



Transcript of Accidental Intellectual Episode 3: Paying it Forward

Air Date: 26/01/2021

Disclaimer: While every effort has been made to provide a faithful rendering of this episode, some transcription errors may have occurred. The original audio file is available at www.accidentalintellectual.com/lesley-tarasoff-episode

[Intro Music]

Bronwyn Lamond 0:13

Hi, and welcome to the Accidental Intellectual, a podcast where we talk to people working in health-related fields and get to know the human behind the expert. Today you're hearing from me, Bronwyn Lamond and Ariana Simone.

Ariana Simone 0:19

Hey everyone. In today's episode we sat down with Dr. Lesley Tarasoff, let's let Dr. Tarasoff introduce herself and tell us a bit about what she does.

Lesley Tarasoff 0:27

My name is Lesley Tarasoff, and I'm a postdoctoral research fellow at the University of Toronto Scarborough, as well as the Center for Addiction and Mental Health in Toronto, Canada. My program of research is concerned with understanding and addressing the health and healthcare disparities and inequities experienced by populations that are often stigmatized and marginalized, namely women with disabilities and sexual minority women. Specifically, I study the reproductive perinatal and mental health of these groups, primarily using qualitative research methods, and I'm really passionate about interdisciplinary and community-based research approaches.

Bronwyn Lamond 1:11

In this episode we talked about her research and why it is so meaningful to her, boundary setting in academia and the research world, as well as the importance of and wonderful things that come from sharing one's story.

Ariana Simone 1:20

So without further ado, here's our conversation. We hope you enjoy it as much as we did.

[Interlude Music]

Ariana Simone 1:41

Okay, so welcome to the Accidental Intellectual we're so excited to have you on the show.

Lesley Tarasoff 1:35

Thanks for having me. I'm excited to join you.

Bronwyn Lamond 1:38

And so this season we're asking our guests. We're doing something a bit different and asking our guests some rapid fire questions at the beginning, many of which elicits some strong feelings or opinions, so we're gonna ask you a question and then just give us the first answer that comes to mind.

Lesley Tarasoff 1:51

Okay.

Bronwyn Lamond 1:52

What do you prefer: a card game or a board game?

Lesley Tarasoff 1:55

Board game.

Ariana Simone 1:58

What is worse laundry or dishes?

Lesley Tarasoff 2:00

[laugh] um, dishes. Yeah, I wish my partner was here to hear me laugh at that. I'm notorious...to do my dishes.

Bronwyn Lamond 2:09

I agree! Ariana and I were arguing about that last night when we were prepping. I'm team dishes being the worst. For sure. Pizza or pasta?

Lesley Tarasoff 2:26

Pasta.

Ariana Simone 2:31

Good choice.

Lesley Tarasoff 2:33

[laugh] No hesitation there.

Ariana Simone 2:35

Sweet or salty.

Lesley Tarasoff 2:36

Uhh, sweet. I think, yeah.

Bronwyn Lamond 2:39

Place in the world you'd most like to visit.

Lesley Tarasoff 2:43

Uhh, It's a hard question. There's so many places I want to go all the time. I think, Vietnam.

Ariana Simone 2:51

Cool. Kind of a mean question to ask in a pandemic because no one can go anywhere. [laugh] Okay. dogs or cats?

Lesley Tarasoff 2:59

Dogs.

Bronwyn Lamond 3:00

I'm team cat, so. [laugh] That's a hard one for me.

Lesley Tarasoff 3:04

I have a miniature dachshund, like a wiener dog. I guess I should stay on team dog.

Bronwyn Lamond 3:11

I guess I should say I'm team both because I love both. Um, cups in the cupboard open side up or upside down.

Lesley Tarasoff 3:17

Open side up.

Ariana Simone 3:19

Yep, I agree. [laugh] Okay, two more. Second last one is what superpower would you like to have?

