GIVING VOICE TO THE UNHEARD: WORDS FROM WOMEN SPEAKING TRUTH TO STIGMA

SPRING 2024 FACULTY FELLOWS

IWL
INSTITUTE FOR WOMEN'S LEADERSHIP
MARQUETTE UNIVERSITY

IWL AT MARQUETTE UNIVERSITY
MISSION AND VISION

The **mission** of the Institute for Women's Leadership at Marquette University is to advance women's leadership locally and globally through pioneering research, innovative programming, and collaborative engagement.

Our **vision** is one of intersectional inclusivity and gender equity. As advocates for justice, we will engage, inspire, and transform students, staff, faculty, and community leaders as we:

- Create an interdisciplinary and vibrant research environment that equitably and inclusively supports faculty and students as they engage in impactful, transformative scholarship.

- Serve as an incubator for innovative leadership initiatives that challenge the barriers to the advancement of women, while embracing intersectionality, as we seek to reduce inequities across institutional structures.

- Cultivate community connections through mentoring and leadership programming that reaches down to high school students, out to university students and faculty, and up to external stakeholders including corporations, nonprofits, and community associations.

GIVING VOICE TO THE UNHEARD: WORDS FROM WOMEN SPEAKING TRUTH TO STIGMA

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GIVING VOICE TO THE UNHEARD — INTRODUCTION

Women across history have borne the burden of the expectations of their gender—the biological ability to bear children for some has meant they must eschew larger life goals such as education and career. Women have long been expected to care for others, and when they suffer as a result and/or in the process, to do so silently. This collection of research projects funded by the Institute for Women's Leadership may seem unrelated at first glance. From 17th-century philosophy to 21st-century Artificial Intelligence, all three of the research projects presented in this publication lift the voices of women—women often silenced in their goals, their struggles, and their pain. One project examines the power of Artificial Intelligence and data-stored stories in giving comfort and support to women who have perinatal health concerns such as pregnancy, infertility, and postpartum depression, giving voice to women who struggle with the multiple issues in childbearing. Another project highlights the work of Jacqueline Pasqual, a Cistercian nun in 1600s France, who spoke up for the right of women to exist as intellectuals and to engage in ecclesiastical discourse, giving a political and scholarly voice to women in politics and the church. The third project examines the mental health impact of the menopause transition, including provider treatment of women, self-compassion, and menopause symptoms, giving voice to a generation of women who deeply desire community and conversation about this transitional time of life. Though differing in topics, disciplines, and methodologies, these three research projects all give voice to unheard people(s) through the power of women's words.

DEVELOPING A SUPPORTIVE STORYTELLING PLATFORM FOR POSTPARTUM DEPRESSION: USING AI TO HELP NEW MOTHERS FEEL HEARD AND UNDERSTOOD

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JACQUELINE PASCAL AND PORT ROYAL AS A COMMUNITY OF RESISTANCE

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NOT YOUR MOTHER'S MENOPAUSE: THE MENTAL HEALTH IMPACT OF THE MENOPAUSE TRANSITION

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Sabirat Rubya, PhD, is an Assistant Professor of Computer Science at Marquette University and directs the Social and Ethical Computing Lab. Her interdisciplinary research focuses on human-computer interaction, social computing, health informatics, and human-aided machine learning. With the support from IWL at Marquette, where she is a faculty fellow, Dr. Rubya has been able to focus on the intersection of technology and women's health. The IWL fellowship has provided her with the resources and collaborative environment to explore innovative solutions for addressing postpartum depression (PPD), a critical health issue affecting millions of women. Here, she will outline the step-by-step process of developing a web-based storytelling platform aimed at supporting new mothers experiencing PPD, focusing on using AI to create and deliver personalized, relatable narratives.

DEVELOPING A SUPPORTIVE STORYTELLING PLATFORM FOR POSTPARTUM DEPRESSION: USING AI TO HELP NEW MOTHERS FEEL HEARD AND UNDERSTOOD

Understanding Themes of Postpartum Topics from Online Communities

To develop a supportive storytelling platform for postpartum depression (PPD), the first essential step was understanding the topics that mothers most frequently discuss in online communities. Platforms like Reddit, BabyCenter, and What to Expect serve as vital spaces where women share their personal experiences, challenges, and feelings about postpartum life.[1] These forums provide rich sources of unstructured data, as thousands of mothers post detailed accounts of their struggles with mental health, physical recovery, relationship dynamics, and social isolation.[2] From this analysis, the research team uncovered several recurring themes [see Figure 1]. Sorting these insights into the prevalent themes of postpartum depression guided the focus of the next phase of the project: collecting personal stories from these communities and using the narratives as a foundation for the storytelling system.

