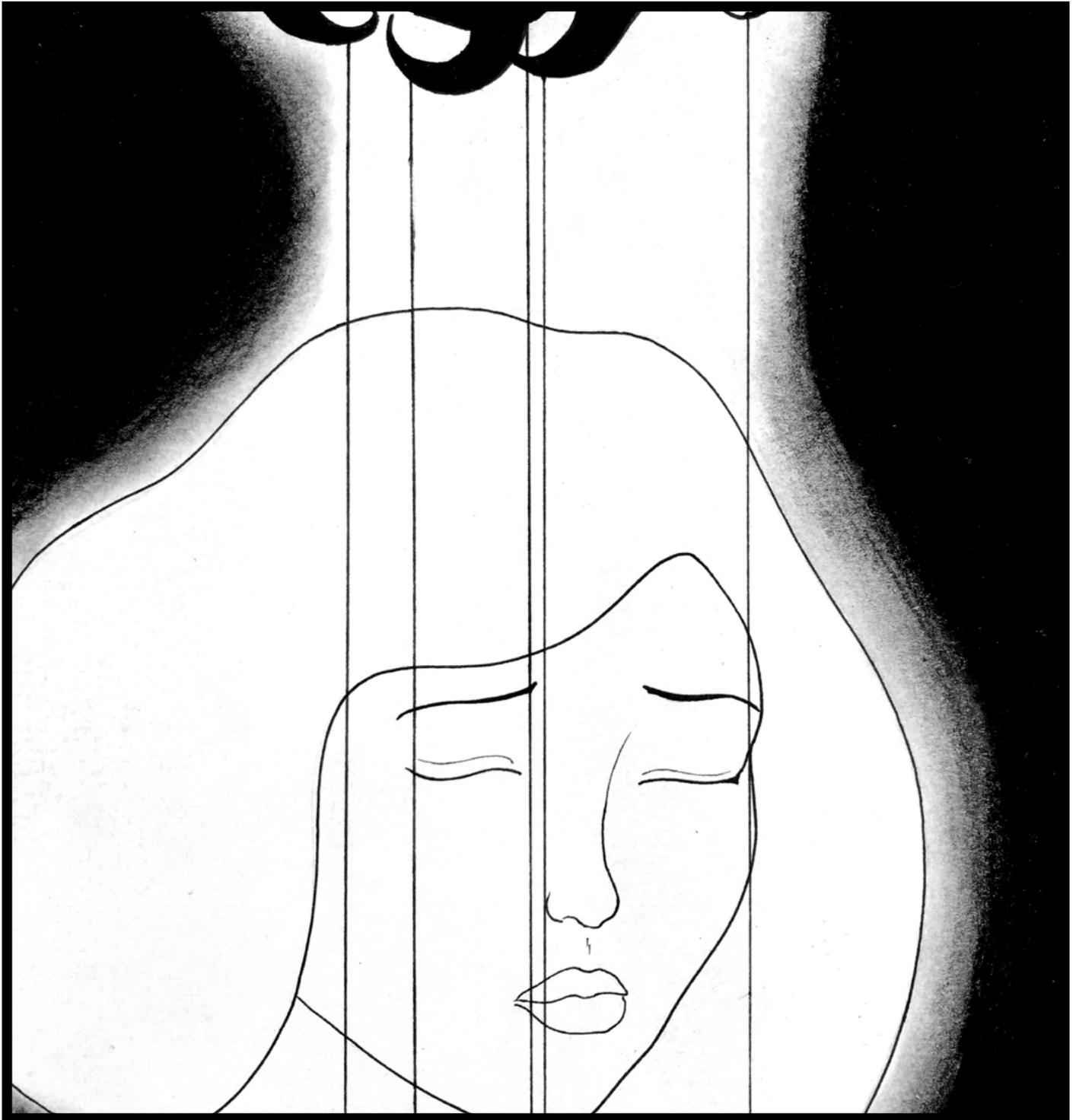


# CRACCUM

ISSUE 09, 2019



## ***The Mental Health Issue***

*You're damn right we are making an issue out of it*

## ***May I phone a friend?***

*Brian Gu talks to Youthline volunteer Rodolfo Villanueva*

## ***One of these things is not like the other***

*Counsellors are different and you need to find the right one for you*



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# Depression memes are not a real coping mechanism

BY BAILLEY VERRY



*Each week Craccum's esteemed Editor-in-Chief writes their editorial 10 minutes before deadline and this is the product of that.*

I imagine many people are going to feel very called out by the title of this week's editorial. I myself am super guilty of sending my friends way too many depression and anxiety memes than what is probably healthy. But behind all the laughs is the little voice that says, "too real". A lot of uni student humor is based around wanting to die or stress crying or just being completely done with everything, and it is all seen as 'relatable content'. And shouldn't we find that a little concerning? I am all for gallows humor but using it as a main coping mechanism for mental health is something I am not here for.

Here at *Craccum* we think mental health is incredibly important to address, and we know that this themed issue might be more confronting for some than others. With this issue we hope to show that you aren't alone. With the incoming pressure of final assignments and exams we are all going to be stressed for the next couple of weeks. For some that means their mental health might really take a dive, which is really hard when it is already not in a great place thanks to mental illness. Even though AUSA is doing their "Stress Less Week" next week, I think it bullshit to gloss over the fact that mental illness goes beyond feeling stressed during exams and can simply be cured with 'wellbeing' (whatever the fuck that means?).

Mental health is important and people are finally starting to realise that. While it's vital to talk about it, tagging your friends in memes isn't going to actually deal with it. There is a lot I can say about this uni-ersity (I man A LOT) but for one thing they actually do is take mental health fairly seriously. The six free counselling sessions they offer is actually really good. Struggling to cope with uni and work and life is far from unusual, so there is nothing wrong with getting help so you don't feel like shit all the time. Our mental health system is already an ambulance at the bottom of a cliff, so if you feel yourself being unable to cope go talk to someone before you are at the bottom of that cliff. For the person that needed a sign to go get help: This is your sign.

**Depression Helpline** – 0800 111 757 or free text 4202

**Lifeline** – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)

**Suicide Crisis Helpline** – 0508 828 865 (0508 TAUTOKO)

**Healthline** – 0800 611 116

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news.

## AUSA Cancels This Year's Ball

DANIEL MEECH

### AUSA are cancelling this year's ball.

AUSA's Engagement Vice-President Emily McDonald says the decision to cancel the annual ball - which had already been booked in with Shed 10 for later this year - was made as part of the executive's wider plan.

The executive want to focus on building relationships between AUSA and faculty organisations, like the law school's AULSS, arts school's ASO, and engineering school's AUES, and see the cancellation of the ball as one means of achieving this. McDonald says past AUSA executives have often inadvertently competed with these organisations by throwing events similar to theirs at similar times. McDonald says the last two AUSA balls are a particularly good example of this. Both of them were held in August (rather than the usual May), around the same time as other faculty balls. McDonald says the scheduling caused unnecessary conflict, as students were torn between attending their faculty ball or attending AUSA's. "You have students who possibly want to go to two balls a year," McDonald says, "but why would they want to go to two when they're in the same kind of two or three weeks?"

McDonald says it makes much more sense to divert the manpower and money spent on AUSA's ball towards "providing support" for faculty organisations. "We're having a real focus this year on working with clubs, rather than against them," says McDonald. This extends to helping each faculty throw the best ball it can.

There are benefits to AUSA's approach. For one, it means students have the opportunity to attend more personalised balls. "There's all these different cultures around the university... [the cultures are] different for science, different for arts", McDonald says - having one homogenised ball detracts from the fun of revelling in your faculties particular culture. For another thing, supporting the faculty balls means a better outcome for students. AUSA and faculties aren't forced to squabble over the same pool of students, meaning better attendance, and the extra time, money, and effort pooled into each faculty ball should make for a better experience.

However, *Craccum* remains unconvinced it's all good news. *Craccum* understands AUSA lost a sizeable deposit on their Shed 10 booking. When asked how much was lost, McDonald declined to comment, saying she isn't allowed "to get into anything money-wise". McDonald was also unable to answer why the deposit was lost, other than to say that it was a result of the cancellation of the ball. *Craccum* is unsure why AUSA would agree to hire a venue (and forfeit their deposit) if the organisation always intended to support faculty balls. Moreover, when asked what support would be given to clubs, *Craccum* was told AUSA could not provide comment at this time. All this leads *Craccum* to believe that the cancellation was less planned-decision than accidental-hiccup.

Having said that, *Craccum* remains hopeful that AUSA's collaborative approach will mean better offerings for students.

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## Victoria University Officially Backs Down on Name Change

DANIEL MEECH

### One year after it was first proposed, Victoria University of Wellington officials have finally confirmed they will not be changing the university's name.

The decision ends a rollercoaster ride of ups and downs brought about by the proposal. First, the university announced it would be changing its name - a decision which saw students, staff, and Wellingtonians at large petition the university to "stick with Vic". Then, Education Minister Chris Hipkins rejected the name change, saying the university had to consult with students and staff if it wanted to move ahead with its proposal. Most people thought this put an end to things - but Victoria University staff made headlines when they suggested they were considering challenging the minister's decision. In a series of press releases made public at the beginning of the university year, Victoria University officials said councillors were seeking and discussing legal advice on how best to do this.

For a while, it seemed as if everything was set for the matter to move to court - but Vice-Chancellor Grant Guildford has put an end to the speculation. "We've decided to set aside those concerns and move forward," Guildford told media early last week. "Taking a minister to court" would only hurt the university's reputation. "[Name changes are] always controversial, always hard fought, so this was fully expected - but the debate has shown us a number of things we were

not aware of," he said.

However, while the university won't be changing its name any time soon, it will undergo an extensive re-brand. The university has commissioned and finalised a new logo and shield as part of a "visual identity refresh". It has also begun changing all university-based branding to emphasise the "Wellington" in the university's name. In addition, the university plans to rename its marae: Te Whare Wānanga o te Ūpoko o te Ika a Māui will be replaced with the name Te Herenga Waka (fun fact: according to Google translate, Te Herenga Waka means "Car Rental").

The rebrand is intended to capture the same market the name change went after: international students. Guildford says the word "Victoria" is common among university names world-wide. He believes this confuses international students, leading to reduced attendance numbers and revenues. According to Guildford, only 4 percent of international students were aware that Victoria University was actually in New Zealand. He is hopeful this rebrand will alleviate some of that confusion.