Lesley Tarasoff 3:20

Oh boy. I think how to turn my brain off, especially sometimes at night just turn it off. Stop thinking of so many things. I don't know if that's a superpower, but I would like that.

Bronwyn Lamond 3:37

I mean it would improve my life if I could do that, so I'd pick that.

Ariana Simone 3:42

And my sleep.

Bronwyn Lamond 3:43

And when you're not at work, what do you like to do.

Lesley Tarasoff 3:45

Um, that's a really good question. I was saying to my friends, this might be a question you asked, and I was like I don't really know how to answer this, but she said, think about pre-pandemic so pre-pandemic when I'm not at work or doing work. I played recreational women's soccer so I really am missing that right now. I also played coed softball, just cycling around the city, those are kind of my main things that I like to do. Yes, outside away from a screen. Yeah.

Ariana Simone 4:17

Yeah, cool yeah it's so unfortunate that a lot of those kind of intramural leagues have been called off, and a lot of people are missing those types of things.

Bronwyn Lamond 4:24

Mm hmm.

Ariana Simone 4:25

So Lesley, you started your academic career focusing on history and women's studies. So tell us a little bit about how you ended up focusing on public health.

Lesley Tarasoff 4:33

That's a good question. So my undergraduate degrees are in history and women in gender studies, and I also did my Master's in Women and Gender Studies, but really towards the end of my undergraduate degree I took a course in the sociology of health. And that's how I really became interested in thinking about health and women's health. And at that time, one of the concepts in that class was the increased medicalization of society or how different, um. There's more medical interventions and some things that maybe weren't before. And um, one thing around that was around the medicalization of childbirth so I became interested in that specifically why c-section rates are increasing. And I was thinking, you know I was kind of opposed to that and against medicalization and then I did more thinking and reading on that and then when I did my Master's in Women and Gender Studies, I thought about that some more and that was initially the main focus of my work, in my Master's but then I switched gears a little bit, thinking about maybe there's some women who - women or people who experience pregnancy and birth, who might need increased medical intervention or might, you know benefit from help from the medical system in different ways to live in their lives, and I got thinking about women with disabilities and I had one of my colleagues in my Master's cohort, she had a disability and she really got me thinking about this too - like what about people who need medical intervention. So I started thinking about that more and really focused on women with physical disabilities and then I read a really great auto-ethnography called *maternity rolls* and it's written by a woman who lives in Saskatchewan and she's a Paralympian, and she acquired a spinal cord injury, I believe from a car accident when she was about six, and she documents her experiences of pregnancy and birth so that really has informed a lot of my work, her auto-ethnography and how she weaved in her experiences of being a woman with a disability, pregnancy and birth, and also feminist disability scholarship. So that really informed my work and that was the focus of my Master's, focusing on pregnancy in women with physical disabilities, and then I continued that into my PhD. And so for my PhD was, that's kind of where I'm finally getting to the, to the public health part. So I did my PhD in Public Health at the University of Toronto. And again, that work focused on the pregnancy care experiences of women with disabilities, but I think this sort of theme of medicalization and how medical interventions are different ways, the medical system might be challenging or post barriers to different people as well as how medical technology, and medicine and medical intervention might benefit people really weaves through my work, because in addition to doing work on women with physical disabilities, before I started my PhD and throughout my PhD. I worked with my PhD supervisor Laurie Ross doing work on LGBTQ people's health experiences and one project that I worked on with her was about LGBTQ people and their experiences with fertility services. So that's an example of how some people might need to utilize reproductive technology to have their families.

Ariana Simone 8:00

Okay, very interesting. So now you're doing your postdoc, so for listeners that might not know what a postdoc is, maybe we have some listeners who aren't grad students are in academia, per se. Can you kind of tell us about what a postdoc is and then a little bit about your current research.