MENTAL HEALTH STRUGGLES

- Anxiety
- Depression
- Feelings of guilt
- Mood swings

TOPICS RELATED TO BODY IMAGE

- Breastfeeding difficulties
- General physical fatigue

RELATIONSHIP CHALLENGES

- Issues with partners and family members
- Feelings of social isolation

STRATEGIES FOR MANAGING POSTPARTUM DEPRESSION

- Therapy
- Medication
- Support groups

Figure 1: Discussed topics and themes in online postpartum depression communities

1   Teaford, *et al.* "Identification of Postpartum Depression in an Online Community."
2   Stana and Miller. "'Being a Mom = Having All the Feels': Social Support in a Postpartum Depression Online Support Group."

Extracting Human-Generated Stories

Once the key themes of postpartum depression were identified, the next step was to extract long-form posts or detailed personal stories from online communities to serve as the core of the AI-generated narratives. Many women share rich, emotional stories about their postpartum experiences on these forums, providing deep insights into the struggles they face.[3]

WEB SCRAPING

extracting content and data from a website programmatically

Using web scraping (extracting content and data from a website programmatically[4]) tools and Natural Language Processing (NLP) methods, relevant posts from various platforms were collected. [See Figure 2.[5]] We focused on posts that were not only thematically relevant but also detailed enough to provide a strong narrative foundation. For example, posts that described a mother's journey through PPD, including her challenges, coping mechanisms, and eventual recovery, were particularly helpful for creating relatable stories.[6]

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3 Ajala. "Transmedia Storytelling: New Prospects for Addressing Postpartum Depression on Nigerian Screens."
4 Keary and Medleva. "Web Scraping."
5 Kinsta. "What Is Web Scraping? How To Legally Extract Web Content."
6 Progga, *et al.* "'Just Like Therapy!': Investigating the Potential of Storytelling in Online Postpartum Depression Communities."

GOVERNMENT

SEARCH ENGINES

SOCIAL MEDIA

NEWS SOURCES

RSS FEEDS

WEB SCRAPING

RESEARCH DATA

COMPANY INFORMATION

PRICING SITES

Figure 2: Examples of kinds of data that can be scraped from the internet[5]

Using AI Tools to Create Narratives of Stories

To follow ethical standards and maintain the privacy of the individuals who shared their stories, AI tools such as ChatGPT and Google's Gemini were employed to generate personalized narratives based on the extracted themes and stories.[7] These AI models are trained on vast amounts of text and are capable of producing human-like narratives that mirror the experiences shared by mothers in the online communities. By using AI to generate stories, this avoids directly reproducing personal posts, ensuring that individuals' identities remain anonymous. This process allows the project to create a large number of stories that cover a wide variety of postpartum experiences, ensuring that the platform can cater to the diverse needs of mothers with PPD. AI-generated stories can be tailored to reflect specific challenges or themes, ensuring that each user can find stories that resonate with her own experience. While AI-generated stories offer significant benefits, these stories also come with challenges. During the development process, it was observed that some stories lacked emotional depth or felt too formulaic. To address this, the AI models were continuously refined by adjusting the prompts and incorporating feedback from mothers and mental health professionals. This iterative process allowed for improved quality of the narratives and ensured they were relatable and emotionally resonant.

In addition to AI-generated content, human-generated stories play a critical role in the storytelling platform. These stories often possess a depth of emotion and authenticity that AI struggles to replicate. However, to ensure privacy and ethical considerations, the human-generated stories needed to be modified before being included in the platform. The modification process included anonymization,

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7 Chen, *et al.* "ChatGPT for Generating Stories and Mind-Maps in Storytelling."

generalization, smoothing the narrative flow, and enhancing emotional content.

Creating Videos Using AI Tools

To make the storytelling platform more engaging and accessible, multimedia elements were incorporated by using AI tools such as Storybird to create videos based on the stories. These videos added a visual and auditory dimension to the narratives, making them more impactful for users who prefer multimedia content over text.