Guildford says the university is not sure how much the rebrand will cost, but expects it will be in the hundreds of thousands of dollars. The money will be split between design cost and legal trademark protection.

# TEU Report Claims Lecturer's Are Pressured Into Passing More Students

DANIEL MEECH

**The Tertiary Education Union (TEU) has released the findings of a survey it ran earlier this year - and the results are fairly bleak.**

The survey, taken each year in an attempt to measure how the tertiary education sector is going, sees academics answer questions about their experience in the sector.

This year's survey shows job satisfaction is lower than it has been in previous years. Academics, asked to rank their level of job satisfaction on a one-to-ten scale, averaged 5.1. In addition, 62.3% of them said their level of job satisfaction had declined in the last three years. When asked whether they would recommend their job to someone just starting out in the profession, approximately three-quarters of academics said they would not, or would only do so tentatively. When asked why, most academics cited growing workloads, falling levels of course autonomy, a lack of structures designed to help academics support students, and pressure to meet increasingly demanding performance measures.

These pressures have resulted in questionable practices. Around 40% of academics reported passing or considering passing students who would otherwise have failed due to pressures put upon them by work-related performance goals. A similar number said they were pressured into allowing students without the necessary prerequisites or grades in to courses to bolster class numbers.

Co-author of the report which summarises the TEU's survey, Sarah Proctor-Thomas, says the pressure is a result of the way funding is struc-

ured. She believes the government's emphasis on handing out funding based on academic performance measures - the number of research papers each institution produces, the quality of these reports, the number of students passing courses - means that institutions are forced to impose rigorous, results-based performance measures on academics.

TEU president Michael Gilchrist agrees. He calls the increase in inappropriate student admissions "a straightforward result of commercial pressure". "The pressure to pass students might be direct and staff are told to get pass grades up. Or it might be indirect, where if students don't pass then courses will be withdrawn," he said. "The last three surveys show the sector relying to an ever increasing extent on the goodwill and dedication of staff. The commitment of staff to the core values of teaching, learning and research are the lifeblood of the sector. But we cannot keep going to that well".

The TEU's report concludes that the high levels of dissatisfaction evident in the tertiary education sector come from a disconnect between the values held by academics, and the values promoted by higher-bodies like the government. While many academics are attracted to the job by promises of working independently, working to educate students, and spending more time conducting quality research, their success is measured according to different values: the number of students in a course, the number of students who pass each course, and the amount of research produced. The report contends if job satisfaction rates are to rise, the government needs to do more to ensure its funding structure promotes the values held by tertiary academics.

## Pilot Programme Expansion First Step Towards Meeting Student Mental Health Needs

BY BRIAN GU

**The government is expanding its pilot mental health programme, Piki, in an aim to target growing demand among tertiary students for comprehensive, affordable mental health services.**

Launched in Porirua in February, Piki delivers mental health services to youth with mild to moderate mental health needs. Individuals between the ages of 18 and 25 can access Piki by directly contacting the service, or having your GP do it for you. Piki counsellors will all complete cognitive behavioural training through the University of Otago.

The pilot is expanding its services to the greater Wellington regions. Victoria University will be one of the first institutions to benefit from this programme, with Julie Ann Genter promising at a roll out event in the university "this government's continuing to deliver on its promise to make mental health a priority."

"We know life can sometimes be tough for our young people and many face mental distress," says Minister of Health David Clark. "Piki delivers free access to counselling services and other mental health support that can make a real difference." Green Party spokesperson for mental health Chloe Swarbick shared a similar sentiment, recognizing

"this roll-out of Piki... is a massive step towards delivering accessible mental health and well-being services for our country's young people."

"We understand that mental health services are in crisis and that we need urgent solutions grounded in communities," Swarbick recognizes. "This wouldn't be happening without the staunch mahi of students and their representatives." The coalition government projects that Piki will deliver its services to "an estimated 10000 young people... across its DHBs."

Clark also recognizes the contribution made by students towards these pivotal changes. "Students are a really important part of this age demographic and we heard their voices prior to the 2017 election."

"[We have] a commitment to high quality and timely mental health services for everyone, including free counselling for those under 25 years," say Clark. "Today's announcement works towards fulfilling that commitment."

Craccum believes this programme will be effective in targeting the shortage in supply of comprehensive mental health resources for tertiary students. Once the rollout of Piki's services reaches nationwide, it will be a valuable addition to the current under resourced facilities already provided by our university.

news.

# Bus Rides Cancelled

GLORIA HOLE AND MANNY DEL GATO

*Last week AT HOP announced around 40 bus services would be cancelled as new employment rules came into effect. Craccum outlines the bus rides that were cut, so you aren't left stranded by the side of the road.*

ROUTE NUMBER	ROUTE NAME	SERVICE START TIME
890	Albany Station to Albany Station	7:20am
856	Albany Station to Takapuna	5:30pm
321	Britomart To Middlemore Station Via Greenlane Hospital	6:50pm
27T	Britomart To Three Kings Via Mt Eden Rd	5:56pm
27T	Britomart To Three Kings Via Mt Eden Rd	2:55pm
24B	City Centre To Blockhouse Bay New Lynn Via Sandringham Rd	9:50pm
25B	City Centre To Blockhouse Bay Via Dominion Rd	11:25am
25L	City Centre To Lynfield Via Dominion Rd	9pm
18	City Centre To New Lynn Via Great North Rd	6:44pm
18	City Centre To New Lynn Via Great North Rd	6:26pm
22N	City Centre To New Lynn Via New North Rd	5pm
295	City Centre To Royal Oak	6:50pm
252	Civic Centre To Lynfield Via Dominion Rd	4:18pm
885	Constellation Station to Constellation Station	7:30am
884	Constellation Station to Constellation Station	7:41am
883	Constellation Station to Snapper Rock	6:47pm
907	Constellation to Campbells Bay	4:45pm
172	Glen Eden to New Lynn	9am
75	Glen Innes To Wynyard Quarter Via Remuera Rd	9am
INN	InnerLink Anticlockwise	6:40pm
18	New Lynn To City Centre Via Great North Rd	10:24am
172	New Lynn to Glen Eden	8:30am
OUT	OuterLink Clockwise	4:15pm
391	Pukekohe Northeast Loop	07:57am
391	Pukekohe Northeast Loop	5:15pm
391	Pukekohe Northeast Loop	7:17pm
392	Pukekohe Northwest Loop	7:40am
393	Pukekohe South Loop	7:40am
393	Pukekohe South Loop	5:15pm
22R	Rosebank Rd To City Centre Via New North Rd	9:07am
22R	Rosebank Rd To City Centre Via New North Rd	3:45pm
883	Snapper Rock to Constellation Station	8:32pm
901	Smales Farm Station to Constellation Station	7:20am
871	Takapuna To Constellation Station Via Forrest Hill Rd	12:30pm
83	Takapuna to Massey University	7am
CTY	CityLink Wynyard Quarter to Karangahape Rd via Queen St	11:30pm
CTY	CityLink Wynyard Quarter to Karangahape Rd via Queen St	6:12am
CTY	CityLink Wynyard Quarter to Karangahape Rd via Queen St	6:24am
20	Wynyard Quarter To St Lukes Via Kingsland	11:10pm

# Lessons Learned from AUSA's Zero Tolerance Hui

DANIEL MEECH

*AUSA have released a report outlining the state of intolerance and discrimination on university grounds.*

The report is the result of a special hui held earlier this month in the university's marae. The hui - given the name 'Zero Tolerance' - asked students and staff to speak up about instances of discrimination they'd been subjected to during their time at university. A reaction to the perceived uptick of white supremacist rhetoric on campus, the hui's ultimate goal was to establish the depth and breadth of the university's problem. Around 70 students and staff attended, many of whom shared stories of bigotry, inequity, and intolerance.\*

The report, released on AUSA's Facebook page late last week, details a number of key problems students touched on during the meeting. They include (but are not limited to):

- **The complaints procedure:** Students and staff felt the university's complaints programme was inadequate for a number of reasons.
  - Firstly, as it stands, complainants must give their name when making a complaint. Some of those who spoke noted that the requirement dissuades students from speaking up, for fear of being 'called out'.
  - The report also notes that, once a complaint is made, the university has an "unfettered discretion" to decide whether or not to follow-through on it. This discretion means the university has the ability to turn a blind-eye to complaints where it is in the university's interest to retain the status-quo.
  - In addition, the report warns the complaints process is sometimes too slow and opaque for students liking.
  - Finally, the report says the procedure focuses on punishing those identified to be offenders. AUSA says this focus on retribution - rather than rehabilitation and mediation - is ill-advised. Attitudes wouldn't be changed by simply striking students from the roll - instead, the university needs to establish a process through which students can be educated on how to avoid repeating past mistakes.
- **The university's lack of a proactive approach to limiting discrimination:** According to the report, students and staff felt as though the university had not done enough to ensure everyone knew their responsibilities on campus. Speakers wanted to see the university actively cultivate an environment which respects

and encourages individuality.

- **Student and staff training:** Students and staff felt there wasn't enough training on how to recognise and combat discrimination on campus. In particular, the report asks the university to focus on teaching staff and students how to spot discrimination, what to do when it happens, and to establish where/to whom it can be reported to.

The report finishes with a call to action. It asks the university's Vice-Chancellor, Stuart McCutcheon, to implement two recommendations:

- **Recommendation One:** The university establish a 'Special Working Group on the Prevention of and Response to Discrimination at the University of Auckland' (SWG). The SWG would sit alongside the Harassment Governance Group (a similar group set up to monitor harassment on campus grounds), and would be made up of a mixture of students (taken mostly from the AUSA executive) and staff members (which would include Vice-Chancellor McCutcheon as well as several Pro-Vice Chancellors). The SWG would be tasked with scrutinising the university's current policies and procedures for potential problems, which would involve interviewing students, staff, and policy experts. Ultimately, the SWG would be expected to present the university with a list of more in-depth recommendations by the end of the year.
- **Recommendation Two:** The university issue a statement which publicly acknowledges there is no space for discrimination on university grounds.

Following the release of the report, Vice-Chancellor Stuart McCutcheon immediately took steps towards fulfilling recommendation two, telling AUSA "[the university] does not condone any form of discrimination". He also indicated he would be happy to move forward with the SWG, so long as some time was set aside to consider how best to implement it.

Craccum is hopeful the lessons learned from the events of this year will induce a real and lasting change on campus.

