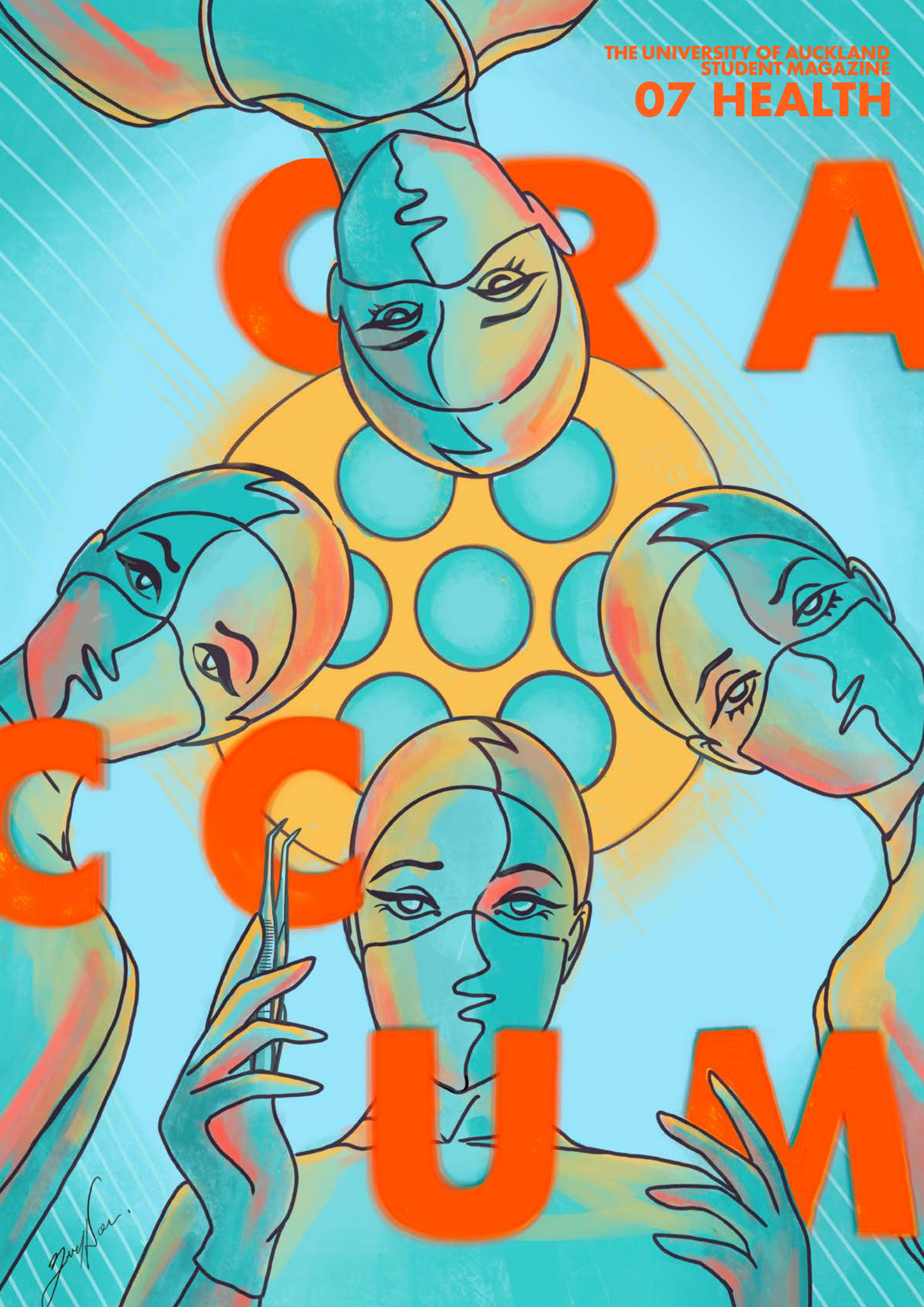


THE UNIVERSITY OF AUCKLAND
STUDENT MAGAZINE

07 HEALTH



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Sleep is for the Weak (us, we're the weak)

We're no strangers to living off of minimal sleep. We're sure that as students, you're also familiar with this. A lot of us try to cram in a nice eight to nine hours of sleep in about five to six hours (or less) during peak assignment or exam periods. Unfortunately, unlike exam prep, cramming sleep doesn't work the same.

At the start of every year, when things get busy, we find our sleep schedules creeping later and later into the night. It doesn't help that we have no time to take a breather and do things for ourselves—our work and studies consume the greater part of our days.

So, at the end of the day, despite being tired, we find ourselves staying up just a couple hours more (even though it's already 11pm and we said we'd have an early night) to watch a few episodes of that new Netflix show, to read another chapter of a book, listen to a podcast, or play a bit of a video game that just came out. Except "just one last one" always turns into a lot more.

This is the revenge bedtime

procrastination phenomenon. You put off going to sleep to do the things that you didn't have time to do during the day. Sucks, right? Looks like we procrastinate a lot more than just doing our assignments. But the thing is, as tempting as it is to do that every night, it leads to sleep deprivation the next morning—and the morning after that, and every morning after that if we continually procrastinate sleep.

Often when we think about health, sleep is somehow left off the list. But what some of us don't realise is that cutting back sleep has really bad consequences on the other areas of our health. We're easily irritated, we're already mentally drained after waking up, and we have no physical energy to carry us to the end of the day.

There's no denying that sleep is important, but we're not here to judge. Health is a nebulous concept, after all. We don't have an answer to resolving revenge bedtime procrastination (except maybe trying to break it every now and then?) because sometimes being irritable and tired is a fair trade-

off for that precious alone time—to an extent, of course. Because you know what else makes us cranky? 12 straight hours of work and seven hours of sleep on repeat. Maybe the real issue is a world that seems to make it impossible to be truly 'healthy'. Because why do we always seem to be sacrificing some aspect of our mental, physical, or emotional health to get everything done?

If there's one thing we've learned, it's that health is holistic and looks different for everyone. Sometimes, health looks like watching your favourite movie, having a big phat cry, and three servings of fries. Sometimes health looks like staying up and having a bitch session with your bestie. Sometimes it looks like going to bed early. Only you know what your mind and body needs. So, here's just a gentle reminder to pay attention to what you need. For us, that's sleep.

ZZZ

**Arohanui,
Flora Xie (she/her) and Naomii Seah
(she/her).**

Student Allowances and Living Costs Increase by \$25, But is it Enough?



JESSICA HOPKINS (SHE/HER)

From April 1, both allowances and living costs increased by \$25 a week. However, some students and student advocates say this support will not alleviate students from the hardship they are experiencing.

Finance Minister Grant Robertson announced a \$25 increase in student support payments in the 2021 Wellbeing Budget last year. The change that has just come into effect is expected to benefit around 63,000 student allowance recipients and 86,000 student living cost borrowers. The increase happened automatically for people getting Student Allowance. But students taking out living costs will need to apply to increase their maximum entitlement.

This comes alongside a range of income supporting measures being introduced in Aotearoa, with the minimum wage also increasing from \$20 to \$21.20 per hour. Speaking to students on campus last week, there were mixed reactions to these support measures. Some told *Craccum* that the additional boost to their weekly income would help them out, and others said it was not enough.

Belle, a Science student, says the increases will help cover small daily

“I live pretty far away and have to catch the train and the bus to uni, which normally costs at least five or six dollars a day, which adds up a lot. So the \$25 will help a lot...”

expenses, especially transport. “I live pretty far away and have to catch the train and the bus to uni, which normally costs at least five or six dollars a day, which adds up a lot. So the \$25 will help a lot. And I’m studying part-time, so I don’t even get the AT student discount.”

Erin, an Arts student, says she will be using the extra cash to buy food for uni. “I might be able to get a couple of Subway sandwiches or get some muesli bars to eat on campus. Food prices are really crazy right now, so I’ll take anything I can get.”

“A \$25 increase to the Student Allowance demonstrates how disconnected the Government is from the hardship that the 400,000 students across Aotearoa are currently experiencing.”

However, Engineering student Sam says that the increases aren’t enough to make a significant difference. “I’m working eight to ten hours a week while studying full-time and taking out living costs, and I’m still struggling to pay rent and afford groceries. So \$25 isn’t gonna cover it. I’m also not eligible for a student allowance.”

The New Zealand Union of Students’ Associations (NZUSA) stated in a press release that these changes were announced before we hit crisis point, as inflation has now reached a three-

“I’m working eight to ten hours a week while studying full-time and taking out living costs, and I’m still struggling to pay rent and afford groceries. So \$25 isn’t gonna cover it. I’m also not eligible for a student allowance.”

decade high of 5.9%. “A \$25 increase to the Student Allowance demonstrates how disconnected the Government is from the hardship that the 400,000 students across Aotearoa are currently experiencing.”

NZUSA, Te Mana Ākonga, Tauira Pasifika, the National Disabled Students’ Association, and 50 other student organisations have been calling for a Universal Education Income to be available to all part-time and full-time domestic students, at both undergraduate and postgraduate levels in Aotearoa. This proposal was included in the National Student Action Plan on COVID-19.

NZUSA National President Andrew Lessells described the increase as a “token gesture” and “callous when students are dropping out because they can’t afford to live... Ignoring the Universal Education Income proposal while increasing allowances by an amount that doesn’t even match the rent hikes that most students have seen is a slap in the face.”

An International Dispute: What the Border Reopening means for International Students



CHARLIE PARKER (SHE/HER)

On April 12th, fully vaccinated international students will be prioritised into entering New Zealand, with 5,000 students being able to enter the country. 1,450 of these will be university-level students. Some university groups are calling to scrap the quota as any additional students will not be able to enter New Zealand until October and won't begin studying until 2023.

Varsha Ravi, AUSA's International Students' Officer, responded by saying dropping the quota would be "highly beneficial! The rest of the world has opened up, what is stopping us? Getting rid of that cap is not only beneficial to the international student community 'cause many will be able to return to pursue their degrees but also, all universities thrive off of international students. We need international students to bring back campus culture."

The University of Auckland is among the nation's universities who reported a slump in international enrolments, despite seeing a peak in 2021. The lack of enrolments is causing many universities to be stricter about where they put their finances, causing a rise in redundancies.

The border opening in its stages throughout 2022 means that students will also now be able to participate in exchanges, and visits overseas. For many international students, this also means that many international students

will be able to go back home and reunite with their families. Varsha said, "As soon as I found out I could leave and return to NZ, I rang my family in Botswana and had a fat cry—tears of joy! I can't even begin to describe the weight that lifted off my chest when I realised I finally have that security and assurance of being able to go home and return. My support system awaits me!"



Is it safe for students to return to campus?



OMNI ARONA NGĀPUHI, NGĀTI WAI (HE/HIM)

It's 2022 and COVID is still a thing. By a comparative measure, New Zealand has passed its COVID-19 test better than most. But with the government's new #LetItRip approach, we now face our worst outbreak since this pandemic started. Models are showing that Auckland is past its peak and the University of Auckland has since made the decision to return to campus following the mid-semester break. Teaching will now resume on campus from 2nd May. But many questions remain. How safe are immunocompromised students and staff on campus? Will social distancing play any role on campus? Are our buildings equipped with adequate ventilation? *Craccum* tries to uncover the answers to these questions

Will social distancing and vaccine passes play a role in attending lectures?

Use of the NZ COVID Tracer app while on campus will not be required on campus. QR codes will continue to be available throughout our campuses, for those who wish to use them. Vaccine passes are no longer

required as of 4th April. There are some University activities where Government vaccine mandates still apply, such as healthcare.

For buildings without heating, ventilating, and air conditioning systems, will the University be commissioning the use of High efficiency particulate air (HEPA) filters to reduce COVID-19 risk?

The University hasn't responded as of publication. It's anyone's guess as to whether these will be supplied with COVID updates and changes coming through each day. Until then, you'll have to keep smelling your cohort's farts.

The Tertiary Education Union released a statement saying, "On-site work (at the University) should be minimised, and ventilation, rapid antigen tests, and N95 or surgical masks should be available". Will the University supply any rapid antigen tests or N95 or surgical masks to students?

The University has stated that it has "20,000 RATs stored on campus, with another 20,000 on order". The University has also stated that it wishes to retain this 20,000 as buffer stock. The University will therefore allocate these RATs where they deem brings the most

benefit. As the University's RAT supply improves, more activities and areas of the University will become eligible. The University hasn't responded as of publication regarding any supply of N95 or surgical masks. Until then, its BYO mask (and flask).

