribbin is a gifted storyteller. Her personal story (and reflections) as a nurse and mother woven throughout her dissertation is captivating. The breadth of Ms. Gribbin's studies is impressive. She has used multiple sources of data to examine her research questions. I believe – as she outlines in her dissertation – Mrs. Gribbin's own lenses make her well positioned (perhaps the single best positioned person possible!) to do this work. This work makes clear that Mrs. Gribbin is likely the expert on parental lived experience of HSCR and ARM. When reading Mrs. Gribbin's dissertation it immediately is clear just how original this dissertation is, both in terms of content area as well as methodological approach. I find it difficult to clarify in words how original Mrs. Gribbin's lens for this research is and how it is clear from the dissertation that this unique lens leads to this highly original work. As her reflexivity and autoethnographic depictions note, her background as a nurse and mother of a son with a congenital bowel disorder and co-founder of a parent (and patient) support group makes this work incredibly unique and innovative. I am confident that Mrs. Gribbin's dissertation is one of a kind.

This is the research project that took 14 years, 7 supervisors and 2 universities to complete. Those 14 years convey a story of institutional failure and supervisory error. Ageism was the marinade for this failure. Yet, at 70 years of age, Eunice produced 'exemplary' research and a 'magnificent' thesis. These are the voices, this is the research, that we lose, when supervisors assume that PhD students exist in a particular corporeal package. May we learn from the storying of these two remarkable women. Respect them. Respect their lives. Remember what they bring to knowledge. Recognize how they enhance our universities. To heal this past, those of us with the privilege to work in universities must summon a different future.

References

- Acker, S. and Haque, E. (2015). The struggle to make sense of doctoral study. *Higher Education Research and Development*. 34(2), pp. 229-241
- Alber, T. (2013). Tools for teaching: ditching the deficit model. *Edutopia*, April 2: <https://www.edutopia.org/blog/teaching-tool-ditching-deficit-model-rebecca-alber>
- Barakate MS, Yang YX, Foo SH, Vickery AM, Sharp CA, Fowler LD, Harris JP, West RH, Macleod C, Benn RA. (2000b). An epidemiological survey of methicillin-resistant *Staphylococcus aureus* in a tertiary referral hospital. *Journal of Hospital Infection*. 44(1):19-26.
- Barakate MS, Harris JP, West RH, Vickery AM, Sharp CA, Macleod C, Benn RA. (1999) A prospective survey of current methicillin-resistant *Staphylococcus aureus* control measures. *Australian and New Zealand Journal of Surgery*. 69(10):712-6.
- Barnes, C. (2007). Disability, higher education and the inclusive society. *British Journal of Sociology of Education*, 28(1): 135-145
- Beck, U. (1992). *Risk Society: Towards a new modernity*. London: SAGE.

- Beshyah, S., Ibrahim, W., Aburawi, E., & Elkhammas, E. (2018). The rules and realities of authorship in biomedical journals: A cautionary tale for aspiring researchers. *Ibnosina Journal of Medicine and Biomedical Sciences*, 10(05), 149-157.
- Biggs, J. (1999). What the student does. *Higher Education Research & Development*, 18(1): 57-75.
- Bourke, S., Holbrook, A., Lovat, T. and Farley, P. (2004). Attrition, completion and completion times in PhD candidates. *Paper presented at the AARE Annual Conference*, Melbourne:
<https://www.aare.edu.au/data/publications/2004/bou04849.pdf>
- Brabazon, T. (2016a). Don't fear the reaper? The Zombie University and eating braaaaaains. *KOME*, 4(2): pp. 1-16, http://komejournal.com/files/KOME_TB%20ZombieU.pdf
- Brabazon, T. (2016b). Winter is coming: doctoral supervision in the Neoliberal University. *International Journal of Social Sciences & Educational Studies*. 3(1): 14-34, <http://ijsses.org/wp-content/uploads/2016/09/Volume-3-Issue-1.pdf>
- Brabazon, T. (2022) PhD Set Up Document. Scribd:
<https://www.scribd.com/document/579764328/Tara-s-PhD-Set-Up-Document>
- Brabazon, T. (2023). *Know what you do not know*. Author's Republic.
- Brabazon, T, Redhead, S. (2017). The Rescue Doctorate. Liberated Syndication. December 30.
<https://tarabrazon.libsyn.com/the-rescue-doctorate>
- Buchan, J. and Wilcox, T. (2012). Preparing doctoral students in social sciences for a future in academe: perspectives on publishing during candidature. SSRN: <https://ssrn.com/abstract=2402560> and <http://dx.doi.org/10.2139/ssrn.2402560>
- Dumville JC, Walter CJ, Sharp CA, Page T. (2011). Dressings for the prevention of surgical site infection. *Cochrane Database of Systematic Reviews*. Issue 7. Art No CD003091. DOI: 10.1002/14651858.CD003091.pub2. www.cochrane.org
- Dumville JC, Gray TA, Walter CJ, Sharp CA, Page T, Macefield R, Blencowe N, Milne TKG, Reeves BC, Blazeby J. (2016). Dressings for the prevention of surgical site infection. *Cochrane Database of Systematic Reviews*. 12. Art. No.: CD003091. DOI: 10.1002/14651858.CD003091: www.cochrane.org
- Haven, K. (2007). *Story proof: The science behind the startling power of story*. Greenwood Publishing Group.
- Harry, B. and Klingner, J. (2007). Discarding the deficit mode. *Educational Leadership*, 64(5): <http://www.ascd.org/publications/educational-leadership/feb07/vol64/num05/Discarding-the-Deficit-Model.aspx>
- Harzing, A. W., & Alakangas, S. (2016). Google Scholar, Scopus and the Web of Science: a longitudinal and cross-disciplinary comparison. *Scientometrics*, 106, 787-804.
- Johnson, E., Green, K., and Kleuver, R. (2000). Psychometric characteristics of the revised procrastination inventory. *Research in Higher Education*, 41(2): 269-279
- Kaplan B (2011) Evaluating treatments in health care: The instability of a one-legged stool. *BMC Med Res Methodol* 11(65)
- Lantona, K. and Browne, M. (2001). Factors associated with completion of research higher degrees," *Higher Education Series*, Report 37, Higher Education Division, Department of Education,