\*To maintain privacy of those who shared their experiences, Craccum has chosen not to publish any.



# Hearsay! News without the facts: Cannabis Referendum - Everything You Need to Know

MANNY DEL GATO

*The government have announced plans to hold a referendum in 2020 to remove restrictions around cannabis use. The public will be asked to answer 'yes' or 'no' to a question which asks them whether they wish to enact a bill which would legalise the use of cannabis. But what happens after that? Justice Minister Andrew Little has released a document outlining how the proposed referendum will play out, as well as how the results of the referendum will be used to create a bill enacting this decision. Craccum saves you a reading and summarises the document for you.*

What you need to know:

- The referendum will be held at the same time as the 2020 general elections. Voters will be asked to answer the referendum as they post their party and electoral votes.
- The referendum will ask voters whether they would like to decriminalise the use of cannabis for those over the age of 20.
- Should voters choose to decriminalise the use of cannabis, any bill created to do so will include provisions which only allow sales to be made at a licensed premise, like out the back of your cousin Bevan's flat, or your mate's older brother's bedroom.
- Any bill created as a result of the referendum won't allow cannabis products to be advertised through conventional means. However, retailers will still be allowed to text you at 3 in the morning with "Aaaayeeee brother, got some fiddys of limoncello if you or your boys need it. Find me at Mi Casa dodging da po po. PEACE."
- The bill will only allow consumption of marijuana to occur on private property or licensed premises.
- The bill will allow for limited home-growing, so long as you promise to give Andrew Little a cut of all your sales and steer well clear of his turf.
- Different rules and regulations will be set out for medical use as opposed to general use. Medical use includes any situation in which the marijuana is used to numb pain: for example, living in Hamilton.
- According to your Aunt, the bill will include a provision that mandates marijuana injections for all children under the age of 10.
- When the first letter of each sentence in the bill is read, it will spell the words "HMU-IF-YOU-NEED-THE-GOOD-STUFF-X-LITTLE".
- The bill will include a provision to change the national anthem to Snoop Dogg's "That's The Shit".
- The bill will set restrictions on the amount of marijuana you can possess. A person cannot carry more than 20 ounces on their body at any one time, unless they're in Hamilton, at which point they're off the hook, because, hey, it's Hamilton, we get it.
- Anyone who wears Rastafarian colours, has dreadlocks, or utters the secret code "I'll tell you who the real killers are, man" when entering the ballot box will have their vote count for double.
- The bill will include provisions to turn the 20th of April into a national holiday.



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# Youthline

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# Manning the Front Line

By BRIAN GU

*cw: suicide and emotional distress*

*This year, for our Mental Health edition, Craccum talked with second-year psychology student **Rodolfo Villanueva**, an active volunteer in the Youthline community. Youthline is a counselling and mentoring service primarily targeted towards young people who are seeking either emotional support or personal development. Their primary goal is to ensure young people know where to get help and can access support when they need it. To maintain their work towards this goal, the organization relies on fully-trained, committed volunteer counsellors like Rodolfo.*

**Craccum Disclaimer:** *The following interview documents the individual experiences of a volunteer working at Youthline. It does not represent the views of the organization as a whole. The intention of this article is to provide insight into the nature of particular services which are run to help students with mental health. Youthline volunteers undergo extensive training. You should not attempt to adopt or mimic the services they provide as outlined in this article.*

## *What are your roles within Youthline?*

This year, I've kind of been taking on several different roles. I'm trained as a phone counsellor, which means I deal with people under distress - through text or phone - managing risk and providing care and protection. Recently, I've also been training as a facilitator, which involves the training [of other counsellors], working alongside them, running seminars and providing supervision.

## *What led you to working with Youthline?*

I've always wanted to work at helplines, because for me, my goal has always been to become a clinical psychologist and to work in therapy. I've always thought "I want more experience and practice", and naturally the thing that brought me closest to that was working at helplines.

## *What is the nature of the phone counselling service you provide at Youthline?*

So essentially, we provide early intervention counselling or emotional support. What that means is that when people are feeling in a state of intense emotional distress, or in a really tough situation, we're their first point of contact. We use a client-centred and strengths-based approach to guide them towards their own solutions, so we don't really try

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feature.

to provide the answers to our client's problems, unless we're dealing with referrals. We really focus on listening to them, trying to help get themselves out of their current situation, and reframing things in hopes of providing new insight.

Part of our job is to manage and assess risk. People sometimes call in with thoughts of ending their lives or hurting themselves, and it's our job to make sure we assess the risk properly, and ensure they are safe. I am motivated by the challenge, and I'll try to book my shifts around the time when volunteers are most needed, which is often the night shift.

### *How would describe the experience you've faced manning the phone counselling service?*

Some of my experiences involve understanding where their thoughts, such as those about self-harming, suicide, etc. are coming from. As a mentor, it's been interesting witnessing the general ideas of volunteers prior to training. People who come into training - they want to help, which, understandably enough, might mean providing a solution; but for the most part, this is not the approach we teach. One of the tenets that underlie our approach considers the client as the expert of their own lives; as such, we are not there to provide a solution to their problems. There's a lot of unique challenges, but I think overall it's a great way to provide for people who are in need, in situations where they are unable to otherwise reach out for help. Because our service is anonymous, it bridges the gap of people not wanting to reach out for [professional] help or counselling, or even just not wanting to explain to their parents or their friends their situation, so they reach out to us. With anonymity, I find that people are a lot more open and genuine about what they are going through, which has been quite profound for me.

### *How have you been trained to handle high-risk situations?*

What we generally do is try to assess the level of risk. If it's imminent, we need to try and do something to help immediately to ensure they are safe - which sometimes means calling an ambulance, for example, if they have hurt themselves. However, people who come to us are complex and dynamic, so sometimes, you've just got to make a call as to whether they require an alternative approach.

For example, one time I received a call from someone with a history of suicidal attempts: they were next to the train tracks threatening to take their own life. The general approach to a situation like this would be to first conduct a risk assessment, but I felt this wouldn't help the situation. It was important for me to recognize how do I weave my needs to keep her safe, with her needs to be heard. So for me, I made the call to deviate from the clinical route by asking her to move away from the train tracks so I could hear her better. And from there we just had a natural conversation. So while there are effective ways to handle high-risk situations that fit under the structure or paradigm, I think that as you become more experienced, it's up to you as a practitioner to make a judgement call, and as long as you can reason that what you're doing makes the person you're helping safe,

then your solution would be effective.

### *How have you seen yourself change as a person after working for Youthline?*

I've learnt to be far less judgemental of other people's situations, and just appreciate that people are often more complex and different than what they portray on the surface. You get to understand and hear people as they really are, and because of that, I've challenged myself to respect people beyond what they portray on the surface; and instead be open about what they usually keep to themselves. People come from different walks of life, and that will always inform who they are - and although I might not like it, they are still a person worth respecting nonetheless.

### *I know some readers will be interested in how they can get involved, so what are the steps to becoming a phone counsellor volunteer for Youthline?*

There are four steps, and the process generally takes a year to become a fully-independent counsellor. Some people may take longer depending on their personal circumstances. There is a personal development programme, which puts you through your paces in terms of introspection, so it gets you to examine and magnify your own interactions with others, and all your own behavioural tendencies and faults surface.

The second part teaches you the fundamental skills required to become a phone counsellor, and you have to obviously display your skills and proficiency with that.

Thirdly, Youthline runs an annual marae weekend, when all newbies meet through activities and connect with each other and the organization as a whole.

The fourth step is transition, where you'll be taking supervised calls and texts, and that's where you start getting into the role. At the end, you'll get assessed whether or not you can go ahead.

### *What qualities in a person do you think would make an effective Youthline counsellor?*

One important quality that a good counsellor needs is the capacity of self-reflection, which is to recognize what they're doing, see the advantages and disadvantages and considering other approaches. Essentially, breaking down their practice or themselves, which is quite a difficult task, but ultimately being able to self-critique is an important quality.

### *What other ways can people contribute towards the work that Youthline does?*

We run events throughout the year in which we encourage people to participate and donate money. Alternatively, you can give at any time through our website.

However, I think the most underrated way to support us is simply by utilizing the service if you need it - calling or texting if there's

something you want to talk about, and just to give the service a go if you're needing that help. As university students, it's normal to struggle with our mental health, and with internal counselling services often being under resourced, we're another option to students to find help as well. Also, our services are not just provided for adolescents – even though it's called Youthline, we provide our services to pretty much anyone regardless of age.

**Youthline** – 0800 376 633, free text 234 or email [talk@youthline.co.nz](mailto:talk@youthline.co.nz) or online chat

If you would like to donate to Youthline, visit [youthline.co.nz/donate](http://youthline.co.nz/donate).  
If you would like to volunteer, please email [supportcentre@youthline.co.nz](mailto:supportcentre@youthline.co.nz) expressing your interest.

“

*People come from different walks of life, and that will always inform who they are*

”

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# My Friend ED: The Complex and Challenging World of Treating Eating Disorders

By JESSICA THOMAS

Bulimia. Anorexia. Purging. Orthorexia. EDNOS. ED. An eating disorder by any other name still sucks.

Eating Disorders have the highest mortality rate of all psychiatric illnesses yet despite their prevalence, talking about them remains terrifying, taboo, and to be avoided at all costs.

And why?

There is a major lack of understanding - conflict inevitably arises when there is a lack of communication and therefore clarity

For insight, I interviewed Kelly Laverder, a private counsellor who has been helping patients recover from eating disorders for the past 20 years.

**ME: Thanks so much for agreeing to be interviewed. Would you mind telling me about your background, what do you do and what is your goal for patients?**

KELLY: I'm a Registered psychotherapist operating out of a private practice in Auckland who specialises in eating disorders. The goal for all the clients I see is for them to become fully recovered from an eating disorder - but I think goals also need to be individualised

on a case by case basis. While it's ideal that everyone would be one hundred percent better, because of the vicious nature of these kinds of diseases, it's just not always the reality. But, I always hope that my clients will be happy and live a fulfilling life.