Are immunocompromised students expected to attend compulsory classes?

Immunocompromised students will have to apply to be enrolled in remote streams in courses that offer them. As of now, there is no clear indication of what students who are particularly vulnerable, who have caring responsibilities for vulnerable dependents, or have other exceptional reasons preventing them from attending on campus will have to do once teaching returns to campus. The University has stated that students enrolled in a remote stream of a course that has been previously agreed to be dual delivery, will still be able to access a fully remote version of a course.

The University hasn't responded as of publication regarding what will happen to vulnerable/immunocompromised students enrolled in classes with no fully remote version. GG, guess it's everyone for themselves.



Nursing Students Affected by Workforce Shortages



JESSICA HOPKINS (SHE/HER)

Hospitals around Aotearoa are grappling with peak hospitalisations and crisis-level nursing shortages due to the Omicron outbreak. The New Zealand Nurses Organisation (NZNO) states that understaffing in the nursing sector will only get worse and is calling on the Government to take urgent action to encourage people into nursing careers.

Jen*, a third-year nursing student, who recently completed a paediatric placement for her course, says it has been hectic since Omicron began. "A lot of the nurses were redeployed, including my preceptor."

Ann*, another third-year nursing student who recently completed her paediatric placement, says there was insufficient staff to preceptor students because of the high number of COVID patients. "You never knew who you're going to get as a preceptor that day, and Pre-Reg students, who are in their last semester of their degree and new grads had to be prioritised over us, so that was another issue."

According to Ann, students were doing more 'back-end' jobs such as making beds and taking food to patients so the nurses could focus on performing crucial activities. "Sometimes, everything is just hectic and chaotic, and you have to try to help. But that also impacts our learning because that's not what we're meant to be doing."

Jen told *Craccum* that they used to have a lot of guest lectures from the DHBs but that they have been pulled because of Omicron. "We're missing a lot of the lectures we need because obviously they're needed more at the

bedside. We've had lectures cancelled the day of. It's just very up in the air right now."

She says the nursing school has dealt with many students getting COVID and having to make up hours, but they are managing the situation appropriately. "The nursing school has a plan A, B, C, and D. They have multiple plans for whatever happens. They have been supporting students quite well, I've found."

Ann caught COVID twice during her placement, which meant she was only there for one week. "I have to make up those hours during my semester break, which means I only get a week off, which sucks in the long run. But it's what you have to do."

But she says she has been supported by nursing school staff. "I was so overwhelmed, and when I was really sick, they made sure that I was all right and told me to take it easy for a couple of days and not do any work."

Jen says she could see a lot of nurses, even student nurses, getting burned out, having to take on more responsibility doing jobs they typically would not do before. "Last year, we weren't allowed to go near COVID patients, but this year, they're like, fine, you can go deal with them."

When asked about burnout, Jen says it has become normalised for nurses, and that it is often "glossed over". "No matter how many COVID cases there are, there are still the same number of nurses. So, once cases shot up, the workload did really pile on, and I think

many people ended up staying later than they should have."

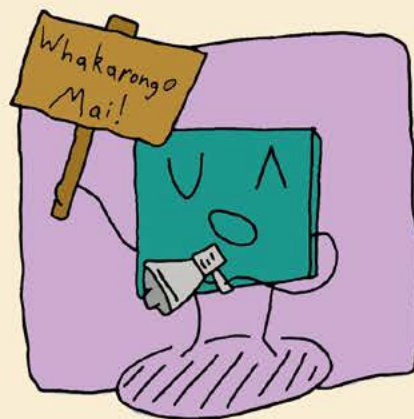
Ann says it can be daunting to work in a hospital right now, particularly for students in COVID wards. "Student nurses don't get paid and put themselves at risk for the experience. I know people who were scared to go home and risk passing COVID to their families."

Heading into her future, Jen hopes the pandemic brings to light nursing shortages. "This didn't just happen during COVID. We've always been really short-staffed. I hope this issue can be addressed so I'm not entering a workforce with such bad conditions. But you have to be willing to roll with the punches these days if you can get a job."

***NAMES HAVE BEEN CHANGED TO PROTECT STUDENT'S PRIVACY.**



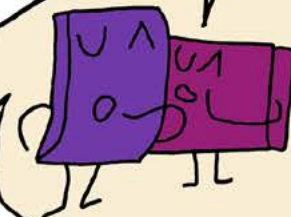
**I think accessibility
may be less of an
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promoted.**



**I would be pretty reluctant to
seek mental health support
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has treated serious concerns and
issues brought up by students
in the past.**

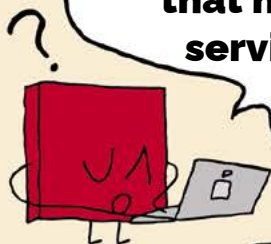


**The demand
for the service
is too much for
what they can
give back**

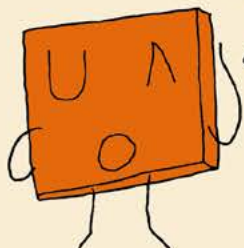


**they're easy to
obtain and difficult
to maintain.**

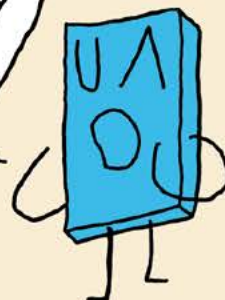
**if you have a specific problem
that needs more attention, the
services are probably pretty
inaccessible**



Whakarongo



MAH



How Accessible Are UoA's Mental Health Services?



CHARLIE PARKER (SHE/HER)

*Reggie, Master of Psychology

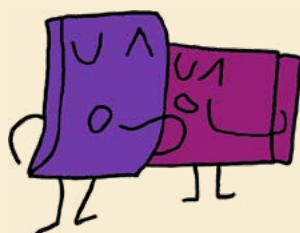
"Honestly, I know nothing about the Uni's mental health services. I would be pretty reluctant to seek mental health support through the University considering how the University has treated serious concerns and issues brought up by students in the past. Still, between the insane costs for private therapy and the massive shortage of psychologists (not helped by the small size of the clinical psychology postgrad cohort), it is definitely important that the University offers mental health support to students. I would hope that it is accessible for all students who need it, regardless of their background and the relevance of their issue to the University or their studies."



Stella, Conjoint Bachelor of Science and Bachelor of Arts

"My perception of the accessibility of University mental health services is that they're easy to obtain and difficult to maintain. It seems like you can get an appointment with ease, but when it comes to the duration of appointments, the frequency, and the quality, that's where it all falls down. I also think it's similar to a lot of public mental health services, in the sense that they (rightfully) prioritise those in dire need due to a lack of resources, so you almost have to prove to them that you

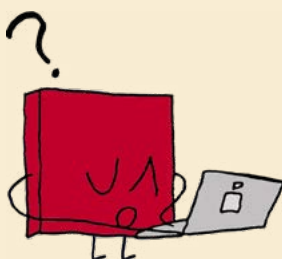
fit into this category. That's a damaging thing to have weighing on you, to ensure you get the care you deserve, and it's testament to our country's overall 'hospital at the bottom of the cliff' mentality."



Ben, Bachelor of Engineering

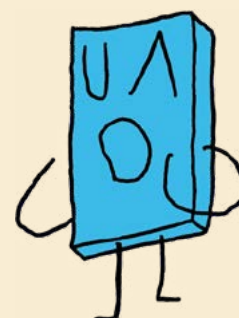
"Personally, I haven't used the mental health services, but I have a few friends who have. They had more general issues like just starting to feel a bit stressed over the workload, kind of the basic stuff that most students go through. I think it's probably trash for a specific issue though, purely because they can only offer so much through a University."

So, if you have a specific problem that needs more attention, the services are probably pretty inaccessible in terms of actually providing the support you would need. There are a lot of more specialised centres outside of the Uni, but then again that's a student budget problem since those are pricey. I would say the concept is good, but probably not the most accessible for a lot of students."



Ryan, Bachelor of Commerce

"They're super inaccessible. I remember in first year; they sort of mention the counselling services and you think 'oh yeah I could just give it a quick look' and then that look turns into 20 years of your time. The demand for the service is too much for what they can give back, so it's hard to get appointments that fit with your schedule. You can be waiting a long time to see someone, which I guess is the negative of the service being free. I think students appreciate that it is there if they need it though, it's the thought that counts, right?"



Kate, Bachelor of Arts

"I think accessibility may be less of an issue, and the bigger issue is how it's promoted. Mental health services aren't just for if you have a problem and the basic 'lie on the couch tell me your problems' stereotype. The fact the University offers that is great, but other services should be promoted too. There's a lot of services that can benefit student health and wellbeing that aren't specifically classed under Mental Health and Wellbeing, like how AUSA is able to offer a lot of socialising events and self-care/study help sessions. That stuff is all still beneficial, even though it's not directly from the University itself."

*NAME CHANGED AT REQUEST OF THE STUDENT

New Study Aims to Challenge “Gay Blood Ban”



CAMERON LEAKEY (HE/HIM) AND TONY SRIAMPORN (HE/HIM)

Aotearoa New Zealand's largest study for gay, bisexual, and other men-who-have-sex-with-men (GBM) launches this month with an aim to recruit 4000 participants to complete a questionnaire about HIV prevention/treatment and opinions on blood donation. Currently, GBM are deferred from donating life-saving blood if they have had sex in the last three months, effectively excluding most GBM from taking part. The current policy is in place as a legacy of the HIV epidemic but the study aims to find out more about potential suitability for some GBM to safely donate blood. It is estimated that up to 35,000 GBM in New Zealand would be eligible to donate under a less restrictive policy.

Associate Professor Dr. Peter Saxton, lead investigator, says, “The NZ Blood Service agrees that some [GBM] present a low risk for donating blood, but the organisation lacks

evidence to improve the policy further. Our study will be the first to provide that evidence.”

Participants will be asked to complete an online survey with questions about sexual behaviour, HIV prevention, and attitudes towards blood donation. Participants then have the option to complete a dried blood spot sample using a kit sent out directly to them (to test for HIV, syphilis, and hepatitis C). The linking of responses between the questionnaire and the results of the dried blood spot sample will help inform estimates of undiagnosed prevalence of these diseases, which is crucial for informing blood donation policy.

Dr. Sarah Morley, Chief Medical Officer, New Zealand Blood Service comments, “The outcome will help provide vital New Zealand-based evidence that will inform the next review of New Zealand Blood Service's behavioural deferral policy. This study is an real opportunity to help effect change, and we encourage all eligible people to take part.”

In recent years, there have been increasing complaints about NZ's “gay blood ban” including complaints to the Human Rights Commission and negative media attention citing the policy's discriminatory and unscientific nature.

“Our community consultation showed us that lots of people are passionate about creating a fairer blood donation policy and eliminating HIV transmission in Aotearoa NZ. I'm sure that extends to the whānau and friends of

With a current shortage of A+ blood, and calls from the New Zealand Blood Service for donors to come forward, the potential to allow more people to donate is vital in helping solve future blood supply shortages.

men-who-have-sex-with-men (MSM), who we call upon to share the study link and support their MSM loved ones to take part,” says Saxton.

The study is part of ongoing research into the HIV epidemic in New Zealand, and the first to ask participants about use of PrEP (HIV pre-exposure prophylaxis), which was first funded for HIV prevention in New Zealand in 2018. The study is run in partnership with the New Zealand AIDS Foundation, Body Positive, Te Whāriki Takapou, The University of Otago, and New Zealand Blood Service.

With a current shortage of A+ blood, and calls from the New Zealand Blood Service for donors to come forward, the potential to allow more people to donate is vital in helping solve future blood supply shortages. The combined ability for the study to also update intelligence about sexual behaviour, and HIV prevention and treatment means that New Zealand could be on its way to achieving its goal of zero HIV transmissions by 2025.

The study launches online this month.



Recreationally Medicinal Drug Use

Marijuana helped me when mental health services couldn't

MARY-JANE ASHTRAY

Weed is a polarising issue. It's two years on from the cannabis referendum, and I, and many others, still feel the missed opportunity. There's a lot of discourse out there about the harms of marijuana, and there's a perception that its benefits are only valid in certain intense medical contexts, like people in extreme pain from chemotherapy. When it comes to recreational use, people can be quick to dismiss potential benefits. But what often gets discounted is the blurriness between medicinal and recreational use.



constantly terrified. The weed helped.