Lesley Tarasoff 8:15

Sure, so I feel like I don't have a perfect or totally clear answer what a postdoc is because it really varies in terms of your funding structure, what people work on, their own work, or work of their supervisors and I kind of have both for my postdoc. So I work on an NIH funded study on pregnancy and disability in Ontario and then my own CIHR fellowship supports me to do another project on the preconception health and sort of pregnancy planning or reproductive health plans of women with disabilities, and people with disabilities in Ontario. And I guess I think one of the main points of a postdoc is to establish yourself as an independent researcher-scientist so to really build your own program of research and sort of establish what your research goals and trajectory are next. And I think it's more common in the health

sciences, but I know people in other disciplines do postdocs, as well and they can range from a year to three or more years.

Ariana Simone 9:16

Okay, so you've told us a little bit about how you're interested in sort of medicalization of childbirth and it's more generally health disparities amongst women who are in a minority group or marginalized women. So for those listeners who are not aware of this literature and that includes myself. Can you tell us a little bit about sort of those health disparities amongst these women.

Lesley Tarasoff 9:35

Yeah, so my postdoc work focuses on women with disabilities broadly, so that includes women with physical disability, sensory disabilities, as well as intellectual and developmental disabilities, and increasingly we have found that these groups of women, even before pregnancy have poorer health outcomes. So poor mental health, physical health, higher rates of violence, abuse, low socioeconomic status, things like that. So really are marginalized in many ways, and then during pregnancy, we found that they are - some of them - in particular women with intellectual and developmental disabilities are at greater risk for pregnancy delivery and postpartum complications, so that can be increased c-sections, longer hospital stays, postpartum mental illness, hypertension, a number of other outcomes, but my work so my - one of my postdoc supervisors Dr Hilary Brown, she's a perinatal epidemiologist and does a lot of the numbers so we're learning more and more about what's happening with women with disabilities in Ontario. But my work, I'm primarily a qualitative researcher so in addition to that work that looks at the outcomes and at things at the population level, I'm interested in health care experiences. So experiences, accessing and navigating pregnancy-related care. So for my one of my projects I've interviewed over 30 people with disabilities across Ontario about their pregnancy-related care experiences, as well as health and social service providers. And from that, we're still in the middle of analyzing all that data but we know that we're finding that many of them encountered different types of barriers to care. Some of them were obvious like physical and accessibility barriers, some people not getting ALS interpreters when they should be, just negative attitudes from providers or from family members. A lot of women with intellectual and developmental disabilities having interaction with child protective services so there's a lot of challenges and barriers. And I think that the main the main message or thing for me is that a lot of it has to do with attitudes and ideas about women with disabilities and how I think a lot of people assume that they shouldn't or couldn't have children so really working to combat those negative attitudes or stereotypes or stigma about women with disabilities what they can or should do and I really think the main message is there needs to be a lot more tailored support for them as well as reduce the risk of complications even before so more proactive planning in terms of if - if a woman who has a disability wants to have a child what can we do to support her to make sure that the pregnancy and everything is healthy and also that she's supported in the best way that she can be.

Ariana Simone 12:32

Awesome, yeah. It sounds like such interesting and also important work. And it's interesting that you mentioned, being primarily a qualitative researcher because that was one of the things that we, you know, when we did our homework - slash - stalking on the types of things we wanted to ask you, we noticed that you've spoken on Twitter about why you focus on qualitative research methods, primarily. So can you tell us a little bit about that choice and I guess what types of stories that come out of qualitative research that you don't necessarily get with quantitative research.

