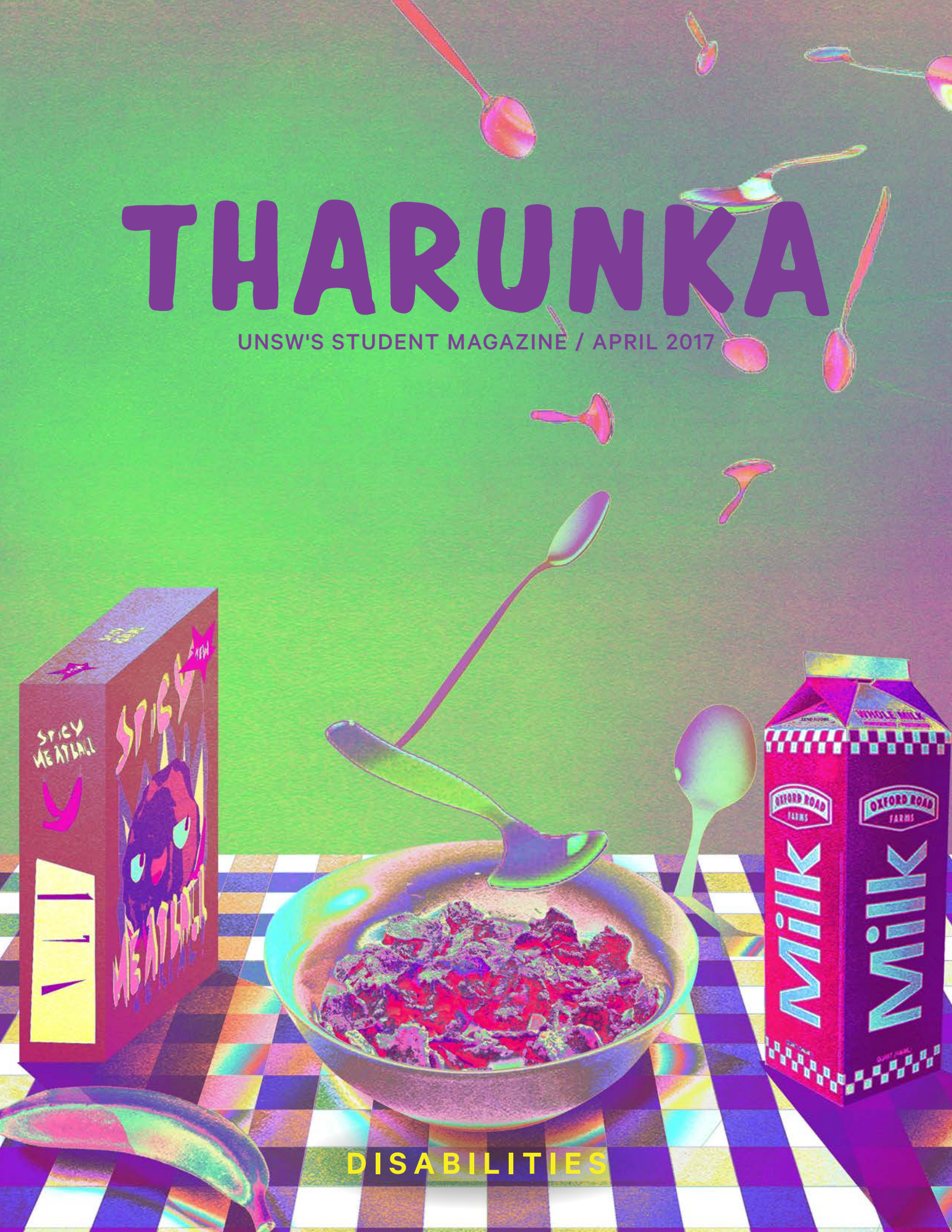


THARUNKA

UNSW'S STUDENT MAGAZINE / APRIL 2017



DISABILITIES

THARUNKA

THE TEAM

/

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WHICH OUR UNIVERSITY NOW STANDS.

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WE'D LOVE FOR YOU TO JOIN US ON THE INTERNET.

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GIVE US A LIKE AND A FOLLOW AND A RETWEET AND SEND
WHATEVER YOU HAVE TO SAY TO tharunka@arc.unsw.edu.au
(WRITING, ARTWORK, IDEAS, FEEDBACK, LOVE LETTERS, PICTURES OF
CUTE DOGS - WE WANT IT ALL).

Letters From the Editors



MANAGING EDITOR

BRITTNEY RIGBY

Six years ago, I was cut open. My knee reconstruction isn't the worst thing that's happened to me, but it was profoundly life-altering.

There had been years of dislocations on basketball courts, but on the Tuesday afternoon I saw my orthopedic specialist, surgery was incredibly unlikely. As one of the best in Sydney, he had a year-long waiting list; going under the knife wasn't something I'd have to worry about anytime soon.

It turns out, my knee was one of the worst he'd ever seen. He cleared his schedule to operate on me exactly one week later.

And then I became a 16-year-old who couldn't walk, and who became acutely aware of the previously (invisible) world of inaccessibility.

Walking hurt. Sitting with my knees bent hurt. Sitting with my legs out straight hurt. Lying down all day wasn't an option.

I had to be in the world, and that meant moving around in public spaces that weren't accommodating. I attended hydrotherapy and physiotherapy. I swam. I taught my legs to carry my body again. I fell down a flight of stairs and ended up back in hospital.

It changed everything I knew about my body, and taught me that the world simply isn't built or designed or changed to accommodate people with physical disabilities.

It still changes me.

I can't play basketball again. I can't run. My right leg is three centimetres shorter than my left. The Basser Steps are excruciating. The "accessibility" route takes too long. The metal in my leg conducts heat; my knee seizes up in the winter and burns in the warmer months.

Three years ago, I was diagnosed with general anxiety disorder, panic attacks and migraines. I also developed a pattern of disordered eating. I've been diagnosed once, hospitalised twice, and curled up on the cold, bathroom tiles racked with panic more times than I can count.

Sometimes counting helps. Breaths. Sheep. Mississippi. I imagine my breath travelling in a rectangle. Breathe in. My breath starts at the bottom left hand corner and travels up to the top left hand corner. Hold. It moves along the top line. Breathe out. Down it goes, from the top right hand corner to the bottom

right. And hold. Back to the start. Breathe in.

Over.
And over.
And over.

It helps.

Thank you for another issue. Thank you to Alex, our guest editor and Students with Disabilities Officer. And thank you to every person who chose to trust us with their experiences of disability. I am so proud of you all.



GUEST EDITOR

**STUDENTS WITH
DISABILITIES OFFICER**

ALEX LINKER

Hi,

I'm Alex, the 2017 SRC Students with Disabilities Officer. In the interests of disclosure, I think it's important for me to state that I have chronic pain, vision difficulties, and I am neurodivergent.

I'm super excited by all the amazing pieces that are packed into this wonderful edition, each work encouraging people with disability to share their works and experiences. This edition shows how we are an important part of the UNSW community, and we will not be disregarded.

This year, the Students with Disabilities Collective has slowly been joined by a handful of students, however it would be great to see more students coming to our weekly meetings (3pm at the Welfare/Disabilities Space, near the top of the Basser Steps). The more people who become involved, the harder it will be for our voices to be ignored, or for our rights to be forgotten.

So, why does this cover focus on spoons? In 2003, Christine Miserandino wrote an essay explaining a metaphor she had come up with to describe chronic illness and/or disability. A friend was asking her what it was like to be chronically ill, and out of a need to physically demonstrate, Miserandino picked up a bunch

of nearby spoons, and handed them to her friend, saying, "Here, now you're chronically ill". The spoons were used to represent the limited energy resources that often come with having disability. She explained how every action would cost a certain amount of spoons, so having limited energy resources meant often having to skip certain activities (such as washing your hair) in order to complete the rest of your daily tasks. Spoons can be "borrowed" from the next day, but that leaves you with even less energy for tomorrow. And you don't always wake up with the same number of spoons. It changes from day to day, and you just have to do your best with the number of spoons you are given.

This is by no means a perfect metaphor for disability and chronic illness, but it gives abled people a glimpse into what it's like managing in a world that isn't considerate of people with disability.

I suggested putting spoons on the cover of this edition, not because I want to highlight the difficulties of people with disability, but because I want to honour the effort we put into doing our best with the few spoons we have. We are not your clichés – we work hard to keep up in a world that's not designed for people like us. That's the essence of disability – the barriers created by society limit our ability to partake.

The pieces in this edition showcase the diversity and intersectionality of students with disability at UNSW, to remind us that disability comes in many forms. Some disabilities are invisible, and some are noticeable. Some people have both. People with disability can be of any race, gender, sexuality, age, religion, or nationality. We need to band together to show that we matter.

I hope you enjoy the edition, and if you have any questions about the Students with Disabilities Collective, please email me at disabilities@arc.unsw.edu.au.

Agony Ibis



Dear Agony Ibis,
Of late, I've been incredibly tired during class. I can't seem to be able to keep my eyes open! Please help me to be alert and conscientious during class for maximum learning.

Yours in exhaustion,
Sleepless in Kensington

Dear Sleepless,

Ah yes, the flickering fluorescent lights and the dull monotonous drone of an equally bored lecturer are death for a student enduring the Hump Week that is Week 8. I, too, can empathise with the slightly blurring vision and obsessive Facebook scrolling (on both laptop and phone, simultaneously) that are common symptoms of what I like to call reaching-the-end-of-your-fucking-tether.

Not to worry, extreme tiredness is a common malady of the UNSW student population. Know that you are not alone, and take comfort in the fact that you can make friends with that weird (and slightly smelly) dude sitting next to you in your terribly awkward 9am tute, whilst bonding over this shared, and unfortunately universal, experience.

What's my solution? You can do one of two things.

1. Crush up caffeine pills and snort them whilst pretending you're rich enough to buy cocaine,* accompanied by an intravenous, 24-hour intake of Red Bull.