Let's be clear: I'm not advocating that everyone smoke weed every day from dawn 'til dusk, like I was doing. But the reality was that I couldn't access medical help for my anxiety. University mental health services were overflowing, and I needed to write my assignments right then. Marijuana helped me pass the year with the highest GPA I'd achieved to date, despite my crippling mental health issues.

Cannabis continues to carry a heavy stigma, despite the fact that the majority of New Zealanders will have smoked by their thirties.¹ It also bears repeating that cannabis is the most widely used illegal drug, not just in New Zealand, but in the world.² Since its legalisation in certain countries, studies have continued to show that the distinction between medical and recreational marijuana is blurry, as it was for me.^{3,4} And the causal relationship between weed and mental health remains uncertain—does weed lead to worse mental health outcomes, or does worse mental health lead to heavier weed use? For me, it's been both.

There have been periods of time where weed has positively contributed to my mental health. I wouldn't have graduated without it, and certainly not with First Class Honours. But I recently took a break because weed was no longer serving me. I was getting more anxious, not less. I'm now in a place where I can smoke casually, on the weekends. It's not that simple for everyone. But my story and recent studies highlight the need for more unbiased research into the relationship between marijuana and



But the reality was that I couldn't access medical help for my anxiety. University mental health services were overflowing, and I needed to write my assignments right then. Marijuana helped me pass the year with the highest GPA I'd achieved to date, despite my crippling mental health issues.

health outcomes. There may be more positives than we thought, albeit under certain conditions. But that research can't happen without legalisation.

For me, only one thing is certain. I'm grateful to be in a better place now—and smokin' up has played a huge part in that.

I've always been an anxious person. But it wasn't until my third year of university that I started dabbling in the devil's lettuce. One O-Week, I did a lot of MDMA. Ironically, it was molly that was my 'gate-way drug' (in *heavy air*-quotes) to marijuana. After that week, I bought a tinny (\$20) of the good green off a friend, and a pipe and a grinder at Cosmic; the rest is history.

I was smoking a tiny bit a day in the evenings at first, and *very* infrequently. It took me over two months to get through that 20-bag on a purely recreational basis. I binged cartoons in bed after uni, and ate what tasted like five-star Michelin meals in the comfort of my own home. It was fucking unbelievable. Then, lockdown hit. My anxiety went into overdrive. I was alone in the house—my flatmates had gone

back to their families. I became so anxious I couldn't leave my room. I jumped at every creak in the house. I wasn't functional. I couldn't do my assignments, I couldn't focus on lectures, and I was



¹POULTON ET. AL. PATTERNS OF RECREATIONAL CANNABIS USE IN AOTEAROA NEW ZEALAND AND THEIR CONSEQUENCES: EVIDENCE TO INFORM VOTERS IN THE 2020 REFERENDUM. <https://www.tandfonline.com/doi/pdf/10.1080/03036758.2020.1750435?needaccess=true&>

²WHO, <https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/drugs-psychoactive/cannabis#:~:text=ABOUT%20147%20MILLION%20PEOPLE%2C%202.5,COCAINE%20AND%200.2%25%20CONSUMING%20OPIATES.>

³BOSTWICK, J.M. BLURRED BOUNDARIES: THE THERAPUTICS AND POLITICS OF MEDICAL MARIJUANA. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538401/>

⁴TURNA ET AL. OVERLAPPING PATTERNS OF RECREATIONAL AND MEDICAL CANNABIS USE IN A LARGE COMMUNITY SAMPLE OF CANNABIS USERS. <https://www.sciencedirect.com/science/article/pii/S0010440X20300304>

Home is where Te Manawa is....

Indigenous Students and Homesickness

We could go anywhere, even paradise, and we'd still miss home



OMNI ARONA NGĀPUHI, NGĀTI WAI (HE/HIM)

Every year, thousands of first-years make the pilgrimage to their respective universities in search of educational development. But the walls of our dorms and flats have trouble replacing the ones from our home. For indigenous students, the notion of leaving home can be exciting, but after a while, we yearn to return home. We look out our windows with bittersweet melancholy, daydreaming of hilly green landscapes. Some may be homesick for a place we have never visited before or are unsure even exists—a place where our souls are understood. Every traveller has a home of their own, and we learn to appreciate it more after our wandering. I spoke to a few indigenous students who were missing home.

The word nostalgia was coined in 1688 by a Swiss doctor, who defined it as "acute homesickness". The word

We are deeply connected to our land, and our whenua roots us in our identities and culture. We grieve for the loss of home, for a place we belong to.

has since transitioned to mean a "longing for a lost time, a bittersweet melancholy". Indigenous people resonate with this sentiment. For Māori students, the effects of feeling homesick are profound. Growing up in small communities, Auckland can feel like a different country. We are deeply connected to our land, and our whenua roots us in our identities and culture. We grieve for the loss of home, for a place we belong to. Leaving home for better opportunities pains us but encourages us to bring those opportunities home despite the mental and physical detriments of missing it.

Caleb (Ngāti Maniapoto) states, "Although I like being away from home, I can't help but miss it. It's not just my family but the energy." Even with tests on his mind, Caleb notices a different cultural disconnect from Te Kuiti, from which he hails. "Auckland is tokenist, Māori symbols surround the viaduct, but the people there would probably be offended if you said Mōrena to them." This is much different his hometown where he states, "Even the dairy owner speaks Te Reo to us." This cultural distance, between big cities and small towns, has the unique ability to make Māori feel like visitors on land to which they are indigenous. When asked if missing home created any mental setbacks for himself, he responded, "it was hard to sleep in

This cultural distance, between big cities and small towns, has the unique ability to make Māori feel like visitors on land to which they are indigenous.

a new place; it sort of affected my productivity by creating a lack of sleep". To combat this longing for home, he states that "I had to find a new favourite place, and that ended up being me listening to music just by myself, I'd sit there, and that was my space".

Ngaio (Ngāi Tūhoe), who studies environmental science, explains how she holds her home landscapes close to her heart. "Back home, our people run conservation programmes to help local wildlife, species like the kōkako and kiwi". Ngaio says this fostered a deep love for her home and its landscapes. "It's what made me want to do environmental science; I had to leave for university; I always wanted to leave and travel when I was younger, but now that I have, all I want is to go

home", but Ngaio still felt a longing for home. "I was always going to miss it, Tuhoe are a strong people, but even we can get sick for home. There wasn't any panic attacks or physical illness, just a lingering sadness and some social withdrawal".

Homesickness can create disruptive and harmful side effects if it manifests in the wrong way and for too long. Some emotional symptoms include feelings of depression, anxiety, isolation, lack of concentration, and low motivation. Homesickness is also not limited to just emotional side effects. There are physical symptoms include headaches, decreased/increased appetite, low energy, and sleep difficulty. Some of which were present in Ngaio and Caleb's experience. The student experience of leaving home empowers some but not all with a lot of POC having an overwhelming need to return home.

Feeling homesick for our whenua only means we carry a deep love for our home. It is who we are, and the spiritual connection to our whenua is vital to our identities.

One such student is Michael, who is in his last year of engineering. "I was lucky to return home to Japan late in 2019 before COVID became a thing and took some friends with me". Once this is all over, Michael plans to return home. "Hokkaido and Wellington are where I'm from, and every time my plane lands, there is an overwhelming sense of returning home". "A place feels more like home the more time you spend away from it. I look at Auckland as a place for me to grow but not place roots". I had sent Michael a list of homesickness symptoms to see if he thought he had experienced any. "Lack of concentration at work/studies, Not being able to enjoy things fully, and a loss of motivation/enthusiasm are things I've felt from that list."

Many adults may find it hard to talk of homesickness. The fear to talk about missing home speaks to the limitations of the Western individualistic philosophy that undergirds so much of our modern daily lives. It seems that we, as indigenous students, have failed this adult test of rugged individualism. That we have failed to let go of family, friends, and the past, in search of economic opportunity, occupational success, and educational growth. This is not something that we need to be ashamed of. Feeling homesick for our whenua only means we carry a deep love for our home. It is who we are, and the spiritual connection to our whenua is vital to our identities.

Capitalism prizes mobility and a fluid labour force without regard for an emotional connection to home.

Modern capitalism and individualism make us forget about homesickness and can force us to focus on "forward movement"—a forward movement to other places and opportunities for growth. Capitalism prizes mobility and a fluid labour force without regard for an emotional connection to home. Homesickness, by definition, makes us look backwards, but there is a lot of growth in looking into our past. We are homesick for places; it is the sounds and smells and sights of places that haunt us and against which we often measure our present.

As we enter the mid-semester break, many of us will be wistfully dreaming of coming home to our own rooms or our mother's cooking. Despite gaining some independence, the comforts of home are unmatched. Whether you're indigenous to Aotearoa, the Pacific Islands, or any other country, the prospect of returning home speaks to all of us.





Enjoy!
Stay Safe!

Let's Talk About Sex, Baby

A student's guide to sexual and reproductive healthcare



KATE STEDMAN (SHE/HER) AND ROSIE LUO (SHE/HER)

On a scale of 1-10, how comfortable do you feel talking to your doctor about your sexual health? As medical students currently on our sexual health and obstetrics and gynaecology placements, we set out to bust some misconceptions and share some facts so that if your answer was 1, by the end of this article, it will have jumped to a cool 10.

In the COVID pandemic, we've accepted that getting regularly tested, vaccinated, and treated wherever possible is part and parcel of living in a community—this is how we should approach sexual health, too. Taking care of yours benefits you and your future sexual contacts. Of course, not everyone fucks, but everyone definitely knows someone who fucks. You never know when this information might come in handy!

The best ways to prevent transmission of sexually transmitted infections (STIs) are well-known: condoms for penetrative sex, dental dams for oral sex, and keeping sex toys clean. Pre-exposure prophylaxis (PrEP) is a recent development in the field of preventative sexual health. It's a once-daily pill that drastically lowers your risk of contracting HIV. If you've just been exposed to HIV, you can take post-exposure prophylaxis (PEP).

Despite the many preventive tools available, catching an STI is incredibly common, and should never be blamed on immorality or promiscuity. This only discourages people from getting the tests and treatment they need. If you're sexually active, you should get tested every three to six months because even if you don't have symptoms, you could still have and pass on STIs. Suzanne, a sexual health nurse practitioner, has a simple message to anyone worried about having an STI: "The most important thing is to know what's going on, and you cannot know that unless you get tested or speak to a professional."

What if you test positive? "For me, it wasn't really that scary," says Spar, who has tested positive for syphilis, gonorrhoea, and chlamydia on separate occasions. He admits having a prior understanding of STIs helped him to remain calm. "I was like, okay, now I can go get treated. If I didn't have the knowledge I would've freaked out."

Alan*, on the other hand, described his experience as "very traumatic"—he found out he was HIV positive over the phone from his doctor. Since learning of his diagnosis, he has grown in self-acceptance and confidence, despite the stigma and misunderstanding surrounding HIV. Thanks to

antiretroviral medication, his viral load has become undetectable. This means Alan is uninfected and unable to pass HIV on to any sexual contacts. He stresses that like all other STIs, HIV is manageable. "It's not what it used to be—now you can have a healthy and normal life."

Many people Suzanne sees at the sexual health clinic are concerned about telling their sexual partners about their diagnosis, but most people really appreciate the courtesy of hearing about it as soon as possible. The sooner you know your status, the sooner you can get the right treatment and minimise the infection's spread. There is also the option of using anonymous contact tracing offered by your provider.

We are lucky in Aotearoa to have a wide variety of funded contraceptive options. However, no contraception is bulletproof; like all medications, each type carries its own success rates, risks and benefits. Family Planning is the most well-known reproductive health service—their appointments are free for all Aotearoa residents under 22 years old. You can go to them or your doctor for personalised advice about what might be the best option for you, but ultimately the decision is yours.

If you're happy taking a pill every day there are two kinds: the combined oral contraceptive and the progesterone-only, if the former isn't suitable for you. If, like me (Kate), you're so absent-minded you'd lose your limbs if they weren't attached to your body, long-acting reversible contraceptives (LARCs) are a good option—you can set and forget! There are a wide variety of fully-funded LARCs, ranging from both hormonal and non-hormonal intrauterine devices (Mirena and copper IUD respectively), three-monthly hormonal injections (depo-provera), and a hormonal implant that sits under the skin in your arm. The resources below are a great starting point for finding out more about these options.

