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SOCIETY AND CULTURE

SPOTLIGHT PUBLICATIONS 2025

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Foreword

Society & Culture Spotlight PGR and ECR Writing Competition 2025

On 23rd June, the Society and Culture Spotlight, in collaboration with the PGR/ECR network, ran an event to mark the Spotlight's achievements over the 2024-25 academic year and to celebrate the winners of this year's Writing Competition.

The event provided a valuable opportunity to reflect upon the Spotlight's work so far this year and to hear about the exciting initiatives being developed by the PGR/ECR network, led by Eloisa Ocando-Thomas, Meifang Zhuo and Naomi Williams.

In the morning, we ran workshop sessions exploring important questions regarding interdisciplinary research and the role of the university in the 21st century. These discussions plenty of thought, including some very interesting ideas for future research in these spaces.

We also heard from early career researchers, Geoff Lewis and Wendy Ramku, about the important work that they have been doing to support the development of the Society and Culture Methods Lab, working in collaboration with colleagues from CIM and the Health Spotlight.

The event culminated in the announcement of the writing competition winners. These were:

- **1st Prize** - Matthew Randell (WMS) - "A Screened Society"
- **2nd Prize** - Aishah Ibrahim (WMS) - "Dear Aiden: Letters to My Third Culture Kid"
- **Runner Up** - Joseph Price (History) - "Students and Sexual Health Activism in Late 20th Century England"
- **Runner Up** - Louisa Toxvaerd Munch (English and Comparative Studies)- "Stranger in Paradise: Class, Academia, and Cultural Whiplash"

Congratulations to all of our winners and to everyone who submitted a piece. The standard of writing was exceptionally high, and we were so pleased to see the Society and Culture theme interpreted through so many diverse and engaging approaches.

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AISHAH IBRAHIM

Warwick Medical School

AISHAH IBRAHIM

Aishah is currently pursuing a PhD in Public Health at the Institute for Global Pandemic Planning. She spent years as a stay-at-home mum across diverse settings before embarking on this academic journey – an experience that has deepened her commitment to women's health and health equity. Her research revolves around intersectionality-informed pandemic responses, exploring the perspectives of women informal workers in Malaysia during the recent global health crisis. Outside of work, Aishah loves curling up with a good book and going camping with her family.

Dear Aiden: Letters to My Third Culture Kid

Reflexivity

With my six-month-old baby, I left behind familiar surroundings in Penang, Malaysia for Shanghai, China, supporting my husband's career move. What was meant to be a two-year sabbatical leave became almost a decade of me being a trailing spouse. I later packed our modest worldly belongings and easy-going son to Tokyo, Japan and Saigon, Vietnam, before finally deciding to prioritise my own personal goals. At the height of the recent pandemic, I dragged my family across the world to the UK to take a stab at the academic path. Different cities, different people, different rules, but through it all, I watch in awe as my son adapted and re-adapted to his new environment each time, learning as he grows older to navigate the different cultures.

Although he may not entirely share the culture of his birthplace, I try to keep him connected to our heritage. Above all, no matter where we are, we hold our faith close, providing us with a sense of belonging in the diverse society we live in. I am grateful for a community that respects and embraces each other despite our different beliefs, traditions and cultures. In this autoethnographic account, I weave together letters that I wrote to my son on his birthday each year, diary entries and personal photographs to evoke my own memories and reflect on my emotions and experiences as a mother raising my third culture kid with Muslim values.

AISHAH IBRAHIM

"It takes a village to raise a child" they say...

DEAR AIDEN,

Happy first birthday my darling son!

I can't believe it was a year ago today that you came into our lives, bringing us so much happiness. I remember vividly when I first laid eyes on you, as they held you in the air and then placed you down on my chest. I knew in that moment that life was forever changed. My heart now knows an entirely new kind of love – a boundless love so deep, I never knew it was possible to feel this much.

This year has been filled with beautiful milestones and watching you grow has been my greatest joy. I will never forget the moment you took your first steps, wobbling forward with determination. The day you spoke your first word – "Nana" – what a magical sound! You remind us everyday how quickly you are growing and exploring the world around you.

Six months have passed since we packed our life into a little container, making a big move from Penang to Shanghai. A new country, a new home and new experiences – but through it all you have been incredibly resilient. Watching you fit in so well, embracing new sights and sounds on our little adventure, has made me so proud of you. Adjusting to a new environment and way of life has not been easy for me, but you have been my greatest source of comfort. You have a special way of bringing people together. Everywhere we go, people stop to admire your adorable little face, "hen piaoliang, da yan jing!" they say, commenting on how cute and big your eyes are. Despite the language barrier, I have met wonderful mothers who share their wisdom and offer their friendship, making this transition feels so much smoother.

I hope you never lose your curiosity, the twinkle in your eyes as you discover the world around you. The world is yours to explore, my little dreamer. Keep reaching, keep learning and always know that you are cherished beyond words.

With all my heart,

Mummy

Figure 1: Chinese paper cutting art of our little family.

As I watch my child navigates multiple identities, blending cultures in a way that is uniquely his, I sometimes feel the weight of doing it alone. Without the safety net of extended family, every milestone and achievement, even the subtle nuances of shaping their values rests squarely on my shoulders. Yet, in this space of independence, there is resilience. I build new support systems, finding strength in friendships that evolve into chosen family. I craft traditions that honour my heritage while embracing the culture I now call home. My precious child learns adaptability, a skill that will serve him well in a world that demands it. He grows with an openness to diverse perspectives, shaped by his unique upbringing.

Being away on foreign lands makes me reflect on my "this is how I was taught" modes of thoughts and behaviours, oft-times elements of my own ancestral knowledge and cultural conventions passed down from generation to generation. Rituals guarantee the continuation of tradition, typically without us critically examining their origins, purposes and impact. I dig a deeper look at my Islamic faith and realised that I have wrongly presumed many of my own established customs and practices to be "Islamic". For instance, it has been a custom for the Malay community to bury the placenta after a baby is born. The placenta is prepared with salt and tamarind, and then buried along with with sharp objects like a needle or a pencil, believed to ensure the child will grow up to be hardworking and intelligent. The burial is ordinarily given an Islamic dimension, for instance by reading a passage from the Quran. Yet these superstitious practices, although seemingly harmless, have no place in Islam as they detract from complete trust in God and can be a form of shirk (attributing powers to anything other than God).

Nonetheless, there are moments of longing – for the presence of grandparents, the familiarity of home-cooked meals, the guidance of elders – but I also see the beauty in what I am creating. I am not just raising a child; I am shaping a world citizen. And in this, even without the immediate presence of family, I realise that I am never truly alone.

AISHAH IBRAHIM

The home beyond

MY DEAREST AIDEN,

Happy fourth birthday my love!

Four short years since you made me a mother and life before you just faded away. I have watched you grow from an inquisitive baby into a strong-willed, but compassionate and kind little boy. I have watched you giggled through your success, wiped your tears when you failed, and I have been beaming with pride to see you persisted through your challenges.

You are a beautiful, bright boy who already carries so much wisdom in your young heart. When we eat outside, you always inquire first if the food is halal, and you never forget to recite the prayer before each meal, expressing gratitude for the blessings God has given us. I see you watch me as I pray, your little hands mimicking my movement, your voice softly trying to repeat the words you hear. It warms my heart to see you try – to bow, to prostrate, to understand that prayers are not just actions, but a connection to Our Creator. One day, you will know its depth, but even now, your efforts are a beautiful sign of your faith blooming.

This year, you began a new adventure—your first steps into school. Every morning, I watch you walk into the building with your small backpack, and just before you step inside, you turn your head around and wave me goodbye. That simple gesture—so small yet so full of love—reminds me that no matter how far life takes you, you will always carry the warmth of family with you. You are a child of many places, belonging to the world yet rooted in faith and love.

You have already lived through three different countries now, collecting memories and friendships along the way. I am in awe of how naturally you take to living in Tokyo. Even without knowing how to express yourself in Japanese, you have found a way to connect - you play and laugh with the other children, bridging the gap with smiles, gestures, and shared joy. Friendship, after all, needs no translation, simply a kind heart and an open mind, and you, my love, have both. I see how enthusiastic you are to share new Japanese words and phrases you have just learned in school with me. You are not just picking up the language, you delight in the flavours and traditions of this place. The way you eagerly ask for sushi or udon, how you savour every bite with joy, tell me that your heart is open to the world in the most wonderful way. I remember you proudly wearing the origami samurai helmet on Kodomo no hi earlier this year; excited to hang black, red and blue carp streamers outside our home, a symbol of perseverance and determination in Japanese culture.

Being your mother has been an honour and a privilege; not a day goes by that I am not grateful for you. I wish you the world and I pray that you are always blessed no matter where life takes you.