To ensure the videos felt realistic and aligned with the emotional tone of the stories, extra steps were taken to modify the AI-generated visuals and audio, which can help users connect more deeply with the content. Using AI-driven video creation tools, the team produced short, animated videos that brought the stories to life. For example, a video might depict a mother going through a difficult moment of isolation and anxiety, with soft background music and visual cues that rein-force the emotional tone of the story. Voiceovers and captions were also used to enhance the storytelling experience.

Developing a Web-Based System

Once the stories and videos were created, the next step was to develop a user-friendly web-based system where users could access the content. This platform serves as a hub for postpartum mothers seeking support through storytelling. The design of the platform focused on ease of use and accessibility, ensuring that mothers could easily navigate the site and find the stories most relevant to their experiences. The platform's key features:

SEARCH FUNCTIONAITY

Users can search for stories based on specific themes or challenges, such as anxiety, relationship struggles, or breastfeeding difficulties.

STORY CATEGORIES

Stories are organized into categories based on the themes identified in the initial analysis, allowing users to quickly find content that resonates with their experiences.

USER PROFILES

Mothers can create personal profiles where they can save their favorite stories, track their progress, and receive personalized recommendations based on their engagement with the platform.

Customizing Search Based on Postpartum Period

One of the unique features of the platform is the ability to customize searches based on the user's postpartum period. The postpartum experience varies greatly depending on the stage a mother is in[8]. For example, a mother in the first few weeks postpartum may be focused on physical recovery and newborn care, while a mother six months postpartum may be dealing with returning to work and managing her mental health.

By allowing users to input their postpartum period, the platform can filter stories to reflect the most relevant content for their current stage. This personalized approach ensures that the system provides timely and appropriate support based on each user's unique situation. [See Figure 3 on the next page.]

8   Progga, *et al.* "Women's Perspectives and Challenges in Adopting Perinatal Mental Health Technologies."
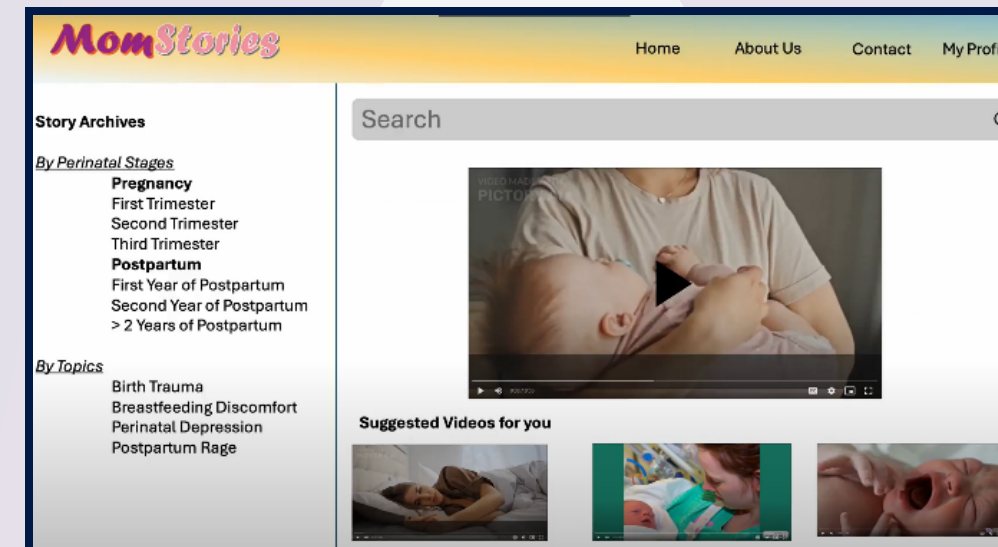
Figure 3: Prototype of MomStories (a web-based storytelling system providing support for PPD)

Future Work

While the storytelling platform shows great promise, there are several opportunities for future development to enhance its functionality and reach:

1. **Integration of Real-Time Support Services:** Incorporating live chat options with mental health professionals would provide immediate support for mothers in need

2. **Improved Personalization:** Use machine learning to offer more tailored story recommendations based on user behavior and preferences

3. **Cultural and Language Expansion:** Expanding the platform to include stories from diverse cultural backgrounds and multiple languages will make it more inclusive

The development of this storytelling platform represents a significant advancement in using technology to support women experiencing postpartum depression. By combining AI-generated narratives with human stories and multimedia elements, the platform provides personalized, relatable content that helps mothers feel understood and supported during a challenging time. With continued development and expansion, the platform has the potential to become a vital resource for mothers worldwide, helping them navigate the complexities of postpartum depression with empathy, connection, and community.