***That's so great- I love that counsellors are beginning to embrace the idea that there is no one treatment plan that will work for everyone. But I understand that hasn't always been that way?***

Yes, ideas about EDs have changed a lot over the years. Years ago, there was some very archaic thinking that shaped treatments in a not-so-positive way. Patients would be treated on their own, without family involvement, and it was believed that hospitalisation was the best treatment. Eating Disorder treatment has come a long way and there are clear evidenced based treatment available. In particular, Family Based Treatment. . The family is much more involved, in fact are seen as a key resource, particularly in adolescent and young adult populations. In the past, parents or the family environment were often viewed as contributing in some way to the development of

the ED, which we now know is incorrect and can actually be a damaging view to take. We also know that eating disorders are serious psychiatric illnesses and not something that someone can be reasoned out of or something that occurs by choice.

***That's so sad. Why were parents left out of the treatment plan?***

In the past there was a strong idea that the family was the cause of the ED, and therefore the only way a person could recovery was to be away from the family environment. EDs were very often attributed to bad parenting, either overbearing or inattentive mothers, absent fathers of perhaps in relation to a traumatic event.

Now of course we know that's not the case and is far more complicated. ED's are brain based illnesses and although environment can play a part in the illness, it is not the cause. ED's are not a cry for help or attention or only because someone wants to be thin. They are very real, very serious, psychiatric illnesses. It's not the parent's fault any more than it is the patient's fault. Anyone can get an ED, and I think that's a big problem; many people still believe that EDs are intentional.

Thankfully, in the clinical world, that's

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## interview.

changing as is our understanding that it's not parents who cause an ED. We also know that they are vital to the treatment plan. In most cases, parents are essential resources and no blame is attributed. Unfortunately, some clinicians still think the old way- they attribute blame the parents- but here in New Zealand, I'm glad to say, that is mostly not the case, especially as FBT is a well known therapy here. However, we're still a long way from perfect and FBT does not work for every family. There is more research needed in the field

### *How do you think the way EDs are treated needs to change?*

Well, one way is that we don't yet have a good set of guidelines when it comes to involving parents in the recovery plan for patients who are 18 years and older. In many cases, patients who are legally adults are still living with family because they're unable to live alone, but legislation states that we can treat them without parental involvement if they so choose.

I think it's so important that this is changed because someone suffering with an ED is often ambivalent about change or treatment or can be in denial about the seriousness. It is often people around them who are worried the most or are the first to notice the negative patterns. Their brain is literally starving and this reduces their capacity to make logical decisions and to look after themselves. If they refuse treatment and parental involvement we can't do anything about that, despite the increased likelihood of recovery with parental involvement.

It sounds so difficult- I really hope that legislation is changed so that people can get the help and support they need because the long term prognosis is so scary. From my understanding, it's clear that an ED doesn't go away just because a patient is medically stable. Digestive issues, osteoporosis, chronic pain and fatigue- these all play in. Can you share some the long term effects of an ED?

Yes, and there are a lot, you're right. There are physical, mental and psychological effects if full recovery is not achieved. Physically, for patients with anorexia, fertility, osteoporosis and ongoing mood related issues are some of the main ones. For buli-

mia, the vomiting can cause teeth erosion and also affect blood stability and lower potassium levels, which is very dangerous. If someone is starving, there are physical changes in the brain which have ongoing detrimental affects but there's clinical evidence to prove that these changes recover with normal weight, so all hope is not lost.

Psychologically, there's an ongoing risk for increased anxiety, suicide, OCD, and depression. When someone is trapped in the ED, this affects their ongoing sense of self change and . This destroys self-worth and can affect their ability for a meaningful quality of life as an adult.

Continuing in the ED behaviour leads to new neural pathways, which means that the eating disorder cognitions become more entrenched and difficult to change.

*From my perspective, one of the big barriers to them having that support- not just at home or in care but also in society- is that lack of understanding about the types of EDs. There are so many and they all express themselves in different ways in different people. From a clinical perspective, can you define the different types of Eating Disorders for me?*

Sure. The Diagnostic and Statistical Manual version 5 (DSM 5) defines them. The definitions are quite long but I can give you the quick version of the two most common- Anorexia and Bulimia. Though I would advise anyone who needed to know more to go to someone who is trained to make a clinical diagnosis. Self diagnosis is never advisable.

Anorexia Nervosa is characterised by significantly low body weight, an intense fear of gaining weight, efforts to prevent this from happening, and a dysmorphic perspective of one's body.

Bulimia Nervosa is characterised by eating a large amount in a comparatively short period of time, a lack of control over eating during this time, with compensatory methods to 'rid' calories consumed, such as vomiting, fasting, or exercise, The persons sense of self is also influenced by their

perception of their weight and shape.

These feel like very prescriptive definitions but the DSM really has improved in the latest addition (DSM5) There used to be a very narrow set of criteria for what an ED was but now, thankfully, we know more about the infinite variations and the criteria has widened to reflect that. For example, a patient can still have anorexia and yet still be at a normal weight- it used to be that they had to fall under a certain BMI before they could be treated for their ED. It is important this information is understood and disseminated so that GPs and the wider population can detect EDs sooner. The sooner any ED is recognised, they sooner people can get the help they need.

*That's so true. If there's more acceptance and understanding around EDs, I hope people will be more likely to be offered help- I know that for many people, they're so ashamed of their ED that they put off asking for help. Exactly how common are Eating Disorders in University Students? What are some of the risk factors?*

Unfortunately there are no statistics for the prevalence of eating disorders in NZ. An excellent PhD project if anyone's interested! As for how many people have an ED- overall, internationally, it's estimated that about 2-3% of the general of population have bulimia, 3-4% have binge eating disorder, 4% with Avoidant Restrictive Food intake Disorder and 1% for anorexia. Approximately 10% of the population have diagnosable EDs and as many as one in four teenage girls may suffer from the symptoms of an eating disorder at some point. These percentages do not include the proportion of the population, males and females, struggling with disordered eating of some kind or/or body image concerns.

*How can someone tell if a friend or family member may have an eating disorder? And if they're worried what should they do?*

The very nature of many EDs is that they're secretive. They lead to clients hiding because they're scared of someone making them change and taking away this coping mechanism or sense of control they've developed. This shame stops people from reaching out, and if someone asks them if they're okay, it's so much easier to say they're anxious, which means our ability to know if it is an ED or not is restricted. However, there are a few hallmark signs. Things like rapid weight loss, withdrawal from family gatherings, avoiding going out with friends, eating less, increased exercise, and a change in diet, like going gluten free, vegetarian or vegan. It won't be just one of these things, it will be a combination of many of them- I don't want people to think that just because their friend or child goes vegan that they have an ED

But knowing if someone's making a lifestyle change or has a genuine ED is hard, especially for friends who aren't living with that person and can't see their day to day activities. If you notice something's off,

ask if they're okay. Persist if they deny it but you keep seeing any of those criteria I mentioned before, especially if there's four or five of them. Come back and keep asking, keep caring without judgement.

If you still have severe concerns, just be honest. Tell the person you're worried. If they still deny it, I'd suggest you go to the university counsellor and ask for some advice- you might be able to go in together and have a talk.

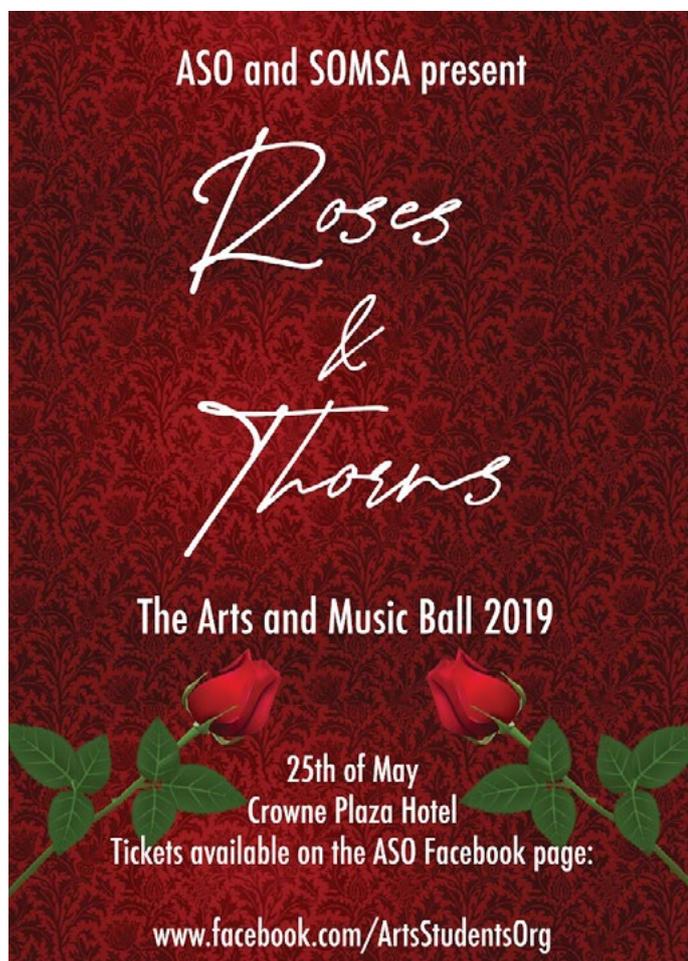
*And what about for people who worry sometimes about their eating and the thoughts they have around food. How can someone tell if their own eating habits are unhealthy?*