Love loads,

Mummy

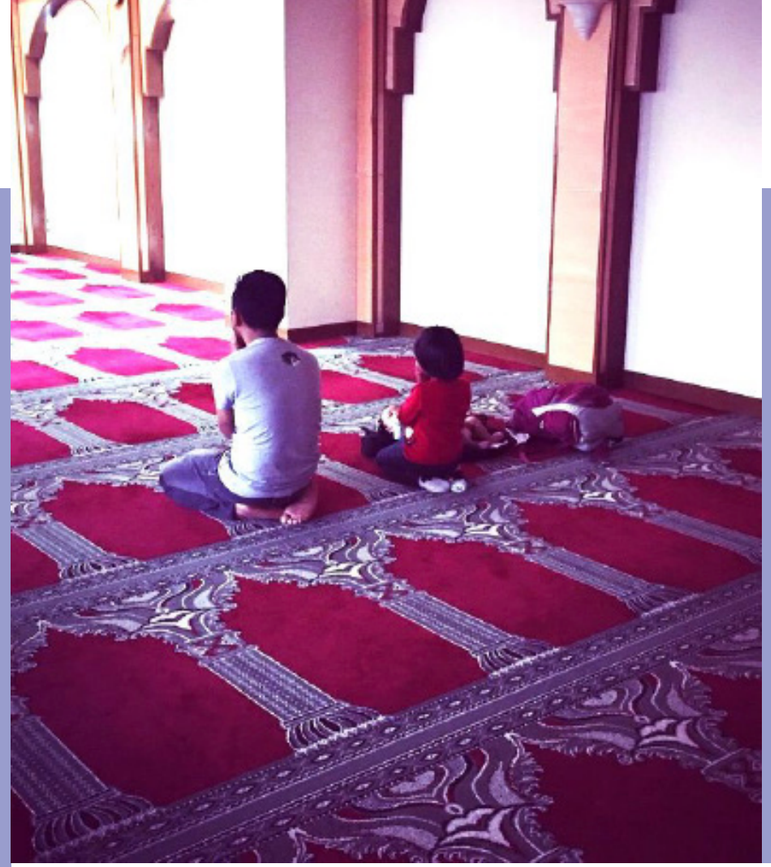

Figure 2: Praying in a small mosque in Fukuoka during our travels.

While traveling abroad may offer us a glimpse of different cultures and worldviews, becoming a resident in a new country brings with it a different set of struggles. Navigating through foreign bureaucracy to obtain our visas and permits is already a strenuous process requiring extensive research and paperwork, we then continue encountering challenges even in doing the most mundane of tasks such as setting up bank accounts and going grocery shopping. A large part of this is owed to the language barrier. Living as a Muslim family in non-Muslim-majority-countries, checking each food label to see if there is any ingredient that conflicts with our halal dietary requirement takes up time, especially if the labels are not in the language we understand. Online resources and mobile apps widely available these days have tremendously helped us in our quest. This immersive experience in trying to assimilate into a new culture leads to a much deeper connection and a broader understanding of a place and society we live in.

I believe in the importance of my child maintaining a connection with his country of citizenship and its deeply rooted cultural values. We stay in touch with family and friends back home, regularly sending home photos chronicling our life. I prepare traditional Malaysian dishes like nasi lemak and rendang, or eat out at Malaysian restaurants to enjoy cuisines like roti canai and laksa which are too laborious for me to make on my own. I read my child books about Malay folklore and introduce to him famous Malaysians including Michelle Yeoh and Lee Chong Wei who have brought pride to the nation through their achievements. We spend some time in Malaysia every year and host relatives at our home when they pay a visit. Having a small community of Malaysians in the places that we live allow me to foster in my child a sense of camaraderie, offering him a small version of his passport country. But all of this is just the tip of the iceberg of cultural ties and a sense of belonging. Many of the social codes and core values of a place cannot be taught or read in a book however. They must be experienced. Shaped by shared history, cultural norms and evolving customs, social behaviours can vary significantly across societies. Many aspects of social interaction can indeed be very difficult to grasp especially if you do not live locally.

He also teaches me the importance of community. In a new school or in a new country, he finds connection through shared experiences or mutual curiosity. This has shown me that coping is not always about solitary endurance; sometimes, it is about reaching out, finding belonging, and embracing the unfamiliar. He proves to me that resilience is not about being unshaken – it is about adapting with grace, curiosity, and openness.

My son, although fully aware of the waxing and waning of his friendships, gravitates towards challenges. While I am worried about steering him through waters I have not sailed myself, he is excited about being in a new place and learning yet another culture. He does not mind being repeatedly taken out of his comfort zone, and I relish his sense of self-belief. It is truly a gift to feel at home in many different places, with the ability to navigate the nuances of each respective culture. While he may not keep my heritage the way I had envisioned, he is building something new – something that in its own way, deeply meaningful.

In a world that is constantly tugging us towards divisiveness, I hope his faith will be the beacon of light in his life, providing him with solace and a sense of belonging. Despite being disconnected from his parents' culture,

I hope he finds a community of brothers and sisters in every eclectic corners of this world – people who will embrace him for who he is – shared faith and understanding transcending the confines of lexicons and borders.

Figure 4: The kindness of local Vietnamese people – he kept the seats of my bicycle dry in the rain while I did my grocery shopping.

Spotlight Writing Competition

ANGEL VARGHESE

ANGEL VARGHESE

Angel Varghese is a doctoral candidate under the supervision of Prof Liz Barry and Prof Rashmi Varma in the Department of English and Comparative Literary Studies. Supported by the Chancellor's International Scholarship, her thesis examines non-fiction narratives of mental illness in India. Her broader research interests include medical humanities, illness and care studies, graphic medicine, and life writing.

Who Cares?: The Politics of Mental Healthcare in India

Introduction

When was the last time you fell ill? Who took care of you? Was the illness physical, or mental? Was the care adequate, and appropriate? In Indian families, care is expected, assumed and often taken for granted. It is also plural; Parents care for children, children care for parents and grandparents, neighbours step in when relatives fall short. However, care is complicated by its intersection with gender, caste, class, religion and other socio-cultural factors.

Care, caring, carer. Burdened words, contested words. And yet so common in everyday life [...]. Most of us need care, feel care, are cared for, or encounter care, in one way or another.

Care is omnipresent, even through the effects of its absence [...] (Bellacasa, 2017).

Maria Puig de la Bellacasa, in the introduction to Matters of Care (2017) delineates the centrality of care in our everyday life. She notes its omnipresence as well as our ambivalence towards it as she highlights the complex and often contradictory negotiations that shape conceptions of care. Given the varying associations with affect and labour, it becomes significant to engage with existing definitions of care and begin to re-imagine care in ways that are responsive to sociocultural, and local contexts. Academic scholarship has proposed various definitions for the concept of "care." The most recent is the definition noted in Chatzidakis et al's 2020 The Care Manifesto, which defines care broadly as a "common ability to provide the political, social, material, and emotional conditions that allow the vast majority of people and living creatures on this planet to thrive- along with the planet itself" (Care Collective, 6). This definition understands care as a non-individualistic phenomenon that ensures the flourishing of all life on the planet, including of the planet itself. The manifesto was an attempt to advance a model of 'universal care' wherein "care – in all its various manifestations – is our priority not only in the domestic sphere but in all spheres: from our kinship groups and communities to our states and planet" (19).

This essay builds on that vision of care and brings it to the Indian context. I explore how mental health care intersects with family, religion, and caste—three of the most significant social institutions in India. In 2017, the Indian parliament enacted the Mental Healthcare Act, 2017 [MHCA]. The Act marked a significant departure from colonial-era laws by assuming that individuals with mental illness have the capacity to make decisions about their treatment and care, however, people with mental illness in India continue to face massive stigma and care inequality. By breaking the cultural silence and stigma surrounding mental health experiences, Indian life writing on mental illness provide a counter-discourse rooted in compassion, empathy, and the possibilities of care, recovery and community. I argue that an examination of Indian life writing reveals that care is both interdependent and political because effectively addressing care obstacles of individuals with mental health concerns require an acknowledgment of cultural institutions and systemic structures that shape and influence their everyday lives. Thus, I will examine the various institutions such as family, caste, and religion that shape mental illness and care experiences, to ask: "Who cares? Who is cared for? Where does care happen? And what kind of care is appropriate in different situations, and what do we mean by "good care" or "caring well" (Little, Jo, 2023:70).

To begin unpacking these questions, I turn first to the language of mental health and the dynamics of intergenerational care within Indian families, where deeply rooted cultural narratives significantly influence how mental health is understood and addressed.

Language of illness and Intergenerational care in Indian Families

Various empirical studies have found that the family is the most important cultural institution in India (Kaur, R, 2019; Murthy, R.S, 2016; Chadda, R. K., & Deb, K. S., 2013; Katju, 1986; Roy & Srivastava, 1986; S.K. Singh, 1986), and familial care is often the preferred model of care available to an individual with mental illness. Furthermore, previous research has noted that in contrast to the capitalist West, where professional caregiving is the norm, in developing countries, trained caregivers are scarce, expensive, and, at times, unacceptable (Sabzwari et al., 394-403). Hence, families have long been carers by default in the absence of formal care options.