- Training and Youth Affairs, Canberra:
<http://www.dest.gov.au/archive/highered/hes/hes37/hes37.pdf>
- Lee, A. and Williams, C. (1999). Forged in Fire: Narratives of trauma in PhD supervision pedagogy. *Southern Review*, 32.1: 6-26
- Lipka, O., Baruch, A. and Meer, Y. (2018). Academic support model for post-secondary school students with learning disabilities: student and instructor perceptions. *International journal of inclusive education*, DOI: 10.1080/13603116.2018.1427151
- Lombardi, J. (2016). The deficit model is harming your students. *Edutopia*:
<https://www.edutopia.org/blog/deficit-model-is-harming-students-janice-lombardi>
- Lovitts, B. (2001). *Leaving the ivory tower: the causes and consequences of departure from doctoral study*. Lanham: Rowman and Littlefield.
- McCormack, C. (2005). Is non-completion a failure or a new beginning? Research non-completion from a student's perspective. *Higher Education Research and Development*, 24(3): 233-247
- Newman, J. H. C. (1992). *Idea of a University, The*. University of Notre Dame Press.
- Norton, J. (2011). Getting to the end: Psychological factors influencing research higher degree completion. *Journal of the Australia and New Zealand Student Services Association*, 38 (October).
- Phillips, L. G., & Bunda, T. (2018). *Research through, with and as storying*. Routledge.
- Propp, V. I. (1968). *Morphology of the Folktale* (Vol. 9). University of Texas Press.
- Sharp CA. (1993) The Diabetic Foot. *Geriacton*. 12(2): 12-14
- Sharp CA. (1996a) Safety-Lok syringe put on trial. *Australian Hospital*;198: 29
- Sharp CA. (1996b) Assessment of Pressure Ulcer Risk and Guidelines for Prevention. Master of Clinical Nursing Thesis. University of Sydney.
- Sharp, CA (2022). Do clinical practice guidelines for the prevention of pressure ulcers really prevent pressure ulcers? An analysis of the guidelines. *AJMS*. 13.6:
<https://doi.org/10.3126/ajms.v13i6.43030>
- Sharp CA, Burr G, Broadbent M, Cummins M, Casey H & Merriman A. (2000a). Pressure Ulcer Prevention and Care: a survey of current practice. *Journal of Quality in Clinical Practice*. 20: 150-157
- Sharp CA and Campbell J. (2022). Preventing pressure ulcers in aged care by auditing, and changing, work practices. *AJMS*. 13.4: <https://doi.org/10.3126/ajms.v13i4.41855>
- Tennant, J. P. (2020). Web of Science and Scopus are not global databases of knowledge. *European Science Editing*, 46, e51987.
- Todorov, T. (1971). The 2 principles of narrative. *Diacritics*, 37-44.
- University of Melbourne. (2009). *The PhD Handbook, Appendix A: Guidelines on PhD candidature for departments, supervisors and candidates*. Melbourne: University of Melbourne:
<http://msgr.unimelb.edu.au/current/phdhubk/appendixa.html>
- Walter CJ, Dumville JC, Sharp CA, Page T. (2012) Systematic review and meta-analysis of wound dressings in the prevention of surgical-site infections in surgical wounds healing by primary intention. *Br J Surg*. 2012 Sep;99(9):1185-94. doi: 10.1002/bjs.8812. www.cochrane.org