DANIEL COLLETTE

Daniel Collette is a teaching assistant professor in the Department of Philosophy at Marquette University. Like most students of philosophy, his early philosophical education was dominated by the narrative that great thought was historically the domain of wealthy white European men. In graduate school, he studied the historical and philosophical contexts of important male philosophers and came to realize that this homogeneity was not due to an absence of women philosophers or philosophers of color but gaps of omission. Subsequently, he shifted his research toward recovering forgotten philosophical voices—some recognized during their lifetime as among the most important thinkers of their day—to produce a clearer history of philosophy otherwise distorted by omission. More recently Dr. Collette has been looking for broader applications of his work that connect the history of philosophy with contemporary philosophy and issues, including this research on the philosopher and nun Jacqueline Pascal to consider convents as communities of resistance.

JACQUELINE PASCAL AND PORT ROYAL AS A COMMUNITY OF RESISTANCE

Convents hold a unique place in the history of modern philosophy, a time (like many) when women were deprived of self-determination. Marriage was often considered their only option, and the domestic life that followed typically left little room for women to become scholars. The few exceptions were aristocrats whose social position and wealth (and the education and leisure it bought) afforded women the time and private spaces for reading and writing. However, marriage was not the only option for women. If a woman did not desire marriage or sought a life of the mind but lacked aristocratic advantages, there was a noteworthy alternative: a life of the cloth. Convents provided counter-cultural spaces where women could dedicate their lives to education, reading, and writing.

An important convent during this time was Port Royal des Champs, a French Cistern abbey that embraced the Augustinian theology of Cornelius Jansen. One of the most influential nuns there was Jacqueline Pascal, the younger sister of Blaise Pascal, who is much better known today. Jacqueline wrote on philosophical topics dealing with ethics, education, and religion, and her works are dominated by a theme of living constantly with one's beliefs—putting theory into practice.[9]

Her lived philosophy would be put to the test as the convent fell under political and religious persecution: when the nuns of Port Royal were commanded by the king and French Jesuits to sign a document denouncing Jansenist beliefs, Port Royal's male theologians and their bishop allies were either silent or signed the document under the pretense that they only accepted the letter and not the spirit of renunciation.[10] Compliance and submission were expected of women in both culture and the church, yet the men cowardly abandoned their moral ground. Jacqueline comments on the matter to her sister, saying that, "...if it is not [up to us] to defend the truth," (that is, if the men are unwilling to accept a woman as an intellectual and spiritual authority) "then it is up to us to die for the truth and to suffer all things rather than to pretend that we deny it."[11] Though her stance was unequivocal, pressure continued to mount, and fearing for the nuns under her care, less than a month later she would sign the document forswearing those convictions. She died fewer than four months later, October 4, 1661, one day shy of her 36th birthday.[12]

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9   Collette and Lewis, "Living by Her Laws: Jacqueline Pascal and Women's Autonomy."

10   Kostroun. *Feminism, Absolutism and Jansenism: Louis XIV and the Port Royal Nuns.*

11   Pascal and Mesnard. *Pascal: Œevres Completes* 4.

12   Conley. *The Other Pascals.*

Reflections from the Scholar

"What should we make of cases like this, when resistance seems to fail?" is my ultimate question as an IWL Fellow. On one level, Jacqueline faced an impossible choice: protect those under her care or disavow her beliefs. Her position conjures images like the biblical heroes of the Old Testament who refuse to bow before gods that were not their own. Except Jacqueline bowed. It is important to clarify that she did not renounce her entire religion, but she did go against her conscience by betraying many of her religious convictions. Even if she did it for the safety of her subordinates and even if many blamed her death on the resulting stress and feelings of self-betrayal, she nonetheless denied beliefs for which she was once prepared to die. On this level, she was only human, and many good people would have done the same if it meant protecting those under their care. It is easy to empathize with her, but in doing so it also is easy to dismiss the power of her resistance as weak-willed or insincere. Did she ultimately fail?