With this concoction, you'll definitely be awake for (approximately) the next 1-17 lectures (and you ~~definitely~~ ^{probably} maybe won't develop a problematic drug habit compounded by Night cold and flu tablets. Anything to finally surrounded by sleep's comforting embrace.

2. Eat many vegetables, exercise more than once a fortnight, and cut out alcohol (or just regular binge drinking, really)...

But that's way too difficult, right?

*Tharunka does not condone using drugs because they are Bad. Always read the packet before using.

It's 2017 and I Can't Believe We're Still Debating...

Autism “Awareness”

This year marks the tenth celebration of April as Autism Awareness Month.

However, with 1 in 68 people diagnosed with Autism Spectrum Disorder, most of us already know an autistic person. What we need is not for people to be aware that we exist – we have awareness. Rather, it's time for allistic (non-autistic) people to move on from awareness and to learn to accept and appreciate us as autistic people, and also for us to learn to accept ourselves as autistic people.

For 10 years, we've spent April hearing from companies such as Autism Speaks (that has no autistic people in leadership positions) when we should, in fact, be listening to groups such as Autistic Self Advocacy Network (ASAN), a group of autistic people sharing their own experiences.

Why are our autistic voices ignored? Why is less value placed on the opinions of autistic people than that of allistic family, friends, and doctors?

By promoting autism “awareness”, you're suppressing the very people you claim to support. Rather, engage with autistic voices and listen to what we say.

So this April, don't #LightItUpBlue for awareness, but #WalkInRed for acceptance!

List of popular/good autistic voices:

<http://autisticliving.tumblr.com/>

<https://musingsofanaspie.com/>

<https://emmashopebook.com/>

<https://www.youtube.com/user/neurowonderful/>

A more complete list is available here:

<https://anautismobserver.wordpress.com/>

Content warning: Suicide,
Sexual Abuse

Mental Health at UNSW

Can More Be Done?

It only takes a minute to appreciate the growing recognition of mental illness in Australia. Lifeline and beyondblue's phone numbers are scattered under relevant newspaper articles, RUOK has become an important day to check on loved ones, and Movember has taken its place as a light-hearted, yet poignant encourager for men to speak out.

Undeniably, this increased visibility reflects a national desire to address concerning mental health research. Recent statistics cited by the Vice-Chancellor,¹ show that one in five Australians suffer from mental illness within a given year, and one attempts suicide every ten minutes. Research also indicates that mental health conditions are most prevalent amongst 18-24 year olds.

Since universities cater to this demographic, we must assess their role in addressing mental health. Through this article we seek to explore how our university has dealt with these challenges by examining subjective experiences. While we conclude that UNSW has established a reasonable framework to deal with mental health, we believe it must do more to make policy a reality in student's lives.

Before we examine these issues, we must note that the university has a number of services available to those struggling with mental illness. These include Disability Support Services (DSS), Educational Support Advisors,

Counselling and Psychological Services (CAPS), the University Health Service, and Student Minds. It also produces a range of self-help guides, including a Back on Track module via Moodle.²

Yet when researching UNSW's broader stance, we found that it lacks an institution-wide strategy. Instead of utilising a guiding policy, a CAPS representative informed us that the university addresses mental health through a host of different guidelines. While this approach is subject to change, with the university undertaking a review likely to include a new Mental Health Framework, we could find little on its scope. Further, when we emailed schools for faculty-specific policies, they either stated they did not have one, directed us to CAPS, or told us they were not posted publicly.

Evidently, having no authoritative policy document is problematic. Not only does it prevent students from gaining insight into the university's approach, it also hinders disability-related applications. For example, it creates confusion when applying for Special Consideration. Currently, Special Consideration aims to help those hindered by illness or circumstances beyond their control. To apply, a student must make an application through myUNSW within three working days of their assessment. The request must be accompanied by third party documentation,

and students are told to note existing school policies on mental health. Yet, how can students be expected to comply with these policies when they are not accessible?

The Special Consideration process is also flawed in other ways. Specifically, since tutors are given a wide discretion in determining applications, there is potential for arbitrariness. For one student, this meant that she was granted Special Consideration for three subjects, but was denied Special Consideration for her last course. How could one outcome be so incongruous with the others?

The student also suggests that, due to direct interactions between students and staff, the system opens applicants up to unprofessional opinions. It may be difficult to lay blame on individual tutors, as we cannot be sure whether they have been provided with adequate training. Yet, if the university uses a portal in which students communicate directly with staff, they must take responsibility for this. Tutors should receive better training to ensure

1. <http://newsroom.unsw.edu.au/news/general/mental-health-challenge-requires-significant-attention-and-research>

2. <https://student.unsw.edu.au/wellbeing-support-and-resources>

that they are able to respond appropriately and with sensitivity.

In some circumstances, DSS may step in if a student is registered, limiting both arbitrariness and the need for interaction between tutors and students. However, many students with mental illness may not realise their issues qualify as a disability. Mental illness can be indiscriminate and be experienced when individuals least expect it. The condition may also not be ongoing. For these reasons, the more long-term approach of DSS may not always be a student's first (or best) choice. Consequently, Special Consideration should play a role in assisting those with mental illness, just as much as it does for those with physical ailments.

Presently, the university's problematic approach extends beyond formal treatment resources and Special Consideration mechanisms. For policy to become a reality, culture must also change. In some schools, students encounter a culture that is incongruous with the maintenance of mental welfare.

Within medicine, students are taught that the course they study places them in a higher than average prevalence category for mental illness. Yet, the way these students are guided to support their own mental health does not satisfactorily respond to this concerning fact.

Lauren Simpson, in her third year of medicine, says that her cohort feels pressured by the stigma that continues to surround mental health. She points to an underlying culture of shame in mental illness "that persists in the faculty and that is not being addressed". As Simpson puts it, "you feel like you're expected to be perfect when you're a doctor, you need to be perfect mentally to do your job well ... but that's just unrealistic."

Simpson's experience speaks to the prevailing perception that lofty procedures and listed resources do not translate to a supportive learning environment. This is also true regarding the conspicuous absence of trigger warnings for topics like suicide, eating disorders and sexual violence, both in classrooms and in online spaces such as Moodle.

Trigger warnings are no longer so innovative as to be reasonably considered a radical teaching

strategy. As Cornell professor Kate Manne has written, they are simply a coping tool for "vivid reminders" of trauma that can otherwise "serve to induce states of body and mind that are rationally eclipsing". And yet, the mention of trigger warnings in academic spaces is still often accompanied by controversy.

Why is this the case? According to Lauren Stinson, UNSW Law Undergraduate Representative and sexual assault survivor, it comes down to trigger warnings being misunderstood in two key ways. Firstly, there is a misconception that students would completely avoid all potentially re-traumatising content were they forewarned, thus hindering a liberal education. This might be the most appropriate action for some who are in a delicate recovery stage. However, for many others, trigger warnings simply let students allocate more time to complete readings and schedule self-care activities. In all cases, Stinson says, it is about "empowering students to look after themselves" and engage with the content the best way they can. This return of agency, notes Stinson, is particularly important for sexual assault survivors who "lost that control in the event".

The second key misconception surrounds the fact that trigger warnings are not just for the obvious examples. They are not designed to exclusively capture content students could easily identify themselves, for example, the criminology course "Violent Sexual Offenders". Rather, trigger warnings respond to the fact that re-traumatising content can arise in a range of teaching contexts. In fact, the more unpredictable examples are the ones that most clearly make the case for trigger warnings, as they can produce the most devastating outcomes. This was the case for Stinson herself.

As part of her Psychology degree, Stinson undertook a course in Social and Developmental Psychology. Students were shown a video of psychological responses to authoritative figures. Students were told that the content may be "distressing", but were not warned that they would be exposed to real footage of a teenager being sexually abused.

The incident caused Stinson such a vivid recollection of her own assault that she attempted suicide three weeks later. She spent

a month recovering in hospital.

With Stinson's experience in mind, it becomes difficult to understand how trigger warnings could not already be common practice at UNSW. How can the cultural approach to mental health lag so shockingly behind? This is, after all, an institute that prides itself as much on its innovation as it does on its commitment to student welfare. Including appropriate warnings for common triggers should not be arduous for educators who are presumably experts in the content they teach.

As noted before, it is also exhausting for individual students to signpost their trauma for each lecturer. Trawling lecture slides in an attempt to predict and prepare for triggering references is also laborious, and an unfair burden to place on recovering students. Most importantly, as Stinson's case so devastatingly points out, it is not a failsafe path to protection.

Rather than presenting students with obfuscated options and upholding the discretion of individual staff members in responding to student needs, UNSW should be at the forefront of efforts to discuss and manage mental health more acceptingly and in a genuinely supportive manner. While we acknowledge UNSW's existing efforts towards this end, students feel that more must be done.

The request is reasonable. The question remains, will the response be enough?

Note: the Law Faculty has recently indicated that they will soon be implementing trigger warnings.



Disability Services Unit

Tharunka caught up with Rita Kusevskis-Hayes, Equity Manager of Student Life and Learning, for this month's "Spotlight On" to talk Disability Services, academic adjustments and the inaccessibility of UNSW's campus.

WHAT KINDS OF STUDENTS ARE ABLE TO ACCESS DISABILITY SERVICES?

All students including undergrad, postgrad, international or local, part-time or full-time, have access to disability services for advice and assistance in relation to ongoing or temporary disabilities.

WHAT DOES DISABILITY SERVICES DO TO ASSIST STUDENTS WITH DISABILITIES?

Disability Services guide students through the process of applying for adjustments to help ensure they have equal access to education. We fully understand that quite a number of students struggle with managing the demands of university as well as a health condition, learning disability or have personal circumstances that impact on their studies. Students can find out all about our Disability Services on our Disability Support page <https://student.unsw.edu.au/disability>

HOW DO THESE ADJUSTMENTS VARY FROM STUDENT TO STUDENT?

The adjustments vary as much as the students do. Students may have disabilities in relation to vision, mobility, or mental health. They may have conditions such as Asperger's syndrome that affect their preferred learning style.

