McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode number: 3 in the BOUNCE series
Title of Episode: BOUNCE Episode III: Adversity and Support Networks
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Music by: Scott Holmes
Featured Guest: Dr. Deborah Sloboda
Interviewer: Dr. Catharine Munn
Date of original release: October 21, 2021

Dr. Catharine Munn (00:02):

Welcome to the BOUNCE podcast series, hosted by me, Dr. Catherine Munn. This series is inspired by the original BOUNCE project at University of Victoria created by Rebecca Gagan. In our series, McMaster faculty and alumni share stories which could easily have remained untold or secret. These are stories of loss, grief, rejection, relationship difficulties, mental health problems and more. Based on experiences our guests have had when they were students. This podcast series has been developed by our BOUNCE team, made up of students, staff and faculty at McMaster with a grant from the McMaster Okanagan Special Project Fund.

The BOUNCE team are inspired and informed by our own experiences as students and conversations we have had with students. And we are passionate about promoting more open discussion of failure and struggle at McMaster. We envision that BOUNCE at McMaster can help us to build resilience, individually and collectively by increasing mutual understanding and creating connections through the sharing of stories. Learn more about the project, our team and our guests, by checking out our website.

Welcome back to BOUNCE. As you know, this is a podcast where we are speaking to faculty alumni at McMaster about some of their experiences as students so that we can learn from them and kind of understand and share our common humanity and build our resilience as a community. So today I'm very pleased to have a faculty member, Dr. Deb Sloboda, who I will ask to sort of introduce herself a little bit and give us her academic background. And then we'll move on to talk about some experiences that she had when she was a student. So welcome to BOUNCE Deb.

Dr. Deborah Sloboda (01:55):

Thanks Catherine. And thanks for the opportunity to share some of my experiences with you here on this awesome podcast. So I'm a professor in the department of biochemistry and biomedical sciences, I'm also an associate member in pediatrics and obstetrics and gynecology. I'm the associate chair of research in the department of biochemistry as well. And I hold a CRC tier 2 in perinatal programming.

Dr. Catharine Munn (02:29):

Wonderful. I knew you would do that better than I could, so. And maybe Deb you can just tell us, just because I know folks are interested in understanding maybe what the focus of your research and your work is overall.

Dr. Deborah Sloboda (02:41):

Yeah, so I have two prongs to the research that I do, the first is biological sciences and wet lab research investigating how the early life environment. So the environment during embryonic and fetal life, how that environment predicts and changes the way that we react to the postnatal environment to potentially induce disease risk. And primarily we look at pathways between the mother, the placenta and the fetus and how those interactions impact on growth and development. So we spend a long time doing a lot of biology around that.

And then the other side of the lab is actually community-based studies, where we go out into the community specifically into the city of Hamilton and interact with pregnant women and people and to find out their barriers and enablers to achieving a healthy pregnancy.

Dr. Catharine Munn (03:52):

Super interesting, so it's a whole range of things from sort of more traditional laboratory research to kind of the community and engaging with people to address this factor. So, yeah, very cool. So, with BOUNCE, we're really, I'm going to take you back a little bit to your days as a student. And I know that we all have journeys as students that take us to different places, I think you in particular I know have moved around a fair amount to different kind of places to complete your training. So maybe we can start by you sort of just giving a bit of a sense of what your sort of school journey was and then we can kind of focus in on a couple areas there.

Dr. Deborah Sloboda (04:37):

I started off undergrad through a relatively, not a traditional way of getting to where I am right now, I started off actually in the faculty of arts, because I was going to be a French teacher. So I embarked on that first year and did take some biology courses, because I was interested in biology and then found that actually I was way more interested in biology than teaching French. So I transferred from arts to science and essentially, I don't want to say lost a year, because I don't think that year was lost, I think I learned a lot in that year and I also, I actually still did a major in French, so I juggled French literature and biological pathways through my undergrad, but eventually graduated.

It took an extra year, but eventually graduated and then went on to do a master's at Western University. I did the master's in kinesiology looking at the impacts of maternal exercise on metabolic outcome in women during pregnancy. And then from there I did a PhD at the University of Toronto in the department of physiology doing a PhD in fetal physiology, so primarily just perinatal endocrine pathways, so fetal endocrinology.