The question of her success or failure—if her voice was heard in her own time—can be addressed by a bigger question: what is the point of a community of resistance at all? The Port Royal resistance was an act of protest that reflects many more recent movements of non-violent direct action like the Women's March, Black Lives Matter, and protests for peace in the Middle East. Sometimes protests bring tangible results: 1963's March on Washington for Jobs and Freedom played a crucial role in the public pressure campaign that led to the passage of a Civil Rights Act and Voting Rights Act. Often, however, even if a protest raises awareness there sometimes is not an obvious result nor immediate progress, and sometimes raising awareness even risks feels counterproductive if there is a backlash against the protest in such a way that it puts the oppressed group in a worse position than the one in which they originally started.

Contemporary philosopher Jose Medina argues that the function of protest is not only to achieve a socio-political outcome. When oppressed groups come together to protest, they are creating communities of resistance that prefigure social change—the oppressed temporarily live as if the goal of the protest has been accomplished while simultaneously aware that it has not.[13] Many convents, including Port Royal, existed as a sub-society in which women were given positions of authority and engaged in scholarship. In engaging in civil disobedience, the Port Royal nuns also prefigured self-determination, following their conscience as if they were not bound by a world created by men, for men. Protests do not often lead immediately to change, but that does not mean they are useless. They create, grow, and solidify communities of resistance, imagining a new world that they model within their own community. Medina notes the similarity between aspects of his theory and practices of early Christian communities following St. Paul's teaching, living in what some theologians describe as the already but not yet. These themes then are not just modern frameworks to help us better understand Port Royal, but this idea of prefiguring a more just world still yet to come would be in their public consciousness. Jacqueline's leadership helped turn a group of nuns into a community of resistance that imagined the possibility of a better world, even if the world was not ready for it. While I began my journey with Jacqueline since she had been largely erased from intellectual history, her voice has never been silent. She gave women a voice; and through that voice, hers carried on long after her young death.

13 Medina. *Communities of Resistance and Prefigurative Politics.*

ALIE KRIOFSKE MAINELLA

Alie Kriofske Mainella, PhD, is a counselor educator, certified counselor, and sexual health educator who has been serving people in Milwaukee throughout her career. She is now an Assistant Professor in the Counselor Education and Counseling Psychology program at Marquette University. Dr. Kriofske Mainella is also a 49-year-old woman. Beginning to experience symptoms of perimenopause, she started to talk about menopause to other women. The response she received was overwhelming. It seemed every woman in her age group was desperate to talk about menopause, and to be heard during this transitional time of life. At the same time, the Institute for Women's Leadership was calling for faculty fellows. To Dr. Kriofske Mainella, this felt like serendipity. As a woman, a researcher, an educator, and a counselor, she thought what a wonderful thing it would be for women to have the kind of information during perimenopause they received about puberty during adolescence. As a result, she began her project: "Not Your Mother's Menopause," with the support of IWL.

NOT YOUR MOTHER'S MENOPAUSE:
THE MENTAL HEALTH IMPACT OF THE MENOPAUSE TRANSITION

"Not Your Mother's Menopause" is a mixed-methods study that assesses the correlation among demographic factors, menopausal symptoms, depression and anxiety, self-compassion, and quality of life. The study also takes a phenomenological qualitative approach to feature the voices of women and their lived experiences with the menopause transition. The definition of menopause is, simply put, the point in time when a woman has had her very last period.[14] Interestingly, a woman hasn't arrived at menopause until a year after her last period, meaning she doesn't know she's there until long past. Perimenopause, or the transition to menopause, is associated with biological, psychological, and social changes.[15] This study has two aims: 1. To add to the research base with the goal of better care and treatment of women in the menopause transition and 2. to give voice to women in perimenopause.

Quantitative Study

The quantitative portion of this study, at the time of this writing, had 221 participants with a variety of identities, family structures, and careers. Beyond demographics, participants were also asked about their menopause symptoms as measured by the Menopause Rating Scale (MRS),[16] their depressive symptoms as measured by the Patient Health Questionnaire (PHQ-2),[17] anxiety as measured by the General Anxiety Disorder (GAD-2) scale,[18] coping as measured by the Brief COPE,[19] self-compassion as measured by the Self-Compassion Scale Short Form,[20] and overall well-being as measured by the World Health Organization (WHO 5) well-being index.[21]

14   National Institute on Aging. "What is menopause?"
15   Greer. *The Change: Women, Aging, and the Menopause.*
16   Heinemann, *et al.* "The Menopause Rating Scale (MRS) Scale: A Methodological Review."
17   Kroenke, *et al.* "The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener."
18   Kroenke, *et al.* "Anxiety Disorders in Primary Care: Prevalence, Impairment, Comorbidity, and Detection."
19   Carver. "You Want to Measure Coping, But Your Protocol is Too Long: Consider the Brief Cope."
20   Raes, *et al.* "Construction and Factorial Validation of a Short Form of the Self-Compassion Scale."
21   WHO. "Wellbeing Measures in Primary Health Care/The Depcare Project."