Some students may simply need extra time for assignments, while others need adjustments to the physical environment such as captioning of lectures. There are students that require an assistance dog to accompany them to class.

It should also be remembered that carers for people with a disability are also entitled to seek adjustments.

WHAT IS THE PROCESS LIKE? DO STUDENTS NEED TO PROVIDE ANY DOCUMENTATION?

Students have an initial consultation with a Disability Advisor, who will recommend a plan for how to proceed. However, Disability Advisors are not doctors so cannot provide diagnoses. For most conditions, medical evidence from a medical or professional practitioner—such as a psychologist—is necessary.

IN YOUR EXPERIENCE, WHAT ARE THE KINDS OF DISABILITIES STUDENTS SEEK ADJUSTMENTS FOR?

As mentioned above, there is an enormous range of disabilities from vision impairment to phobias to learning difficulties such as dyslexia. A good many of these are not immediately obvious to other people, so I think people often underestimate how common disability—and caring for those with disabilities—is.

STUDENTS WHO MAY BE STRUGGLING, SUCH AS WITH MENTAL HEALTH, MAY NOT FEEL COMFORTABLE WITH IDENTIFYING AS HAVING A DISABILITY. WHAT ADVICE WOULD YOU GIVE STUDENTS WHO MIGHT BE RELUCTANT TO SEEK ADJUSTMENTS?

Our service is more concerned about meeting and supporting needs and ensuring access to education than attaching labels. We understand the concerns around disclosing aspects of a personal situation, but consultations with Disabilities Services are confidential and carry no obligation, so there is nothing to lose by learning about your options.

WHAT OTHER SERVICES AND SUPPORT ARE AVAILABLE ON CAMPUS FOR STUDENTS WITH DISABILITIES?

The services that may be relevant to students with disabilities are the Educational Support Service, Careers and Employment, Learning Centre, UNSW Health Service as well as Counselling and Psychological Services. Student Life and Learning provide a range of initiatives for students in equity groups, including volunteer opportunities and paid internships.

IN YOUR OPINION, HOW ACCESSIBLE IS UNSW TO STUDENTS WITH DISABILITIES?

It has improved in recent years, but the geography of the Kensington campus, lack of covered walkways and ongoing construction creates challenges, particularly for students with mobility impairments.

HOW EFFECTIVE IS UNSW'S APPROACH TO DISABILITY, AND IS ITS POLICIES ADEQUATE?

There is definitely room for improvement. The university is currently in the process of reviewing the Disability Inclusion Action Plan (DIAP), with a committee formed to consult students and staff. This process will inform future developments in this area.

WHAT'S THE NEXT STEP IN ENSURING UNIVERSITY IS SAFE AND ACCESSIBLE TO STUDENTS WITH DISABILITIES?

We want to encourage students to register with our Disability Services as soon as they can, or at least come and talk to us. Registered students receive regular, tailored communication outlining development opportunities, internships and where to go for academic or personal support if needed.

There is also a tool called *Navigate Me* www.navigateme.unsw.edu.au available in UNSW's official app, *Uni-Verse* www.student.unsw.edu.au/universe. Students can fact find what's available across UNSW as well as create an Action Plan to help get themselves organised or back on track.

Modern

(In)Accessibility

Accessibility to education for people with disability is a fundamental (and legally protected) right. However, UNSW doesn't always provide it effectively.

One of the biggest aspects of accessibility regards wheelchair users or people with otherwise limited mobility. Whilst I do not have limited mobility, chronic pain often prevents me from walking long distances, and I especially have issues with stairs, even on “good” pain days.

The current construction underway on campus limits a lot of accessible routes, meaning getting to class takes even longer. While I can just walk up a flight or two of stairs when the “accessible” route proves not so accessible, not everyone is able to do so. When your mobility is already limited, why should students have to take such circuitous routes to get from A to B? Often the “accessible” routes are out of the way, meaning that people with limited mobility must walk even further to get to a lift (which is the opposite of helpful).

And what about captions? Many courses that I've taken require students to watch videos. However, for someone who requires closed captioning to understand footage, those courses are completely inaccessible. These students shouldn't have to request that the videos for their courses be made captioned – any video in any course should be captioned without question.

We then run into the issue of lecture recordings – none of these are captioned. Whilst captioning every lecture poses difficulties, what are d/Deaf/Hard of Hearing (HoH) people supposed to do if they miss a lecture? Whilst finding the right solution might be easier said than done, there's no chance of a solution being implemented when the university doesn't seem to notice the issue in the first place.

Unfortunately, there is one group of people whose accessibility is commonly overlooked. People who experience cognitive and/or processing differences often find many elements of society inaccessible to them. These differences can include autism, mental illness, intellectual disability, learning disabilities, ADHD, Tourette's, and many more.

People with these differences may experience many (varied) barriers to participating in higher education. These include: being overloaded by sensory input (for example, loud noises or bright lights), needing extra processing time to learn material, bad memory inhibiting performance on examinations, or being unable to control movements and/or vocalisations. All of these barriers can cause people to miss out on some of their education, and be unable to fully participate in university life.

In my own experience, I have regularly felt overlooked when it comes to my accessibility needs being met. My sensory processing differences make it difficult for me to deal with lots of background noise (for example, the kind you might hear while everyone chats before a lecture starts). This means that I start each lecture at a disadvantage – I've already used up a lot of my cognitive resources to cope with the noise, leaving less mental resources available for my learning. I'm not suggesting that we wait in silence, but there are ways I can be accommodated. For example, I could be allocated a set seat that I could slip into just as the lecture is starting.

The university needs to work with students with processing or cognitive differences (and their doctors when necessary) in order to find solutions that work for individual students. Blanket accommodations for specific conditions might not always be appropriate and the university currently does not provide all accommodations that may be necessary in specific situations.

One common misconception about accommodations (special provisions) is that they are somehow “unfair” to the students who do not receive them. This is far from the truth.

I get extra time on my exams. However, this does not give me an advantage over other students, it levels the playing field. Even with my extra time, on a difficult exam, I may not finish the entire paper. Extra time isn't a free pass to finishing an exam, or even doing well. Extra time means I'm given the chance to complete the paper in the same way that a neurotypical, abled student of similar ability would. It allows me to rest when my shoulder or wrist or eyes are aching. It gives me extra time to read the questions, because my eyes can't easily track across a line of text. It gives me longer to think, because I process information more slowly. It gives me extra time to write or type, as both are often slow or painful. It does not give me an advantage, but merely allows me to complete the work to the best of my ability, in the same way as is afforded to everybody else.

Something else that is not often discussed in terms of accessibility and accommodation is that difficulties caused by disability can shift over time, depending upon a large variety of factors. And these shifts are not always predictable. I might not always need to type my exams, but this doesn't mean I can always handwrite them.

Such widespread (mis)conceptions about accessibility and accommodations do not give our university an excuse to often be so inaccessible for the many students with disability. UNSW needs to take a hard look at where its accessibility is failing and work to change the system, so that all future students can access their education equitably and equally.

I Should Tell You...

I'm 23-years-old, and at no point in the last decade has my mental health been “perfect”. In fact, more often than not, it hasn't even been good. I was diagnosed with clinical anxiety and depression in 2007 and treated with a combination of therapy and medicine until about 18 months ago when I was weaned off the medication. I have since been treated solely through therapy. If I've learned anything from university, it's that I'm not alone in this.

I think any sort of illness or disability (let's call a spade a spade) can lead to an overwhelming sense of isolation at times. We tend to forget we aren't the only ones experiencing what we are experiencing. We feel that others can't empathise, because they don't know the nuances and details of our lives. But that's simply not true. A quick Google search will tell you that between a quarter and a third of Australian university students experience some form of mental health disorder. Of course, we all know the statistics, or at least that the numbers should be high. But, as so often happens with numbers, we struggle to understand what it means for us, and for those around us.

In the lead-up to writing this, something happened that drives my point home more than anything. I had left a social event at the Whitehouse after only an hour, because anxiety had started to set in. After taking 10 minutes or so to compose myself, I started to make my way to the bus line. Lo and behold, also waiting for the bus was Bella, who had come from the same event. She and I had chatted in the past, and so, half on a whim, half because I needed to talk about it, I mentioned why I had left early. I told her that, of late, I wasn't exactly shining at social events. That I would start feeling nauseous and struggle to breathe properly. Her response: “Yep. That's social anxiety”.

After she said that, a few things happened quite suddenly, one after another. Firstly, I was surprised that she had understood so quickly.

Bella is a really outgoing person who chats to everyone, generally comes across as bubbly, and is always a joy to be around. Immediately, I felt awful for assuming she wouldn't understand, because by now, I know how little outward impressions mean. And, more than anything, I was relieved. I felt safer just being in the company of someone who knew what I was feeling. We talked about it briefly, but moved onto other topics of discussion before long. There was an implicit empathy there that made me feel that I was okay, and that it was okay to feel the way I did.

We all have good days and bad days, but on an average day at the moment, I spend more time worrying and fretting about my commitments than doing anything about them. As students, we strike something of a delicate balance between personal, social, and work lives, because well, we have to. Mental illnesses, in my experience, tend to be the gust of wind that blows over our carefully constructed house of cards. I can hardly finish a page of reading without being distracted by the thought of something I have to do later that day. More than once a day, the weight of it all, along with a seemingly never-ending stream of negative self-talk, completely stops me. On the worst days, I have to adjourn to an empty toilet. There, I can be relatively inconspicuous in addressing the lump in my throat and tightness in my chest that stops me from breathing properly, a warning of a pending panic attack (the same feeling I had that day at the Whitehouse).

Though most days I can get away with just sitting somewhere and addressing the self talk explicitly – I've started to keep a journal for this – it still eats up an enormous amount of time and energy that could otherwise be put towards some of the commitments I actually signed up for.

And this has sort of been my university life. There are ebbs and flows – sometimes it's easier than others. But, by and large, mental illness has been a leech, a parasite that disrupts my

self-confidence, my productivity, and my desire to spend as little time as possible in UNSW toilets.