Barrier contraceptives have the fantastic benefit of also protecting against STIs. Doctors and Family Planning can prescribe condoms, the OG, up to 60 at a time. Another

hack is to fill your prescription at Chemist Warehouse, where they don't charge for prescriptions. Heyo: FREE CONDOMS! At almost \$20 for a small pack at the supermarket, maybe free condoms are where you can get that extra bit of \$\$ for that hazy first-home dream. Female condoms are another option, but they're more expensive, at \$3 apiece.

The emergency contraceptive pill/plan B, that can prevent pregnancy if taken within three days of unprotected sex, is available at pharmacies without needing a prescription. In Tāmaki Makaurau, the Auckland Medical Aid Centre and Epsom Day Unit are two clinics you can self-refer to for pregnancy termination. This is one of the safest and most common medical procedures. By the end of 2022, the Ministry of Health will also be launching a telehealth abortion service. If you become pregnant and/or intend to have a baby, getting in touch with a trusted midwife or doctor will help keep yourself and pēpi healthy through pregnancy and birth. Family Planning can help you find a lead maternity carer (LMC).

Even in the best of circumstances—you're aroused, comfortable and equipped with confidence and a good sex partner—sex isn't straightforward for everyone. Pain during sex can sometimes be alleviated with good foreplay and lube (which also prevents abrasions or scratches that STI bugs can get into), but if it persists it's not something you have to put up with. *Craccum* has an article on vaginismus if you're interested in reading more.

Painful periods are common. Some people manage with painkillers and good old TLC, but your pain should always be taken seriously. Debilitating, persistent pain during your period may be a sign of endometriosis. If this sounds like you, talk to your doctor and don't hesitate to get a second opinion. Always speak to a doctor about any bleeding outside of your period you are concerned about, like bleeding after sex or between periods.

When asked what she would consider the best service for students to go to about sexual health, Suzanne says,

"The student health services wherever they're studying are often the best place they can go to." These services understand their patients' needs and tend to be well-versed in matters of sexuality and gender identity. They can take you through the whole process of prevention, testing, and treatment. "If you've got an urgent specific need, Auckland Sexual Health Service can see you because it could be a public health issue," recommends Suzanne. You should expect that most health workers will be like Suzanne—well-informed and happy to discuss your sexual and reproductive health in a respectful way.

If you're not comfortable seeing your regular doctor, there are plenty of community-based services. For men who have sex with men, Body Positive and the NZAF Burnett Centre are good places to get STI testing done. Check out the list of resources at the end for more. No matter where you go, your health information is confidential and should not be shared without your consent.

While we've covered a lot, we've glossed over many topics like fertility, pap smears, menopause, and erectile discomfort—this article is NOT comprehensive. We hope that no matter your problem or circumstance, you'll feel comfortable seeking advice from a professional.

Our most important message about sex comes from Spar: "I would say actually just enjoy sex!" Suzanne agrees, "sex is an incredibly normal part of life." Sex is an opportunity to explore and learn more about yourself and your consenting sexual partner(s). We wish all *Craccum* readers a happy sex life, whatever that looks like for you!

*Some names have been changed to protect individuals' privacy

Resources

INFORMATION ABOUT STIS AND TESTING LOCATIONS: [HEALTHYSEX.NZ](https://www.healthysex.nz)

AUCKLAND SEXUAL HEALTH SERVICE: [ASHS.ORG.NZ](https://www.ashs.org.nz)

INFORMATION ABOUT ABORTION AND PROVIDER LOCATIONS: [ABORTION.ORG.NZ](https://www.abortion.org.nz)

INFORMATION ABOUT STIS, CONTRACEPTION, PREGNANCY AND MORE: [FAMILYPLANNING.ORG.NZ](https://www.familyplanning.org.nz)

Small Steps to a Clearhead

How a UoA alum is helping to fight the mental health crisis



GRACE BURTON-MCKEICH (SHE/HER)

It's no secret that many people living in Aotearoa struggle with their mental health. In 2018, 18% of New Zealanders reported having poor mental wellbeing and the latest NZ Health Survey revealed that one in 10 New Zealanders had experienced psychological distress in the four weeks leading up to completing the survey.^{1,2} There are also inequities in the mental health outcomes of people who identify as Māori, Pacific, diverse genders, and among those who do not identify as heterosexual.^{3,4,5} Not to mention students are at increased risk of experiencing mental illnesses such as depression and anxiety.^{6,7} There are many brilliant people seeking to mitigate mental health inequities and improve the wellbeing of all people living in Aotearoa. One of these people is Dr. Angela Lim, who talked to me about the ways she's helping to break down barriers that inhibit people's ability to access and get the most out of mental health care.

Dr. Lim is the co-founder of Clearhead, "a digital mental health platform that helps people easily find the help they need, whether that's self-help or professional help with a therapist." Clearhead's full suite of tools can only be accessed through an employer or university-supported plan. Unfortunately for us, UoA is not yet a subscriber (I feel a petition

coming on). But you should speak to your employer—if you work at a supermarket, you might be in luck! Clearhead has a partnership with Foodstuffs. If your employer is not already on board, perhaps you can slip into their suggestion box and be a driver of change. Nonetheless, everyone can download a free version from a preferred app store.

Both versions of Clearhead have a multitude of features, from an AI therapist and self-help tools, to a system for booking appointments with human therapists. The app tries to match you with the best therapist for you, based on your needs and preferences. For example, if you're experiencing performance anxiety around exam time, you'd be able to see someone who can help with that. Perhaps you are a person with, or thinks they may have a learning disability, such as ADHD. Clearhead can help connect you to a health professional with expertise in that area, receive a diagnosis, and access medication.

In 2018, as a recent UoA med grad, Dr. Lim co-founded Clearhead. She could not see any intervention making a meaningful difference to the state of New Zealanders' mental health and "felt there was a huge role for technology to play." Dr. Lim explained that digital platforms encourage people to ask for help, especially if they are worried about being judged by a mental health provider. Not only does Clearhead try to alleviate fears of stigmatisation, but the development team is dedicated to delivering services many people feel

Dr. Lim is the co-founder of Clearhead, "a digital mental health platform that helps people easily find the help they need, whether that's self-help or professional help with a therapist."



ILLUSTRATIONS BY AIMEE LEW



comfortable accessing. For example, as part of their content, they have former All Black Nehe Milner-Skudder discuss his mental health challenges and what he does to improve his wellbeing. Another major barrier Clearhead is overcoming is wait times. In the public system, it currently takes at least six months to see a mental health professional. With Clearhead, if you need more than what the tools can offer you, or a more long-term solution than the helplines it can refer you to, the app can help you get seen by a human therapist within three days.

When I asked Dr. Lim about how the app can meet the diverse and changing needs of all its users, she explained that the system is intelligent enough to identify trends in users' needs. Clearhead is constantly being evaluated so that users can be sure it is providing them with evidence-based support. One example she gave was how "because of the pandemic there was a huge increase in people searching for meaning," so they "were able to create a tool that can help people find meaning and purpose."

Dr. Lim's endeavours don't stop at Clearhead. Small Steps is a website that was developed in collaboration with Clearhead and the Ministry of Health. The website can be accessed by anyone and offers a number of tools developed by Clearhead. Small Steps is specifically targeted at young people and is designed with NZ's cultural context in mind.

Another collaboration with the government has produced First Steps. It's a service that gives Auckland small business owners unlimited access to free therapy sessions—maybe you have a side-hustle that would qualify you for this service or maybe you know someone who could benefit?

One example she gave was how "because of the pandemic there was a huge increase in people searching for meaning," so they "were able to create a tool that can help people find meaning and purpose."

Regardless of your situation, spread the word!

So, how does a mental health professional look after their wellbeing? For Dr. Lim it's about "Taking those proactive steps—journaling, meditating, going for runs. These are simple habits that I do a few times a week to feel a little bit more in control of my life, in all the hectic-ness."

While the determinants of mental health are complex, everybody deserves to access safe and effective care when they need it. Dr. Lim and her team are courageously filling a gap, improving our ability to take a small step in the direction of better mental wellbeing.

¹ STATISTICS NEW ZEALAND. WELLBEING STATISTICS: JUNE 2020 QUARTER. [HTTPS://WWW.STATS.GOV.TZ/INFORMATION-RELEASES/WELLBEING-STATISTICS-JUNE-2020-QUARTER#HEALTH](https://www.stats.govt.nz/information-releases/wellbeing-statistics-june-2020-quarter#health)

² MINISTRY OF HEALTH. ANNUAL UPDATE OF KEY RESULTS 2020/2021: NEW ZEALAND HEALTH SURVEY. [HTTPS://WWW.HEALTH.GOV.TZ/PUBLICATION/ANNUAL-UPDATE-KEY-RESULTS-2020-21-NEW-ZEALAND-HEALTH-SURVEY](https://www.health.govt.nz/publication/annual-update-key-results-2020-21-new-zealand-health-survey)

³ WILLIAMS ET AL. THE ASSOCIATIONS BETWEEN CULTURAL IDENTITY AND MENTAL HEALTH OUTCOMES FOR INDIGENOUS MĀORI YOUTH IN NEW ZEALAND. [HTTPS://WWW.FRONTIERSIN.ORG/ARTICLES/10.3389/FPUBH.2018.00319/FULL?UTM_SOURCE=GENERAL-SUB#B1](https://www.frontiersin.org/articles/10.3389/fpubh.2018.00319/full?utm_source=GENERAL-SUB#B1)

⁴ LEE ET AL. ETHNIC INEQUALITY IN DIAGNOSIS WITH DEPRESSION AND ANXIETY DISORDERS. [HTTPS://JOURNAL.NZMA.ORG.NZ/JOURNAL-ARTICLES/ETHNIC-INEQUALITY-IN-DIAGNOSIS-WITH-DEPRESSION-AND-ANXIETY-DISORDERS](https://journal.nzma.org.nz/journal-articles/ethnic-inequality-in-diagnosis-with-depression-and-anxiety-disorders)

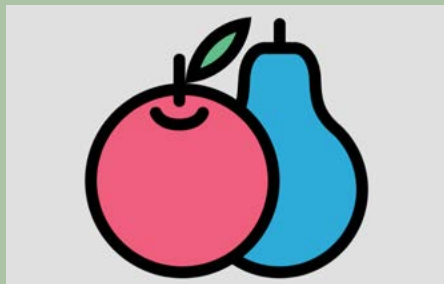
⁵ TAN ET AL. MENTAL HEALTH OF PEOPLE OF DIVERSE GENDERS AND SEXUALITIES IN AOTEAROA/NEW ZEALAND: FINDINGS FROM THE NEW ZEALAND MENTAL HEALTH MONITOR. MENTAL-HEALTH-OF-PEOPLE-OF-DIVERSE-GENDERS-AND-SEXUALITIES-IN-AOTEAROA-NEW-ZEALAND-FINDINGS-FROM-THE-NEW-ZEALAND-MENTAL-HEALTH-MONITOR.PDF (RESEARCHGATE.NET)

⁶ WINTER ET AL. A LONGITUDINAL STUDY OF MENTAL WELLBEING IN STUDENTS IN AOTEAROA NEW ZEALAND WHO TRANSITIONED INTO PHD STUDY. [HTTPS://WWW.FRONTIERSIN.ORG/ARTICLES/10.3389/FPSYG.2021.659163/FULL](https://www.frontiersin.org/articles/10.3389/fpsyg.2021.659163/full)

⁷ SAMARANAYAKE ET AL. SLEEP DISORDERS, DEPRESSION, ANXIETY AND SATISFACTION WITH LIFE AMONG YOUNG ADULTS: A SURVEY OF UNIVERSITY STUDENTS IN AUCKLAND, NEW ZEALAND. [HTTPS://ASSETS-GLOBAL.WEBSITE-FILES.COM/5E332A62C703F653182FAF47/5E332A62C703F6D9572FD89B_SAMARANAYAKE.PDF](https://assets-global.website-files.com/5E332A62C703F653182FAF47/5E332A62C703F6D9572FD89B_SAMARANAYAKE.PDF)







PODCAST

MAINTENANCE PHASE



NAOMII SEAH (SHE/HER)

Maintenance Phase is the podcast you never knew you needed. Hosts **Aubrey Gordon** and **Michael Hobbs** are gut-wrenchingly funny, and they manage to tackle the hard subject matter of fatphobia, dieting and wellness culture with empathy and humour.