Preliminary Analysis

The most reported menopause symptoms are expressed in the table below from no symptoms to severe:

MENOPAUSE SYMPTOMS

NONE
MILD
MODERATE
SEVERE
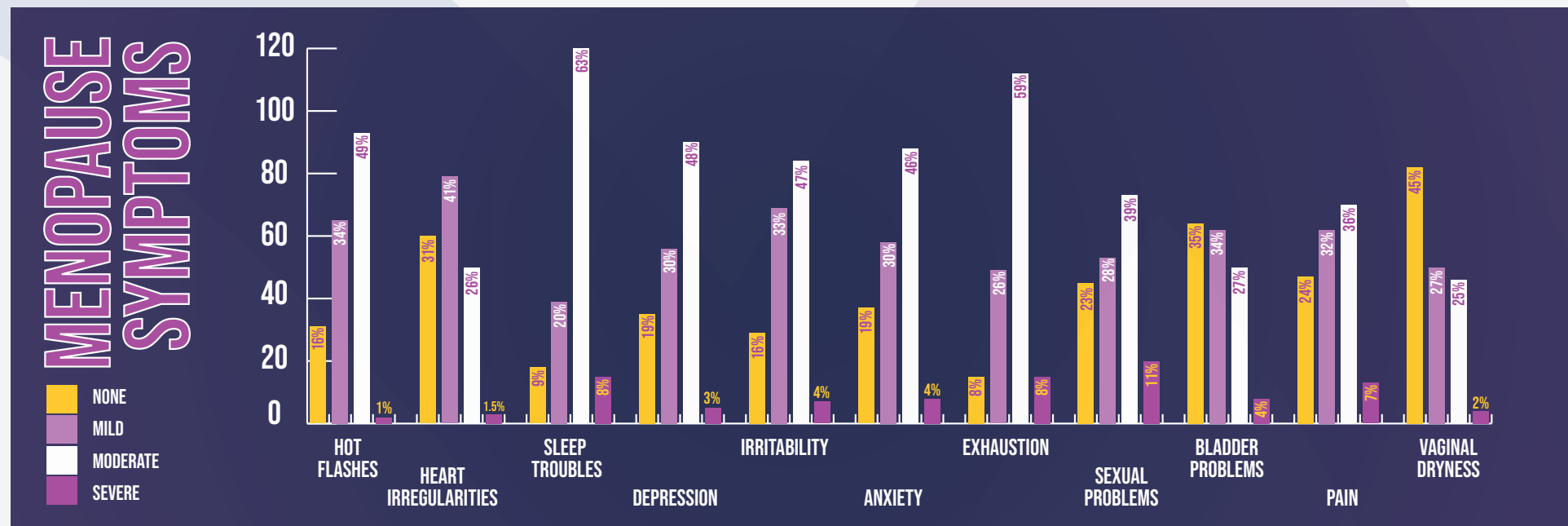
Other preliminary analyses showed that intensity of menopausal symptoms correlated with higher depression and anxiety, as well as with lower scores in wellbeing. However the preliminary analyses also showed that coping and self-compassion were correlated with higher well-being.

Preliminary Implications

While a full analysis of the data is yet to occur, a few implications for both women experiencing the menopause transition and for their providers are identifiable. First, there is an array of symptoms associated with menopause, including new and unexplained anxiety and depression, as well as sleep concerns and irritability. Practitioners can use this data to help normalize the experience of the menopause transition for their patients. Indeed, explanatory measures regarding symptoms and validation from practitioners have been cited as the most helpful to perimenopausal patients and to address barriers to receiving adequate care.[22] Addressing these symptoms may buffer the correlation between menopausal impact and well-being. Another implication is the correlation between coping and self-compassion with well-being. Helping women in the menopause transition improve both their coping skills and their self-compassion can help lead to better life quality. Self-compassion has been shown to positively impact self-worth and is linked to decreased depression and better overall mental

health.[23] In the menopause transition, coping has been shown to improve the experience through symptom management and validation.[24]