I tend to deal with it by myself. Up until recently, and to some extent, even now, I've been reluctant to share what I'm experiencing while it's happening. Instead, I've created a vicious cycle of trying to cope by myself, while letting it damage my closest relationships. And the biggest problem with this is that it perpetuates my fear that the worst of me will cost me the people I love.

I believe we owe it to ourselves, and to those closest to us, to constantly work to improve, and this is what I'm working on right now. It's so easy to fall inside ourselves in our moments of weakness. And as hard as it is to experience it, sharing can be even harder. Whether we tell ourselves that it isn't anyone else's problem, that it won't make a difference, or that nobody actually cares or understands, the common thread is that it is an excuse. People really do care, just like Bella, they do understand, and I'll be damned if there's ever been a time when talking hasn't helped.

After all this time, I think I'm finally beginning to understand something: as much as it's a burden, and as much as it drags me down at times, my mental illness helps me to understand people. And, if I'm honest, it helps them to understand me. If I'm open, and if I share what I'm going through, they will continue to support me, because they've already accepted me, at my best, at my worst, and everywhere in between.

UNSW Law is the 13th best law school in the world. Why is it trailing and failing in its approach to mental health?



Law school and mental illness have long been synonymous in Australia. According to the University of Sydney's Brain & Mind Research Institute, 35 per cent of law students in Australia report high or very high levels of stress. As a law student at UNSW, I am acutely aware of the terrifying truth of this data.

I thought that such stress was inevitable in law school, until I began my exchange at the University of Copenhagen. Within weeks of starting class there, it was obvious that there were structural differences between Danish and Australian law schools that affected how they respectively dealt with mental illness.

In Denmark, students in my classes said they generally did not find law school itself problematic to their mental health. They felt that assistance with reading and assessment loads, encouragement to pursue interests unrelated to law, and an overall emphasis on happiness made attending law school a positive experience.

This was mirrored in the Netherlands. Mook is in her final year of the Law Honours program at the University of Utrecht, and says she is deeply surprised by the stories of anxiety and stress she hears from her Australian counterparts on exchange.

"Law school has overall been a great experience ... for my wellbeing," she says.

She is shocked that this is not emphasised as much at Australian law schools, and believes that the differences are structural. For one, the curriculum at Utrecht is broad, meaning

all types of learners can find something that suits them.

She also feels the main pressure placed on law students is to "build up a good CV", but that her university supports students through this. Assistance from the law faculty with advice and internships means that she has "never experienced this [stress] in a way that would affect my mental health."

Furthermore, there is also little emphasis placed on competition. This is something that is a major issue in Australian law schools; students are isolated and under pressure; with bell curve marking and a tight job market, everyone is competing against each other.

In the Netherlands, however, Mook finds that students enjoy working together, and will "offer you help when you need it without you having to ask."

This is similar in Denmark. Students advocate sharing work in class, viewing it as a way to increase their personal understanding of topics, rather than giving up their edge over other students.

It is not only Australia that faces structural issues in their law schools' approach to mental health. Agnes is in her fourth year of university at Uppsala University, and says that Sweden faces similar levels of stress amongst law students, partially because of how law schools are run.

She says most people do not enjoy law school, believing that "it's something you should force yourself through." Students and teachers alike seem to believe that is "good", and part of being at law school is "to work as much as possible the entire time."

This sort of masochistic pride in enduring an infamously stressful course is something I have seen at UNSW. The desire to balance the most work, the heaviest reading load and the most extracurriculars seems almost institutionalised.

In Denmark, however, staff are acutely aware of students' commitments outside university. There are structural feedback systems in place should readings loads be thought to be too high by the entire class, and there is a general emphasis on law school just being one commitment of many in a student's life. In the Netherlands, too, Mook says her cohort is actively encouraged to pursue interests outside of university.

Overall, Agnes says that the impact of law school on her mental health has been "definitely negative." She has considered dropping out several times, "not because of the subject but because of the environment."

This same conversation has occurred countless times amongst people in my own cohort. Considering that this is not an issue specific to Denmark or the Netherlands, Australian law schools must consider the structural differences that result in such poor mental health amongst their students.

This piece is written in OpenDyslexic, a dyslexia-friendly font that makes reading more accessible to millions of people worldwide.

It's a terrible experience when something you love starts to bring you pain.

Three years ago, a routine optometrist visit led to me being diagnosed with a fancy-sounding medical condition (idiopathic intracranial hypertension). But that's not what hurts the most. It's the side effects and comorbid difficulties that I struggle with.

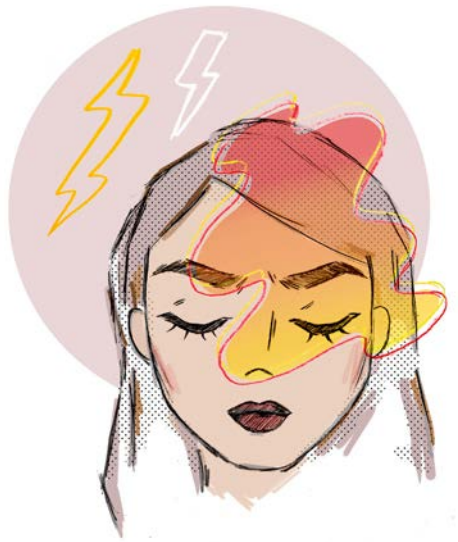
One of the nerves that controls my right eye is permanently damaged. I see two of anything further away than two metres. My vision is blurry. I find it difficult to focus on objects.

But, most devastatingly, my eyes can't smoothly track across a piece of text. Reading, a hobby that once brought me immense joy, now often leaves me frustrated and in pain. Some things, like changing font, text size and background colour help to a degree, but there's nothing that can bring back the ease of reading I once experienced and took for granted.

But I can still find joy in reading, even if only for short periods of time. There are some people who have always struggled with reading - something that should be fun for everyone.

We need to make reading accessible, no matter the barriers a person might experience.

Managing the “Disability” of Migraines



It is ironic that when I fill in health declarations, I'm almost always able to declare a clean bill of health. But deep down, I know I'm far from it. I wouldn't exactly put myself in the category of “disabled”, although my health records are more colourful than the average persons.

Since childhood, I have tended to various conditions. As a kid, I had bronchitis that had doctors giving me a nebuliser mask to hold to my face while seated in the waiting area of the clinic. I felt like I was part of some futuristic experiment, while other patients watched on. Today, I have to steer clear of dusty environments and make sure that I don't let a flu drag out for longer than it should.

Then I broke out in hives after returning from primary school (‘til now, I have no idea what caused that allergic reaction). Then I had Alopecia Areata, which created coin-sized bald spots on my head. Then a doctor told me that I had experienced a panic attack. Then I had an episode of eczema that manifested as itchy blisters all over my hands. Then I developed a nickel allergy and had to switch out my metal glasses frames for plastic ones (it took me a while to find out what was causing the rash along my hairline; I have worn glasses since I was six). Then I had Temporomandibular Joint Dysfunction (TMJ), where my jaw decided to swing out of its original position (I couldn't shut my mouth with my teeth aligned for a good week).

Then, in my first year at UNSW, I had a migraine.

You would think that, given my medical rap sheet, I shouldn't have been surprised by another health scare. But I was. It was the first time I had to figure out a new ailment without my mum accompanying me to the doctor's office. It didn't help that I was an international student and the healthcare system was unfamiliar to me. I am now in my second year, and I have experienced a migraine four times since.

The experience of a migraine can differ from person to person. The first time I had a migraine, I was in bed for three straight days. I still don't know why my migraines strike when they do, but it always starts with seeing stars or flickering lights in the corners of my vision. My head (followed by the rest of my body) then becomes heavy, accompanied by dizziness that makes me feel like I'm having an out-of-body experience. Finally, the pain hits. It is dull, heavy and just enough to keep me from concentrating on any task at hand. I also become sensitive to light, which makes looking at electronic screens unbearable. My energy levels become extremely low; nausea takes away my usually hearty appetite.

Previously, my migraines occurred later in the semester. I had time to get a head-start on my assessments. But last semester, I had an episode that lasted for two weeks around the time that mid-semester assessments and presentations

were due. I'm usually just beginning to wrap my head around course concepts by mid-semester, and I don't start assessments due in that period until I feel I have an adequate understanding.

But with the migraine persisting for two weeks, and three assessments due, I knew I had to ask for extensions. While I am grateful that I can ask for an extension at all, I found the process less than pleasant, and I guess it didn't help that I was trying to figure it all out when I felt so terrible.

I didn't walk into UNSW thinking I should prepare for the event where I fall so ill that my academic performance would be significantly affected. I was caught off guard, even with my colourful medical history.

I applied for Special Consideration (SC) just a day or two before the assessments were due. I was dizzy and exhausted after stepping out of UNSW Health Service, but I had to take the relevant original documents to Student Central for verification in order to complete my SC application. Climbing up to Student Central on upper campus was the last thing I wanted to do. But I did it anyway. I couldn't afford the late penalties.

But later, that process got me thinking. It was relatively “convenient” for me to take my documents to Student Central, as I was going straight from UNSW Health Service.

What about other students who live two hours away, and rely on their regular physician nearer to home?

Were they supposed to travel all the way from home to Student Central while they were ill? (You have to put in your application for SC no later than three days after the assessment.)

Why are the scanned copies of relevant documents, which I have already sent in, insufficient (when scanned copies of official documents are accepted for even more formal processes, such as applying for visas)?

In the end, extensions were granted for both assessments, but I still ended up turning in my work two days late for one of them as I was hesitant to jump right back to work too quickly again. It took me a week to see a doctor because the migraine was improving ... until I pushed myself to work on assignments due the next week. I was recovering well after my appointment, but I decided to take things slow – I didn't want to risk my migraine worsening and dragging on for the second time.