By dint of being alive in the 21st century, you probably struggle, at least a little bit, with body image and the idea of 'health' that we're sold by the media. Obviously 'health' means six-pack abs, eating only celery, and being skinny, right? But over the course of their hour-ish long episodes—the perfect length for those pesky public transport rides—Michael Hobbs and Aubrey Gordon take their listeners through a well-researched, scientifically-informed reality check. Through interrogation of poorly designed, biased studies and scrutinising marketing ploys, Hobbs and Gordon demonstrate the social construction of fatphobia and weight bias. They'll show you that yes, keto, paleo, and other diets are, in fact, a scam, and despite what wellness influencers tell you, it's fine to be fat. Their chats are always fun, always enlightening, and in a capitalistic world that often gains by making you feel self-conscious, *Maintenance Phase* will make you feel better about yourself, too.

The podcast that will actually make you a better person. 1000/10.



YOUTUBE SERIES

WHAT I EAT IN A DAY HARPER'S BAZAAR



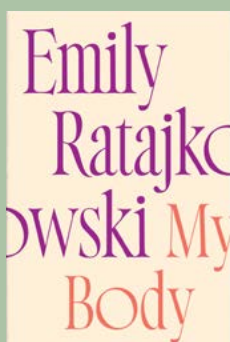
MADELEINE CRUTCHLEY
(SHE/HER)

Throughout this series, *Harper's BAZAAR* consistently platforms celebrities who dole out dietary advice about 'clean' eating, and present themselves in the best light possible. This becomes intensely problematic due to their complete lack of qualification in recommending a particular diet (many of them point to pseudo-science to support their choices).

Ashley Graham tells you to cut out gluten to counteract sore joints, **Kylie Jenner** describes her wakeup celery juice routine (a fad diet trend started by 'the Medical Medium'), and **Ian Somerhalder** talks through his salty, lemon water that targets the adrenals (what?).

This isn't to shame their individual food choices, but to demonstrate that these diet recommendations are going out to *Harper's BAZAAR* viewers with NO fact-checking. Maybe there's some potential for more productive engagements here—sometimes the 'What I Eat in a Day' format allows people to talk positively about weight gain, record their eating disorder recovery, or shun fad diet trends and health misinformation. The series could even be a cosy exchange about cooking habits, but the messaging is too often revelling in pervasive diet and wellness cultures. Toxic ideologies about food are consistently upheld through smiling celebrity faces.

Grimes' video is, however, the best thing on YouTube.



BOOK

MY BODY EMILY RATAJKOWSKI

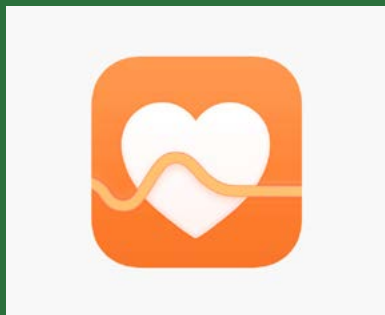


LI BARLOWE

My Body navigates the politics of beauty, feminine socialisation, and rape culture without ever getting too explicitly or academically political. Mostly, **Emily Ratajkowski** is telling you her life story—it's just that she, like all women, lives in a highly politicised body. The book is written with a gorgeous Californian ease (think **Eve Babitz**) and just enough detached feminist rage to make the more harrowing realities of Ratajkowski's life readable. Even the fanfiction-y outfit descriptions serve a thematic purpose. The author's voyeuristic sidebars reveal a truth about modern womanhood—our self-appraisal is raw and constant.

This book made me rethink some of the current popular narratives around celebrity women and their glamorous lives. As the cultural conversations about pretty privilege and aesthetic ideals drag on, it becomes clearer that actresses, models, and influencers topping the beauty pyramid are still burning on its pyre. Ratajkowski's lack of answers or bodily autonomy seem to prove that being the yardstick other women are measured by gives you power, but not the one we all want most; freedom from a system that equates looks with worth, submission with value. It's a stunning debut, an unapologetically brave memoir.

An ugly, unflinching look at one woman's beauty.



APP

HUAWEI HEALTH APP

CW: MENTIONS DISORDERED EATING



NAOMII SEAH (SHE/HER)

If these health apps help you in some way, good for you, and more power to you. But honestly, I feel like they're a bit of a scam. Firstly, yes I have a Huawei. But I have owned other phones, and the health apps are all equally useless. I already spend hours of my day staring at social media, feeling bad about myself because I don't make green smoothies and have daily runs. Do I really need a dedicated app to tell me I need to drink more water, bestie, and monitor every step I take? Every time I'm swamped with work, I pick up my phone and the pedometer at the bottom mocks me. Yes I know I've only taken five steps today! Cut me some slack! The function of logging your water intake and meals at best feels like a ploy to keep people looking at their phones, and at worst is a gateway into disordered eating. Finally, it's not even functional. Shockingly, sometimes I go for walks without my phone, and I've never once remembered to log my yoga sessions. The courses are also a bit of a joke. One is titled "relaxation", and its first recommendation is breathing. Thanks to Huawei Health, my anxiety is cured.

Useless/10.



APP

CHRONIC INSIGHTS



CHARLIE PARKER (SHE/HER)

Chronic Insights helps track chronic pain in a few simple steps. It allows recording body locations of where you're having chronic pain, and logs it onto a virtual 3D mannequin. It then allows you to track the frequency, time of occurrence and intensity. In premise, it's great.

However, if you suffer from multiple pain spots, or a pain condition that covers your entire body, the app will crash multiple times when you put in your initial pain symptoms. Tracking symptoms then gets tiring, as you've got to individually log every single spot that hurts every day or it creates an inaccurate log.

The app offers a variety of symptoms; from specific pain spots, to migraines, to depression. Addressing mental health concerns on a physical level is uncommon in chronic pain apps, so for inclusivity it gets an A+.

Yet, for the full features the monthly subscription rate is US\$9.49 a month, totalling ~NZ\$160 a year. For those with chronic health concerns that require costly specialists, appointments, and tools as it is, it doesn't really fit the student budget.

A great concept but the app causes more strain than relief, 5/10.



- 1. No Follow Through**
Wiri Donna
- 2. Home Fire**
Dead Famous People
- 3. Hey Feat. Kelly Sherrod**
A Blunt Jester
- 4. HĪRERETIA RĀ**
Mokotron
- 5. A LETTER FROM PUREST HELL**
P.H.F.
- 6. Dominion Road (Dumpling House)**
Dartz
- 7. Laid Out**
Samara Alofa
- 8. Skinty Fia [Edit]**
Fontaines D.C.
- 9. Little Sieve**
T.G. Shand
- 10. It's Ōtepoti's Fault [Totems Remix]**
Dudley Benson



Acting or Acting Up?

Behind the Scene-sationalisation of the 'suffering' star story



ARELA JIANG (HE/HIM), MADELEINE CRUTCHLEY (SHE/HER), FLORA XIE (SHE/HER)

In preparation to play the Joker, Heath Ledger "locked" himself away in a hotel room, crafted a character diary, and experimented with different voices. Jaime Foxx wore prosthetic eyelids to play Ray Charles, and suffered panic attacks while wearing them. Ashton Kutcher became a 'fruitarian' to play Steve Jobs and ended up in the hospital two days before shooting started. Leonardo DiCaprio slept in an animal carcass for *The Revenant*. Denzel Washington was actually waterboarded for *Safe House*. Halle Berry didn't shower for six weeks while making *Jungle Fever*. Jared Leto sent a variety of disturbing 'gifts' to his castmates, while going full method actor... our thoughts and prayers to the 2016 *Suicide Squad* cast.

Outlets like *Variety*, *Collider*, and *Vogue* are absolutely dominated by listicles that count off the 'craziest' things major stars have done in the preparation for big roles. Often, the introductions to these pieces will express concern for the damage caused to their mental and physical health in this process. By popular media accounts, preparing for a role seems like an intense and

punishing process, and it's the story about the profession that is most widely disseminated. Our grotesque fascination for the pre-performance preparation sometimes gives more hype than the performance itself.

But according to our local actors in Tāmaki Makaurau, getting into character doesn't need to be traumatising.

By popular media accounts, preparing for a role seems like an intense and punishing process, and it's the story about the profession that is most widely disseminated.

Celine Dam emphasises that preparation is about engaging with the character, which sometimes involves close analysis of the scripts. She

explains that "I work to understand my character and discover their reasonings and motivations. Especially if I'm to play a 'dislikeable' character, I want to understand their motivations." Similarly, Simon Gilchrist recentres 'work' as an aspect of preparing for a role, explaining that for him it usually involves "heaps and heaps of homework, like script after script, reading, reading, reading, trying to get to know this person you're going to play and the world you're entering." It's the everyday details of life that actors learn from to add to their characters, in Isla Frame's experience. The audience doesn't see the amount of observational research behind a character, and it's not the stuff making headlines.

For Lisa Zhang, character preparation can be as mundane as putting on the costume. "Adjusting speech or physicality has been an impactful way for me to embody the character". There really isn't any of the theatrics audiences expect of actors. Isla corrects us, saying that actors aren't getting consumed in their characters, but rather the performance. "You

become this larger-than-life person, you get very much swept away," she admitted, then goes on to explain "but then the performance is over and you're just exhausted. That's not to say that [you] got lost in the character". Actors aren't necessarily losing their minds in their characters—they're simply putting on a good performance. As Tasman Clark puts it: "I go into the character, I don't let the character go into me."

Popular media loves to glorify the gritty actor who goes through hell for their role—it gives them that 'star-quality', right? Diamonds are made under pressure, and the brightest catch the most light. The stories of intense preparation sell movie tickets, generate clicks, and convince audiences to rush to theatres to gawk at this 'tortured' performance.

But Simon points to the financial privileges of those high industry actors, stating that they "get paid much more for their time to dive deep. Money means time for the work at hand without worrying about the bills." Celine takes this further, asserting that this media focus is "over-romanticisation. As if putting yourself through a character's suffering makes you more of an actor? Like no? Prioritising your mental health is fucking cool." Lisa and Kate Fu both noted that it's also difficult to get an accurate idea of a star's process, with Lisa stating you "don't know who they are and what they go through." However, she also ruminates on the aspects of fame, brand, and image that come into this portrayal of extreme preparations.

We fixate on these individuals like they're consumed in some artistic vacuum, when there are entire casts and production teams carrying each project. There's a constant sensationalising of the individual preparation process, which omits the importance of this deeply collaborative environment. This is an aspect that our local actors emphasise across the board.

Tasman distinguishes that social environments are more likely to be a source of unease, explaining "shows have impacted me negatively, but not

necessarily the characters themselves." As a director, Isla emphasised how crucial it is to foster an environment that looks after its people as "a leader without being a dictator. In the local theatre industry, we get to know each other. There's no money in it, we build a community, we share stories. It can be a really healthy environment." Kate relays "I'm really impacted by the environment set in the rehearsing rooms and how the director sets that tone." She reflects that everyone involved in a production are examples to "learn to approach roles professionally whilst also finding the fun."

These conditions so often get overlooked by audiences, as they are not a key focus of arts reporting, but they are so influential for an actor's head space and wellbeing.

Actors aren't necessarily losing their minds in their characters—they're simply putting on a good performance.

For Simon, the character and role itself didn't create a negative experience, but he "unfortunately went through a rehearsal process where it wasn't necessarily made safe." The acting method itself wasn't the source of discomfort, but the lack of "trusting and safe working standards." He asserts that "they need to be in place, because you're getting vulnerable. They should absolutely be [present], no compromises." Celine credits great mentors she's had who taught her how to safely transform into characters and prepare: "It means at the end of the day I can take off a character and return back to me." Similarly, Lisa has been able to "go to very vulnerable places" without feeling consumed by the getting-into-character process since she has "always been in safe spaces to do so".

Part of creating this secure space is keeping it professional. Assuming artistic arenas are safe spaces to confide in personal experiences can set unhealthy expectations. Individuals

may feel pressured to overshare to belong in the acting community—that can make for toxic work environments. A secure space doesn't mean a trauma-dump site, nor should sets lose the unique kinship that develops among the cast and crew. As Kate notes "you don't want the vibe to be totally cold and unfeeling—there's a balance to be struck."

Stories of stars choosing their hardships and taking them to extremes to find the darkness in a role smacks of voyeurism—something only the privileged few are capable of. The industry doesn't always cater to everyone.

This collection of local actors largely celebrate the joy that their own preparation could bring them, and share funny, enlightening stories about the process of exploring their craft. In order to ensure they can continue this exciting journey, we need to be genuinely interested in the environmental factors that affect their mental health—not whatever bizarre shit Jared Leto has decided to do next.

Find these actors/directors here!

Tasman Clark (he/him) and Kate Fu/傅柔 (she/her) both performed in *Yang/Young/杨* in 2021.