Lesley Tarasoff 12:59

Yeah, for sure. So, a surprise to many listeners. I have a PhD, but I've never taken a stats course in my life. Um, I think because I came from more of a humanities, social science background with my earlier degrees, I know that never was a requirement so much and - but I think so much of, you know, doing my undergrad in history and then women's studies so much of that focuses on stories, so stories are always fascinating to me and I think we learn so much from people telling their stories and sharing their experiences. Not only people sharing, negative interaction with a healthcare provider or just a generally a bad experience that happened to them like we can learn a lot from those experiences. But I think what's been really informative to me and my work is also listening to both women and people with disabilities as well as health and social service providers talking about a positive interaction or what worked well or a service provider who really supported me because, because I think we can learn a lot from those good examples and apply those to our work to address disparities and barriers to care. So I think that's sort of the power of qualitative research and both highlighting the negative experiences, but also the positive and what we can learn from them, because I think, and I'm trying to flip in my brain thinking about my research because so much of it is focused on disparities and barriers to care. And I feel like a lot of us doing health related research that can be sort of draining and depressing, like ugh another negative. Ugh another barrier to care, but really thinking about how we can address and challenge those and, and sometimes that might be, if those interests come up focus on those positive interactions and experiences and what, what we can learn from them.

Ariana Simone 15:07

And I can imagine it's really sort of rewarding perhaps for participants to be able to contribute in this way, have you gotten any feedback from participants that you've included in your research?

Lesley Tarasoff 15:16

Yeah, so I've been really, really fortunate in that so many people I've interviewed throughout my PhD and now my postdoc are really grateful for participating in this research and they want to tell their stories to you know, make sure the next woman with a disability has a better experience or share information about what they learned from their experience. I'm always blown away by how - I guess - forthcoming and open and honest that people are just willing to share their life experiences with me and especially when we're talking about people's pregnancy and labour and delivery experiences. So I asked people like tell me your birth story, what happened, who was there. You know when you went into labour what happened. How did you feel, all these different things and these are really intimate details of people's lives and people are so willing to share, because they believe that sharing their story can make a difference and I hope you know, I can use their stories to do that. And I think it just so powerful to also to just normalize experiences that women with disabilities have - many of them encounter many challenges and like I said attitudinal barriers, and physical, and other accessibility barriers, but a lot of what they experienced during pregnancy, and as parents, is the same as anyone else. So I think just normalizing their experiences is also really important and to just have more visibility of women and people with disabilities experiencing pregnancy and being parents. It's really important to me to share that.

Bronwyn Lamond 16:47

Yeah, I wonder too, like, while it's, it's so important and so valuable to have these stories told it can also be a lot of emotional labour on the participants in telling their stories potential for re-traumatization, you know a lot of different potentially negative effects it's really a gift that they're sharing their story. Have there been any approaches that you've used or things that you think - thought about and caring for the participant, and also yourself at the same time taking in all these stories?

Lesley Tarasoff 17:14

Yeah so that's a really good point and I think I've learned like through my PhD and now through my postdoc and now I'm on my second postdoc study where I'm interviewing that new set of participants and I've learned a lot along the way and I think one thing is, try not to do more than one interview per day, so I don't know how I feel like - I said we're something compared to, you know, clinicians who deal with many patients per day or a counselor, but it's a lot sometimes, taking in some people's stories, especially if they've had really hard stories so I guess that's kind of my self care - as to not to do more than one interview per day, but after I do interviews like right after I do an email check in, or I send an email to participants with a list of resources should they need more support and then about a week after the interview, I call or email them just to check in like how are they doing and if anything else came up and usually people, or all the time people have been really like grateful. Like, thanks for checking in. This brought up some stuff for me, or, I don't have anything else to share but it was nice talking about my experience so, that's nice and I'm not trained as a clinician so I can only support them so far and I think that's something that I myself and I know a lot of qualitative researchers struggle with - and kind of that blurring of this is research and I'm collecting people's quote unquote like data - their experiences are my data, but these are also people and their experiences and, and how to sort of set boundaries, but also know sort of your limits or, I guess as a researcher like what's within my scope of practice. Like, I'm not trained to provide, you know therapy or - or counseling to someone if something does come up, but I make sure that as much as I can connect them with people, and I'm really lucky in my current role that one of my, I have two supervisors in my postdoc and one of them as trained in clinical psychology so I can ask her if I need support in those ways.