I took the late penalty in my stride; I placed my health first and understood myself enough to know that I create my best work when I am clear-headed and sharp. When I received my grades, the feedback from my lecturer/tutor confirmed that, and I knew I had made the right choice for myself.

According to the Global Burden of Disease Study 2015, “migraine is the third cause of disability” for people under 50. Knowing that I am not alone definitely helps because having to deal with migraines can be a pain (pun intended), and learning to manage the long

list of symptoms is a challenge, to say the least.

But despite this, I'm still not comfortable telling other people that I have a disability. I grew up with the impression that having a disability meant being unable to live as “conveniently” and “normally” as an abled person. But I truly do not find myself any more inconvenienced than before I was diagnosed with migraines; I have been dealing with different conditions since childhood, all of which have brought me substantial amounts of trouble, both physically and emotionally.

Perhaps I should just be thankful that my migraines are not so severe that I find myself feeling “disabled”, but I can't help but think that “disability” is a term more useful for classification than it is for reflecting individual experiences.

Diversity of Disabilities: What Adjustments Can Disability Services Implement For You?

UNSW's Disability Services Unit (DSU) has the power to implement a range of academic adjustments for a range of disabilities and a range of people. No two people are the same, nor are their experiences of disability. *Tharunka* asked students to anonymously answer these questions: “How would you describe your disability?” and “What provisions do you receive from DSU (if any)?”

These are the responses we received.

Disability (D): Neurodivergent, chronic pain, vision difficulties

Provision/s (P): 30 minutes per hour extra time on exams, one-week assignment extensions (when required), computer to type exams, exams printed on blue paper, afternoon only exams

D: Diabetes and Borderline Personality Disorder

P: Attendance exemption and two week extensions on assignments

D: Mental health, mobility

P: Extra exam time, permission to eat/drink/move in exams, leave class to [take] meds, easier extensions, attendance allowances, early enrolment, small group exam room, no more than one exam per day

D: Neurodivergent, chronic medical conditions

P: Exams: extra time, food/drink/meds, individual room with special lighting. Other: extensions on assignments/etc if needed, allowance for missed classes/etc if needed

D: Migraines, Irritable Bowel Syndrome, anxiety

P: One week extension on assessments, but I have to ask a week before the due date, which doesn't really work if I get a migraine three days before it's due and lose 2 – 3 days of being able to study

D: Anxiety, depression, PTSD

P: Week long extension on assignments (if needed)

D: Mental health (*editor's note: particular mental health condition/s not identified*)

P: Extensions for assignments, extra time for exams and exams in a small group room, ability to record lectures and tutorials

D: Anxiety and panic attacks

P: A group room for exams

D: Depression

P: Assignment extensions, single room for exam (in case of panic attack)

A Letter to Me, From Me

Dear Jordan,

You've always been a bit neurotic, but don't worry, there's more! Down the track, you're going to be diagnosed with anxiety and depression following a rough period in your life. If you want a heads up as to what it's like, don't bother with statements by shrinks, beyondblue ads or even the DSM-5.¹ Go watch *BoJack Horseman*, or Bo Burnham's "Make Happy" comedy special on Netflix, or read the "Adventures in Depression" comic by Allie Brosh. Not only do they show how pervasive mental illnesses are (and how they're inescapable and viciously reflexive), but they also touch on the fact that the world doesn't stop moving when you do.

You'll see people comparing physical and mental illnesses in order to "smash the stigma" and get people talking about their mental health. That's all well and good, but comparing depression to a broken leg is like comparing chalk with cheese.² For example, your body will fight a cold without you even thinking about it, so long as you eat well and get some sleep. When you're depressed, you'll be far less willing or able to do either of those, or exercise or socialise, even though they're the first steps to beating it. It's one hell of a feedback loop.

Depression isn't like a virus or bacterial infection that can be (relatively) easily tested for, treated, cured and moved on from.³ It's a background app on your phone that saps its battery and Central Processing Unit, making it harder to recharge.⁴ Mental illnesses are invisible; they are difficult to diagnose and often chalked up to personality flaws or mood swings rather than recognised conditions that need active management. And hey, if you make enough money, you can be "eccentric" instead of "off your rocker".

People will pay lip service to be supportive. They'll constantly check in with you, they'll give unsolicited advice and participate in events like RUOK? Day. But yet there are shitty attitudes, double standards and inconsistency surrounding mental illness. A co-worker will tell you that all you need is a "change of attitude". Super easy, why didn't I think of that before! Be self-aware and recognise those attitudes are unproductive. They'll hold you back from seeking help, especially as a bloke.

At the same time, let's be honest: no number of "Don't DIS my Ability"-style campaigns will change the fact that your average person wouldn't tell a schizophrenic to stop taking their medication, but will still criticise medications like SSRIs⁵ to treat more "benign" mental illnesses. It won't stop employment discrimination either, invisible illness or not. So maybe don't disclose it when you're applying for volunteer and professional roles. It won't help. And don't be afraid to take medication either, it'll help you remember what "normal" is.

When you're unwell, you have less capacity to do things. That's fine, but don't fall back on your mental health as an excuse to get out of things you don't feel like doing. It's shitty and does you no favours. You just end up getting a reputation as an unreliable flake.

Some more advice: take credit for your achievements, exercise more and get more sunshine.⁶ Recognise shitty attitudes, realise that mental illness is really common and cut yourself some slack – it's your own health. And help your mates out when you can and when they need it; don't wait until it's too late.

Love,
Older, balder, tubbier Jordan

1. Diagnostic and Statistical Manual of Mental Disorders, the standard classification used by mental health professionals

2. I've always been of the opinion that comparing apples and oranges is really easy. They're both sweet fruits, one is juicy and acidic with a hard skin, the other is more fibrous with a softer, edible skin. There, done, solved.

3. I'm studying Commerce/Arts, not Medicine, in case you can't tell.

4. Yes, I know I'm stretching this metaphor. I'm not studying IT either.

5. An antidepressant.

6. But wear sunscreen, you're pasty.

BY CAMERON KENNEDY

Invis-ability

I stopped paying for public transport at the same time I stopped taking a seat. Plenty of my friends had an opinion on the matter: some decided it was unfair to freely use the service and burden my fellow travellers; some were jealous that I could so easily get away with it; a few thought it was a brilliantly dissenting act. I was just tired of being overlooked.

In a barely occupied train on a unusually sunny Friday afternoon in June, a young man sat on me—it wasn't the first time, but I vowed it'd be the last. For a while after that, I would sit on my bag; it was a solution that annoyed people, but I didn't face their anger. They just saw a bag taking up a seat and decided that the person next to it was a jerk. I never mind taking advantage of those who are seen, especially when the alternative is being trampled.

People rarely acknowledge the disadvantages of being invisible. They think of all the fun they could have sneaking up on friends, playing tricks on their parents. They think of stealing from the rich without consequences.

What they don't consider are the barriers to earning an honest living. Can you imagine buying clothes or a car or plumbing supplies off someone you cannot see? How would I litigate in front of a judge? How could I possibly teach a class?

These things might not be impossible, but they aren't an easy feat either. I might win every round of poker because you can't see my tells, I might be able to sneak out of class when I want an early lunch, I might be able to skinny dip with impunity.

But when communication is underpinned

by body language, my intentions are often misunderstood.

When class participation is fundamental to learning, it doesn't work if I'm not selected by my teachers.

And when my ability to join in socially is contingent on being seen, it's an endless pursuit to be equal.



BY ALEX LINKER & LEO TSAO

We don't all look the same

An Honest Collection of Thoughts from the Night Before a 9am Lecture

You lie on your back, window open, mosquitos buzzing around your head. Their tiny wings whirl around in your throat until you're almost certain you're going to choke.
You sit up, turn on the light and start counting from ten to one, just like the app suggested.

Breathing in and out.
In and out.
In and out.

You check your phone. No messages, just the numbers 3, 5, 1.
You can't tell if you feel relieved or unloved.

Then, the sinking feeling comes. The cold trickles and drips down your pipes and a pool expands in your chest. Your lungs are heavy with the depths of self-doubt. Shame and mould and thistles sprout around their edges.

You are frustrated, all at once drowning and dry. You convulse and shake but the chemicals you've plastered yourself together with don't allow for salt to spill out. You scream. Silent.

Holding your nails against your arms you drag at their casing, cursing, caressing.

Too afraid to cut in case it hurts, in too much pain to sit on your hands like you've learnt to do until it passes.

There's nothing wrong with you except that the one you love doesn't love you back, and your mother hasn't called since Christmas.

You're embarrassed to think that such minor things could ever crack the iron exterior of which your friends are in awe. They tell you "everything will be okay" because you're the "strongest person they know." This doesn't mean shit; you've got a suspicion that this is their default response when they themselves are too lonely, too tired to talk you down.

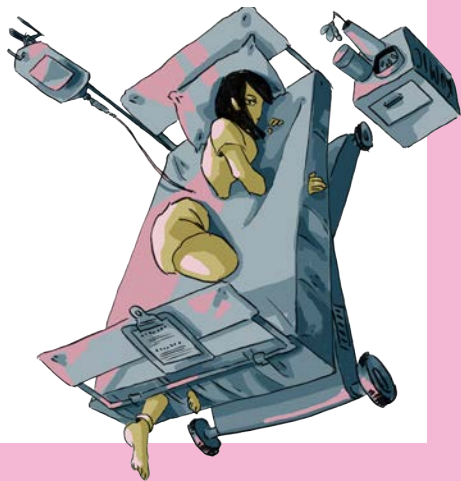
It's a shame the meds have stopped working since you've spruiked them to all of your mates, declaring that you've got energy again because of them. Now you can't tell your friends or your parents or Centrelink that the reason you can't find a job is because you just can't work anymore.

You make a mental note to add sleeping 16 hours a day to your resume.

And, with that, there is the rhythmic thud of open palm on thigh, closed fist to skull. You only stop once you remember that all you've got going for you are the brain cells too stubborn to die.