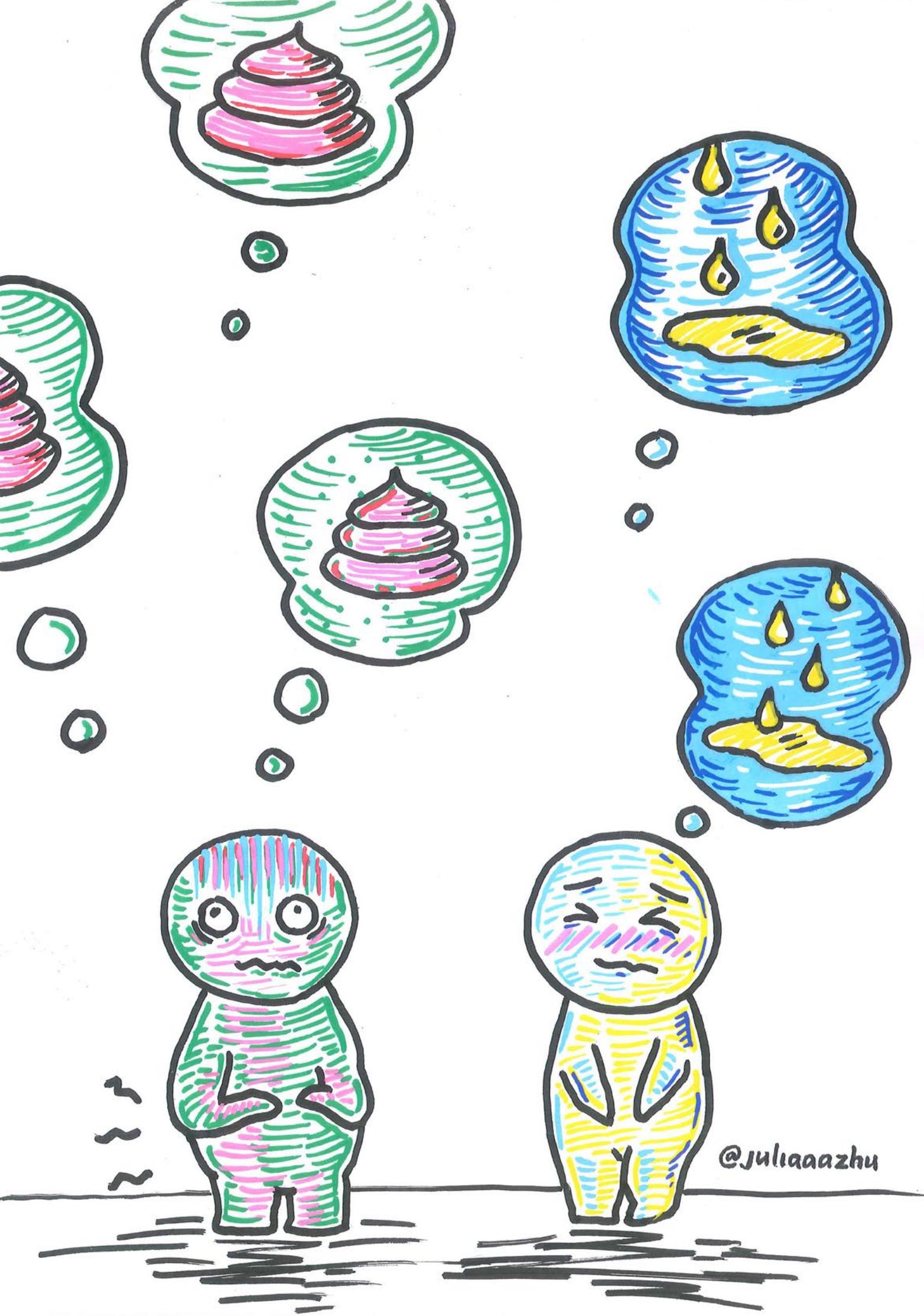
Generally, if food causes anxiety- or more anxiety than they've had previously, if they notice increased time devoted to thinking about food, if they find themselves skipping social opportunities because of stress about

what food might or might not be there, and if they have no flexibility about what they will or won't eat, then there's a possibility that they might have some disordered thinking about eating and I'd encourage them to approach their GP or a specialist. If they feel nervous that if they come forward they're going to be made to eat things that make them anxious, or that their habits are going to be 'taken away' from them, then this is an even bigger red flag and they definitely need to talk to someone- either a professional or a family member or friend that they trust. It's okay to be afraid, just don't be silent.

*That's so helpful, Kelly, thank you. Any final thoughts you want to add on?*

I just want to stress that EDs are not a choice. They are brain-based illnesses that deserve and need compassion, support and understanding. It is not a vanity issue.





@juliaaazhu

# "Shitty Pissy Students Shit And Piss Themselves." Or Psychosomatic Medical Issues From Stress And Anxiety.

by PEE GIRL and POO GIRL

## *Pee girl:*

There are some problems that seem to be uniquely childhood specific. Malcolm in the Middle not being on TV at the right time. Your parents not buying you a Club Penguin VIP membership. Peeing your pants. Except, one of these things is not like the other. One of these things can, as I recently found out, also be an adult problem. I really wish I was talking about Malcolm in the Middle, but, yeah, you guessed it from the title, it's the pee problem. The Pee Problem, as I have come to call it with my (close) friends. The "yeah hey guys can we leave please I'm about to fucking PEE my PANTS Problem".

It's pretty funny, until you're racing through Albert Park to the public toilets thinking you're about to pee your pants in front of the general public.

Poo girl: (I can vouch for this, she looked like death had become her. I had to carry her backpack as she dashed over the flower pots and wafts of weed to do a wee).

Is this what it's like to be elderly, except with more speed? I sure hope not, because it's not fun. I'm not sure how many other people have this issue, but it's called overactive bladder, and manifested thanks to stress. Apparently, my brain is re-wired (my doc dumbing it down for me, thanks) and it seems to have changed to a fully physical issue. It's to the point where I actively try not to drink liquid during the day, especially when I know I won't be near a toilet.

It's affected my university work, as I a) couldn't take the long

commute to uni, and b) couldn't sit through my two-hour lectures. It became hard to sit through one hour even. Thankfully I was given pills by my doctor (oxybutynin) which relax the muscles, though leave me feeling slightly drowsy and with a dry mouth.

*A day in the life of a Pee Problem sufferer (pre-pills):* Wake up. Eat breakfast, but don't drink even though you're thirsty; you'll regret it on the bus. Arrive at uni. Pee. Go study. Drink, but stop drinking at least an hour before lecture. Pee before lecture, pee after lecture, pee before you leave university.

It's a strange feeling, to not be in control of a bodily function you always took for granted. Not to sound too serious here, because things could be worse. But things could also be better.

**For now, the Pee Problem persists.**

Poo girl: I remember laughing at first when she told me. Because it was absurd. But she stopped coming to class, meetings, brunches. I'd get frantic messages of her accidentally locking herself in the Ranui train station toilets.

Pee girl: "Like yeah I'm stressed, but I don't think it's related to anxiety...I'll try some breathing techniques I guess."

Poo girl: "I dunno is it like some deep flight or fight response? Childhood trauma? Again, not a qualified medical professional... Maybe it's a UTI?"

Pee girl: "But how could I have a UTI when I am like Mary the virgin: not a virgin but may as well be? God this is so embarrassing! I felt like I actually did need to pee and honest to god felt like I wouldn't be able to hold it and was freaking out."

Poo girl: "If it makes you feel better, I fully peed during sex once. I didn't know I was so relaxed? But that was embarrassing."

Pee girl: "Yeah that's actually pretty bad."

**Poo girl:**

My friendship with Pee girl didn't start because we both had no control of our bodily functions. It started because we talked on the first few days of law school, never turned up, and then watched "copyright

university of Auckland" on double speed together.

My poo problem started young. As an angst-y teenager. I was lucky enough to be at my High school to have a semi-working mental health system, and spent three years in and out of counselling. I felt a lot, had a lot of hormones coursing through my body, and had unhealthy coping mechanisms. Classic maccas combo deal of depression and anxiety. Mental illness, panic attacks and anxiety can be so in your head (which doesn't make it any less real) and also manifest in the physical body. It turns out constantly having adrenaline and heart palpitations constantly running through can fuck up other parts of your body!!

For me, it meant I'd get insane stomach aches. For no apparent reason it would wake me up in the middle of sleep or zip me out of class to sit on the loo. I stopped going to the sick bay, because they'd just give me Panadol and send me back to class.

And I get it. It probably seemed like I was using a piss poor excuse to ditch class. My attendance was piss poor because of these issues. I have Asian parents who believe in hot and cold qi, herbal medicine and tea. They attributed my stomach pains to eating too much junk food and tv watching. I wasn't comfortable telling my parents about my struggle with mental health as they weren't equipped with the skills to understand.

It wasn't taken seriously until after I'd gone through a really dark anxious episode to which the after effects included the god damn world's worst stomach pain in the world. But I'd still take the physical pain over being in such a dark head space again. At least it felt real. I ended up in starship, spent the night, got all the checks... which showed nothing? I got referred to my GP.

At this point, their theory was that I had something with my bowels. That I was super constipated and filled with poop. But when they x-ray my stomach, there was nothing. Okay not nothing, but it was all gas. Air. Completely bloated.

Ya girl just needed a really good fart. Imagine the look on everyone's faces. But it wasn't just have a pro-biotic yoghurt bloated, but damn girl you got a balloon baby

bloated and it's going to kick every other time you freak out.

Swinging between constipated and diarrhoea was also not normal for the human body, I just dealt with it for so long it felt normal. I was diagnosed with IBS, irritable bowel syndrome, which is extremely common with women and highly prevalent in sufferers of anxiety and depression. It frustrated me to know that there is no cure. All I could do was try heal my gut. I got put on colofac, these white pills which I never knew were placebo or actually worked. But I'd take them after each meal. I was put on a low fodmap diet which felt like everything was a no but chicken and water....Anything could set me off. Brussel sprouts, milk, apples, the lunar cycle.

I really struggled with this diet.

After a few more trial and error messy incidences, I'd narrowed down my intolerances a year after. Garlic at the top, which I have still a huge amount of food trauma with as it reminds me of pain anytime I smell it. My mother is also allergic to silver, so we have a vampire and werewolf in the family. Next were onions, artificial sugar, popcorn. Hare krishna restaurants became my best friend.

And 4 years on it's gotten better. I'll eat things I shouldn't and just deal with the consequences later. I still get stressed like any Uni student, peppermint tea is my holy water, my IBS is constant, it has good days and it has days like today where I literally had the runs in kate edgar toilet before writing this piece. Probably the garlic in the Ramen. Whoops. But that's all in the day's work of managing mental and physical health.



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**A BOWIE CELEBRATION – THE DAVID BOWIE ALUMNI TOUR | DANIEL TODD**

7/10: *Or, Hot and Sweaty Boomers and Me*

It was not just the band, but the audience too last Saturday who were David Bowie alumni: the (majority sexagenarian) crowd would likely have been the ones in attendance the four times that Bowie himself toured New Zealand. But despite their age (I overheard a middle-aged couple saying that *they* felt young), songs like 'Rebel Rebel' and 'Suffragette City' swiftly bought out the teenagers in them; the fabulous Mike Garson, who played on 20 Bowie albums, and who was particularly brilliant on piano for the terrific 'Time', often had to step back to avoid being grabbed at by thirsty OAPs. Other highlights included the resurrected *Space Oddity* outtake 'Conversation Piece', and the classic masterpieces 'Space Oddity', 'Ashes to Ashes', and 'Life On Mars?'. The only disappointment was in the set list, where some of Bowie's greatest works that were played at previous concerts (Rock 'n' Roll Suicide, Station to Station, Sweet Thing) were switched out in favour of somewhat poorly-handled tracks off *Aladdin Sane* ('Aladdin Sane', 'Panic in Detroit').