Then in the latter years or kind of in the middle years of my PhD, actually most of my experiments weren't working. And then we found a collaborator at the University of Western Australia who had a similar model that was working. So I got to go to Australia three times during my PhD to perform the experiments that weren't working in Toronto and then ship back samples that we collected and then I did the lab experiments in Toronto. And so after I finished my PhD at UFT, I ended up doing a postdoc at that same university in Western Australia, so I stayed there for five years.

And after five years myself and my partner decided we should head back to Canada, but took a diversion and ended up spending another five years at the University of Auckland in New Zealand,

because I had lots of collaborators there and they got wind of me leaving Australia and suggested that maybe I should come to New Zealand and not Canada, so we did that. So I actually ended up with a permanent position as faculty at the University of Auckland before deciding that actually Canada really was the destination that we wanted. And so I ended up at McMaster in 2012. That is the whole journey.

Dr. Catharine Munn (07:37):

That is a long journey, so you were in the educational pathway for a lot of years as I guess as many faculty are. Also moving countries and so I know there's lots of different things that I'm already thinking that I could ask you, but knowing a little bit about you and some of the conversations we've had, I know that when you were in Australia, there were some perhaps particular challenges to doing that fellowship in Australia. And I wondered whether it might be helpful to kind of talk a little bit about what some of your experiences were there that were kind of challenging.

Dr. Deborah Sloboda (08:18):

Yeah. Probably the most challenging was the fact that, so I finished my PhD, I was ... I'm not going to say old, but I was older than a lot of people who were graduating, or who are currently graduating with their PhD. So I finished my PhD when I was 32, so that meant at least another four years of postdoc, it's going to be a while before I became a faculty member and in my life, it was time to have children.

So I actually defended my PhD in the third trimester of my pregnancy and then got on a plane and moved to Australia. So probably that's where the hardships began, not so much the move, but having my first child in another country despite the fact that I could completely communicate fine, because they spoke the same language as me. So that was a bit of a challenge. And also just the challenge of trying to get back into the workforce after having a child, I mean, I'm not going to lie, I was in Western Australia and I feel that Western Australia was about 20 years behind where Canada was in its support for women and children.

And as a result, I felt very little support, either just after having the baby or really actually for years thereafter. I did end up having a second child while I was there as well. Yeah, so just the general work environment was pretty unsupportive.

Dr. Catharine Munn (10:15):

So clearly, I mean, we can all anticipate and imagine I think that there would be, at least I can, many challenges just inherent to what you described. So moving in your third trimester, then having a baby in a new country without family there possibly, with trying to also, I would imagine potentially prove yourself in a new setting and I don't know how long you were able to take off and things like that after you had a baby, but you can only imagine the challenge of that.

And then in a culture that it sounds like from your perspective at that time particularly was not very unaccepting or welcoming one to women trying to juggle these things.

Dr. Deborah Sloboda (10:56):

Yeah, it was definitely, it's not that babies weren't welcome, but it wasn't factored, it just wasn't factored into the work day. It was like we love babies, everybody can have babies, it's great, but we're still going to schedule meetings at 4:30 to 6:00. So there was just no flexibility, the workday remained the same regardless of your circumstance, despite the fact that really outwardly they were quite accepting and saying, it's great, yes, we want the women that we work with to have children

and to have families and everything. But it didn't translate into the behavior. So I think that was the biggest gap, which is ... I don't know what I would've done to change it, and I couldn't have changed it, I was one of very few people.

I was the only PhD female in the department, I was in the department of obstetrics and gynecology, which is ironic I would say. And I was little, there were very few PhD scientist there and I was the only PhD who was a female. So I don't think they had any clue, actually on what it meant to manage it and they didn't ask.

Dr. Catharine Munn (12:27):

Yes. On the surface there was sort of, I guess, lip service given to the team. We have babies and we want women that are working as scientists to have babies as well. But in terms of the day to day, really trying to be a mother with a baby in a new country and kind of these jobs, not really recognizing what would be helpful.

Dr. Deborah Sloboda (12:53):

That's right. That's right. And in retrospect, I mean, I don't blame myself for this in any way, shape or form, the situation was not mine, I did not create that situation, it was definitely the fault of the department, but I could have spoken up, I could have spoken up, my job was not at risk and I should have been louder. And it makes me sad that even that I think that actually, because I don't want to ever think back to think, regret that I didn't say anything, because I don't, but I could have. I think I should have spoken more loudly about what I needed.