Qualitative Study

The qualitative portion of the study has 18 participants, with data collection completed via phone calls. The symptoms among the participants fell along physical and emotional lines. The most problematic mental health symptom for our participants was experiencing frustration with the rage and irritability that they were experiencing. In terms of physical impact, our participants said things like "My body doesn't feel right" or "My body's just working differently now." Participants reported frustration in the changes in their bodies, particularly the weight gain and bodily discomfort. One participant said, "I want to jump out of my own body." On the other hand, participants also found positives in their emotional support systems as well as the overall feeling of not caring what others think about them anymore. "I'm not a wilting flower;" one participant said, "I own my mistakes. I stand my ground. I'm an adult and I know myself." Another noted there's freedom in this time of life, "I still have half my life left," she said. "There's a lot of things I want to do. That's really positive and freeing." Advice for providers among the participants included to (1) believe women, (2) have an empathetic practice, and (3) to learn about menopause and how it impacts women before treating women; this advice went out to both medical professionals and mental health providers. Advice for younger women included suggestions to prepare yourself for this time through reading and talking about menopause as well as finding a good provider who can normalize what is happening to you. One participant said to younger women "What you are experiencing is real and you are

not alone." Another said that the menopause transition is "a rebirth into a new and beautiful phase of life."

Qualitative Implications

While the data is still in the collection phase and these results are preliminary, some implications for women in menopause supported by prior research include the participants' plea for women to be prepared: those who are prepared for the transition have an easier time with it.[25] As for provider implications, our clients' call for doctors and therapists to educate themselves on this time of life also supported systematic review that women want their providers to initiate conversations about the menopause transition[26] and that they want their practitioners to learn about menopause beyond prescribing hormone replacement therapy to avoid diagnostic overshadowing and misdiagnosis.[27]

Reflection from the Scholar

The process of gathering this data and hearing women reflect their own experiences of the menopause transition was sparked by the opportunity from the Institute for Women's Leadership and has been exciting, empowering, enlightening, and validating for me. We continue to seek women to participate in both the qualitative and quantitative study, particularly women of color, people who are gender nonconforming and those in the LGBTQIA+ community to diversity our sample and hear more voices. As a researcher, counselor, and perimenopausal woman myself, I am both grateful and better informed thanks to IWL and my study participants.

22 Richardson, *et al.* "Seeking Health Care for Perimenopausal Symptoms: Observations from the Women Living Better Survey."

23 Neff. "Self-Compassion, Self-Esteem, and Well-Being."
24 Bhore. "Coping Strategies in Menopause Women: A Comprehensive Review."

25 Collier and Clare. "Improving Recognition and Support for Women Experiencing the Menopause."
26 Collier and Clare. "Improving Recognition and Support for Women Experiencing the Menopause."
27 Hoga, *et al.* "Women's Experience of Menopause: A Systematic Review of Qualitative Evidence."

WORDS FROM WOMEN SPEAKING TRUTH TO STIGMA — CONCLUSION

When the three of us were brought together by the Institute for Women's Leadership in the Spring Faculty Fellowship, we wondered what our three studies had to do with one another. Through the dedicated support of IWL, our weekly meetings, and our shared sense of purpose, we came to see a wonderful thread running through all of our work: centering, uplifting, and celebrating the voices of women. The women's voices we amplified in our research, of course, but also in our discourse and shared writing of this document, were voices that often found themselves silenced because of the stigma inherent in what they were looking to express. In our discussion of life choices of marriage, independence, convent life, and the education therein, in the storytelling of pregnancy and loss, and in the change of life that is menopause, we found power in shared experiences, breaking down stigma through brave conversations, and the voices of women past and present.

As a diverse and interdisciplinary team of researchers, what we took away from our own and eachother's work and the conversations that ensued was that all of us, no matter the work we do in the field, can enact these three things, to break down stigmas and be of service to others:

1. **Believe women.** Women are the experts on themselves. If they share an experience with us whether in a research setting, a clinical practice, a classroom, or our personal lives, believing their lived experience is so important.

2. **Combat stigma.** We can all work to eradicate stigma in mental health, fertility concerns, spiritual and religious beliefs and the like by being willing to say out loud what confounds us, pains us, or scares us.

3. **Be humble.** Recognizing our areas of ignorance, our mistakes, our confusion and our discomfort with the feelings elicited in these experiences can help us to be truly open to others and learn from their experiences, their words and their lives.

This is how we make the world a better place.

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