Tasman will be in *The 25th Annual Putnam County Spelling Bee* with North Shore Music Theatre (15th–25th July).

Kate will be in *Top Girls* with Stray Theatre Company (June 1–4).

Lisa Zhang (she/her) (@lningja) has starred in *INKED* (Neon and SkyGo) and *NO EXIT* (Disney+).

Isla Frame (she/her) directed *Sappho: Lesbians and Lyres* at Pitt Street Theatre and is directing the aforementioned *Top Girls*.

Celine Dam (she/her) is a screen and theatre actor, and can be found @celinedam_.

Simon Gilchrist (he/him) is a screen and theatre actor, starting work on a short film shoot later this month.

The Most Marvellous Medical Movies

Med students! This counts as studying!



KATE STEDMAN (SHE/HER)

As someone who is in a near-constant state of being buried under a pile of medical journals, I started out trying to come up with precise and descriptive inclusion/exclusion criteria to create a pool of eligibles for my list of Marvellous Medical Movies. Then I realised this is not a systematic review and is, in fact, a student mag listicle, and I can include and exclude whatever I want, and isn't that freeing? I decided to simply choose films that have totally engrossed me in their different worlds. I love good storytelling for its unrivalled ability to make you empathise with even the most unlikely people, both fictional and non-fictional. I hope that one of these will spark your interest

enough to seek it out yourself!

The Farewell (2019) dir. Lulu Wang

Based on writer-director **Lulu Wang's** real life experience, this film centres around a family brought together by a grandmother's terminal illness but strained by cultural differences. Chinese-American protagonist Billi feels wrong about keeping her Nai Nai (grandmother) in the dark about her own illness, while her Chinese family want to bear the burden of knowing the diagnosis on Nai Nai's behalf. *The Farewell* is a touching, well-crafted portrayal of family bonds and clashing

cultural views on illness and death.

Awkwafina received a lot of praise for her lead performance as Billi but I also want to mention that **Zhao Shu-zhen** as Nai Nai and **Jiang Yongbo** as Billi's uncle were total scene-stealers.

A heart wrenching ethical dilemma.

Chemsex (2015) dir. William Fairman and Max Gogarty

Available in full-length on YouTube, this harrowing documentary is about the phenomenon of chemsex, which involves casual sex in combination with drug use that has risen as a trend largely in the gay community in recent

decades. You might be concerned about the issue being shown in a sensational, exploitative way, since the film does unflinchingly portray sex and addiction. However, *Chemsex* is ultimately full of compassion and hope. It centres the lived experiences of its subjects, including **David Stuart**, a gentle, empathetic sexual health worker whose dedication to his work comes from his own experience with chemsex and living with HIV. The film never blames the people involved; instead, it criticises drug addiction stigma, homophobia, and a slow public health response.

Unflinching in the face of a little-known health crisis.

One Flew Over the Cuckoo's Nest (1975)

dir. Miloš Forman

This critically acclaimed film is full of moral ambiguity. It asks challenging questions without giving the audience straightforward answers. McMurphy, played by **Jack Nicholson**, is a criminal who becomes confined to

a mental institution and rallies his disenfranchised fellow patients around him. Is he meant to be heroic, showing that criminal acts are acts of freedom that should never be curtailed by the state? Or is he so abhorrent to show that no matter how awful the person or the crime, what happens to patients at institutions like this should never happen to anyone? And are women the source of all evil? (Author's note: No. But the way the film raises this question is interesting.) I love the parts of this film that are enigmatic and ripe for interpretation. You draw your own conclusions.

What is evil?

Colectiv (2019)

dir. Alexander Nanau

I saw this Romanian documentary at my favourite central-city cinema, Academy Cinemas (did you know they do \$5 Wednesdays? Well, they do \$5 Wednesdays), and I was blown away by the story. I knew nothing of the 2016 public health scandal that unmasked the sorry state of Romanian hospitals in

the wake of a devastating nightclub fire that killed or injured over 200 people. The film deftly takes you through the events surrounding the public health crisis and the human impact of neglectful and incompetent healthcare and hospital policies.

The aftermath of a devastating real-life tragedy.

Memento (2000)

dir. Christopher Nolan

Christopher Nolan's second film is a crime-thriller about a man with anterograde amnesia, a film much smaller in scale than his latest works, but no less successful in its gripping portrayal of a character's emotional arc. It makes inventive use of narrative structure and scientific concepts, which his later work is well-known for. In *Memento*, protagonist Leonard Shelby uses all the tools and people at his disposal to work around his amnesia and find his wife's killer. The film puts Leonard in the perfect situations to explore his psyche.

Mind-bending fun.



Indigenous Dance Activation as Healing

Breathe in and breathe out...



IATUA RICHARD FELAGAI TAITO (HE/HIM)

Some people do yoga, some people go to the gym, some people pray too but with me, all those points are activated through a dance lens.

Someone I look up to who is a Samoan indigenous dance practitioner, Charlene Tedrow, shared this simple but beautiful *talanoa* (open-ended verbal exchange).

"Mindful practices with them like *manava i totonu* (breathe in), *manava i fafo* (breathe out), that really simple thing grounded them in, getting them to think about grandpa or grandma, nana in their head and boom... they're centred".

Through this task she'll do these breathing activations with her students to get them grounded and centred. And once you are centred in your tripartite selves—*fa'aleagaga* (spiritual), *fa'aletino* (physical), *fa'alemafaufau* (mental)—then you will garner that re-indigenised healing and revitalisation of true innate connection that was lost due to colonisation in the Pacific.

So, through my dance practice, I talk about *Siva Samoa* (traditional Samoan graceful dance) and how it allows me to connect with the fluidity of gender and sexuality.

Ultimately, the practice gives me a sense of belonging and healing as with *siva samoa* the dance activation by Charlene is similar to yoga practices.

Siva Samoa training can have a physical

gym-like element when you include *fa'ataupati* (slap dance) and *se'e* (foot glide). And combining it together rapidly can create that sweat you have when you go to the gym.

Even with *Siva Samoa* as a dance medium it can be another form of prayer. For me personally, I engage in what you call authentic movement. Famous Jewish mystic and healer Baal Shem Tov states: "when you wish to yoke yourself to the higher world, it is best to worship with your eyes closed".

And encompassing that through movement, centring myself, and my innate senses connects through prayer vibrations that can be accessed through *Siva Samoa*.

People only see *Siva Samoa* as an aesthetic, but it also can activate healing that your body stores from past trauma or intergenerational colonial trauma if you are indigenous.

How do you activate healing within *Siva Samoa*?

By bringing your wholeness of culture and experiences at the forefront, not leaving it at the door, focusing on the breathing and mindful practises stated by Charlene, and closing your eyes and moving through a prayer sense (authentic movement) or in this *siva* (to dance) to how you feel. Forgetting about the aesthetic but focusing on the feeling, impulse, and internal connection to oneself. That's when you

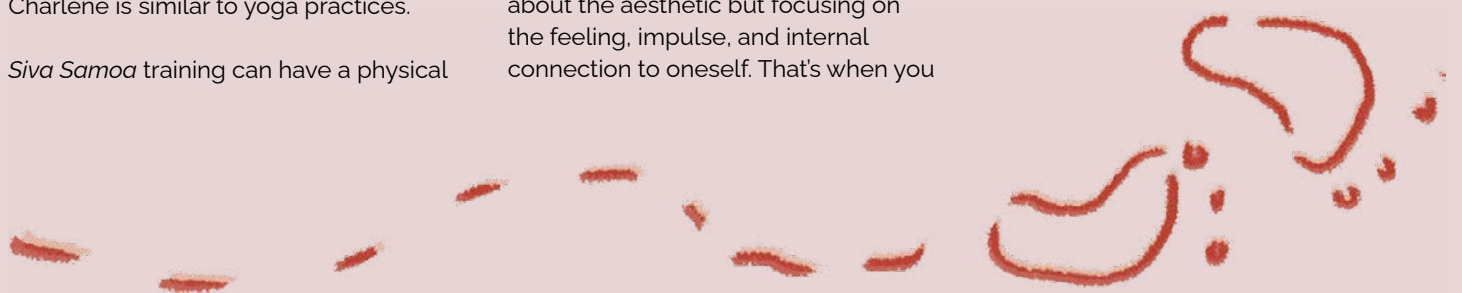
activate transparency and ultimately healing when practised constantly.

For me, this practice is so rich, but the fact there is no literature that specifically talks about *Siva Samoa* is why I am embarking on my research journey centring this indigenous Samoan art form.

Once you get the healing, you then understand your belonging in your community. For me it is Samoa. *Siva Samoa* is a language that can connect you to culture even if your Samoan language fluency isn't good.

Siva Samoa as you may see in functions, festivals, birthdays, but you also see them performed at a funeral as well. This is so profound and vivid as it is a life source of connection to the *vā* (in-between/interconnected space) of those that are living and are not.

Personally, it can activate emotions that can address how you are feeling inside. For me, if I can't verbalise it, I embody it through *Siva Samoa*. And that indigenous connection reawakens my sense of belonging, knowing that this art form and dance medium can be used therapeutically as it releases emotion and trauma in a more healthy way.





EASTER HOLIDAY DEAL

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\$15 Per Player (Minimum Four Players)

- One play of every blue reader game
- \$10 Credit



How to Be Okay When the Planet is Dying

CW: THIS ARTICLE MENTIONS SUICIDAL IDEATION



OLIVIA BIRD (SHE/HER)

If I asked you to visualise the impacts of climate change, what would come to mind? Perhaps a city submerged in water? Or a forest ablaze as the sky burns blood orange? Or perhaps something more cliché like a lone polar bear floating out to sea on a small iceberg? Many young people are well versed on the impacts of climate change. We know it is causing rising sea levels, forest fires, and habitat destruction, but what about its impact on our minds?

The American Psychology Association has linked climate change to increased rates of stress, depression, anxiety, aggression, violence, and crime; while also increasing rates of conflict-avoidance, fatalism, fear, helplessness, and resignation. What a fun list, right? I mean, call me crazy, but I don't think that living with a never-ending fear of the world ending is conducive to wonderful mental health.

...over 84% of young people were moderately to extremely worried about climate change; over 45% were negatively impacted in their daily functioning because of their feelings towards climate change; and over 75% were frightened by the future.

This hits young people especially hard, with a global psychological study from last year finding that over 84% of young people were moderately to extremely worried about climate change; over 45% were negatively impacted in their daily functioning because of their feelings towards climate change; and over 75% were frightened by the future.

My personal struggle with eco-anxiety has been pretty moderate, as I am well practiced at numbing myself to an adaptive degree. But sometimes all it takes is one depressing statistic for the entire facade to collapse, and then at least a month after that to piece it back together.

Yet, as I have joined climate activism spaces, new friends have shared their mental health struggles with me. This has given me unimaginable comfort—it is so important to know that we are not alone. So, below follows two interviews with these new friends, current and ex-UoA students, from Fridays for Future Tāmaki Makaurau, as they discuss mental health, coping, and hope.

Do you remember your first instance of eco-anxiety/climate-related emotional distress?

HASINI: Yes, very vividly. It was days and nights of crying and being incredibly depressed. It was after the Intergovernmental Panel on Climate Change (IPCC) delivered a landmark report and told the world the consequences of the climate crisis, which included many irreversible effects too. It completely changed my life and the path I would take from then on.

SOPHIE: Yes, my first instance of eco-

anxiety was when I was around thirteen, where as part of a school project about plastics, my family kept every piece of plastic aside in our rubbish bin for a week. When I spread out all the types of plastic it covered the entire floor of our lounge and almost none of it was

recyclable. And I just realised the scale of pollution that my family had to exist within. That was my first encounter with that existential dread.

In what ways has climate change



impacted your mental health since then?

HASINI: Since reading that IPCC report I have often felt suicidal due to the lack of action we see from individuals, organisations, and governments, where everyone's finger-pointing and refusing to own up and take action. Being aware of what's happening with climate change hasn't been easy, but I would much rather be aware than remain ignorant and help continue the path we are going down.



SOPHIE: When I was 21 I quit my job because I realised that I was so mentally unwell and I was just contributing to this machine. So, it literally disrupted my life entirely.

When you're used to being under a certain level of stress it definitely makes you more reactive and responsive, so when I hear bad news I'm not surprised but it's still really painful. I think the climate crisis has made me really anxious... I mean, it is eco-anxiety. But it also desensitises me as well. It's like you have to numb yourself to be able to be under that constant stress.