**BRENDON GREEN: OF CONSEQUENCE | ANTÖN HUGGARD**

6.5/10: *So Okay, It's Average*

Tickets to see Guy Williams had already been taken. Instead, I went with the almost universally bad idea of seeing a comedian I'd never heard of. My immediate response to new comedians is irrational hostility. This guy was no exception. Miraculously, comedy-roulette paid off.

Brendon Green isn't the funniest comedian I've seen but is definitely a couple of standard deviations above the mean. Which, coming from this old bastard, is high praise indeed. Brendon Green's *Whatever the Show was Called* was furlongs better than the vast majority of "comedy" specials on Netflix. Having said that, the lady sitting next to me didn't laugh at all.

Upvoted for his style of comedy. Some parts were kinda in the r/wholesomememes vein of humour, but these were sufficiently spread out. Also, he completely avoided the over-used punching bag of comedy that is American politics. He also didn't swear very much. I assume these were self-imposed writing constraints to avoid cheap laughs. Hats off for that.

The show didn't have a very good opening. A sign out the front of the theatre made me think the show might only be quarter of an hour. Because of this, the first part of the show was spent in anxiety and continual expectation that it was about to finish. Turns out the show is an hour, so maybe you'd like the start more because you won't have to panic about duration. You're welcome. Actually, probably not. The opening wasn't great.



**BILLIE EILISH - LIVE! | NEELAM RANCHHOD**

9/10: *lowercase song titles, uppercase concert experience*

The night Billie Eilish was set to perform at Spark Arena, my friend and I decided to hit up Ticketmaster to see if there was any tickets left – since we had missed out on the actual sale. As an avid concertgoer, I typically have quite high expectations but Billie blew them out of the water when she hit that stage. Her opening act/brother, Finneas had a soft and sultry voice which made everyone bob their heads and sway to the rhythm, although his music is not my personal taste, I was in awe listening to his latest release 'Claudia' – a romantic gesture for his girlfriend. Billie hit the stage around 8:45 and hyped the entire arena up, singing a mix of old songs and songs from her newest album *when we all fall asleep, where do we go?* Although she was the only one on stage, her set was captivating. The visuals of her music videos played along to a few of her most popular songs as well as short animated videos, which embodied her edgy teenage persona. Billie got emotional (so did I) because she performed 'when the party's over' for the first time in Auckland last year to 200 people and now she's performing it to 10,000. She finished with her hit song, 'bury a friend' and everyone's phones lit up the arena, leaving me feeling like I had witnessed something truly magical.



## SONIC THE HEDGEHOG (2019) OFFICIAL TRAILER | CAMERON LEAKEY

3/10: *gotta go fast...out of cinemas*

I was asked on Twitter last week if *Craccum* was going to review the new *Sonic the Hedgehog* movie trailer and after the shitshow it proved to be, how could we not?

From the outset, I have many questions about this trailer. Primarily, why is *Gangsta's Paradise* playing in the background for the entire trailer? Supplementary: what exactly is Sonic now? Is he a hedgehog or an alien? Is he human or is he dancer? Why are the producers of *Fast and Furious* now producing *Sonic the Hedgehog* movies? Sonic is presented as this little blue athletic furry being who is found by a human cop and is now due to save the world (I think) from Dr. Robotnik (Dr. Eggman) – played by Jim Carrey. Already the internet believes Jim Carrey is going to carry this whole movie and honestly that looks about right. What is most baffling about this trailer is the animation decisions about Sonic. Uncanny valley. And his legs – like why? Two days after the trailer's release it was announced that Sonic would be redesigned due to audience backlash against the design. Former Sonic team president Yuji Naka was 'shocked' by the design – stating that the head to abdomen was *imbalanced-fucked*. Many viewers have taken to Twitter to illustrate how they would fix Sonic and to express their anger that Sonic appears to look a bit fucked up. Watch this trainwreck unfold in cinemas from November.



## THE COMEDY CLASSIC PREVIEW | BAILLEY VERRY

7/10: *More cocaine jokes than I expected but also some sick 90's dance moves*

In the apparently 'iconic' comedy club *The Classic* I was treated to six great comedians and one shitty audience. The comedians mostly hailing for the UK (and one Australian) were a really fun line up of funny sounding accents, so if all else failed, you could laugh at the way they talked. Because it was the 10pm preview, there were some boomers that were shitfaced and taking the heckling way too far. Funnily enough, it was the two Scottish comedians Chris Henry and Alistair Barrie that handled the drunks the best. Demi Lardner got done so dirty. She was bright and energetic and had some truly stupid jokes that I thoroughly enjoyed, even though the rest of the room didn't. I think the drunk idiots were just sad because she didn't give many opportunities for audience participation like the comedians before her. And I thank her for that. But the true standout of the evening was Brennan Reece. Following the poor show Lardner got, and seeing the nonsense the others had to put up with, he absolutely roasted the misbehaving audience members. You could not sip your drink safely during the set as you would get caught out laughing too often. The showcase proved that each of the comedians were worth seeing on their own and that baby boomers continue to be the worst.



## WHITE MAN BEHIND A DESK: A PARTY FOR THE END OF THE WORLD | LACHLAN MITCHELL

9/10: *Stephen Colbert on dots*

Robbie Nicol's *White Man Behind a Desk* is a concept that has consistently kept the ball rolling from its inception – a Kiwi-style topical content aggregator, to use a preciously pretentious way of describing Nicol's format, it is brilliantly written by Nicol and Finnius Teppett and has always been a delightful presence on my Youtube list. So, I thought I knew what I was getting into when I went to one of the opening shows for Comedyfest, the titular *Party for the End of the World*. Ostensibly about a party to raise awareness for climate change, it was more of a vehicle for Nicol to show just how physically *animate* he can be – his character is one that is obsessed with the party aspect, not so much the climate change. After my own fault of spending ten minutes picturing him as Stanley Tucci 25 years ago, a physical resemblance I will not back down on, I realised that he is just as fantastic a physical performer as a verbal one. Teppett himself made a perfect straight man to the infectiously immature *White Man* character, the showrunner barely managing to keep to the guidelines set out by the secret corporate sponsor, putting Nicol in a chokehold no less. However, it's when Nicol manages to communicate the anxieties inherent in our generation having to fix climate change and our crumbling democracy that he really ties this whole crafted mess together.



# Post-Traumatic Stress Disorder Chooses You

EDA TANG

*Post-traumatic Stress Disorder (PTSD) is often oversimplified to a summoning of 'bad memories' - yet its severity has much more at stake for victims.*

**This could be you, tomorrow** You do not need a certain quality of life, a family history of mental illness, or to partake in any lifestyle to experience a traumatic event. Trauma constitutes any actual or threatened event of injury, assault or death. Although this list is not all-encompassing, traumatic events can include physical assault, sexual abuse, witness of death or injury, combat, and natural disasters.

PTSD is caused by an alteration of the the psychophysiological system: programming fear conditioning mechanisms as the body's first responder. In simpler terms, a PTSD sufferer operates on the hypervigilance of of the reptilian brain's fight-or-flight instinct. Any trigger that mimics similarity to the event, causes a re-experiencing of it, accompanied by intense emotional and

physical reactions before the mind is even aware. A song you heard, place you went, or an outfit you wore on the day of the traumatic event, can be especially problematic when it is ubiquitous in daily life. Common symptoms include:

- Vivid hallucinations and flashbacks
- Nightmares and insomnia
- Panic attacks
- Hyper alertness and inability to focus
- Loss of belief systems
- Anxiety and/or depression

While these symptoms seem to go hand-in-hand with acute stress disorders alike, these do not include the *darker long-term costs* of PTSD.

**What more is at stake?** With no surprise, the symptoms of PTSD can come at the expense of one's career, relationships, passions and lifestyle. But moreover, the body may develop chronic conditions that further worsen the quality of life. PTSD does not manifest itself immediately after trauma. Oftentimes, the onset of PTSD is delayed and discovered through the psychological symptoms accompanied by physical morbidities. The 'wear and tear of the body' (allostatic load) due to the hyperactivity in the brain does not just affect the mind, but also the body. Disorders of this part of the brain responsible for regulating stress levels are correlated with these symptoms:

- Fibromyalgia
- Irritable bowel syndrome

- Chronic fatigue
- Musculoskeletal symptoms
- Hormonal imbalances
- Hypertension, often leading to cardiovascular/coronary heart disease

It's easy to mistake physical symptoms as just co-existent with PTSD or as crocodile tears to garner sympathy. Yet the physical manifestations are very real and directly relate to the condition. When these problems are not taken seriously by peers and doctors, the social isolation furthers the suffering.

### Lack of support and visibility in Aotearoa

While a cure is difficult to achieve, symptoms can be partially managed with medication, counselling and psychotherapy. Recent research also shows that neuroplasticity can be a game-changer as a holistic approach for managing this condition. Hypnotherapy, havening and EMDR are now also being more closely reviewed as alternative methods to traditional therapies. However, these are expensive and often difficult to access. Whether the issue is access or social stigma in finding help, alcohol and drug uptake is a common solution to temporarily relax the brain which can be problematic.

ACC has very specific requirements in order to qualify for service. Funded counselling is provided for victims of sexual abuse, 'covered' physical injuries, work-related traumatic incidents, and treatment injuries. The scope of coverage is evidently limited. Even within these cases, the complexity of PTSD can lead to problems with eligibility for support. For example, PTSD can arise out of multiple events or reoccur from another traumatic event. These situations are few of the many that ACC does not cover. Only 6 of the 29 claims filed by NZ Police in the last 5 years were accepted, showing that the current criteria for eligibility is simply not cutting it. Notably, PTSD cannot be managed with a one-size-fits-all approach. While counselling is the go-to option, it is easy to imagine how this can be difficult and triggering. In the ACC context, PTSD is still treated as a psychosocial condition rather than a somatic one.

Victims have said that more work is needed in exploring holistic and physical approaches which do not demand a return to traumatic memories, but rather address the cumulative effects of stress on the body. ACC has a good foot in this door by offering yoga to certain victims. Down this track, ACC could and should include more physical modalities such as craniosacral therapy and flinchlock release therapy. More awareness to affirm the productivity and long-term affordability of these methods is required so that they can become more accessible as healing tools.