Bronwyn Lamond 19:07

That's great. Yeah, thanks for sharing that. I think that's probably just more about me being extra curious about how you manage that, but we appreciate it. So we've talked about all of this, you know, interesting research and amazing opportunities that you've had available to you as a postdoc, but we also noticed when we were doing our research that you have this long list of different labs or communities that you're a part of too. So we have on our list, researching for LGBTQ2S+ health team, the WISH lab and the Birthplace Lab. Reading this, I have to admit it feels like a lot, so I'd love to hear how you're involved in all of these what that looks like and how you became involved in all these different teams as well.

Lesley Tarasoff 19:46

For sure. So I'm someone who's really bad to say no to things, so I increased opt-in various research studies, or other things because they're somewhat related to my disability related work, but I think in terms of pregnancy related care work, more generally, so I guess I'll start with the Birthplace Lab because I guess that's sort of the most obvious connection to my disability work. So the Birthplace Lab is in the Faculty of Medicine at UBC and they do community-based research and knowledge translation around equitable access to maternity care, and specifically with that, with that lab at UBC I'm working with them. I'm a co-investigator on CIHR funded study called The RESPCCT Study, so RESPCCT stands for Research Examining the Stories of Pregnancy and Childbearing in Canada Today. It's kind of a mouthful so we squish. [laugh]. And in many ways, this, this is, I would say it's not officially but it's in some way serves as a follow up to the now quite dated - I think 2006 Canadian Maternity Experiences Survey, so we're aiming to capture the pregnancy and childbirth care experiences of diverse populations of women and other people who experience pregnancy and birth across Canada. So nearly 2300 people across Canada who've given birth in the last 10 years have participated in this online survey studying, we have a lot more participants in the coming month - so it's kind of a plug for the study and I promote it on social media quite a bit, but I think what's most important about this study is there's many things. One is that it was developed with a very large advisory committee with people and researchers and clinicians from across Canada as well as some in the States, and we really want to capture the experiences of diverse populations that were sort of excluded or not really considered or included in other surveys

specifically nationwide, because we don't know a lot about how people experience care during pregnancy and childbirth across Canada. Specifically those who are marginalized or might have not been captured again in other studies, so trans folks, people with disabilities, racialized communities, Indigenous communities and all these communities are represented in different ways on our advisory committee. And another important thing about this work, and it relates to my disability work is that, in part, this work is informed by a growing body of research on the physical and I think more so the mental health impact of poor perinatal care. So if you don't have a good experience this can really impact you going forward. So if you've experienced again discrimination, mistreatment, birth trauma, this might inform future experiences and also the outcomes that you have. So that's, that's my work with the Birthplace Lab, and then I'm not greatly involved anymore but the researching for LGBTQ2S+ health team is a research team led by my PhD supervisor Laurie Ross at the University of Toronto, and this is a team of LGBTQ and ally researchers who focus on understanding how LGBTQ people experience physical and mental health and how they access health care services. So, a lot of the work that this team does is community-based research, and they involve members of the community and different stakeholders in this work. And there's, if you go on their website I think it's LGBTQhealth.ca, you can see the, the list of the many projects going on but I think some, some highlights of some work that I've worked on is specifically research around bisexual mental health, because often 'B' sort of gets lumped in with LGBT and we don't really, or we know more now but, ten or so years ago we didn't know a lot, specifically about the health outcomes of bisexual people in particular, even though they're a sexual minority community. But now we know that bisexual people and particularly bisexual women experience some of the poorest mental health outcomes. And then related to this and related to my pregnancy related work, I worked with Laurie and others on a study specifically looking at postpartum mental health among sexual minority women, and a number of other projects I've worked on with the team including one that I mentioned earlier on the fertility or assisted human reproduction service experiences of LGBTQ folks. So there's, there's a lot of really interesting work that this team is doing, and again it's community-based, it means some really interesting work right now on poverty in the LGBTQ community, I think there's some members of the team also doing some COVID-related research so that's one team, I'm more loosely affiliated with now, but that team in many ways served as sort of my cohort as I went through my PhD because I was working with many people on that team, while I was doing my PhD. And that kind of leads me into the last research team that I'm affiliated with. So the WISH lab is the Wellness Identity Sexuality Health lab or research team, and that is a research team or lab, led by Corey Flanders at Mount Holyoke College in Massachusetts, and she, when I was doing my PhD she was a postdoc with Laurie Ross, so her and I got to know each other quite well and started collaborating, can we continue to collaborate specifically on research, then community based research that is focused on the sexual and reproductive health of young sexual minority women, and specifically we're working on a project now, a mixed methods project on the sexual violence experiences of young sexual minority women and trans and non binary people in Canada and the US, so those are those are some of the things I do and kind of like the side of my other disability and pregnancy related research.