What are some short-term ways to cope with climate anxiety?

HASINI: Talking about it with people definitely helps, as it unloads the burden from yourself a little bit. Also, taking my own personal action also helps, where I try to limit my impact on the planet as well. This makes me feel less powerless as I know that everyone doing the same things adds to a cumulative effect. I also just go for a bicycle ride along the waterfront, which helps me to calm down.

SOPHIE: I find that connecting with the environment helps. Like knowing that I am actually here for a reason, I am part of the ecosystem, I can contribute to the earth. And then taking a small action to be a part of that movement. If I sign a petition, pick up some litter, or plant something in my garden, I'm one of millions of people doing those small actions. It can help a lot to just go, "there is this doom machine, but I am going to be a small drop in this wave of change".

What are some long-term ways to cope with climate anxiety?

HASINI: After reading the IPCC report, I threw myself into the climate movement in every way I could. I've joined every climate group I know, which helps me feel less alone—it's nice to be with people who share the same views as you. I am also an advocate for behaviour change where you can, as it is what has helped me remain sane, knowing I am doing the right thing while also pushing for systemic change.

SOPHIE: As long as we keep engaging with corporations (because they are

I am also an advocate for behaviour change where you can, as it is what has helped me remain sane, knowing I am doing the right thing while also pushing for systemic change.

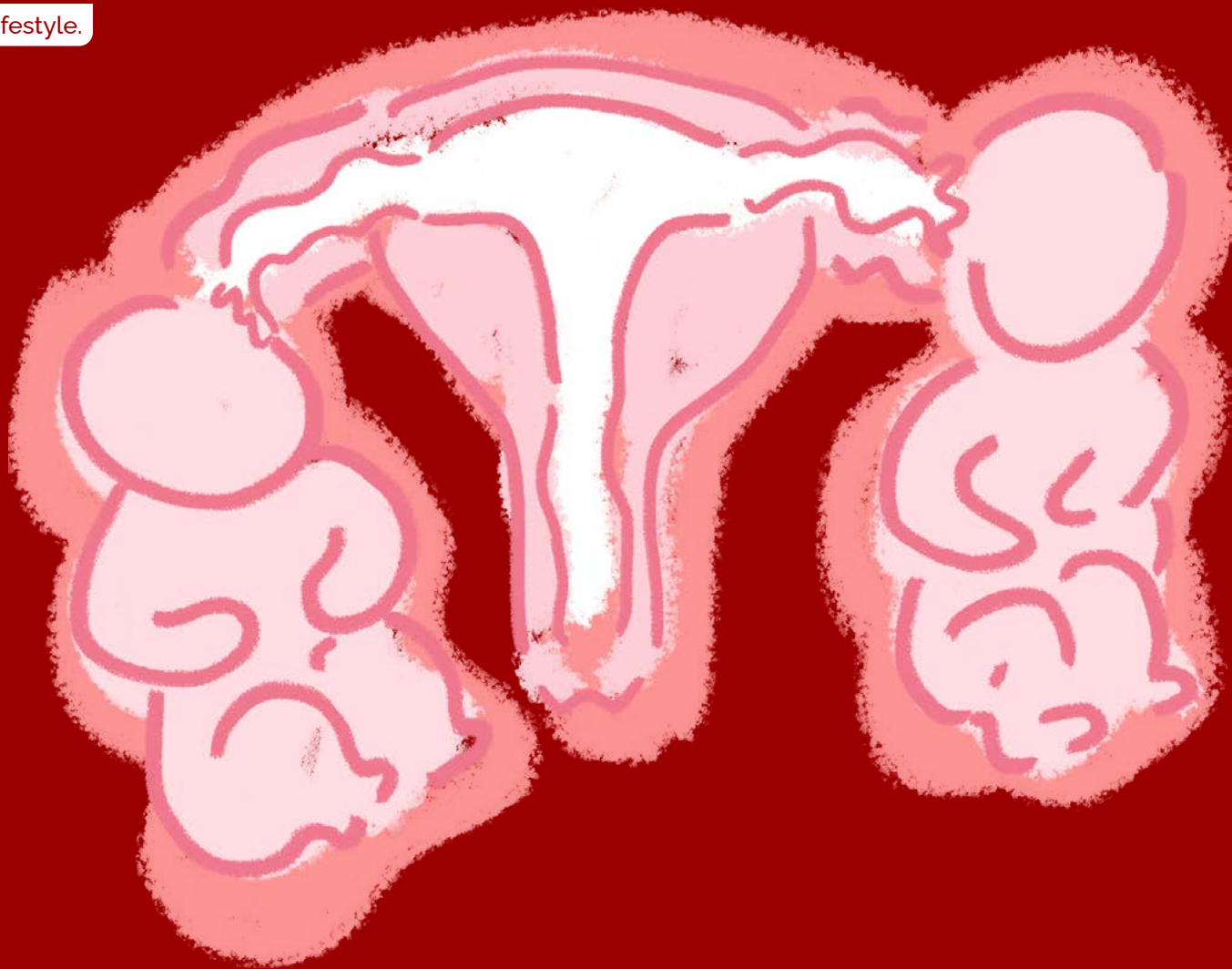
the only options that we have), we are only going to keep existing in the space of short-term solutions. A lot of the community actions that we talk about are short-term solutions and collectively they make up a long-term solution. But the real long-term solution is going to be in policy change and corporations being held to account.

I think probably the single biggest thing you can do as a long-term solution for the environment is educate yourself, vote, and figure out how elections and political parties actually work.

Why do you think it's important that we talk about this issue?

HASINI: Because I feel like for the first time in human history, we don't look at the future as a bright place. We don't feel like our lives are going to get better. The latest IPCC report talks about the solutions, and they exist. It's just a matter of global coordination and mobilisation—every decision and action from now on counts. We can make the future hopeful again.

SOPHIE: If we talk about it, if we acknowledge the anxiety is there, that gives us the starting point for something better to happen. I think anyone who has had a mental health battle will know about executive dysfunction, and I feel like as a society we are collectively battling with that. To overcome this we have to be grounded in hope. We have to let ourselves dream and engage with others who have a better dream for the world. We have to create our hope.



The No-Period Power

Stop asking if I'm on my period. I'm not.



FLORA XIE (SHE/HER)

Around this time last year, I gave birth to twins. Kinda.

The stereotypical Asian mother/grandmother dream is for their daughter to get married to a nice man and have lots of kids. Not to brag, but while I haven't gotten married yet, I did give my family some kids: my ovarian cysts.

I had two of them—one on each ovary—that were both about 10 cm big. According to my mother, that's approximately the same size as a newborn's head. I have absolutely no clue how the hell I managed to carry that around with me for however long it took for them to grow (nine months? Who knows). It's a good thing that my gynaecologist caught it when he did

too, because apparently if I had left it for another three months they probably would've ruptured and twisted my ovaries—yeah, it's as nasty and gross as it sounds.

There was something about the idea of my reproductive system being totally irreparable that made me feel some kinda way.

For about two years, I had no periods. Now, this might sound super ideal to people who get horrible cramps, headaches, and other PMS symptoms, but personally, my periods weren't bad or anything, they just lasted a bit longer than the average. But, I'm not gonna lie, I did feel pretty good about not having periods for a bit; it was just one less thing to worry about. Plus, I had just come off some birth control and I was told that not having a period for a bit was totally normal. The problem was, I didn't know how long 'for a bit' was supposed to be. I thought it would just last a couple of months, but it continued to persist even after my caesarean cyst removal.

I remember after the surgery, my mother asked my gynae if I'd still be

able to have kids in the future. He responded by saying that he salvaged what he could of my ovaries so I can potentially still have children later.

Now I don't really want kids, and I'm pretty sure I'm not alone on this one. There's nothing really appealing to me about being pregnant for the better part of a year and then having to actually look after and be responsible for a living being—the idea is fucking terrifying. However, something struck me after my surgery; even if I don't want kids, it would still be nice to know that I have the option to. There was something about the idea of my reproductive system being totally irreparable that made me feel some kinda way.

But why? I've always hated it when people tell me "oh but you might want kids later". Because like, yeah but I also might not? Why was I getting sentimental over something I don't even want?

The thing is, we all want to belong somewhere. We identify ourselves with certain people and groups. There are some parts of us that we hold onto dearly as parts of our identity. For some, that's their ethnicity. Some of us emphasise our political standing. Others have their gender at the forefront of their identity—like me. It's not necessarily because I actively have to

tell everyone that I'm a woman or that I emphasise this fact all the time, it's just because that's the first quality that people notice about me.

What's hard about this is constantly being told that the group that you want to belong to—that everyone views you as being a part of—has a quality that you don't have. With identifying as a woman, that thing happens to be our reproductive system. I'm so tired of



What's hard about this is constantly being told that the group that you want to belong to—that everyone views you as being a part of—has a quality that you don't have.

seeing messages embedded in the media emphasising the link between womanhood and menstruating—because there are plenty of women who do not menstruate for various different reasons, but we're all still women.

There was a large part of 2021 where I just felt like I was less of a woman because I didn't menstruate. Even though hearing about 'period power' is supposed to be empowering, it wasn't.

A lot of people experience menstrual problems—whether permanent, transient, or intermittent—and it's important that we tell our stories.

It was almost like a trigger for some feeling I didn't know I had. It had never occurred to me how much not having a period felt like a deficit. In the media, women who don't bleed are seen as something else entirely—it's like we're not real women. (At least not according to JK Rowling.)

I'm still slowly regaining my menstrual cycle. Every month I worry about my period not showing up. Every twinge in my abdomen has me overthinking what caused it. And the thing is, I'm not alone in this. A lot of people experience menstrual problems—whether permanent, transient, or intermittent—and it's important that we tell our stories.

Despite the problems we face, we are still women, and we shouldn't be defined by our reproductive systems.

...there are plenty of women who do not menstruate for various different reasons, but we're all still women.

CRACCUM TEAM ENDS COVID!!! (100% CLICKBAIT)

Disclaimer: Whilst *Craccum* has taken every care to ensure the accuracy of this information, we do not bear liability for any action taken by any individuals on the basis of information contained herein, because it's all bullshit.



CRACCUM EDITORIAL TEAM

Tired of coughing, feeling fatigued, and actually getting a real medical certificate for an aegrotat? The *Craccum* team's got you covered! We've tested the latest groundbreaking, 100% scientifically proven methods of banishing Covid forever. Who even is WHO? 'Cause we've got the cure.

The Cures Spice Up Your Life!

Test subject: Grace

First Day: Grace, *Craccum*'s once formidable Features editor, was unfortunately struck by Covid's curse late last week. Flogged down with an aching throat, burning intermittent fever, raging headache, snotty nose, and a body ready to call it quits—there seemed to be no cure for our feeble colleague... Or was there? Lurking in the corners of her fridge was none other than the powerful *zingiber officinale* (ginger) and the all mighty *allium sativum* (garlic, the crushed and jarred type). After consuming a slice of the disease-banishing root vegetable and putting the wrapped garlic in socks by her bedside table, Grace entered into a sweet slumber as the spicy pungent aromas cleansed her body of all harm...

Mid-trial: As the glorious sun ascended, by the powers invested in kitchen spices, Grace's nose was

miraculously cleared of all mucus. With her body slowly returning back to optimal function, she decided to eat more of this energy-boosting root and deeply inhale the garlic stuffed socks, ridding Grace of the need to nap during the day. Needless to say, the unmatched vigour of ginger could be felt in every part of her being, resulting in a case of mild ginger breath—yet another benefit of this transcendental plant.

Final Results: With an extra pep in her step, on day three Grace decided to take another RAT to free her from isolation. Unfortunately, her test still came back positive. The only logical conclusion one can derive from this is that our colleague OBVIOUSLY needed to consume more ginger and sniff more garlic to fully recover. Get with it Grace! Let this be a lesson to us all to avoid this rookie mistake.

Vitamin C a Day Keeps Corona Away?

Test subject: Flora

Comparing apples and oranges? Who cares! The only one who does is Corona, and the bitch better watch out.

First Day: I hate taking pills because they're so hard to swallow—but you know what's harder to swallow? A positive RAT. Maybe it's a placebo, but



the Vitamin C supplements make me feel healthier and safer already. Guess we'll find out!

Mid-trial: Vitamin C is absolutely demolishing any traces of bacteria or virus in my system. I could be Wonder Woman.