In her personal essay collection No Straight Thing was Ever Made, Urvashi Bahuguna recognises the varied, plural, and complex mechanisms of intergenerational familial affiliation in the Indian context. She writes, "Our parents did not learn that the shortest way to apologize is to say the words. We do not speak the same language as our parents" (3).

Here, language, is both literal and symbolic. In the literal sense, it reflects the fact that the younger generation belonging to middle and upper classes, often educated in English medium schools or abroad, tends to use English more frequently, while the parents primarily speak their native languages. As a result, terms like mental illness, therapy, coping, and recovery may not be fully understood by the older generation. In the figurative sense that pertains here, however, 'language' refers not to the mother tongue but to the socio-cultural vocabulary associated with emotional expression. In the context of mental health, it encompasses the language needed to discuss aetiology, care expectations, emotions, and socio-religious practices, nuances that go beyond biomedical definitions. In either case (literary or figurative), the influence of class and caste backgrounds further complicate the language of mental illness. At a later point in the essay, Bahuguna returns to language as she writes,

When the doctor says, 'major depression,' my family hears 'very sad but fixable.' It infuriates me when I hear them tell me to try and be happy [...] But nothing is lonelier than the first year(s) of trying to explain your illness to people close to you [...] in the beginning, there are no right words for them to say back to me. Where would they have learnt them? (5-6).

Here, when 'clinical depression' is understood as 'very sad but fixable', it oversimplifies or underestimates the complexity of the illness. This reductionist interpretation feels dismissive to Bahuguna, but she recognizes that this language gap is a result of the generational divide in the values associated with illness, health, and care (Where would they have learnt them?). Furthermore, the above lines also imply that the language necessary to articulate the complexities of mental illness experiences is not part of a shared sociocultural discourse. Thus, the 'language of mental illness' becomes a crucial point of distinction between generations within families.

Building on these generational distinctions, it is also essential to consider how gender further shapes and influences mental health experiences within Indian families. In the next section, I will examine the gendered notions of care embedded in Indian familial structures.

Gendering mental health in Indian families

Gayathri Prabhu's If I had to tell it again (2017) situates mental illness within a discourse of familial legacy of inherited illness. The experiences of mental illness are intertwined in the lives of the father, SGM, and his daughter, Gayathri Prabhu. Prabhu writes that when she first experienced mental illness (here, depression), "it looked familiar. It was what he had refused to name, and it was now with me "(31). However, this inheritance does not lead to close familial bonding, care, or resilience. Instead, it brings to the surface various interpersonal tensions and questions about the ethics of care. Prabhu writes,

My father never acknowledged his vortex of darkness as depression. He said it was genuine suffering caused by his life's unfortunate circumstances and that nobody in the world understood him [...]Tortured and inexorable, that's how his drinking looked (29).

SGM's refusal to label his condition as depression and instead framing it as "genuine suffering" indicates a desire to seek validation for his pain while simultaneously avoiding the external scrutiny that might come with a clinical diagnosis. To better understand this avoidance, it is important to consider the socio-cultural factors shaping the experience of mental illness, such as gendered perceptions of mental health and the stigma and shame surrounding it. Furthermore, SGM's turn to liquor to cope with depression, even though it had stopped feeling pleasurable, and he had to "force the liquid down his gullet," is reflective of mainstream social contexts, where substance abuse is a phenomenon known to intersect with an enactment of a certain construction of masculinity. However, Prabhu disrupts this neat categorisation of drinking with masculine enactment to say that her father drank to "make it visible", where it is the experience of depression. Thus, SGM's drinking and refusal to acknowledge his depression reflects the vulnerability that men face in patriarchal systems where they experience the pressure to appear strong and tough. Thus, gender plays a critical role in influencing who provides care and how it is given, and received. In the next section, I will explore how religion profoundly shapes the perception, management, and moral evaluation of mental illness in India, where diverse faith traditions offer distinct understandings of mental health.

Religion and Mental Health

Previous studies have highlighted the impact of religion on the experience of mental illness in India. For example, Gupta and Coffey (2020) found that "Scheduled Caste and Muslim respondents had worse mental health than higher caste Hindu respondents" (Gupta and Coffey, 2020). This data, when read against the current socio-political climate where the ruling government of India endorses Hindu-nationalist ideologies, suggests that despite India's religious plurality, varying levels of protection are provided to different religions. Furthermore, the healthcare system for mental illness reflects a "kaleidoscope of medical pluralism," especially in rural areas where multiple types of healers treat mental illness. They also noted the prevalence of supernatural explanations for mental illness, such as beliefs in spirit possession, witchcraft, breaking of religious taboos, divine retribution, and the capture of the soul by spirits, among others (Biswal R, Subudhi C, Acharya SK., 2017). Thus, I will examine various examples from the corpus that will provide further nuance to understand the intersection between these plural religious practices and mental health care within families.

Prabhu's mother conceptualizes mental well-being in terms of faith and positive thinking, reflecting the values of her generation, which prioritize faith-based coping mechanisms and optimism (Prabhu, 142). This is a departure from the contemporary understanding of coping mechanisms that follows a medical model:

"Think positive, have faith in God, said my mother" / "Depression is negative thinking, my mother insists, and one should always 'be positive' [...]" (142).

Within the upper caste cultural and religious context of India, this approach is more familiar and acceptable to Prabhu's mother than the medical model of care. Although this might be her mother's way of extending care and comfort, it feels like a failure of care to Prabhu, who challenges her mother's simplistic view of depression, suggesting that the affliction cannot be merely countered with positive thinking and faith. Prabhu's mother frames depression as a consequence of what she regards as "negative thinking," thus placing the responsibility for mental health within Prabhu's control. This generational conflict underscores the tension that often arises when contemporary understandings of mental illness clash with traditional beliefs, complicating familial perceptions and practices of care. These different perceptions of mental illness allow for the possibility of a collaborative mental healthcare approach to emerge that honours intergenerational dialogue, even when the frameworks are contradictory.

Thus, in the Indian context, religious beliefs often frame mental illness through spiritual or moral lenses rather than medical ones, especially among older generations, and are characterised by faith-based coping and beliefs in divine punishment or astrological afflictions. Such perspectives can lead to intergenerational tensions, as many younger family members increasingly adopt medical models of mental illness over religiously influenced care approaches (Oyebode et al.,2916). However, this is not to suggest a strict generational divide; there is also evidence of growing religiosity among some youth (Choudhary and Sen, 2025). Despite the complexity, these differing views open the possibility for collaborative, culturally sensitive approaches (such as the dava-dua program1 which combines faith healing with modern psychiatric treatment within the settings of religious places of worship) to care that bridge traditional and modern understandings of illness and health.

Finally, just as religious beliefs shape understandings and responses to mental illness, caste too plays a crucial role in determining access to care, social support, and the legitimacy of mental health narratives within Indian society. To discuss mental healthcare in India without addressing caste would be a serious oversight, given its deep entanglement with systems of care and exclusion.

[1] Neha Jain, 'Dava-Dua Program: Combining Psychiatric Medications with Faith-Healing Practices for Mental Health Treatment', *Mad in South Asia* (2025), Dava-Dua Program: Combining Psychiatric Medications with Faith-Healing Practices for Mental Health Treatment

Intersections of caste and mental illness

Caste and class positionality impacts various aspects of mental health care, including social and financial access to therapists or psychiatrists (whether they will acknowledge caste in their clinical practice is another challenge) and medications, the knowledge of language/terminologies used to describe mental illness, and the constraints of resources and time, among others. Caste is defined as a system of social stratification with endogamous marriage and hereditary social status that divides Indians into a large number of groups and subgroups, called jatis, each occupying varying levels of ritual purity, privilege, and social status (Vaid, 2014). Additionally, the terms Savarna and Avarna are used to describe the dominant and oppressed castes respectively. To elaborate, 'Savarna' includes the four traditional varnas/ upper castes: Brahmin, Kshatriya, Vaishya, and Shudra. 'Avarna' on the other hand, includes castes that are outside of this traditional varna system, which includes the lower caste: Dalits (formerly known as untouchables).

Vijeta Kumar, in her essay "I can't be depressed, I am Dalit", writes that she spent much of her school years dealing with an 'undefinable emptiness.' Kumar's father gives her work instead of taking her to a psychiatric ward when he finds that she is struggling with her mental health, and here, a form of care emerges that, according to existing theoretical works, might be considered inadequate or bad care, but in reality, it is the kind of care that is informed by one's socio-cultural reality. Kumar reflects how it had unintended consequences that she later interprets as a form of care. Thus, although it might appear as "bad care" in the traditional sense, ultimately, in the context of Dalit realities, it becomes a form of survival and resilience. Furthermore, Ambedkarite devotion, linked to BR Ambedkar's philosophy espousing the abolition of caste, does not lie in retreating from the world to meditate but in enduring suffering and continuing to work despite it. This concept is particularly significant in the Dalit everyday experience, where working and surviving are often seen as forms of resistance against the oppressive structures of caste and society. Furthermore, she critiques the upper-caste model of self-care, not because it is inherently wrong, but because it fails to acknowledge the broader structural inequalities that make such care inaccessible to marginalized groups. This resonates with Jayasree Kalathil's argument that help should depend on what the person wants, and it should include choices other than psychiatry, medication and therapy, and in order to re-formulate care however, the society's understanding of the normal and the pathological should be re-defined (Kalathil, 2021).