Bronwyn Lamond 26:15

Well, it sounds like you've made some really amazing connections through this, this journey of academia, let me call it that. And, you know, across country is across disciplines, it's kind of amazing and I think for someone whose earlier career, It's nice to know that you didn't necessarily have all of those connections going into it, they build over time. And it sounds like they're really valuable to you throughout your career, but maybe advice to - to younger, not younger maybe but more junior academics is, it can take time and they can develop kind of organically and through curiosity, maybe is a good way to say that, I don't know if you have anything else to add on that.

Lesley Tarasoff 26:57

Yeah So I think the COVID pandemic, in some ways, make some of these sort of natural organic collaborations or working together challenging, but some ways I don't think it totally does so lately. I was just talking to my supervisors about this, getting emails from people being like hey I saw you on Twitter or something like that we do similar work do you want to chat? So you know just know sending an email to someone and saying you know I like your work or we do similar work or can you tell me about what you're learning from your research. And for me, I really benefit from working in the same physical office space as people at varying levels in their careers or in like grad school postdoc so like I said with Corey who heads the WISH Lab so she was a postdoc while I was doing my PhD, and we were in the same space so I was able to, you know, bounce ideas off her about my work she would talk about her work and then eventually we're like, Hey, we have some similar interests let's work on this together. It just kind of organically happened. And I think that happens a lot with people who were working with supervisors who have bigger labs where they have weekly or monthly team meetings, so people get to know each other. And what each other are working on and then say, Hey, you know, do you want – do you want authorship on a paper or something, do you want to help me work on a paper or something like that. So I've really benefited a lot from working as part of the LGBTQ Health Team because of our people at varying levels of their careers and, you know, we collaborated and we wanted to get papers out and present and do all these things and we like really collaborated together to get to get that done and everyone really benefited and learned and I feel like I learned so much from my colleagues who were just like one step ahead of me like again, when I was a PhD student, they were doing their postdoc. So I learned a lot, being in that environment.

Ariana Simone 28:56

So, maybe as we start to think about wrapping up in the next 10 minutes or so. You've listened to our podcasts and you know we love to talk about failures and how people have grown from them and learn from them. So, can you tell us about a time when you perceived that you failed, and you know what you learned from it or how you grew from it.

Lesley Tarasoff 29:16

Yeah, so I think for me, this is more, I guess speaks to my kind of windy path or trajectory to get to the work I'm doing now and specifically yes public health or women's health, perinatal health. So I guess this is a failure, so I did my Master's right after my undergraduate degree, and like I said I did a Master's in Women in Gender Studies and it was a year long program at U of T and right away. I applied for a PhD program in Women and Gender Studies at York, and I was waitlisted, and I didn't get in to the program. And at the time, I was quite devastated, but it probably turned out to be one of the best things that ever happened. Not because you know I don't love Women's Studies and that area of work informs so much of what I do now, but because there probably wasn't always the right fit for me. So, it just so happened that in between the year between my Master's and my PhD instead of I ended up working with Laurie Ross who again leads from researching for LGBTQ health labs, I worked with her for a year and then applied for my PhD in Public Health, and then kind of the rest is history so I guess that failure of not getting into one PhD program, led me on a different path and I think it's been a better fit so at the time while I was very – I think devastated that I didn't get in, what happened in the end ended up being better for me. So, yeah.