Dr. Catharine Munn (13:40):

Yeah. I mean, I hear what you're saying is that you don't blame yourself now, I guess I wonder though, back then, what might have kept you from speaking up? Given the culture, given being new to the ... I mean, I'm just wondering what, maybe some of the barriers at that time to actually speaking up to say something would have been?

Dr. Deborah Sloboda (14:02):

Yeah, well I was scared. I was scared and the fear came from a general lack of experience I think, and no mentorship. There was very little, well, I was the only absolutely a PhD who is a woman, so there was no other woman there that could have said to me, actually, no, you can say something, it's all fine, no one is going to do anything to you. And that's the advice I would be giving now.

Dr. Catharine Munn (14:35):

What were sort of the things that you would've wanted to say back then, small or large? What, if you hadn't had-

Dr. Deborah Sloboda (14:44):

Yeah, so just, I think maybe small things I would've said, oh, I see that we have a meeting at 4:30, would it be possible to schedule this meeting from now on at 12:30? Because I have to go and pick up from daycare or, you know what I mean? Simple things like that, there might have been pushback, probably would've been pushback, but I didn't say it, right? And I should have said,

actually, this is what I need. I need this. Because I think intuitively, they definitely, they had no clue what I needed.

And just to put it in perspective, it was 20 years ago, I might add, not that that's an excuse, but it was 20 years ago. So, breastfeeding and expressing milk and things, there was no lactation room, there's no, right? It was in my office, but I was doing lots of animal work, yeah. It was just, they were so complacent about it, oh yeah, whatever, you can go, go ahead and do your thing. It almost was like it wasn't important and it was, the bathroom's got to be good enough for you to sit in the bathroom and express for an hour. I think it was such a, let's say fair attitude that it diminished the whole thing and you kind of felt like, I don't know, a lesser person maybe.

Dr. Catharine Munn (16:24):

I'm wondering about at the time, what was the consequence for you? How did it feel for you and what was the struggle on a day-to-day basis like for you at that time to be juggling all of these things and trying to do the science and breastfeed in the bathroom and so, what was that like?

Dr. Deborah Sloboda (16:42):

Yeah. It was kind of, well, it was just constantly multitasking all the time, right? Scheduling an appointment to go to the washroom and then having to go tell the other women that, oh, by the way, I'm going to washroom, I'm going to be there for an hour and it just added, it was added work. Added work, distraction, when I felt already that I probably was underperforming, which I know that I wasn't, now I know that I wasn't, right? But at the time I felt like I was significantly underperforming, because I was being pulled in different directions. And of course, I get home and actually my partner was the primary caregiver for most of it. And then coming home and thinking, oh, I haven't spent enough time here and then feeling guilty about that. But that's almost every mother that I've spoken to that has a 20-year-old that works full time felt the same way.

So I'm not sure what I could have done about that, I mean, I had an extremely supportive partner, I wouldn't have gotten through it without him, that's for sure, there's no chance. But certainly the work environment didn't help in any way, shape or form. And just as a contrast, when I moved to New Zealand, it was entirely different, it was entirely different. So when I went to go see my director, the first question that the director would ask me on any given appointment was how is your family, how are they doing? For the first six months of me moving there, it was how's everybody adjusting? How's school? How ... Right?

So, that was the first question which, it seems like a very small thing, but it makes the other person think, oh, you're actually acknowledging that I am something outside of this building. So it just made the whole environment completely different.

Dr. Catharine Munn (18:47):

So I think that's so interesting to think about that subtle difference, it sounds subtle, but it's really a profound difference from what you're describing. And just the way you were being sort of treated as a scientist or a student or a fellow in Australia where it's just all about the job, it's about the science and what are you doing and when are you getting this done? And oh, you happen to have a family and children. Whereas in New Zealand it sounds like there was more, in that setting, there was more of an acknowledgement, oh, you are a person and you have a family and that you're bringing all of those things obviously as we do, to the table. And there was an acknowledgement and an awareness of that and a permission to actually talk about that even.