Engaging with questions of care in relation to caste within the Indian context is a valuable addition to care theory that has failed to address the local and specific care requirements in the context of intersectional realities in the global south. As Kumar notes, "there is neither a therapist nor a prescription to help deal with caste" (Kumar, 2019).

Thus, caste creates a unique challenge in

extending care as it challenges the conventional notions of good or bad care. Examining care through a lens of caste persuades us to re-imagine a care model that departs from existing oppressive structures of biomedical care and instead become receptive of un-conventional practices of caregiving, such as a turn towards 'working' not as a way of mere distraction, but as a devotion and resistance against oppression (and its negative effects on mental health), or devising a notion of care that advocate for social welfare and justice.

CONCLUSION

In conclusion, these depictions of both living with a mental illness and providing care for a family member with mental illness within the Indian societal framework challenge conventional understandings of caregiving.

These experiences defy rigid categorization, encompassing a range of care practices. Indian mental illness life-writing highlights the intergenerational dependencies, complexities, ambiguities, continuity and diversity of needs and familial care amongst parents, children, grandparents, and relatives within the Indian mental health landscape. These engagements with care help us understand how caring is enmeshed, and influenced by sociocultural factors such as caste, religion and gender within the Indian social structure.

Finally, an extension of care into the cultural structures of society in the form of community care that includes non-familial care is rife with possibilities to create a 'caring society' or a 'caring culture.' By nature of its joint family culture, care is often extended by people immediately outside of one's nuclear family. This includes grandparents, uncles, aunts, cousins, parents-in-law, and extended relatives. These interdependencies are at the foundation of what the Care Manifesto calls 'promiscuous care'– "an ethic that proliferates outwards to redefine caring relations from the most intimate to the most distant. It means caring more and in ways that remain experimental and extensive by current standards" (40-44). Engaging with community structures, dispositions and frameworks of care, still allow us to understand people's capacities for care beyond familial structures. We need to re-imagine a framework of care that is feminist, intersectional, and culturally sensitive, moving beyond narrow biomedical notions of illness and care.

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DENISSE LEVERMORE

Denisse is a nurse, social worker and systemic practitioner, with clinical practice within NHS Child & Adolescent Mental Health Services (CAMHS) and acute care (adults and paediatrics). Denisse has experience of working with young parents and their babies and teaching and leading academic courses specialising in children's mental health.

Denisse's PhD aims to analyse the role and impact of family/friend relationships on young people's mental health during transition to adulthood. Denisse is passionate about pursuing a career as a clinical academic, progressing research that supports understanding of the role of relationships and their impact on infants/children/young people and family mental health.

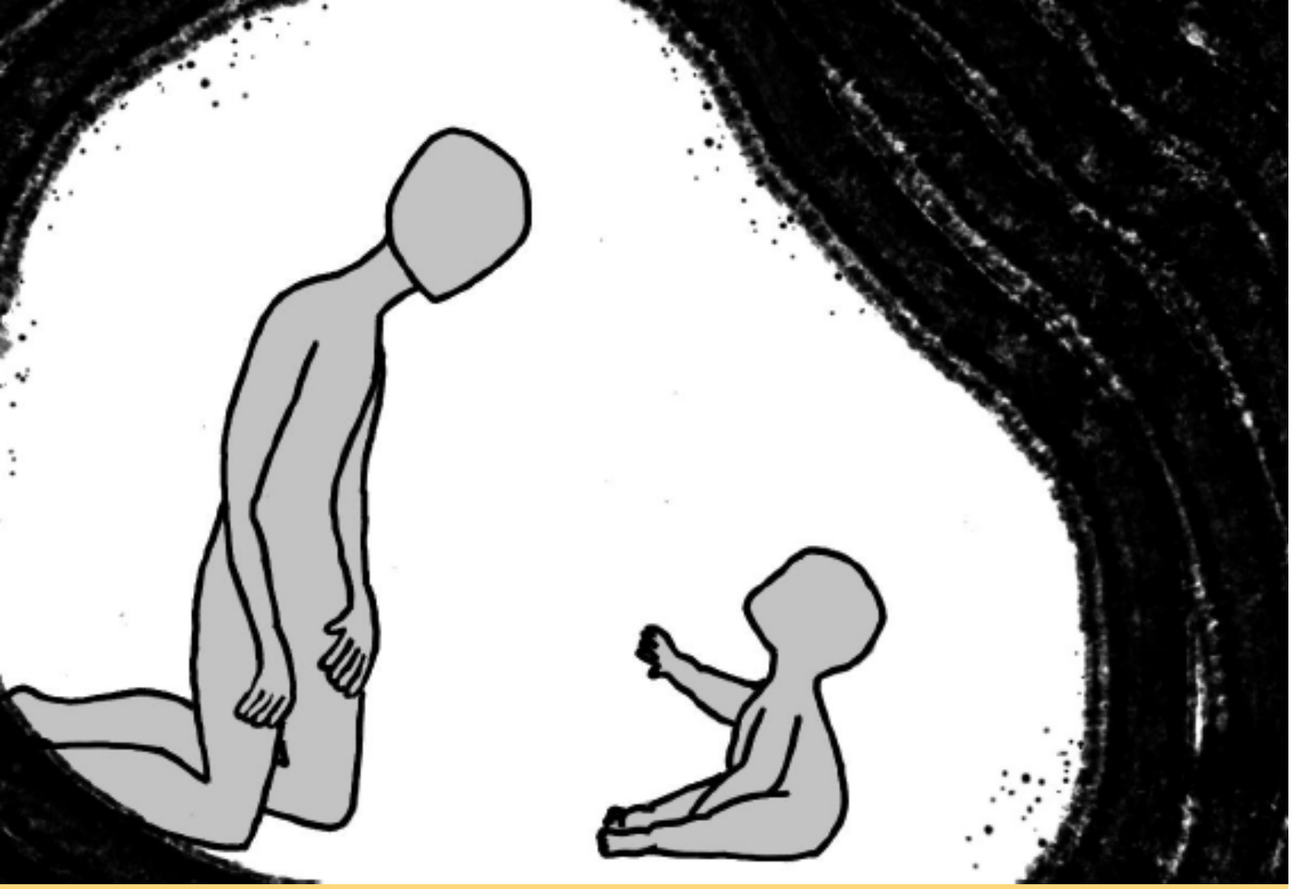
Through the Lens of the Baby: Cherish Me and Value my Parents: A Call to Society

Introduction

My parents are incredible; they grew a small human and that human is me. I survive in a world of different societies and cultures each with different thoughts and practices about how best to raise and care for me. I have infinite potential, my brain is growing at an unparalleled rate, faster than it ever will again, and has a lot of influence over who I will become, did you know this, does society know and value this? I may look vulnerable, but I am also very powerful and can mobilise help and support when I need too, you just need to listen and understand what I need. I do not come with a manual or a guide to support you or others to care for me. How my parents care for and protect me is through the context of my culture and the society I live in, there is no universal care package for me. My parents are the most important people in my world, I am primed to emotionally attach to them, and they also require care, understanding and kindness to help them to care for me and each other. Do my parents receive this from society? Sometimes, there are other important people in my life, that help me thrive and grow too, it takes a village to raise a child. I am one baby in a world of babies, I have a voice, but I am not sure it is heard, I need all of society to listen, to support my parents and help me to grow and develop, to feel loved and be able to love back, to feel safe, seen and soothed.

See me through my lens and hear my voice, both heard and unheard. Words of significance will be louder as I take you on a journey of growth and wonder, together we will raise my voice in my world and support others to listen.

This is my manual, this is my call to society and my parents, this is my manifesto; to cherish me and value my parents.



Baby and Parent enveloped in a reciprocal gaze of love, care and growth with sole focus on each other, within a representation of the womb. (Nicole Levermore artist).

DENISSE LEVERMORE

BEFORE BIRTH: I wonder...

I wonder how you think of me as I **grow**, am I a blessing, a gift from God, a surprise, a much-wanted child, perhaps the feelings are very different and difficult. Our **relationship** starts here, as I grow, my time in the womb requires emotional and physical nurturing for both of us as we learn about each other. I am learning about you all the time, my need to **attach** and form a relationship with you is key to my survival and why I can differentiate you from other humans purely by your scent. Other sensations of **touch and warmth** are important interactions that build attachment and help to shape my psychological and biological responses to my surroundings [1].

I wonder how you are **learning** to become a parent. Who and what influences you. Will you care for me as you were parented or something very different? What cultural practices will define me? Are there 'ghosts in your nursery' that will influence your care, you may not even be aware of these. Will you carry me in the same way your mother carried you and hold me in the same way, how will that feel, this may be **exciting** even instinctive, but could also be **painful** to think about and I wonder how that will feel for me?