Bronwyn Lamond 30:58

We hear that so much from, from our guests that what was once very painful has worked out for the better. So, I guess one thing we could say to any listeners who are trying to get into grad school or whatever it may be, that could be for the best, keep trying and be curious about what you're really

interested in, and think about the path that's right for you, not, maybe not the one that seems like it should be your path.

Lesley Tarasoff 31:25

Yeah, but I think, you know, for me at that time I was so devastated because you know I - when I applied for my Masters I got accepted to all the, I had to kind of choose which Master's program and then I applied to my PhD was waitlisted and it's kind of that imposter syndrome or you feel like you're not good enough or whatever and you know I was pretty devastated that I didn't get in but in the end, It ended up being, I don't know, so now than I looking back, such a good thing because I learned so much about research in that year between my Masters and PhD and what my interests are, I think, learned more about like my values and what type of research I want to do and also just learned a lot about myself. And so I think that sort of failure or not getting in was a good thing in the end. Maybe for some people like me who are sometimes perfectionists, or always want to have control about what's going on in their lives kind of is like a grounding moment or kind of makes you take a step back and say like, okay, like this isn't the end of the world. And that worked out for the better, I think.

Ariana Simone 32:31

Totally, yeah well regardless of it working out rejection is hard right it was, it was hard when it first happened and I think that same sort of lesson is applicable across so many things in academia and otherwise ,but you know for people like us, we get papers rejected, we get grants rejected. It's happening all the time. Right. And so, I like that idea of persevering and really continuing to be curious and hopefully it works out for the best.

Bronwyn Lamond 32:58

And I think you've shared already a lot of words of wisdom for our trainees, that are listening. We've kind of referenced it numerous times throughout the podcast, but we tend to ask as we're wrapping up. If there's any sage advice last things - things you wish you knew when you were maybe at our level of training or even earlier that you haven't yet touched on that could be helpful for someone.

Lesley Tarasoff 33:22

Try not to work too late into the evening [laugh] or if you have a partner, because grad school and being an academic I think is hard on people's relationships and partners. I remember, sort of jokingly but when I started my PhD, there was sort of like a social outing, and no partners could come and my ex-partner at the time came and some other people's partners came and they kind of made a joke that they need to like have a support group for like the partner of PhD students or academics and it's just like oh haha - but I think it's kind of a different world that we live in sometimes, and for me I'm very passionate about my work and even, you know, in the pandemic I know we need to take care of our mental health and take breaks but I often spend a lot of time working so I think - I guess just advice for, for other PhD students grad students, postdocs is, you know, remind yourself to take - take breaks and work isn't everything even though it, it feels like that a lot of the time and we are really passionate and you know you want to be accountable to the people you interview and do research with and communities and things but it's important to look after your own health, take breaks, you know do things with your partner go for a walk. It seems really silly at the time, but we got our dog when he was a puppy when I was in the last six or so months of finishing my PhD and starting another postdoc and that all just seems bizarre and so silly but it was actually really good because it reminded me like, Oh, I need to take a break every once in a while and like take the dog for a walk. So, I think taking breaks is important. I try not to work on the weekends, but I still do [laugh] I think, yeah just learning kind of your boundaries and you'll kind of learn that, that as you go. I guess figuring out what to say yes and no to because there's just so many opportunities and they think now that's probably extra tricky with the pandemic because people are

worried about missing out on opportunities so you kind of have to figure that out - out yourself but just to recognize that you maybe don't have to say yes to everything.

Bronwyn Lamond 35:46

Yeah be selective with your yes's.

Ariana Simone 35:49

I think that was really strong advice and I'm sure a lot of grad students who listen to our podcasts will really appreciate that. And you know, even those who don't have partners or don't have families still need to take breaks for themselves and go for walks and you know, take care of themselves - so you say it's not great advice but I think it's groundbreaking for some grad students.