Dr. Deborah Sloboda (19:34):

That's right. And you're a whole person. You are a whole person, I am a scientist, I am a mother and I'm a sister, right? And I'm a caregiver and whatever else I was doing at the time, I come as that whole person to work, I don't just come as a scientist with nothing else attached to me. So I think that that was the distinct difference. And whether or not the folks that I worked with in Australia did understand it or not, it didn't come out in the behavior, perhaps they did believe it, I don't know, perhaps they actually did believe it, did acknowledge it, did all of it, right? But it didn't come out in behavior and think going forward, especially now 20 years later, right? When we're thinking about, so how do we support the people that need support around us at the university? It's not just about policies and a strategy and something written down on paper. It is about a cultural shift, it has to come out in the behavior and if it doesn't, it doesn't matter how many different places it's written down, it really doesn't.

Because ultimately those people won't feel supported. And as I said, it actually doesn't really take a lot, it just takes being human.

Dr. Catharine Munn (21:19):

Absolutely. And I guess just backing up for a sec, I guess you've focused and we've talked a little bit about at that time obviously the key issue was you had become a mother, but I would imagine as going through science and going through a pretty male dominated part of science from what you're describing, that it's not just about having babies, it seems to be that it's also about being a woman in a male dominated profession and environment, especially there. And I guess I wonder, were there other parts to that that made it, it wasn't just about the family and the children, that seems to me, was it also about, is it or was it also about the culture of being the only woman working with all men?

Dr. Deborah Sloboda (22:03):

Yeah, I think it was, I mean, I just think absolutely, I think it was. And to be honest, that it's not isolated to where I was in Australia or anything. The same happens or happened everywhere, everywhere, even where I was in New Zealand, they were welcoming, I was happy, I was super happy, but they're the same small indications that you are slightly different than the others, because you're a woman or you identify as a woman or you're a female, so it's always there, it was always there and I have to say probably only in the last five years, hasn't gone away more for me.

Now I don't know whether that's because we're doing a better job as a community, as a scientific community, we're definitely more woke now than we ever were before, it's not gone away, I know that. Maybe it's because there are a few more women in leadership now than there were when I was going through, there were very few, extremely few women in leadership position. And I mean like heads of department or associate deans and things like that. So I think it was a combination of the fact that there were very few women in leadership positions and then depending on the geographical region that you're in in the world, there are different cultural norms that are gendered.

And I didn't enjoy the ones that were in Australia, they were different than the ones that were in Canada and then they were different again as they were in New Zealand as they would be if I traveled to the middle east, as they would be if I traveled anywhere else. So I think it's a combination of cultural norms and just science in general, accepting women as thought leaders, but we're getting there.

Dr. Catharine Munn (24:30):

Yeah. So you've seen movement over time, but the challenges still persist and continue even now and even here. And I mean, I guess in terms of overt kind of sexism.

Dr. Deborah Sloboda (24:49):

Yeah.

Dr. Catharine Munn (24:50):

That is something that you've experienced.

Dr. Deborah Sloboda (24:51):

Yeah, absolutely. As I said, not so much recently, but most definitely as a PhD student, a hundred percent. And I don't, the whole, the me too movement where so many women came forward and said, we all experience the same sort of subtle sexual advances, right? That's pervasive. Or was pervasive, I'm not a PhD student now, so I can't say, but it was absolutely pervasive where we were. I don't know a woman that didn't experience it, I put it that way.

Dr. Catharine Munn (25:38):

Even in the academic world.

Dr. Deborah Sloboda (25:42):

Yeah.

Dr. Catharine Munn (25:43):

Because I think sometimes folks maybe assume that this doesn't necessarily happen or didn't happen in universities or in academia, but I think we've heard, yeah, you're saying it sure did and I think many others have now started to say.

Dr. Deborah Sloboda (25:58):

Absolutely, yeah. And for sure it happened, yes. And I know for a fact that I'm not the only one, so, I had a handful of people around me that would agree with me, but yeah, the notion that just because we happen to be in an academic environment, that this doesn't happen is naïve, it's naive to think that. And unfortunately it's something that we have to keep battling and we have to keep looking for, because the individuals that are culpable don't want to get caught, so it is quite subtle and it's the subtlety that makes the individuals on the other side of the action start to doubt whether or not that actually happened, because it's so subtle.

But you have a feeling, you have this feeling and then you go, what, what, what just happened there? And then you might dismiss it, because it was like, no, that can't possibly happen, that's not right, that person is a preeminent scientist in da, da, da, da, da, how could, no, I must be mistaken, but it happens too often, it just happens too often and as I've grown older, I look back and think those were terrible, they were terrible actions and innuendos and invitations and it's uncalled for and reprehensible that any woman never mind a student and somebody that you know is under somebody's authority would have to go through that.