Final Results: Popping some Vitamin C pills before I leave the house is becoming a habit now. Can people get addicted to Vitamin C? If this is addiction, so be it—I haven't gotten sick in like almost a year so I'm just gonna assume that it's working miracles for me.

Bottoms Up! Covid Ain't In Your Cup!

Test subject: Gabbie

The best excuse to get your 5+ a day: spirits, wine, beer, cider, Shadows \$5 Jugs. For all you Bar101 freshers, this one's for you!

First Day: I don't recommend drinking on a non-occasion, but I have been stressed from uni and well, this article came about so that's fun... Just a disclaimer: I don't drink every time I get stressed, because first, *Craccum* doesn't pay me that well and second, pretty sure that's alcoholism, babes.

Mid-trial: I haven't caught Covid yet, and I've been sculling two Seltzers a day. Pretty sure scientists call that causation?

Final Results: After a hearty bender I can infer that, no, I have not caught Covid. Somehow I've never been more carefree and stressed at the same time. Uh, I don't recommend going hard on the alcohol though, the bloat is real.



He Who Controls the Spice (Prevents Covid)

Test subject: Arela

First Day: I had a bowl of cereal for dinner so I had to supplement with the spiciest hot sauce I had (some half-opened expired Culley's carolina reaper hot sauce). It made me want to pass out and pass away, but not from Covid!

Mid-trial: Still don't have Covid but I've copped absolute abuse from my stomach. Apologies to my flatmates for the bathroom biohazard.

Final Results: Think I've burned my tongue off and my toilet won't be the same, but I don't have Covid so that's a win for science.

Wearing a "Virus Shut Out" Lanyard (yes, it's a real product)

Test subject: Nancy

Discovering an unopened, mint condition "Virus Shut Out" necklace this week is yet another example of why I am, once again, God's favourite. This mystical amulet with its Covid particle-defying powers was bequeathed to me by my mother back in 2020, having scrounged it from a pack of vicious Asian grannies at this Chinese pharmacy by my local Tai Ping. Despite my initial doubts about its seemingly implausible powers, the Virus Shut Out managed to protect me at work from the spicy flu in the 2020 lockdown.

First Day: As I expected, this magical talisman shielded me heroically against all the Kate Edgar coughers. Bonus, the brilliant blue of the Virus Shut Out seamlessly complimented—no, was the star of the show—of my fit today.

Mid-trial: To the silly, stupid, and stinky, person who mistaked my Virus Shut Out for a UBIQ worker lanyard, I hope Covid gets you xo! Aside from that awful interaction, the necklace has again kept all sniffles at bay for yet another day.

Final Results: I'm pleased to report that Omicron and that quirky new XE variant have stayed in their lane. It's no wonder that the necklace was banned by the US Environmental Protection Agency in 2020 and seized by American Customs and Border Protection officers—Biden just wanted to gatekeep this treasure all to himself! And people say not all politicians are selfish and corrupt... To conclude, I will absolutely be fighting off any Asian granny standing in the way of my grabby hands and God's miracles.



Baking Soda and Lemon is the Tea

Test subject: Omni

This one is to balance your body's acidity. Don't know what that means, but maybe it'll kill your pesky case of Corona.

First Day: First off, fuck you Arela for making me do this. I actually didn't have Covid before I tried this, but immediately tested positive on a RAT upon drinking this cooked concoction. New staff writing position available next Semester btw.

Mid-trial: NO change but I had dumplings with vinegar and soy sauce for breakfast and forgot that baking soda and vinegar don't mix. My insides are now burning (or it's Covid getting wrecked?). All good though, because nobody else is in the bad bitch game like me.

Final Results: For real, this shit doesn't work. Pretty sure it just created a new variant. But it's fine, because I can finally move on and test my hypothesis that eating ass cures Covid.

Put White Stuff Up Your Snoz (It's Salt Water)

Test subject: Michelle

Ever drowned in the Ocean? Now you can, while dodging Covid!

First Day: Apparently people do this to clear their sinuses and not to torture themselves. As for Covid, who knew salt wasn't just anti-bacterial? The second theory is that you'll hopefully wash out some Covid particles and make yourself less likely to infect your favourite people.

Mid-trial: I dreaded doing this more than a RAT test. Palms sweaty, knees weak, eyes watering, cardiac arrest. Just kidding—my nose did feel clearer, though. The added bonus? Getting a nightmare about drowning that night.

Final Results: You're welcome to try this for yourself—but I sure won't be. Pick a weapon of choice, be it a bulb syringe like me or a dedicated neti pot. Just be sure to use sterile water unless you want brain worms.

Five Days and 'It'

I try out TikTok 'It Girl' trends the week all of my assignments are due



SOPHIE SUN (THEY/THEM)

Waking Up at 6 am

Okay, so not off to the best start. I did not wake up at 6 am (not even for journalistic integrity). I'm definitely not a morning person, despite the fact that I start getting mentally ready for bed at 9 pm. I did however push myself to get up earlier than normal and that was surprisingly nice. If you ask my flatmates, I'm normally on a murder rampage in the morning but pushing myself to get up earlier meant that I had more time to do admin, chores, or I could just go about my morning routine in a relaxed way. You gotta make sure you're not going to bed at 4 am for this one to work though, otherwise you literally disassociate until 2 pm.

7/10, only because I got to see a sunrise.

No Caffeine

This was really easy since caffeine normally gives me a headache to begin with. I'll admit there were times where I wished V made those condensed energy shots, but drinking cold water and going for a quick walk turned out to be my solution for every time I got really sleepy. I still felt like shit but sometimes those cheeky afternoon naps make you feel worse. I did quit my daily pre-work hot choccys and that probably made me feel worse than any caffeine withdrawals could. On the flipside, I didn't have to worry about forgetting my keep cup.

8/10.

An Actual Skincare Routine

Freddie Highmore's MOIST skin really inspired this one. Luckily for me, I haven't experienced any major acne outbreaks since high school, but what better week to put that to the test than the week where everything is

happening? I wish I was consistent with a seven-step skin care routine, but by the end of these five days I think I've gotten a five-step routine? Plus, I've stopped picking at my skin and started drinking more water. I don't actually think my skin's gotten that much better and if I didn't know my skin type already, this would've been so much more stressful and expensive to do.

5/10 because fuck society's perfect skin standards.



Healthy Eating (a.k.a. no carbs)

Besties, I'm Asian. Rice is such a staple for me so I also modified this one. Instead of going fully carbless, I reduced my carb intake especially for breakfast and lunch. Out of literally all the 'It Girl' trends, I'd recommend this the most. Maybe don't cut out carbs completely, but reducing my carb intake at lunch especially helped me fight off the afternoon sleepies and I loved the fact that I was hungry ? at ? the ? appropriate ? times? Instead of carbs, I major loaded on proteins such as frozen spinach in my morning smoothies or extra tofu for lunch, as well as cutting out cookies for homemade bliss balls (they're definitely a WIP though).

10/10, but wouldn't have been able to do it without Harvest Snaps.

Dressing Well

This one is kinda controversial. I took dressing well to mean a balance between comfort and looks and doing some light makeup everyday, but there were times where I definitely felt super self-conscious. I know that if I had tried dressing myself like the 'It Girls' on TikTok, I would've had the WORST time. But I think attitude is the most important part of this. When I was confident and happy with what I was wearing, I definitely got more compliments/interactions with people, whereas my anxious outfits resulted in me picking up my entire wardrobe off the floor when I got home.

4/10, because fashion is a personal learning journey as opposed to an indicator of 'social put together-ness'.

Exercise

Normally I go for daily walks. It helps that I live with a dog who adores them but sometimes depression really yeets the metaphorical rug out from under your feet and being active is the last thing you want to do, despite your doctor literally prescribing you to go on daily walks. Plus with hundreds of pages of readings to go through, it can be hard to find time for a two-hour pump session at the gym or a spin class that fits perfectly with uni, social life, work, extra curriculars, and looking after yourself. I promise though, moving helps. I managed to do a few 15 minute yoga stretches off YouTube and that felt okay. For days where I didn't even want to unroll the mat, I blasted some boppy tunes and wiggled my toes.

9/10, only because I wrote "toes."

PUZZLES

WORD SEARCH

PERIODS
PREVENTION
SPIRITUALITY
ESSENTIAL
DIET
HAUORA
REPRODUCTION
HEALING
MYTH
MENTAL
PHYSICAL
COVID
PRODUCTIVITY
MEDICINE
WORKER



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5				4	3
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		1			
1	2		4		5
	3			2	

SU
DO
KU

HOROSCOPES

It turns out that chilling in the Metaverse was not beneficial for the alignment of Polly Prophet's chakras. In short, the feng shui of these virtual reality spaces was NOT serving. After tossing her VR goggles in the bin and deleting every Discord boy from her contacts, Polly is determined to protect her energy by returning to what she does best—deciphering your near future.

ARIES

Lately, life has felt like a cup of tea that's gone cold. Disappointing, bland, and sad. Expect things to heat up over this week. Get ready to taste the bold and robust notes of life you've been searching for all this time.



TAURUS

My darlings, considering your reputation of being homebodies, you have not been taking care of your Hauora. With the crumbling walls and the leaky roof, focus on patching up your Dunedin-student-flat-looking house this week.



GEMINI

Your irresistible appeal is sure to land you in trouble this week. My Geminis, you really just can't help but charm the socks off everyone you meet! Beware of an influx of anonymous fan mail, proposals, and hefty cheques heading your way...



CANCER

Unfortunately, some stinky, stinky scumbags who don't know how to appreciate what you have to offer are currently roaming free on the streets. Yuck! Do not let their foul odour dampen your independent and free-spirited energy.



LEO

Stress may be eating away at your sanity but thankfully I spot even more of that in the works! A sprinkling of suffering every now and then is healthy for the soul. Call me a masochist but I, and the rest of the world, will be hee-hee-ing at your pain.



VIRGO

Since none of your loved ones have the balls to call you out on your sketchy behaviour I will reluctantly take one for the team. Are you not ashamed of yourself? Are you not EMBARRASSED? Leave the manipulation to the indie boys who listen exclusively to bands with less than 5,000 monthly listens on Spotify.



LIBRA

BABES RUN WHILE YOU CAN!!! No, I'm not talking about implementing a running regimen, YOU KNOW EXACTLY WHO I'M REFERRING TO. This bloodsucker is out here to leech from your kind soul and I could not live with myself if I did not communicate this warning to you sooner. Please, please Sonic the Hedgehog as far away from them as humanly possible.



SCORPIO

Better luck next time, this week the universe is screaming "I DO NOT HAVE TIME FOR THIS! I DO NOT HAVE TIME FOR YOU!". Like Anna Delvey's famous proclamation, it seems that the world wants you Scorpions, respectfully, to shut the fuck up.



SAGITTARIUS

Of course it's no surprise that Jake Gyllenhaal is also a fellow Sagittarius. What with your gifts in gaslighting and inability to commit, I know all too well what you lot are capable of. Take a leaf out of Jake's PR team's book and lay low this week.



CAPRICORN

They all say that karma's a bitch and you my Capricorns are living testimony of her wrath. As karma's curse unfolds, be sure to reflect on your (many) past crimes against humanity. I hope this will prevent a repeating of the same foolish behaviour in the future. The universe does not give out second chances often—and especially not to you.



AQUARIUS

I sense an intense week of growth and self discovery in the works! It seems that you will be soarin', flyin' through the next little while. There truly is no star in heaven you cannot reach.



PISCES

This week I have full faith that you will finally begin to see the beauty and kindness that others admire you for. Chin up buttercups, you've got this!





MAY 8, 2022 — 11:00 PM

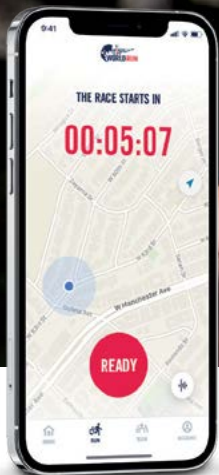
RUN FOR THOSE WHO CAN'T

TOGETHER AT THE SAME TIME ALL OVER THE WORLD

JOIN US NOW



APP RUN EVENT AUCKLAND WESTHAVEN



NBHD

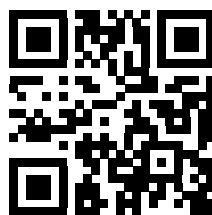
ciele
ATHLETICS

Campus Calling

Games
Food
Competitions
Music
Hangouts

Monday 2 May - Friday 6 May

Join
in the
fun
on campus



SCAN FOR MORE DETAILS