Lesley Tarasoff 36:08

I just I need to take my own advice more - I think is what I'm saying.

Ariana Simone 36:12

[laugh] Yes don't we all.

Bronwyn Lamond 36:14

Thank you so much for being here with us today. I think there's, there's lots of nuggets in here that are really helpful for people, you know - all levels of training and I'm really grateful that you came and, you know, told us about your research and an area that we're not as familiar with. So, I think that's one of the great things about this podcast - we get to learn a lot, so I really appreciate you being here.

Lesley Tarasoff 36:33

Thank you so much. Thanks so much for having me. It's great.

[Interlude Music]

Ariana Simone 36:42

That was such a lovely conversation with Dr. Lesley Tarasoff. Bronwyn I don't know about you, but I really, really enjoyed how she talked about all the relationships she's built over you know her - her Master's, her PhD, and now her postdoc, and how you know she didn't have all of these relationships right away and over time she's built them and maintained them and now they comprise of her kind of network of researchers that she still works with and I just think it's so interesting because, you know as a PhD student, you and I make connections and we might think that we have to make them all now because once we graduate out of this program we're not going to have the opportunity to make connections, but I really think that, you know, change my opinion about that.

Bronwyn Lamond 37:25

Yeah, totally. I really appreciate that perspective and you know Reality Check In a way it was. it was good to get some perspective there. And, yeah, talking about building relationships really makes me think about how important those relationships are in her research, so she uses storytelling so much in her research, and she mentioned to us after we recorded, but she uses an advisory committee to - to support her research. So this includes, you know, women and mothers with a range of disabilities, representatives from organizations that serve people with disabilities, clinicians, representatives from two provincial ministries, and I think it's it's - it's really amazing to think about how those relationships can come together to create this really meaningful research that is representative of the people that it is talking about, you know, and includes women with disabilities in a way that's really real.

Ariana Simone 38:25

Absolutely. We've heard - we've heard a number of our guests now, even from Season One talk about, including patients or people with lived experience in the research process, and sounds like she does a really, really nice job of doing that. And you know reaches out to others when she's not sure about how to support these women and you know, consults with appropriate people and doesn't assume that she knows at all which shows that she's a human right, which I love. And then, you know, the other - the last thing that really struck me was her, her advice for trainees or early career professionals about sort of like work life balance, and you know like make time for partners and significant others and friends and stuff like that. And it's so, so nice to hear from someone in her position because sometimes grad school cultures is just like work your butt off and do what you have to do to get there but it's really nice to hear someone like her give that advice, even though it sounds like you know she struggled with that too, as we all do.

Bronwyn Lamond 39:26

Yeah, like your life continues through grad school and, and after as well so, I appreciate that perspective and focus on boundary setting as well.

Ariana Simone 39:34

Yeah, totally. So again, we're so grateful to Dr. Tarasoff for sharing all of this wonderful and great advice with us and sharing her story about how she got to where she is. I think a lot of grad school students and early career professionals and even, you know, people with tons of years of experience will really appreciate this conversation. So, we will be back soon with more stories. Talk to you next time.

Bronwyn Lamond 39:56

Thanks for listening. Bye.

[Outro Theme Music]

Lee Propp 56:53

You've been listening to the Accidental Intellectual. Our podcast is produced by Holly Boyne, Manon Feasson, Lauren Goldberg, Bronwyn Lamond, Rachael Lyon, Harrison McNaughton, Stephanie Morris, Lee Propp, and Ariana Simone. Our theme music is by Alexandra Willett and our branding by Maxwell McNaughton. You can check us out on Twitter [@accidental_pod](#) and on Instagram [@accidentalintellectual](#). Our website is www.accidentalintellectual.com. We'll be back next time with more stories from the humans behind the experts.

[Interlude Music]