Dr. Catharine Munn (27:57):

So you can see that now and feel sort of more angry and compelled to action, I guess, now, to position now, but I would imagine at the time, maybe not so much, not so empowered to speak and to take any action.

Dr. Deborah Sloboda (28:15):

Yeah, that's right. And a lot of times you wonder, well, you just, like I just said, you assume that you're overreacting, because how could this person who's so smart and such an amazing scientist and leader or supervisor or whatever, right? Whatever, how could that even dawn on him to engage in such activity. So you just kind of dismiss it a little bit.

Dr. Catharine Munn (28:48):

Yeah. So thinking back, I mean, thinking back to those times or even, I guess, what actually did help you get through all of these, because this obviously wasn't just one experience, this was many, many experiences of feeling, in terms of being a woman, being a mother and feeling like you kind of weren't clearly fitting in at certain times and that you were actually, that there were things happening to you that were outside your control that were not ... And so I guess I wonder what actually did help you get through all that and persist and continue to do a fellowship and then ... What helped you?

Dr. Deborah Sloboda (29:28):

Yeah, definitely the people around me, so speaking at least to the people around me, so my peers and my friends. And as I said, I had a incredibly supportive partner. And to be honest, I wouldn't have gone through it without him, there's no way I would've been able to do it, I suppose I would've found some other support mechanism, but he was a 50% supportive. So without the support around you, it's very, very difficult.

So I guess the important thing is to talk to people and not to be afraid. I mean, if you don't want to say anything to those in authority, at the very least speak to somebody, a peer to say, is this, have I gone crazy or do you also kind of feel this or what would you do in this scenario? Or sometimes it's just a matter of complaining and having the other person go, that's terrible and it sucks and validation I suppose, part of it is validation, just saying, yeah, that's really bad and you have every right to be angry about it. And there's nothing I can do, because I'm only a first year student and you're a fourth year student or something like that, you know what I mean? But don't be afraid to just talk to somebody for no other reason than to just validate your feelings.

And then eventually maybe you'll hit upon the right person who maybe could help you out of it if you can get out of it, if you want to get out of it, but I would say support, all the support around you. And I continue to have that support, a support network, I have a group of science girlfriends, we call ourselves. And I go to them, if I have doubts about something, right? I immediately put it out there and say, someone asked me to do this or I've been asked to do this or this is what's happened, I have four of them and they come back sometimes disagree, but we have a conversation about it. And sometimes you just need to put it out there and kind of nut it out a little bit, verbalize it, talk through it, try and find a solution to let go an uncomfortable or an unusual circumstance.

Dr. Catharine Munn (32:12):

I was just going to say, it sounds like all the way along and continuing to this day sort of the things that got you through were kind of being able to reach out to other people and peers especially who could sort of understand the circumstances you were in and kind of hear you and believe you and kind of empathize with you as to what you were experiencing. And then maybe offer suggestions, maybe not, but at the very least kind of hear you and then your partner as well, just having a chance to be able to express what was happening, be believed, sort of have your perspective understood whether or not you decided to do something about it or not, that was-

Dr. Deborah Sloboda (32:51):

Exactly, yeah, because it was always ... And now my committee, my support committee, right? Whatever I decide, they say, okay, that's your decision, yep, we'll support you. That's it, right? And they might think, I think that's not the right way to go or what ... But it's a conversation and I know that I can always go to them, describe the circumstance and I will get an answer, I will get an answer no matter what. And I think that's the important thing. And it's hard when you don't have that.

And sometimes actually you just got to reach out to people that you don't think actually are those people, but they actually are. Almost everybody I know is in the same circumstance, male and female, man and woman or other, are in this weird circumstance in academia.

Dr. Catharine Munn (33:54):

You mean that there's things that are happening in the course of [crosstalk 00:33:57], that are personally difficult and that they want to talk to someone about them, is that what you mean?

Dr. Deborah Sloboda (34:02):

Yes. And sometimes just need a springboard, that's it. So I'm not suggesting that it's just women in science, I think everybody in science. Well, I can only speak for science, but I imagine everybody in the world needs support and sometimes you'll doubt yourself, doesn't matter where you are and who you are or the president of the university I'm sure doesn't wake up and go, I can do anything, right? So everybody doubts themselves sometimes, no matter what, because we're human.