Looking after yourself is important for both of us, **self-compassion**, recognising the things you struggle with and being ok with that, will help us to find our place with each other and society.

Where will I sleep? It feels such a simple question for me to think about but in the world of babies this will be influenced by the **culture and society** that I am born into and there is no one right answer [2]. The context of culture and the society I belong to will lay a foundation which creates **belonging** and connection, it is important to my development and **identity**. In any culture, relationships will define me, and all the time my brain is developing and growing, supporting my ability to build relationships in the future.

At 4 weeks gestation my first brain cells (neurons) are forming and expanding at 500,000 **neurons** every minute, and as I grow, 2 million neural connections are firing every second [3], and you don't yet know I exist? Neurons are helped by genes, with some neurons growing strong and connecting across my brain while others are pruned and wither. Safe and cosy in the womb, noise surrounds me, my brain can no longer shut it out and all the while a quiet storm of possibility is happening, trillions of neurons are firing deep inside my brain and making **connections**, shaping my future. I am becoming and still you do not know I am here.

I wonder, are you caring for your own **mental health**, do you prioritise this? Are you able to be present, calm and mindful, your mental health is very important to me and society should listen and help us with this, so that you can **regulate** your emotions [4], and that helps me too, supporting good mental health for all our futures.

DENISSE LEVERMORE

BIRTH: Attune and Attach

My lungs unfurl as I take my first breath, and I cry into a new space. My world rushes in, sharp sounds, unfamiliar smells, light that my eyes fight against, air flows into me and voices surround me, some sounds are more familiar than others. And then you **hold me, close**, to skin that feels warm and smells comforting, our hearts beat together again, and I soothe.

I am **born** and our worlds are **changed forever**.

You may not see it but something **extraordinary** is unfolding. My **brain** is growing faster than it ever will again, shaping the foundation of who I will become. Right now, my brain weighs just a single 1lb, yet inside a **universe of meaning** is expanding; emotions, ideas, memories, dreams, all finding a home, in ways unseen but **deeply felt**.

Hormones (oxytocin, dopamine, vasopressin, testosterone and cortisol) have been building inside you, and are flooding your brain and body to help you to help me [1] in a relationship that neither of us will have experienced before, to grow into being the best parent you can be and to recognise and respond to my **needs**.

I know you want to be the best parent, and I understand it is hard caring for me; lack of sleep and other stresses make it much harder. Connections with me are important and you only need to '**get it right' 50%** of the time for this to be good enough, to help me know you are a **secure base** [5].

I would like you to spend lots of time with me, but society dictates this possibility, if I am born in the USA neither of my parents are entitled to any statutory **paid family leave**, but if I am born in Sweden my parents are allowed 540 days of paid parental leave [6,8]. I wonder how you feel about that and how that affects decisions about my future care?

BEYOND BIRTH: 'Knowing me, Knowing you'

At 2 days old I can recognise you, even though my vision is still developing and you look like a faded photograph [1], a bit blurry and dreamy. My brain growth is dependent on my environment, experiences, and the **relationships** I have with others, especially in my early years.

My world is now you and I need you to feel the same way about me. My brain is very vulnerable to stress and if this is extensive or neglect is present in our lives, it can alter the **development** of my amygdala (this is the structure in the middle of my brain and helps with **emotion** and detecting threats) and could change my ability to have **enduring trusting** relationships over the course of my life [1]. The first **2 years of my life** are critical for brain development; chronic stress, abuse, neglect can also cause damage to a key part of my brain (the orbital prefrontolimbic system), this can make it very hard for me to form strong social bonds [4]. I need everyone in my life and in society to **cherish** me and treat my brain with care, love and attention.

My wonderful parents; when you look at me, talk to me softly and smile with your heart and your mind, we **connect**, and your brain changes too. The reward circuit in your brain activates and will support you in being **caring** and sensitive towards me. Another part of your brain is changing to help you to understand my needs and my cues and **changes** in your emotional regulation circuit and the pre-frontal cortex of your brain will help with **emotional regulation** and **learning** what my cries mean. This is the same for both parents, I wonder if you knew that.

As we grow together, protoconversations will develop, this is where we take turns in 'talking' in my **language**, I will **coo** and you coo back, this **attunement** can appear like a well-rehearsed symphony between us, some would say this is instinctive, but there are multiple influences that create this symphony. When it happens, these are wonderful moments of **pure joy** for all to witness [7].

Who is looking after who? My parents, you are also people who need **connection** with each other, with your community, your friends and family, and I wonder if you feel you are able to do that in the society we live in? Are services, settings, professionals **baby friendly**, do you feel welcome, or do you feel rushed and unwelcomed? I wonder what would enable you to feel **welcomed**; clean and easy to access feeding and changing facilities, welcoming and understanding people, calm environments to relax in and for reactions to me to be one of wonder and joy, and for you to feel special and empowered. In these moments we are all held in mind as a **reflection of the future**.

I have a voice that needs to be listened too, a mind that has endless capabilities, I am new to this world and have limitless potential. My early years are the blueprint for my future and yours. Every moment shapes me and every interaction I have will form the foundation for the person I will become. My brain will forge connections defining my ability to think, feel and love. My brain is growing and becoming, and society holds the key to how I thrive. I have created a manifesto to support me to feel cherished, for my parents to feel valued in society and my culture to be acknowledged and celebrated. I pledge my manifesto to mobilise society and listen to my importance, my vulnerability and realise my potential.

MANIFESTO

Through the Lens of the Baby: Cherish Me, Value my Parents: A Call to Society

My time in the womb must feel safe, calm and nourishing, to build **attachment** and prepare for the world beyond.

I need my **parents** to feel heard, and their worries met with support and time by kind, knowledgeable non-judgemental listeners.

My first two years shape me, let me be surrounded by my parents, and other important people in my world. Their presence, **connection** and **relationship** build me, and I need it every single day

For me to thrive, my parents must be supported, nurtured, empowered and feel welcomed. They need guidance, care, and understanding so they can help me **learn, grow,** and feel safe.

My early years should be stress free, my parents should be **unburdened** from financial or housing struggles, where I can grow in comfort, love and safety.

I need my parents and **society** to recognise this **critical window** in my **brain** development and understand how to nurture, protect, and enrich my development.

I need a world where I am protected, where my home is a place of security, **warmth**, and **care**, not fear. I deserve to grow without abuse or violence, surrounded by people who keep me safe, seen, and nurtured.

I need to know where I come from, my **culture and identity** ground me, giving me a sense of belonging and pride. Let me grow connected to my heritage, so I can carry it forward with strength.

To connect further to the **Voice of the Baby** please listen to the soundscape in a mindful position.

https://drive.google.com/file/d/1XzQkXhXy5FBUXfYIXZ1jx5A-OIu5goxC/view?usp=sharing [9]

This soundscape was created using cello sounds to simulate neurons firing and connecting and heartbeats of baby and parent, overlayered with recordings of baby communication. Voices heard and unheard.

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PhD student, Department of Global Sustainable Development

ILARIA RAVAZZOLO

ILARIA RAVAZZOLO

Ilaria Ravazzolo is a PhD student in the department of Global Sustainable Development, where she has also completed the BASc in Economic Studies and Global Sustainable Development and the MASc in Global Sustainable Development. Ilaria's doctoral research focuses on (grand) mothers' experiences of belonging and identity in relation to their food practices, taking a gastrofeminist approach to challenge dominant narratives around food work and the devaluation of feminised food labour. She is looking at this in the context of Italians living in Switzerland where she plans to undertake oral history research which consists primarily of interviews carried out as kitchen table conversations.

Feeding the Past, Nourishing the Present:

Stories of Food, Memory, and Belonging

Food is more than just a source of energy. It is a sensory experience, a ritual, a provider of comfort, an expression of love, a connection to family and cultural heritage, a marker of identity, and so much more. To me, food and the memories associated with it have always represented a connection to the people I care about when they are not with me either because of geographical distance or because they have passed away. So, I hold on to these memories dearly as they are much more than just a snapshot of a particular moment – they represent my relationship with the person in question and the sense of belonging the specific situation triggered in me.

That is why I would like to share some of these memories to emphasise the power and the emotional significance of food, which is broadly defined to include the experience of both eating and drinking, in three short anecdotes.

They each explore a different theme, ranging from loss over heritage to missing memories, highlighting some of the ways in which what we eat and drink is not only nourishing our bodies, but also our souls.

ILARIA RAVAZZOLO

Loss

Whenever I eat watermelon, I think of my paternal grandfather, who passed away when I was fifteen.

Every time I bite into the sweet, juicy flesh of a slice of watermelon, I cannot help but think of him and am immediately transported back to a very specific moment we shared.