You calculate: two weeks, three days until your next appointment with the woman who makes you feel like everything is as simple as just taking a breath. You try to space each appointment out because you're only allowed 10 before they'll start costing you more than your problems are worth, and yet, you know that when you see her you will tell her about the frivolity of university and not about the way that when the 348 sped alongside you this morning you considered jumping, or how you only ever feel like yourself when you're sitting on the toilet with the door locked.

You look at the vibrant, violet flowers you've branded on your skin, tattooed permanently inside. Erased, so simply, with the simplest of lies.



ice cream machine

flesh
scooped
like ice cream

cartilage
butchered and pulled but
it's not sirloin

muscle
hollowed and sunken and dipped until it's
a bunker on a golf course

metal
inserted, secured, screwed, shining
i am robot

skin
scarred: the taut white nicks are glossy
scratched porcelain

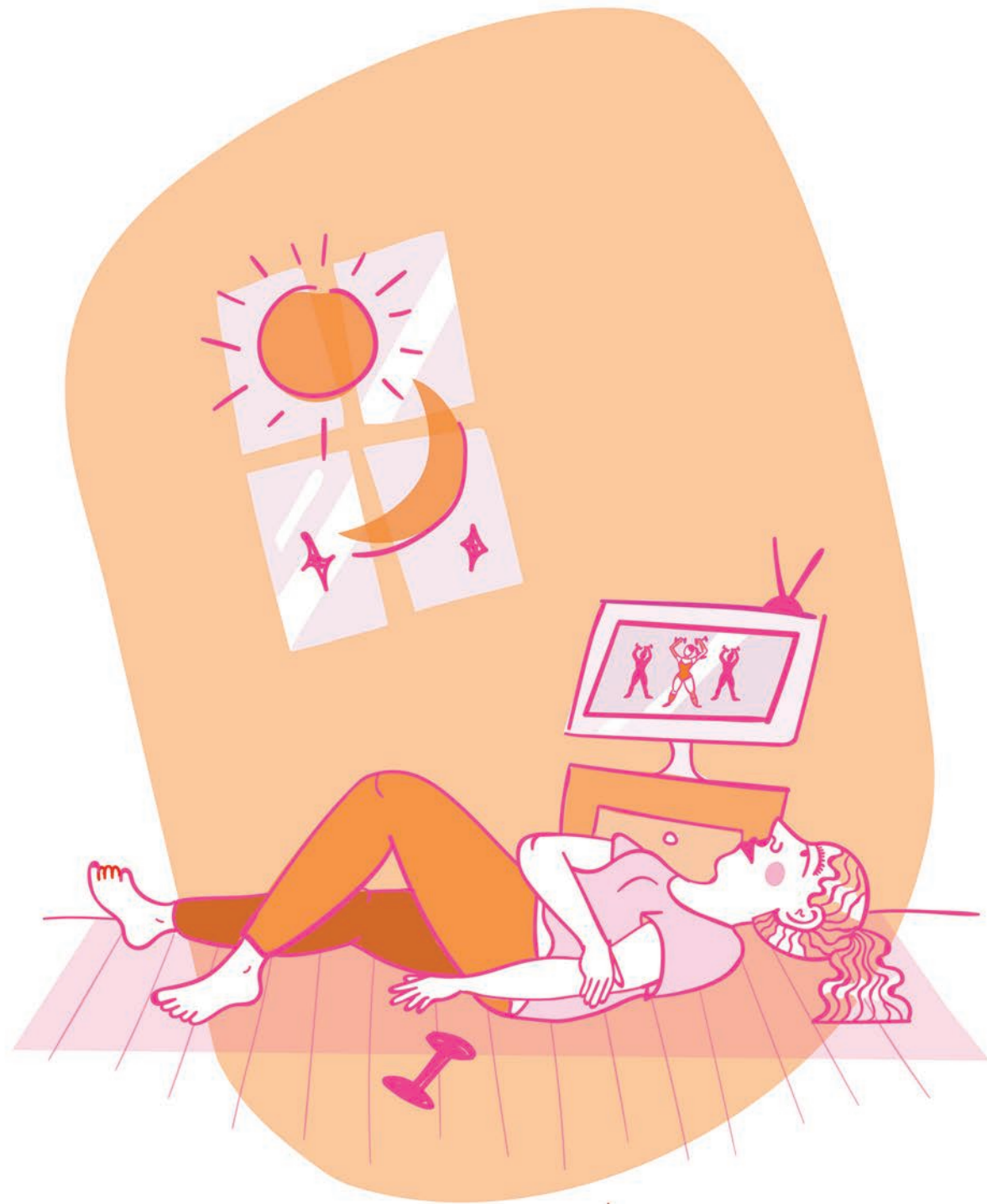
knee
squeaky, (un)hinged
a broken toy

knee
hot / cold
a conduit
a temperature gauge

knee
"fixed" but
"80% capacity is the best you'll get" and
"your right leg is 3cm shorter than your left
- sorry"

knee
vanilla
ice cream

the worst you've ever tasted



How Proud You Stood, Oh How Tall

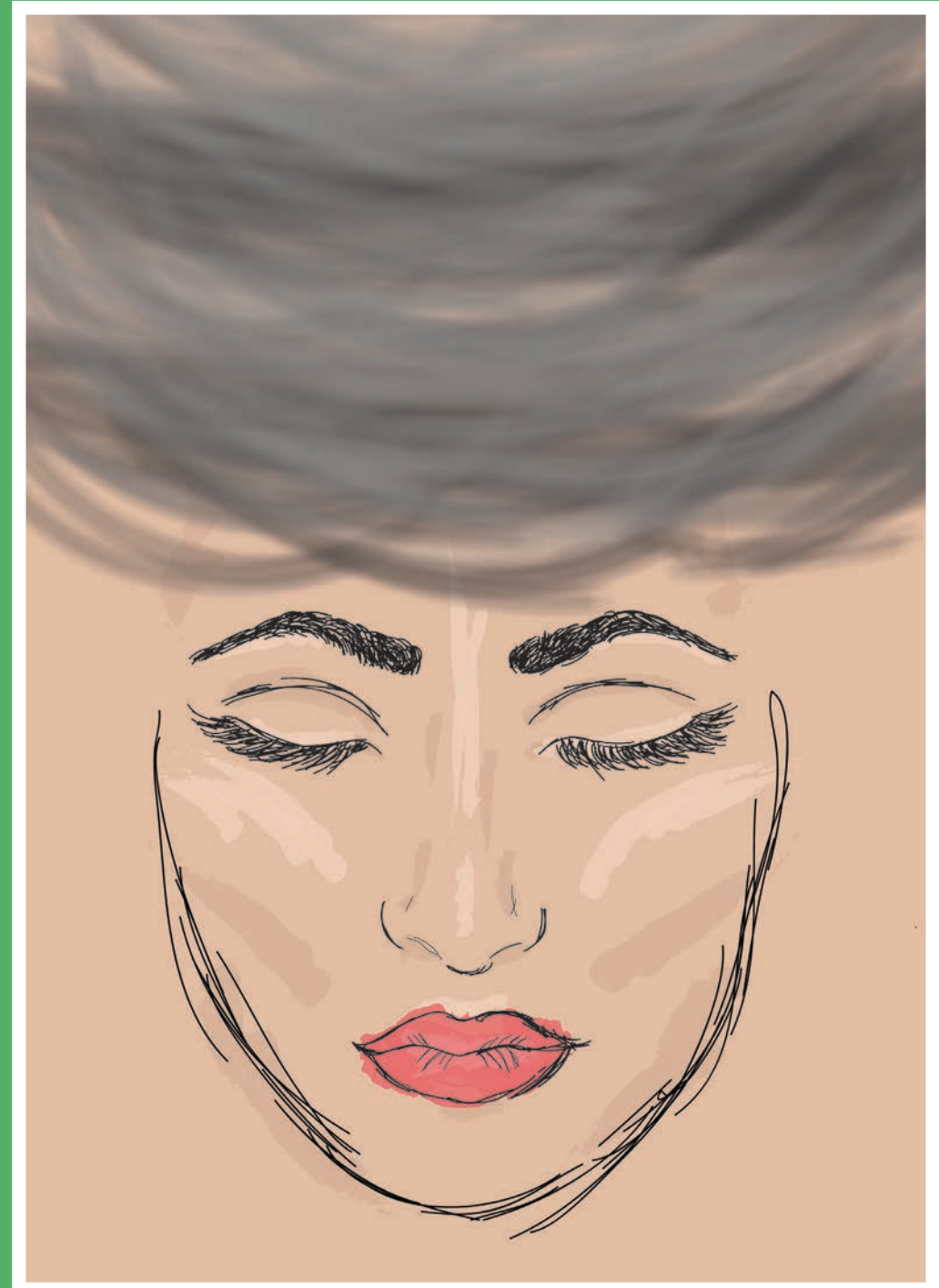
Fossiled hair, a faded face
 A pleasant smile
 Full of unconscious grace
 A faraway look in those weary eyes
 A thought, a memory, and silent laughs.

A tear, and you remember it all,
 Oh! How they tried to contain your accord
 The first of your kind to explore abroad
 How proud you stood. Oh! How tall.

The killing looks of all those you held dear
 You stood up, you fought to be free from all
 You were strong and had nothing to fear
 How proud you stood. Oh! How tall

Fire and ice is all you see
 You picked up a pen and wrote
 What you believe
 Nothing! oh! Nothing could make you fall
 How proud you stood
 Oh! How tall.

Memory of a 9 year old



ALL ART RESISTS LOSS (AND) DEATH



It is impossible to hold a steadfast truth within multiverse theory, it is that of science fiction and can never be definitively calculated. Author Robert Khan states:

“The Multiverse may be infinite in space, so that regions of space with different physical laws are separated by infinite distances and can never communicate with one another.”

In short: our observable universe is actually just one of a number of cosmoses. It is probable that there is an exact physical and mental carbon copy or copies of myself within the multiverse. This reality could be just one of my infinite number of lives, therefore my death is just an illusion. If multiple universes exist simultaneously to our own, my narrative continues, regardless of whether I die in this universe or not. I am choosing to resist death by living on through art and science fiction.