Dr. Catharine Munn (34:46):

Yeah. So it sounds like your ability to reach out to other people and even sometimes people that you don't know that you could trust yet, but to give people a chance to kind of actually try to have a conversation about something that's happening and see how it goes, has been helpful. I know that we could probably talk a lot longer about a lot of things, but I did just want to ask you finally, if there had been a few things that people could have said or done, I guess, along the way, or maybe they did say, kind of to make some of these experiences easier or to kind of lighten the load. What would those have been, or even to think about maybe what are the things that you try to do to lighten people's load now given that you also now supervise lots of PhD students themselves. Are there things that would've been helpful to hear or you think are helpful for women in science to hear?

Dr. Deborah Sloboda (35:44):

Yeah. I think that just through those tough times, it would've been good to hear, it's okay, you're doing a good job and you're doing your best. Right? Just a validation of the fact that if you're doing your best, then no one else can really ask more of you, because you're technically doing your best. So you can't give more than your best. Having said that, people have said to me, well, you can't be a

superwoman, don't try and be a superwoman, don't try ... You can't do everything, you can't ... Right? I actually, personally don't find that helpful, because most of my colleagues, my female colleagues are driven to reach excellence, right?

So saying, well, you're not a superwoman, so don't worry about it, it is not helpful, because I want to get as many grants as I can, because I want to publish as many papers as I can, because I want my students to succeed, because I want my children to succeed, because I want a really nice garden. It's all there, so just saying, oh, don't worry about it, because not everybody can do everything is not particularly helpful to me, I think more what would be helpful is grouping things together and saying, that's great that you want all of those things, right? In excellence, but maybe we can prioritize some over the others, or maybe right now in the month of July, maybe we can prioritize the garden, because you need some time off.

And then starting July 30th, you can start writing the grant again and that'll be a priority. So that's sort of what I think about and that's the advice I give, because most of the people that I know and feel comfortable speaking to about this in academia are similar to me. They are driven to Excel, so kind of just saying it's okay not to Excel is not helpful. That's not helpful, because actually I want to Excel, so how do I get there?

Dr. Catharine Munn (38:24):

But also it sounds like acknowledging, you are more than just your work, that sometimes you can focus on some other things and that's okay. And then you will come back to the work, always you'll be back to work, but that there are other pieces and parts of you that also deserve attention and being validated for that as well. Not that don't worry, be happy, but-

Dr. Deborah Sloboda (38:52):

Yeah. And I've been asked to talk about a number of times, work life balance. And I've often said, there isn't a balance, you can't say I'm only going to work these amount of hours and I'm going to spend this amount of hours doing this. To me it's an integration. And it's a complete interdigitation for me, of all of those things and sometimes it's going to be a little bit work heavy, sometimes it's going to be a little bit leisure heavy, sometimes it's going to be a little bit family heavy and it's just a moving landscape depending on what the general environment is that I'm in, right?

And that'll keep moving and it keeps moving throughout my whole life and that's probably why I'm still in the job that I'm in, because I happen to like that, I happen to like the changing landscape all the time. Other people hate the changing landscape and perhaps maybe that's why they have strict, I work Monday to Friday and I don't work Saturday, Sunday. Whereas I'm kind of a, I work all the time and none of the time kind of person, but everybody has to find their own way and I think a prescription is too harsh, you can't use the same brush to paint everyone.

Dr. Catharine Munn (40:23):

Deb, thank you so much for speaking to me today. And I know this conversation will be so helpful for many to hear. And I imagine actually many young faculty and other faculty as well as I find it helpful to kind of think about and talk about how as women we kind of are professionals and navigate the academic world and have done so from the time we were students to now, so thank you so much for joining us and I really appreciate it. And thank you for sharing so many stories with us.

Dr. Deborah Sloboda (40:55):

My absolute pleasure. Thank you for having me.

Dr. Catharine Munn (40:59):

Take care. Thank you for listening to this BOUNCE Podcast, we hope that you have been taken on a bit of a journey by listening to the podcast and hearing the story and perspectives shared. We would love to hear more of your reactions to and reflections on our story, if you wish to share them with us at bouncemcmaster.ca, you can also check out our website, which is linked on the podcast description and our social media on Instagram, Facebook and Twitter. Thank you so much.