One day, when I was around five or six years old, my parents and I went to Italy to visit our relatives. We had just arrived and parked the car outside of my grandparents' bar, which in Italy is more similar to what would be considered a café in the UK. It was in the early afternoon and my grandfather had not yet returned from having gone home to have his lunch. I was waiting impatiently outside of the bar for him to arrive, observing the heavy traffic on the main road with great concentration in order to be the first to spot him approaching. When I finally saw my grandfather on his Vespa pulling up on the pavement, I jumped in excitement. I ran up to him as he was getting off the Vespa and opening the box for the helmet at the back. Out of that box he took a huge watermelon and triumphantly presented me with it, saying 'We'll have this for dessert tonight. It will be our special treat!' As he pronounced these words, I felt like the happiest girl on the planet and that evening's dessert was all I could think about for the rest of the day.

In our family, my grandfather and I were the people who liked watermelon best, so sharing it with him meant taking part in a ritual that was reserved just for the two of us. Whenever we sat down at the dining table, he always insisted on me sitting next to him. That evening he made several comments about how much he was looking forward to our after-dinner treat. We kept flashing each other conspiratorial smiles all throughout the meal so that I almost forgot about the other people sat at the table with us. When the much-anticipated moment of cutting open the watermelon had finally come, I was so excited I could hardly sit still. As soon as the slices were on the plate in front of me, I picked one up and took my first bite of this refreshingly crunchy delicacy. Then, I looked up to smile happily at my grandfather, both of us savouring the experience and the complicity with the cool, red juice running down our chins. In that moment, I felt a joyful warmth from deep inside which made me forget about everything else, as the only thing that mattered was sharing this delicious fruit with my grandfather.

'Viva la Vida, Watermelons' by Frida Kahlo (1954)

The reason why this memory is so special to me is that I had temporarily lost it growing up and only remembered it again on the day after my grandfather's funeral. I do not recall what made me think of this moment – it certainly was not a watermelon since he died in March when they are not in season yet. Regardless of what caused it, regaining this memory meant reestablishing a connection with my grandfather when it was no longer possible to have an interaction with him. It was my way of maintaining a relationship with him despite no longer being able to talk or eat watermelon together. Today, whenever I eat a slice of watermelon, it still feels like a ritual and the fact that I am carrying it on by myself gives it a lot more weight. This means that I am very picky about when, where and how I eat watermelon – it has to be the right setting to appropriately honour this sacred moment and celebrate the connection it reinforces. Nevertheless, eating watermelon never feels quite the same as it did in that moment when I was sharing it with my grandfather.

HERITAGE

Going forward in time to my life as an adult, I feel a similar sense of connection to my Italian origins as I do when eating watermelon whenever I have a cup of coffee. Well, actually, that is only true for one type of coffee which is again linked to a very specific memory.

On a cold winter's day roughly two years ago, I was in Italy again, visiting my relatives shortly before Christmas. My grandmother and I had decided to go to the city centre to do some food and present shopping. As we were walking, we passed one of her favourite bars, the owner of which she has known for several decades. So, we decided to stop there for a coffee and a short break from the humid cold before continuing our walk to the city centre. Once inside, we had the obligatory chat with the owner and some of the regular customers before we could order our coffees. My grandmother proudly told them all about her granddaughter who had come to visit her from England, boasting about what I was studying but letting me elaborate on the details because she can never remember the exact name of my department. When everyone was up to date, we ordered our drinks at the counter, as is the custom, and took them to one of the small tables to sit down. Both of us had gone for a macchiattone, a type of coffee I have only ever come across in the Veneto region in Italy. I was unsure of what to order initially but then decided to go with what my grandmother had ordered for no reason other than that I was struggling to make up my mind. Once we had sat down and taken off our heavy winter coats, it occurred to me that I did not know what the difference between an espresso macchiato, a macchiattone and a cappuccino is. So, I asked my grandmother to enlighten me on this given that she has spent the majority of her life behind the counter of a bar making countless cups of coffee.

Her explanation was as follows:

the main difference is the amount of milk and milk foam in the coffee. More specifically, the espresso macchiato is a shot of coffee (or simply 'one coffee' as my grandmother referred to it) with a little milk foam on top but no liquid milk. It is usually served in an espresso cup. The macchiattone is a level up, meaning that there is also one coffee but with a little bit of milk and more milk foam than in the espresso macchiato. This is why it is served in a slightly bigger cup since the additional milk needs more space. Finally, the cappuccino is served in the biggest cup as it has the most milk in it with still only one coffee but more milk than the macchiattone and a lot of milk foam. Most importantly, though, the cappuccino has to be significantly smaller than a latte macchiato, which has a lot more milk than coffee and not that much milk foam. After passionately explaining these differences to me, my grandmother proceeded to talking about how confused she is about all the new types of coffee you can order nowadays and expressed her disgust at the idea of adding syrup and other types of flavouring into this drink that is so sacred to her.

As I was listening to her explanation, my brain turned into a sponge, eagerly absorbing all the knowledge she was sharing from the decades of making coffee every day. I felt that I was not only learning technical knowledge, but, and perhaps more importantly, this was family knowledge that was being passed down to me. It was part of my heritage, a connection to my ancestors. I felt really privileged to just be handed this knowledge on a plate like that rather than me having to look through hundreds of family members' old documents to reach it. While this might seem very simple, it is by no means to be taken for granted. By establishing this connection to my ancestors, drinking a macchiattone has become symbolic of this heritage. The fact that I can only get this particular type of coffee in the region my family is from also makes the experience of drinking it special. Ever since this day, I feel as though I am never drinking a macchiattone alone since my ancestors are always there with me, silently sharing the moment and keeping me company.

Missing Memories

The last anecdote I would like to share is not actually real. It is about my maternal grandfather, who passed away when I was four years old and is not 'real' in the same way the other two anecdotes are because the memories are a product of my imagination. My grandfather worked in the bakery my grandparents used to own and was very passionate about baking. He loved to experiment and come up with innovative recipes and new ways of combining different ingredients. One of his specialities was making pastries which were always much better than those from his competitors – an opinion that was shared by both the customers and family members.

When I was born, my grandparents had already sold the bakery and my grandfather had retired, which means that I have no recollection of his baking. In fact, I barely remember him at all given how young I was when he passed away. However, for as long as I can remember, my mum has been telling me stories about my grandfather and his baking. Still today she compares any pastry she buys with those that her father used to make – and his always emerge as the better ones. As I was growing up, I did not particularly mind not having many memories with my grandfather and it did not seem to me like I was missing something. However, when as a teenager I started to become interested in baking myself, I became more curious about my grandfather and his recipes. I started asking my mum for more details on his creations but she was unable to expand much on what she had already told me because she had never been very involved in the baking process. So, I became quite frustrated and felt that I was missing out on this incredibly valuable knowledge because I was born a few years too late.

To overcome this great injustice, I started to imagine what it would be like if my grandfather was still alive. In doing so, I created my own memories with him. I imagined what it would be like to sit at the table with him, animatedly discussing something I had baked and evaluating different ways of improving the recipe. Then, I thought about testing the improved recipe in my grandparent's kitchen together, whipping egg whites, mixing them with flour, sugar and butter in a big bowl, maybe adding some chocolate chips as well, and finally kneading the dough before pouring it into a baking tin. Once the tin was in the oven, I pictured us looking at the oven door, watching the mixture rise and waiting impatiently for the timer to hit zero so we could take out our creation to taste it. I also imagined that, while going through all these motions, we would be having conversations. I would tell him about what was going on in my life, about my plans and ideas for the future, about the things that annoyed me and about the most recent book I had read. In turn, he would tell me about his life, about the ideas he had had when he was younger and the lessons he learned on the way. I imagined the sense of complicity, safety, and comfort that I would have felt in these moments. By picturing these situations, they started to feel like real memories to me and I started to establish a connection to my grandfather that I had not previously had.

Thanks to these invented memories, whenever I am baking today, I am reminded of this connection with my grandfather. I can feel him next to me as I am mixing the ingredients and kneading the dough. On days when I am particularly homesick, I sometimes think I can hear him making comments on what I am doing, encouraging me to add a certain ingredient or leave out another. When I take the first bite to taste the outcome of my work, I often think that it would make him proud to see that it turned out nicely. So, in inventing these memories, I have found a way to maintain a connection with my grandfather even though he passed away over twenty years ago. It gave me the freedom to choose how I want to remember him which gives this relationship an interesting dynamic and highlights the power that food has to transcend the boundaries of place and time.

Reflections on the Power of Food

One of the reasons why I find food fascinating is that it can represent so much and be interpreted and experienced in so many different ways. Yet, everyone has a connection to it because we all need food to survive if nothing else. The experience of eating and drinking together has the power to unite people, to slow down a heated conversation and remind everyone that we are all human. It offers opportunities for intergenerational and intercultural exchange which makes it an excellent platform to encourage social cohesion. Especially in the case of food shortages and food insecurity, it can also trigger empathy and compassion – think of all the food aid organisations that exist and all the people who volunteer their time to get food on other people's plates. Most importantly, cooking and sharing a meal with someone is an expression of care and love, it creates a sense of community and can make you feel at home. It is a connection to both the past and the present.