**What next?** The Christchurch Mosque Attacks have brought many unaddressed issues in Aotearoa to light - one of them being the complexity of trauma and its lack of support. This had led to more public awareness and critical engagement with the issue of underfunding support services. While not a lot may be happening, the visibility of this issue is a first step to voicing a need for funding and policy implementation.

In Auckland, PTSD Help NZ, a volunteer-based grassroots community, holds monthly meetup sessions to support victims of PTSD. They are currently seeking more resources that can be made available to underserved victims and are actively engaging in ways to educate their community about additional methods of therapy.

**What can you do to support victims?** PTSD may seem abstract to someone who has never experienced it, making it difficult to empathise with trauma victims. Here are some things you can do to help:

- Support, listen to, accept and validate victims without expiration
- Educate yourself on what people are experiencing
- Be sensitive around dates, places, words and things that might be triggering

**Stop saying "That gave me PTSD"** Unless it actually did. Using mental illnesses as adjectives discounts the severity of conditions that are associated to real, suffering people who are already isolated from society. I

don't believe that this is done with maligned intention. This attitude is only one that reflects a lack of knowledge and visibility. We need awareness, so that there can be compassion, respect and understanding for this debilitating condition.

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“

**PTSD may seem abstract to someone who has never experienced it, making it difficult to empathise with trauma victims.**

”

GUEST COLUMN



BRIAN GU

## I'm Cheap Trash

By spiritual-scam victim and subsequent brunt of Craccum office jokes Brian Gu

The other day, I got viciously cornered by the power of positivity. Never had such generous praise and willing affirmation been hauled my way. It all happened so quickly, I was unable to register what had transpired; only knowing by the time it was over, I found myself short five precious dollars and holding *Hiding In Unnatural Happiness* by Devamrita Swami in my hand.

You know the people I'm talking about: the spiritual guides who stalk you down Queen Street posing as a student (one old enough for the last thing they learnt to be how to send a text message), a fanny pack buckled around their waist tighter than the Craccum discretionary budget. Yes, I chanced bumping into someone who looked more spiritually content than Paul Henry after a racist joke, and being the cheap trash that I am, a less-than five-minute pitch was enough for me to give in to his loosely-woven charitable backstory and reward him like he made it onto the *Ellen* show.

The process is textbook – they open with something that makes you feel good about yourself, managing to pick the exact insecurity that grapples with your soul. They give you no time to register their clear propagandist intentions; before you know it, their spiritual self-help guide is in your hands, and your five-dollar bill is in theirs. Again, in my defence, and there really is *no* defending me here, I was under pressure by an arriving bus, and plus in the midst of a rough week, it felt really positive to receive (what I thought was) an unadulterated compliment.

Don't mistake it – this is a common scam that hits many people, and here at the Craccum office, I'm surprised to hear it's been experienced by some of us before. Before you start asking, no, we don't have a phone up here at the office, so yes, we're safe from those call-centre scam ideas you just thought up.

**Claudia** suggests that I should arm you guys with the knowledge of how to assertively deny these tricksters, despite me not having a great go of it myself. Plus, I realise if I can save someone else's five-dollars (or at least give you a laugh at me losing mine), it's a small victory. Don't be fooled – these scammers are everywhere and **will** strike again, so if you choose not to pick up these quick quips, one day when you let your guard down, you risk getting caught out by Devamrita Swami and his gang.

### Twelve sentences to help cut your next "spiritual encounter" short:

1. "My spiritual path is clear and my conscience is resolved" No need to oversell this one like you're the Dalai Lama or something, just politely nod and walk away.

2. *Chuck an Endgame spoiler out there.* They'll be the ones running from you.

3. "I contribute to Craccum.": Might not save your five-dollars but doesn't it feel good to get it out?

4. "J.K Rowling has put me off reading sorry.": Trust me, you'd rather be reading *The Cursed Child* than whatever it is they give you.

5. "Can I have some money for the bus?": I highly rate this one. Really cap off the victory by giving them your bus pamphlet to read when you take their five dollars instead.

6. "I'm gonna turn this real-life event into a quick listicle to fill 800 words." Shame on you. There's no spiritual saving for that one.

7. "No." Because I felt bad for not having a sensible one here. Avoid "no thanks" and "no, that's alright" because it's really not alright.

8. "It's alright, I'm selling these too. Where are the best places to go, do you know?" Take it that one step further and actively map out how to avoid them.

9. *Threaten to call the police because you've received intelligible information that they are involved in the kidnapping of Madeleine McCann.*

### Nobody:

**Me:** This article could do with a Madeleine McCann joke.

10. *Buy last week's Craccum from us instead.* Because if you're going to spend your five dollars unnecessarily, you may as well do so on something worth reading.

11. *Threaten to resurrect the columns section when you actively realise you don't have enough source content to cover 800 words.* I extend my apologies to the writer of the matching column.

12. *Assume the identity of Devamrita Swami.* Start screaming things out like you're playing i-spy. That really sells a spiritual experience.

So always prepare yourself with positive ways to say no so you don't get caught out when the situation comes. But in the case that you're actually looking for a spiritual change, feel free to come up to the Craccum office – you can have my copy for \$4. Actually before that, did I say your hair looks nice today?

GUEST COLUMN

~ GUEST ~  
~ COLUMNIST ~

ANONYMOUS

## A Meditation on Toxicity

In our mental health issue, I just want to take the time to talk about how we reject harmful things. We've all grown a lot in the last few years, especially as the internet has changed significantly since 2013. In that time period, the changing social culture has allowed all of us to take part in conversations that wouldn't have happened otherwise, but the speed of these conversations has allowed some concepts to become lost in translation, at the very least.

Toxic is a word that has become very powerful in a short manner of time, by way of being shorthand for 'you're a corruptive person, you're bad for everyone around you and probably listen to R. Kelly'. The term toxic is easily rememberable, applicable, and it creates a visceral reaction within a person – who wants to be labelled toxic? Who wants to be publicly condemned as detrimental to a person's wellbeing?

It's a pretty powerful label. And it is a valid one to most people because it is so easily described: a person or a societal element that upholds standards that are corrosive to the wellbeing of others. I would wager that most people reading this would consider Winston Peters as toxic to New Zealand's political process, for example, due to his inability to allow any governmental progress unless he gets a kickback. That, and the man is comprised of 30% Marlboro-branded nicotine, 40% 50-year aged whiskey and 30% hard leather. On a more individual level, toxicity can be seen as someone who considers your wellbeing as secondary to their goals, like a person who interjects any discussion about women with 'but whadabout men' – their concern is not about the issue at hand, it is about the denigration of women. Toxic!

However, there are times where toxic is such a powerful word because of its ability to distort. It's become shorthand for the anger left behind, and when unchecked, become a ubiquitous replacement for misplaced emotions. And at some point, one must have a conversation with themselves and figure out whether an atmosphere really is 'toxic', or if it is a misplaced feeling of bitterness or sadness or what have you.

I'm generally onboard with calling people out, provided it is in a setting where it is legitimate. Taking agency is powerful for regaining mental ground. But there are times where 'callout culture'... just doesn't quite fit. Sometimes, 'toxic' is used in a way that demeans the situation at hand. There is a tendency to retroactively apply the characteristic to a person's entire being, extrapolating one moral failure to their entire life/lifestyle. At other times, it is a way for a person who has perceived themselves to be wronged to take control of the situation – I've seen far too many anecdotal situations where a friendship has broken down and the first person to claim toxicity wins the

resulting callout argument. It's taken a fundamentally useful way of describing harmful social facts, and it has been applied to emotions that could be better described as bitterness.

And I suppose this is an issue with callout culture's tendency to force other people into being performative – that is to say, putting on a show of understanding social issues for the sake of acceptance. If being Woke is a personality trait, something that you don't really feel but put out there regardless, you're more likely to be the sort of person that misuses toxicity for either a) genuine misunderstanding or b) your own ends.

But don't get me wrong – this isn't to minimise one's feelings at all. It's more a question of 'discourse', to borrow the oh-so-fancy terminology. It is just a question of applying them correctly and asking for self-reflection before using what is now such a powerful catch-all for the negativity of personal communication. The process of bettering one's mental health is not only about excising the people that are not good for you, it is about figuring out why these people clash with you, and why their ideals and their actions have left you feeling hurt. I suppose I just want to ask people to consider what they have learned and how to apply it. Toxicity is an awful thing, and it is a valid concept. But it is demeaning to the conversations we have taken part in if we allow it to be applied without any kind of social peer-review. And that is... toxic.

“

*The term toxic is easily rememberable, applicable, and it creates a visceral reaction within*

”

# ausa advocacy

## *What is Advocacy?*



**WE ARE A FREE INDEPENDENT DISPUTES RESOLUTION SERVICE PROVIDED BY THE AUCKLAND UNIVERSITY STUDENTS ASSOCIATION**

We are 100% independent from the University, which means the advice we provide will always be in their best interest. We are a team of professional AUSA staff and Law student volunteers. We help students to raise an issue with staff or make a complaint.

We can assist you by:

- Clarifying your options, rights and responsibilities in relation to any academic issue;
- Help to resolve academic or personal issues;
- Advise about any appeals processes;
- Prepare you for meetings, and attend them;
- Advocate on your behalf;
- Refer you to the best services to get help;
- Provide information and referral to other appropriate services.

**WHEN SHOULD YOU MAKE AN APPOINTMENT?**

Anytime you encounter a problem or issue that is unresolved, or when they feel you are being unfairly treated.

**HOW CAN YOU CONTACT US?**

Go to the AUSA website and click on services. You can also drop by our offices to meet an Advocate in Old Choral Hall at 3 Alfred Street or phone Denise, the Advocacy Manager, at 87294 or email [advocacy@ausa.org.nz](mailto:advocacy@ausa.org.nz)



# In Pursuit of Counselling

ALANA MCCONNELL

*Getting counselling can be a long and arduous process, and the only thing that makes it worse is when it's not the positive experience that you hoped it would be. Even more difficult is finding a counsellor who "gets you", who can help you make concrete progress, and who you can be 100% vulnerable with.*

Unfortunately, people who have had negative counselling experiences may dismiss the entire idea of counselling because of it. What isn't widely known is that finding the right counsellor for you is similar to finding the right partner or best friend. Counsellors are humans, just like us. They have their own unique personality and worldview that will inevitably influence their approach. If you view counselling as a relationship, it makes sense not to settle for the first one you see,

and have that mould your opinion around the practice as a whole.