Due to death’s undialectical nature, I have had to draw my own conclusions on what happens after we die. Because of this, I chose to take a creative approach as the default setting for describing something that cannot be known or accounted for. The question is: “how do I define death?” My answer? By entering another reality, like Alice down the rabbit hole.

Is death just another state of flux for our consciousness within the universe, or is it a complete ending? Is death limited to the living? Can we class inanimate objects as dying when they have lost their characteristic functions?

It is possible that death needs to be redefined as a sufficient degree of change in the direction of loss and function. As philosopher Plinio Prioreschi states, “Existence, life and death must be considered as different states of being in the space-time continuum.”

Philosopher Otto Rank maintains that the fear of death inspires us to invent a double, or the idea of a double, by which he means mankind’s conceptual invention of the soul or consciousness that lives on even after we die. In his view, this doubling of the self is the work of a narcissistic denial of the idea of personal extinction. Our existence is deeply entrenched by our definition of reality, but like death, can we ever achieve a meaningful definition of reality? My personifications are awoken out of my need to accept death, yet play hard for immortality.

All Art Resists Loss consists of a series of different performative artworks that encapsulate my creative interpretation of death and the afterlife. To populate my non-naturalistic chronicle I have created characters of myself. Each encapsulates personalised narratives; I will concurrently take my selves in and out of my own avatar’s narrative. The avatars come from within me yet exist in an episodic reality. There are an infinite number of different adaptations of myself within the multiverse, with different collective interpretations of my existence. Although distinct from myself, each of these characters is but a version of me, a distillation of one key aspect of my personality explored to its fullest extent and given a body of its own. Through the use of narrative, colour, costuming, props, and considered installations, you are invited to transcend with me, into my afterlife.

Dying in your 20s means you need a legacy, something to survive. My practice has evolved to become about survival at any cost, and how to create (my) immortality.



The Renaissance Project

A Review of Andrew Grant's Exhibition at 107 Projects



At 27, Andrew Grant was diagnosed with a degenerative neuro-muscular condition called Inclusion Body Myositis, through which he has increasingly lost functions of his legs and most of his left arm. *The Renaissance Project* (2017) brings together the work of Andrew Grant, where he uses figurative paintings and abstract landscapes to explore the increasing loss of identity in his struggle with disability as his muscles degenerated. 107 Projects says: “the Renaissance period was seen as a cultural bridge between the middle ages and the modern era, a time of innovation and rebirth. Today the arts provide people with a disability the same opportunity to bridge the cultural divides and find a new voice.”

Grant's pathway into art began when he decided that hospitality wasn't going to work for him, bringing him to complete an Advanced Diploma of Fine Art at TAFE, followed by a Bachelors of Fine Art at UNSW. Painting has given Grant a way to explore his artistic capabilities and has given him a way to put things into perspective, bringing him into a meditative state. Speaking of how his work helps bring him into a meditative state, Grant says, “art has become the thing that fills that void and the thing that replaces all those fractured pieces. I think it's the art that holds me together a bit – sort of like the glue at the end of the day.”

Grant has chosen to exhibit so he can generate more income to continue his practice. And with 11 out of 20 pieces sold upon the

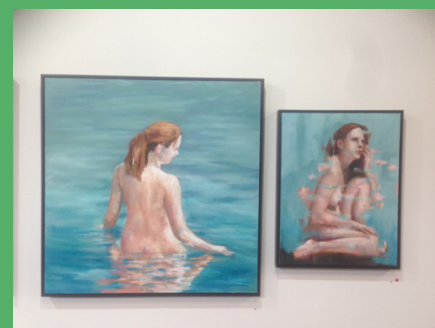
exhibition's opening, and a steady stream of sales since, it seems like it will be a sold out show. The unity between Andrew and 107 Projects is apparent within the curation of the show: the space generates emotions as you turn and take in the grandeur of his works. Grant has been working with 107 Projects since 2013, and his close relationship with the curator James McDonald has meant that the space is wisely used to maximise the impact the works have on the spectators. Director, Jess Cook, shared with me that some audience members have commented on the Jekyll and Hyde “feel” of the exhibit: portraits lining the right side of the room, portraying intimate and personal emotions contrast against the landscapes on the other side, isolating the viewer in between. But it is a testament to Grant's style and skill that the connections between the pieces (and the sense of being caught between the internal and the external) show his perception of what it means to have a disability.



Sanguine, Echo, and Copus Caecus (2016/2017)

The “Jekyll” figures on the left are beautiful, soft, and calming, the models still and expressive.

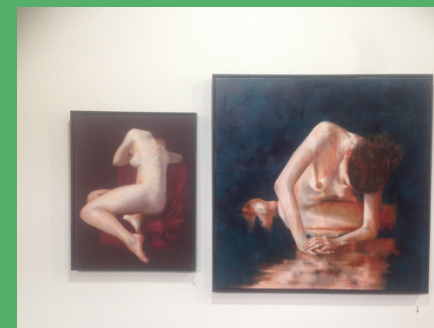
They are containments of emotion, each with their own little personality. *Sanguine*, *Echo*, and *Copus Caecus* (2016/2017) are dominated by orange paint. Different hues swirl around the light, nude bodies. The paint application creates a tension, which is continued through the body language of the models. They hold themselves close, fingers applying pressure to their bodies. They are tight within the calm, organised chaos around them. The models refuse eye contact, instead looking away, which furthers the theme of isolation and desperation. Paint drips fall throughout, battling with the juxtaposing and soothing paint swirls.



Lethe and Loreley (2016/2017)

Lethe and *Loreley* (2016/2017) are encompassed with blue paint and offer a seemingly calmer image. Yet, moving closer, you can see the reoccurring discomfort. Their bodies are submerged in water or canvas, negotiating the space between the texture of their atmosphere. They appear to be lost with the landscapes. The girls are transitioning between moments and space; they look away, and their refusal to look at the audience or painter creates not tension, but interest and curiosity. The paint cracks, whilst its thick application engulfs

the subject's hair in *Loreley*. Different blues swim across the canvas, balanced between the softness of the brush and sharpness of the palette knife.



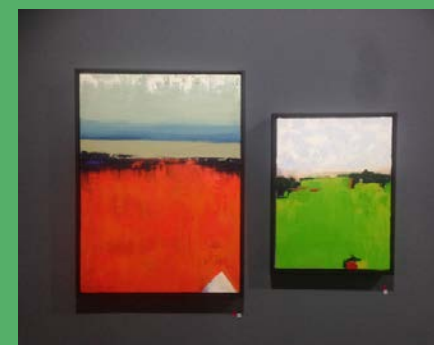
Narcissus and Isabella (2016/2017)

The serenity of the paintings continue, and *Narcissus* and *Isabella* (2016/2017) are completely still. The paintings have the girls balancing within their landscapes. In both, and in the star of the show, *Pasithea* (2016/2017), the influence of Renaissance paintings is clear, with deep velvety backgrounds highlighting the translucent skin of the models, delicate and fragile in the paintings. Grant says, “I've represented [my identity] with figures in the paintings that are fractured and disintegrating and that are in vulnerable and contemplative positions. I've tried to capture the essence of living with a disability.” Grant successfully transfers the insecurities he battled before his diagnosis onto the viewer.

After the figure paintings, the exhibit shifts into a different realm, yet the brush strokes and the deep colours continue Grant's expressive style and tone. Landscapes have been played with, at times abstracted in form, yet leaving an honesty of expression that allows the audience to lose themselves within the works.

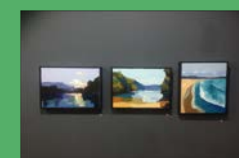
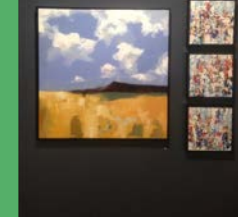
Grant shares that it's about “having fun painting, and enjoying paint and colour.” This lightness and experimentation is clear in *Gleann* and *Misanthrope* (2016/2017). The paintings use deep, heavy brush strokes with an abundance of layers. The forms are generated through Grant's palette knife skill a dash of colour. The atmospheric skies

transform to become surreal landscapes of red or green.



Misanthrope and Gleann (2016/2017)

Grant's artistic skills draw upon the broad history of art, and *The Renaissance Project* takes its influence not only from the period of the same name, but also Modernism, and early impressionists of the 20th Century. Grant's application of these qualities reminds us how incredible and important painting still is. Even in our own time of mechanical reproduction, we are thrown head first into a submersion of paint and canvas that allows us to admire the skill of Grant's applications and the beauty of fine art. Leaving the exhibition, what is clear from Andrew Grant's collection is that despite identifying as a “disabled artist”, his art is far from disabled. Instead, it is quite simply, art.



PRESIDENT

AISLINN STEIN-MAGEE



Hey everyone!

Firstly, I just want to congratulate all the students and staff members who came out on Library Lawn to have their voices heard on Trimesters and shared the SRC's vision of a university where all the talented students and staff of UNSW get a real input into the future of our community and our education. The demonstration last month was one of the biggest in UNSW's recent history, and that is a huge credit to all the people here who want to fight for accessible, quality education and positive change.

We've also kicked off the Student Representative Forum for this year. The SRF is a place where student reps – from the SRC, Academic Board and all different Faculty Reps – get to share our ideas and really get a broad sense of what issues are affecting students at UNSW and where there might be specialised issues for different faculties. I would definitely encourage everyone to keep in good contact with Faculty and Society reps. The SRC really values hearing from these reps, and working together with them on solutions and campaigns.

The SRC has also been working to establish connections with community groups and organisations, both to help us with campaigns and also on the possibility of shared services and support. This includes groups such as End Rape on Campus, who will be running some amazing campaigns around ending sexual assault on campus, and the Gendered Violence Research Network.

Finally, as always, the SRC would love to hear from you! We have our meetups at 5pm at the Whitehouse on the first Monday of

every month, we have weekly collectives, and you can always send an email to me (srcpresident@arc.unsw.edu.au) or any of the other office bearers to ask questions or get involved.