As I have said at the beginning, for me, food is intricately linked to the people I care about. I enjoy cooking for and eating with others just as much as I enjoy cooking for and eating by myself. Food gives me hope, it never makes me feel alone, it reminds me of the connection to my origins and at the same time gives me the freedom to explore my own tastes. It is the best introduction to a new culture and the greatest source of comfort when I am feeling down. What I appreciate most about food is its intertemporal nature – the meals that have fed my body in the past continue to nourish my soul today through the memories they have created. This is what I have tried to show in the three anecdotes I shared above which highlight the power of food in establishing and reinforcing human connections that transcend place and time. In my opinion, this should be celebrated, particularly in a world that is as divided as the one we live in since it is a good reminder of the importance of the simple things in life.

PhD researcher, Centre for the History of Medicine in the University of Warwick's History Department.

JOSEPH PRICE

JOSEPH PRICE

Joseph Price is a PhD researcher at the Centre for the History of Medicine in the University of Warwick's History Department. His research explores discourses and experiences of sex and health at English universities in the post-war period. He is interested in the histories of sexuality and the histories of medicine and in particular the intersection of these two disciplines.

Afternoon Professor,

I hope this email finds you well.

I wanted to get into contact because I have come across material in the archives that I think you might find really interesting. When looking through the University of Warwick student archives - which are made up of newspapers, Student Union material and other ephemera – I came across two pieces that really stuck out to me. The first is a letter from a 20-year-old female student in 1974 writing to her mother about her battle to access contraception at the Health Centre at Warwick, and the second is a diary entry from an unnamed male student the day after the 1987 Rubber Ball - a campus fundraiser organised in response to the AIDS crisis.

As you are well aware, in post-war Britain university students were frequently imagined as hypersexual, irresponsible, and politically unruly – a legacy that still stands today. From the era of 1960s student activism to more recent debates around "snowflakes", students have routinely occupied the public imagination as a cultural and social category stuck in a state of rebellion, radicalism, and sexual excess.

Therefore, when I came across these stories I was truly struck with the clarity of student agency - how young people here were not just passive recipients of social change or institutional policy. They were in fact challenging power, organising care, negotiating their own safety, and building alternative infrastructures when the university let them down. They were sexually responsible and present to us a form of activism that moves beyond politics and into the realm of sexual health. These are the stories that we should be telling.

Finally, with Warwick marking its 60th anniversary this year, I can't help but think stories like these (personal, messy, and full of feeling) belong in the record. Not just the official timelines of vice-chancellors and buildings, but the quieter histories lived in halls, behind clinic doors, and under the speakers at SU parties.

Anyway, I will attach the documents below. Please do let me know what you think.

Best Wishes,

Joseph Price

March 3rd, 1974

Rootes Hall, Room 7B

HI MUM,

Our phone has been broken for nearly two weeks now so it's probably best I send you a letter to save you from worrying, which I'm sure you are. They're hoping to fix it before the weekend. I hope everything is alright at home, I'm all okay here. I'm still waiting for the post with those socks you said you'd send - my room's so draughty, I swear I've been cold since Week 1.

I did want to talk to you about something but please don't worry. I'm fine, honestly. I just need to get this out of my system. You know how I said that John and I have been seeing quite a bit of each other... well, I decided I wanted to go on the pill. Not because anything's happened, but because I wanted to be prepared and friends back home (like Amy) have been on it for a while already. It just feels like the responsible thing to do. I'm nearly twenty, I live away from home now, and it's strange - I'm in lectures on Foucault and Marx and "redefining the self" but when it comes to making decisions about my own body, I feel like I've walked straight into a brick wall.

Last week, I went to the Health Centre to ask about getting the pill, and I'd rehearsed everything I wanted to say, even had a little speech planned. But the moment I walked in and saw Dr Dann, it all started to unravel. I'd heard rumours about a bad doctor but thought everyone was just being dramatic. He didn't even look at me properly. Just asked me why I was there, in this voice like I was wasting his time. When I told him I wanted to go on the pill, he raised his eyebrows and said "And what makes you think you need that?". I explained truthfully that I was in a relationship and wanted to be responsible. He made a sound, kind of a snort, and said he'd only prescribe it after a full medical exam and even then, it wouldn't be cheap. Apparently, he charges extra. I didn't even know he could do that! It's meant to be free on the NHS.

It's not just me though Mum. Loads of girls have had problems with him and not just with contraceptive stuff. Some of the international students won't go near him anymore because he wrote that article in The Times about how they're a drain on the NHS. One friend said he refused to treat

her when she was ill in halls, told her to book an appointment like everyone else even though it was the middle of the night. It's ridiculous, it really feels like if a suicide was attempted this weekend, there would be no medical staff here to help!

I'm thinking of making a petition, a kind of Medical Action Group that can rally against him. I've told my friends and they're telling their friends to totally avoid Dr Dann. I'm in contact with the Students' Union to hire someone else. We are gonna start going to Leamington or Coventry for advice and contraceptive help. Some of the girls on my corridor say it's easier. So I guess you could say there's a kind of network, unofficial but very alive. Girls helping girls figure out how to be in control of our own bodies, since no one else seems to care if we are.

Anyway, I just wanted to tell you. I know you told me to put my head down and crack on with work but I think you know that when I see something that needs to be fought for I'll fight it. You always told me to be careful, to be thoughtful, and I'm trying to be both. But sometimes it feels like the system wants us either ignorant or invisible. I suppose that's what's so frustrating. We're adults now legally, officially - and yet we're still made to feel like children for wanting to make grown-up choices.

I haven't told John yet. I want to sort this out myself first. I've booked an appointment at a clinic in Leamington for next week. It's just so frustrating. You'd think a university like Warwick would be ahead of the times, not dragging us backwards.

Anyway, sorry for the rant. I'm okay. It just makes me wonder how many other girls don't bother to push through the system. It's hard enough already without someone like Dr Dann in the way.

Give Dad my love and tell the cat I haven't forgotten her. I'll hopefully ring on Sunday before tea.

Love always,

Anna

JOSEPH PRICE

DEAR DIARY,

I think my ears are still ringing!! It's nearly dark already and I've only just managed a cup of tea (after hunting down some milk from the flat downstairs) and half a slice of toast. My feet are throbbing! I feel like I danced through a hurricane, or a revolution, or maybe both.

Last night was the Rubber Ball.

A culmination of weeks of planning with the Gaysoc, the SU Welfare team, a couple of our straight allies from Women's Group who know how to work a lighting rig better than any of us. It wasn't just a party (though it was a bloody good one). It was Warwick's first major fundraiser for AIDS awareness, and we made sure everyone knew it. Posters in the library, leaflets in the Humanities Building, even a condom taped to the philosophy department's noticeboard.

We transformed the Copper Rooms! Silver streamers everywhere, giant inflatable rings hanging from the ceiling like some kind of surrealist flotation device. The condom fairy (Liam, obviously) floated around in a tutu handing out Durex packets like party favours. Everyone was dressed amazing. I wore a mesh shirt I found in Leamington and borrowed eyeliner from Ellie. She said I looked like Boy George's slightly unwell cousin. High praise I think.

But the best part? Bronski Beat played. BRONSKI BEAT!! I still can't believe they came. When they played Smalltown Boy, the whole room changed. I swear even the walls listened.

And somewhere in the middle of it all - this blur of music, glitter, and protest - I kissed someone. Mark. Second year. English Lit. Tall, denim jacket, hands that shook a little when he passed me a drink. We were talking about whether you could ever write a truly queer romantic comedy, and then suddenly he leaned in, and I didn't stop him. We kissed behind the speaker stack, hidden by the sound. It wasn't long. But it was... warm. Real. And for a few seconds, I didn't feel scared. Just wanted.

We didn't swap numbers. I don't even know if he wants to be seen with me in the daytime. Maybe it was a Rubber Ball thing - like summer camp, but more vodka. Maybe he's scared. Or maybe isn't "out" yet. Or maybe he's caught the AIDS panic. There's lots of people scared at the moment. It's just

small whispers here and there at the moment, scared that it's going to get them. But it's worse in London (that's what people say). Lots of boys going home and not coming back...

There was a debate last week about whether people with AIDS should be "segregated from society". One guy argued that condoms weren't reliable enough, so people like me should be moved to "safer quarters". That's a quote. Thankfully it was voted down, but not before I had to sit through 45 minutes of cold-eyed eugenics masquerading as concern. It made me want to scream.

It just means that events like last night are so important. Not just for the dancing, or the kissing, or even the glitter (though all of that helps). It's about making space for people like us to exist, to care, to be seen. We raised nearly £300 for the Terrence Higgins Trust! Not bad for a university still trying to figure out what it thinks about us.

And maybe that's what stays with me most. Not the fear, not even the kiss. But the fact that we did something. We made noise. We made joy. We looked after each other.

Even if we're still scared. Even if some of us won't come back next term. Even if we have to start all over again next week.

We showed up.

And for one night, that felt like enough.