In regards to mental health, when we open up to people the first thing we are told is to get help. But what does that look like? For many people, counselling is either too expensive, too confronting, too inconvenient, or too limited to be considered a viable option. If your reasons for seeking counselling are specific or particularly complex, then expensive specialists become

a reality. When I attempted to sign up for counselling services at Victoria University I read on the website that “two or three counselling sessions are often enough to help manage things better and get your life and your studies back on track.” This baffled me. There are many reasons why people seek out counselling, and they often are problems that we consider too big for just ourselves to be able to deal with. In New Zealand and across the world, accessible and free counselling or even medical services for that matter is not a reality. The pressure to be “fixed” in a limited amount of time can hinder the overall experience. Getting help is not a linear journey, and it does take patience, perseverance, and a fair amount of setbacks.

I grew up with a mother who is a counsellor, and thanks to her formed a very positive and open view about the practice. My first counsellor was called Marilyn, and she was incredible. At age 14 all I really needed was one person to validate me in a world that continuously felt like it was against me. After my time with Marilyn came to an end, I remember walking back home crying, devastated that I would never be able to see her again. Over the years I have realised that not every experience with counselling will be as positive and simple as the one I had with Marilyn. Factors like socio-economic status, stigma, time, severity, and accessibility all can hinder people from seeking counselling. Counselling can be so far out of someone’s radar that they don’t even consider it to be a viable option. Some people view it like a dreaded dental appointment, putting it off until things get worse. It’s not surprising then that if someone goes to counselling for the first time, and it just doesn’t “work”, then that can mar their perspective on counselling permanently. However, once counselling is experienced as a connective and transformative experience, the possibilities for positive growth are countless.

Because of Marilyn, in the past I have jumped at any opportu-

nity to go to a counsellor when things get difficult. This resulted in a very mixed bag of counsellors, some good, and some pretty dreadful. Sometimes it boils down to a personality clash, different values, or simply different techniques/areas of expertise that don’t work for you specifically. I saw high school counsellors, university counsellors, and private practice counsellors. Counselling hinges completely on confidentiality, and even when I tried to stay away from counsellors who knew about my mum and my family on a more than professional level, it still happened.

Taking the prize for the worst counselling experiences was one I had only recently. I found Heather\* online, seemingly unconnected to my mum. It turned out that Heather had been taught counselling by my mum and that she was a Christian counsellor. Even though she assured me that she barely knew my mum and it wouldn’t affect anything, it still felt odd. When I told my mum that I was seeing Heather she tried to remain neutral, but later admitted that she didn’t think Heather would be a good fit for me based on how she came across in class. When I drove to Heather’s house for our first appointment, I nearly had a car crash, as I was half distracted looking at my phone for directions when a car in front of me abruptly braked. Already feeling raw and shook up, I proceeded to tell Heather every single thing that was wrong with me and my life. I had never opened up to someone like that before. I thought it was the right choice, but it caused complete emotional exhaustion. I thought that set us up for a good start with everything out in the open, but it became clear after about 3 sessions that something wasn’t working. I felt like I had to justify what I was telling Heather, and that she was judging me. That is the first red flag of a counselling session. If you don’t feel like the space is judgement free, then something is wrong. I also didn’t feel like I was actually getting anything out of our sessions, and that I was simply talking and everything she said

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*However, once counselling is experienced as a connective and transformative experience, the possibilities for positive growth are countless.*

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*Sometimes that means saying no to the counsellor that you know will not benefit you so you can wait for the right one to become available.*

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wasn't actually helpful. I wasn't applying anything from the sessions into my daily life. There was a massive disconnect, and by the fourth session, I decided to "break up" with Heather. I did a google search on the etiquette for ending a counselling relationship and decided to send her a text message thanking her and explaining that why I wouldn't be coming back. I feel good about ending it, because I didn't want to settle for a counsellor who didn't understand me and wasn't adding anything to my life. After I stopped seeing Heather I found out that the practice Heather followed called Living Wisdom was embroiled in a controversy a year ago about gay conversion therapy. This set off a massive red flag in my head, and solidified my choice to end things. Living Wisdom also felt pretty sketchy and cultish. That was a lesson in doing my research before committing to a counselling session.

Though we've taken massive strides in recent years to end the stigma around mental health and work towards creating accessible solutions that include therapy, there is clearly room for more progress. In a perfect world, there would be government-funded free counselling for anyone who needs it in New Zealand. Race, age, money, and gender would all be non-factors in the access to counselling. Not feeling like you need to settle for the first counsellor you see will also hopefully be eliminated one day. I'm aware of my privilege as a white female who grew up in a progressive household with access to free counselling services at my university. Not everyone has that luxury. However, I've still felt pressure to have my problems fixed in 2-3 sessions, and have tried to "make it work" with a counsellor who clearly doesn't get me at all. I've taken the short term counselling session at Victoria even though I knew I needed the longer one because the waitlist for short term was only 3 weeks instead of two months. I hesitated to terminate things with Heather because I had signed up for 10 free ACC-funded sessions with her and didn't know what would happen if I tried to find another one.

We can't ignore the massive need for effective counselling services. Suicide rates are climbing and may be calling for the government to implement a national suicide prevention strategy. Yet I still have friends who view getting help as a sign of weakness. The thought of talking to someone about their problems terrifies them. Perhaps when they find a counsellor that works for them, talking about their problems and emotions won't seem so daunting. For people who don't feel naturally inclined to talk about their feelings, or are experiencing years of untreated trauma, 2-3 sessions won't even scratch the surface.

### *What can you do about it?*

Utilise funded sessions that can make counselling free or at a reduced price. This can be through, work, university, online, or ACC and Studylink. While we wait for policies to change, all we can really do is work with what we have and try to get the absolute most out of it. Sometimes that may require going directly to a GP and asking for their sign-off. Sometimes that means having to go through the paperwork all over again. Sometimes that means saying no to the counsellor that you know will not benefit you so you can wait for the right one to become available. If you are able to choose a counsellor, there are a lot of factors to consider. Look at their testimonials, the training they've had, and what area they specialise in. Do some research on the professional body that they are a part of, and read their "About Me" section to get a feel for who they are. This can help in optimising your experience and saving you time and money. It will be trial and error, but taking your mental health into your own hands is vital if we want to stay alive and thrive in this world.

Anonymous

To the overwhelming feeling of incompleteness  
To the blank stares into the fence  
To the 7th cigarette between my shaking fingers  
To the cold indifference making home in me  
We are a marriage of human and illness  
Band hidden in shame  
With my hoarse voice I sing  
A desperate bid for a feeling that isn't this  
In every word I bleed a plea  
Let me be free  
Let me be happy  
I have no more fight in me  
There is a sadness taking up residence in my every thought  
Lending a background to every moment  
One day it will own me  
Because I have no more fight in me

You are an ugly reminder  
That I was not born without defect  
The perfect child, with the precocious wife  
She's 25 now and living in denial  
She's fought, I fought, but I still feel your effect  
It's too much effort, to exist for one more mile  
And now  
I have no more fight in me

# Trauma

BY MADDY CRUTCHLEY

The whispers swirl.

"... resuscitated..."

"... Olympic selection..."

"... yeah, out at Piha..."

My toes grip the edge of the pool. I force myself down into the water. Calm, blue and familiar. The chlorine coats my goosebumps. My knuckles are white, so I pull my stiff hands from the lane rope. The room would be silent, if it weren't for splashes echoing. I feel their eyes. Watching. Waiting. I duck under and push off, muscle memory aiding each kick. The cool water takes the tension from my shoulders. My face turns towards the air.

Breathe.

I plunge down, too soon. Suddenly, the water is black. My arm flails to find the lane rope. I'm pulled out... am I making that sound? My breath is gone, lungs straining, throat blocked, *shit*. Black sand rises from my stomach, scraping my teeth and spilling from my mouth. No, just vomit. Only vomit.

# HOROSCOPES

## ARIES

21 march - 20 april



Listen to your heart. Hear the beat, boom boom, boom boom. Let it guide you. It doesn't know much, but it can tell you everything.

## TAURUS

21 april - 21 may



Hey, don't feel too down - you get this week all to yourself! Don't stress too much, and you will find this week go by easier and better than ever before. Seriously, this is your week! It's really happening!

## GEMINI

22 may - 21 june



Watch out. Just watch out. That is all.

## CANCER

22 june - 22 july



Finally, things are going to start going your way. You won't know it, but this week's events will eventually pay dividends in the long run. Look for small things that bring you joy, and ignore the big things that don't.

## LEO

23 july - 22 august



Be careful how you play your cards this week. If you're clever, you may just be able to bluff everyone off the table with your two pairs... but if not, you may just have to go fish.

## VIRGO

23 august - 23 september



You'll find that not everything is as it seems. Trust nothing. Trust no one. This week will be confusing and it's best if you just play it close to your chest and watch out for yourself. Maybe you should hide.

## LIBRA

24 september - 23 october



The balance of life is hard to obtain, and harder to maintain. The weird feeling you've had for the past few weeks is imbalance. The yearning for change, for new horizons, and being who you are not stems from this unsettlement. Be careful not to stretch yourself too far and risk tipping the scales.

## SCORPIO

24 october - 22 november



Maybe this week, it's time to think about those you care about. Make sure they know you appreciate them, and spend some time helping them out. They deserve it, after the way you've treated them.

## SAGITTARIUS

23 november - 21 december



Maybe you should invest in a bicycle. Seems like a good idea.

## CAPRICORN

22 december - 20 january



You're an independent person. You love doing things for yourself, but sometimes you've got to let others in. You can't do everything on your own. It can be hard working in a group, but remember, if you try to do everything yourself, you just make it harder on everybody else.

## AQUARIUS

21 january - 19 february



Do you ever wonder if drinking isn't actually solving your problems, but actually causing them? You may have been doing an awful lot of it, especially last Friday... this week will go a lot better if you take it easy on the alcohol a little.

## PISCES

20 february - 20 march



Maybe it's best you avoid Scorpios this week... they can upset you too much, and right now you don't need that. Don't feel the need to cut them completely out of your life, but all the same remember to do what's best for you.

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# the people to blame.

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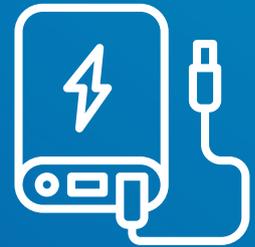
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