Particularly – if you are a FIRST YEAR student who completed the consent portion of the ELISE training – we would love to get your feedback on the module, so please contact us if you have anything you think we should know.

GENERAL SECRETARY

ZACK SOLOMON



Hey everyone!

It's Zack, your SRC General Secretary, and guess what?! We're almost a quarter of the way through the year already, and boy have we done a lot already!

The most major of changes occurring on campus this year is, as I'm sure most people have heard, the implementation of trimesters! The SRC ran the largest rally that UNSW has seen in decades on the Library Lawn. I worked heavily on the building and coordination of this rally and also in the garnering of the extensive media attention that the rally received.

Additionally, we have also run a student and staff forum, to truly explore the real impacts trimesters will have on us all. If you want to get involved in this campaign I would encourage you to come along to an education collective meeting on Wednesdays from 12-1:30 or email the education officer on education@arc.unsw.edu.au.

Additionally, since the last report, we have come leaps and bounds in organising the implementation of subsidised RSA courses for students on campus. As it currently stands with pending logistics, a limited number of people will be able to register for the service at the end of this semester, with an increased offering of places opening in semester 2.

The SRC also runs a number of essential support services and forums for discussion through the SRC equity spaces. These include the hosting of support and planning meetings through which SRC policy and initiatives are initiated and developed. Furthermore, these

spaces also offer places of comfort and safety.

While some spaces are autonomous (Women's, Ethno-Cultural, International and Queer - only people who identify as such may enter), others, such as the Welfare and Disabilities spaces, may be used by anyone. They feature access to essential healthcare and sanitary products, a fully functioning kitchen and most importantly, a place to chill. I have most recently obtained signage directing people to these spaces (on the middle of Basser Steps) and would encourage people to utilise them!

Check out our website and Facebook page to see all the other amazing stuff we are up to at the moment!

- Zack

EDUCATION

DYLAN LLOYD



Progress on our campaign to Stop the Trimonster has been immense since the last issue! With thousands of signatures on our petitions, our successful Student and Staff Forum in Week 3 and our Speakout on the Library Lawn in Week 4, we've been able to inspire mainstream news articles in *The Australian*, faculty-specific publications and a grassroots campaign within faculties to continue building a concerted opposition against harmful trimesters. We continue to have weekly campaign meetings each Wednesday 12-1:30 – you can always contact me (my deets are below) to get involved if you're keen.

We've also been working to resolve misconceptions around Permitted Withdrawal, Pass Conceded gradings and Special Consideration at both the student and staff level. Too many students are given misinformation about their rights by staff who haven't been given a proper briefing on how these policies work in practice, which has led to a lot of disadvantage and issues later down the track.

A working group has been set up in partnership with the SRC, Arc and the University to work on these issues and produce resources to improve the universality of knowledge around these policies and procedures and the way they unfold in practice.

As always, you can get involved with our amazing work both on and off campus by coming along to our weekly Collective meetings (email education@arc.unsw.edu.au), or by checking out our stalls over at the Library Lawn or the Quad (we're out there

almost every day!). If there's an issue you'd like to champion or a problem you're facing with the Uni, let me know at education@arc.unsw.edu.au and I'll be in touch!

Thanks,
Dylan.

ENVIRONMENT

BREANA MACPHERSON-RICE



Who can believe it's already April? The Environment Collective have packed a lot into the past couple of months, including taking part in global protests targeting banks to #BreakFree from fossil fuels, activist training and skillshares, investigating campus waste management, film nights both serious and hilarious, and a citizen-science road trip to the beautiful and endangered old growth forests of East Gippsland.

Right now, the Fossil Free campaign is getting ready for another wave of action across the world, as leaders look ever less likely to make bold decisions for a safe climate. From 8-13 May, we'll be taking part in the Global Divestment Mobilisation, calling on our institution, UNSW, to divest from fossil fuels and start taking our future seriously!

The best bit is – you can take part too. We're not asking you to join us (but we'd love to have you if you're keen!), but rather for you to spread the word to your own family and friends. Whether it's hosting a divestment film screening for your mates, presenting some info in your tute, or even posting on Facebook, we know that climate action needs all of us chipping in – and that starts with you, reading these words! Head to globaldivestmentmobilisation.org to find out more and get ideas, or email enviro@arc.unsw.edu.au if you want to get involved.

And finally, have you ever noticed that when your bank account balance is getting low and you start getting stingy, you're often finding more ways to be ecologically sustainable? We have. That's why in Week 11 on 17 May, the Environment and Welfare collectives

are teaming up to bring you workshops and stalls on how to scrimp and save sustainably, on top of a free lunch rescued from landfill! What more could you want? Check us out on Facebook to keep in the loop!

INDIGENOUS

TAMARA KENNY



Hi all,

We hope you are not too overwhelmed with uni work! If you feel like you are starting to feel a little stressed with your workload, come join the Indigenous collective to destress every fortnight at Nura Gili. Activities include crocheting, knitting and weaving. Come learn a new skill or practice an old one.

We will be having discussions soon with students about trimesters and how they will affect our current Indigenous programs. Keep up to date via our Facebook page about when this will be happening.

QUEER

PRIYA GAUCHAN, JACOB
COURTENAY, ANNA TRAN,
MIRACHAEL RACELA



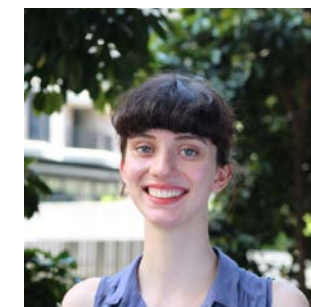
Hey! We hope you are coping well with uni and are on top of your work for mid sem assignments. For the past few months, we have been working on making the Queer Collective a more welcoming collective with various events and regular meetings.

Our monthly potlucks have been a great success. Everyone who participated brought food and drinks along, and we all had a good time chatting and enjoying home cooked food. Weekly meetings have had great turn out too, with more than 20 people attending. Autonomous meetings have had more success than last year, with more attendance and more members, who seem to really appreciate and enjoy them.

Small events, such as Queer Collective goes to Ciderfest, have had great turnouts and we are very glad to see some familiar faces as well as new ones. For bigger events later this semester, we are excited to announce that we are once again throwing a big gay wedding for IDAHOT, the International Day against Homophobia and Transphobia. This year, we are planning a massive event with surprises and cute elements (hint: Disney Princesses and dogs) so do keep an eye out and come have fun with us. As always, everyone is able to express their love for each other and get married on the Library Lawn. We are also on planning to have events that will benefit students during these stressful times. Good luck with mid sems and we'll see you around

WOMEN'S

LIZZIE BUTTERWORTH



Hey everyone! We've had a busy and successful month so far, campaigning on women's issues around the university and advocating for student issues through a gendered lens (did you know that mothers and carers will be one of the most significantly hurt groups by trimesters?).

The SRC president and I have been working with the Gendered Violence Research Network and a number of on-campus services on issues surrounding sexual assault, and I have secured training for all SRC reps in responding to reports, vicarious trauma, and bystander intervention.

Women's representation on campus has been a hot topic amongst the collective in recent weeks and we'll be working to increase female voices across the university. If you're interested in female representation and are keen to meet a bunch of amazing, women-identifying students on campus, make sure to drop into one of our Wednesday meetings running 11-12 in the women's room.

WELFARE

AMY MILLS



This past month, the Welfare collective has been busy, which has been both good and bad! Student poverty is now at a critical point, with cuts to penalty rates and UNSW aiming to implement trimesters. It's now time to take take action, by promoting awareness and education for all students.

On 23 February, the Fair Work Commission, the independent industrial relations umpire, ruled to reduce penalty rates for individuals in the hospitality, pharmacy, fast food and retail workers. These cuts will be implemented over the next 15 months for permanent part-time staff, but for casual employees, cuts could happen within months. These changes will have a disproportionate and adverse impact on young people, and in particular, students, who primarily work on weekends at casual rates. Therefore, students are most likely to feel the brunt of the changes to penalty rates, and could see their take-home pay reduced by up to \$2,000 per annum.

To help combat this issue, the Welfare collective is looking to team up with the NTEU and hold information sessions on campus, and well as meeting with businesses on-campus, with staff on awards in the retail, hospitality, pharmacy and fast food sectors, asking that they pay their staff the penalty rates that existed previous to the Commission's decision. Get in touch with the Welfare Collective if you want to be involved in our penalty rates campaign.

The Welfare Collective also kicked off our Free Breakfasts for 2017 with some delicious yoghurt muesli cups! We also had a special Free Breakfast the morning of the Trimonster rally, encouraging and informing students on how they could get involved. It was amazing

ENHANCING SELF-DISCLOSURE

RESEARCH TO BENEFIT STUDENTS ACROSS AUSTRALIAN UNIVERSITIES

Do you have a disability? Have you disclosed your disability status to UNSW or another tertiary institution? Or have you decided not to disclose? We want to hear from you.

There is evidence that many university students are reluctant to disclose their disability status, perhaps because of perceived prejudice from staff or students, stigma around certain disabilities, or fears of discrimination. This may prevent students from accessing targeted support to which they are entitled or hamper effective intervention when support is required.

UNSW Student Life and Learning is researching why students choose to not disclose disabilities or their membership to other equity groups to the university. We want to understand better the breadth of non-disclosure in the Australian tertiary sector, reasons for non-disclosure, and ultimately to generate guidelines to help universities plan support measures, allocate appropriate resources and train staff.

If you are interested in sharing your thoughts and experiences surrounding disclosure/ non- disclosure to benefit service delivery at UNSW, please get in touch with us at **earlyintervention@unsw.edu.au**. Your feedback will be held in the strictest of confidence as per university guidelines.

WANT TO CONTRIBUTE?

SEND YOUR STORIES, IDEAS AND OTHER SUBMISSIONS TO
tharunka@arc.unsw.edu.au