-

T

written at my bedroom desk, 27 Nov 1987

JUANMO XU

JUANMO XU

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Mothers Erased, Mothers Reclaimed: Tracing the Maternal Mythos in The Waste Land

HURRY UP PLEASE ITS TIME

HURRY UP PLEASE ITS TIME

—T. S. Eliot, The Waste Land

Among the many disillusive, allusive—and, of course, elusive—lines in *The Waste Land*, the barman's last call may seem surprisingly abrupt, even absurd. Yet this repeated line, shouted five times, echoes like a refrain of cultural urgency, punctuating a charged pub conversation about Lil, a working-class mother of five. With neither mythic grandeur nor classical lineage, Lil is one of the poem's most ordinary women, yet somehow also its most extraordinary. In a modern *Waste Land* layered with ecological, sexual, and spiritual barrenness, she alone has given birth, embodying, however bleakly, the lost potential of motherhood.

However, Valerie Eliot's 1971 restoration of the poem's original drafts revealed that Lil was not alone—at least, not at first. Two other maternal figures once ghosted the margins of the draft before being excised by Eliot and Ezra Pound: Venus, goddess of love, sexuality, and fertility; and Fresca, a bourgeois woman whose symbolic "labour" *(Facsimile 39)* takes the form of defecation. Unlike Lil, an exhausted echo of the Victorian maternal ideal, Venus and Fresca resist containment. Their mothering is unruly, unorthodox, unapologetic, rooted in myth, desire, and bodily autonomy. Their removal does more than tighten the verse; it exposes a deeper masculine unease that still lingers in today's cultural narratives, less visible perhaps, but no less powerful: a modernist anxiety about women's bodies, reproductive power, and what happens when female agency refuses the script. *The Waste Land,* then, does not merely forget its mothers. It erases them, mirroring a broader cultural silencing of maternal power in both literary history and public life.

Feminist thinking about motherhood has grown significantly since Adrienne Rich's groundbreaking work *Of Woman Born* (1976), where she draws a crucial distinction: first, the potential relationship of a woman to her reproductivity and children; second, the institution of "motherhood" that seeks to regulate and define that potential through male control (13). Rich redefines "mothering" not as a fixed, patriarchal role, but as a lived, female-defined experience enabling self-realisation and empowerment (13). Building on this, Andrea O'Reilly identifies four key ways to think about motherhood: as institution, as experience, as identity, and as agency *(Twenty-first Century Motherhood 2-3)*. Taken together, these frameworks reveal how motherhood can both confine and empower, depending on who tells the story. These ideas invite us to trace a poetics of maternal erasure in *The Waste Land*, and to reconsider its maternal figures not as symbols or stereotypes, but as women caught between silence and survival, between cultural erasure and the quiet, persistent possibility of resistance.

As the only mother to survive male editorial cuts, Lil implicitly carries the symbolic weight of cultural and generational continuity. Eileen Wiznitzer even suggests that Lil (rather than Tiresias) might be the poem's "most important personage", as her reproductivity represents a vital—if often overlooked—force for survival (91). Yet Lil's fertility, far from empowering her, becomes a source of quiet suffering and relentless exhaustion, drained by her husband Albert, her children, and the unyielding weight of patriarchal expectation. In this, she becomes a tragic emblem of institutionalised motherhood: a woman silenced and consumed by a system that demands everything from her while offering nothing in return, not even a coherent voice.

Eliot gives us very little of Lil beyond her weary role as a lower-class mother. Her only moment of presence in the poem unfolds in a pub, a space of post-labour sociability traditionally dominated by working-class *men*. Even there, Lil is barely allowed a voice. The conversation is driven by another woman, whose scolding question pins Lil firmly to her expected roles: wife, mother, caretaker. According to Valerie, Lil's story is inspired by the Eliots' maid, Ellen Kellond, which adds a touch of realism to her domestic fatigue *(Facsimile 127)*. Placing this scene in a pub is no accident. In the nineteenth century, public houses were seen as "masculine republics" (Gutzke 5), where women were excluded by prevailing social norms. Though wartime temporarily loosened these boundaries, the post-war period saw a return to rigid gender divisions, with demobilised "Alberts" urging women back into domestic roles (Giles 240). The repeated last call rings out over Lil's story like an alarm, subtly pushing her out of public space and back into private duty. O'Reilly describes this dynamic as the "privatisation of motherwork", where caregiving is pushed behind closed doors, expected to be selfless, unpaid, and invisible ("Outlaw(ing) Motherhood" 17-18). It also individualises motherhood, placing the full burden of care on women, even when they contribute economically (18). This double bind recalls the section's original title, "In the Cage"—exactly where Lil finds herself, and where many mothers still do today. Trapped in the same enclosure, Lil's friend, instead of offering empathy, turns on her: "[w]hat you get married for if you don't want children?" *(Poems 60)* The stinging line reveals a feminine betrayal that is "necessary to the social and political domination of the patriarchy" (Wiznitzer 90), reinforcing the demand that women dedicate their fertility to a system where they remain largely excluded. While Albert enacts masculine history through war, Lil's story goes unrecorded. Her short-lived step into a male-coded space is not liberation, but a glimpse of what is denied her: visibility, solidarity, and the freedom to mother on her own terms.

As a helpless "Angel in the House"—or rather, in the cage—Lil is forced to embody the patriarchal ideal of the tender, fertile, self-sacrificing mother. Her reproductive capacity is thoroughly exploited, culminating in the traumatic birth of her fifth son, George, whom she "nearly died of" *(Poems 60)*. The cultural glorification of motherhood renders her body as a site not of honour, but of exhaustion and disintegration. Childbirth, traditionally imagined as a sacred transformation, instead nearly kills her, turning a moment of renewal into one of fear, suffering, and erasure. Notably, it is the birth of a son that intensifies her trauma, reinforcing the gendered violence embedded in patriarchal reproduction. Her friend's offhand dismissal of Lil's near-fatal labour shows how pain, like pregnancy itself, is naturalised within the ideology of motherhood, making it nearly impossible to disentangle physical suffering from deeper psychic wounds rooted in sexual guilt and knowledge denial (Rich 158, 162-63). While Albert ties her worth to her sexual and reproductive conformity, even her knowledge of her own reproductive health is monopolised by a male chemist. At first glance, her decision to abort a sixth child seems like an act of resistance. Yet her reliance on the chemist's pills returns her body to male authority. As Rich notes, obstetrics, "an élite medical profession from which women were barred" (142), has long served as a patriarchal tool for managing female reproductivity. Estranged from her own body, Lil is left to trust the chemist's assurance that "it would be all right", only to suffer a lasting rupture:

"but I've never been the same"

(Poems 60). What appears to be agency is, in the end, a form of punishment, enforced by a cultural logic that disciplines women who deviate from the ideal of the compliant, self-effacing mother.

Patriarchal motherhood exerts its power not only by exploiting women's reproductive labour, but also by regulating their sexuality, most vividly embodied in Lil's forced tooth extraction. Her decayed teeth echo the "dead mountain mouth of carious teeth that cannot spit" *(Poems 68),* a haunting image of overworked *Waste Land,* and by extension, Lil's depleted sexuality. They conjure an earlier, childless version of Lil from Eliot's 1915 poem "Hysteria", where her flashing, militarised teeth—"accidental stars with a talent for squad-drill" (26)—pulse with energy. Her passive male companion is drawn into "her laughter and being part of it", while the "dark caverns of her throat" (26) suggest a consuming force that appears sensual, excessive, and uncontrollable. Her mouth becomes a site of desire and danger, evoking the myth of the *vagina dentata*—the toothed vagina—a figure of male castration anxiety and a symbol of female power in its raw, physical form. Her teeth, in this reading, are weaponised to threaten the male body and ego. They enact a "reversal of feminine interiority versus masculine exteriority" (Lamos 84), suggesting a phallic femininity that unsettles patriarchal binaries. Yet Eliot ultimately neutralises this threat. To satisfy Albert's aesthetic demands—or rather, his demand for control—Lil is expected to have her teeth extracted. This symbolic penetration renders her mouth docile and compliant, evoking the spectre of marital rape, one of the "double violences" (Rich 265) women experience under patriarchy (the

other is the draining institution of motherhood itself). Once a threatening sign of excessive desire, Lil's hysteria is replaced by silence and suffering. Unable to fulfil her dual role as sexual partner and selfless mother, she becomes what patriarchy punishes most. Her pain invites reflection beyond the poem, unveiling how motherhood, far from offering reprieve, becomes an added layer of submission, stacking maternal duty atop conjugal obedience in our society.

Although described as "a rebellious rather than a submissive one" (Wiznitzer 99), Lil is ultimately silenced by a cultural system that denies women the agency to define their own maternal experience. In stark contrast stands Fresca, a figure of maternal autonomy: fertile, erotic, and unmarried. She enters the unpublished opening of "The Fire Sermon" as everything Lil is not: rejuvenated rather than aged, wealthy rather than impoverished, self-directed rather than consumed by duty. Since her recovery, critics have read Fresca as a salon hostess, poet, or prostitute (Chinitz 243; Lehman 71-72; Sicker 427), yet her implicit role as a mother has received little attention. Her maternal identity surfaces through one of the poem's most notorious moments: the metaphorical fusion of defecation and childbirth. Following "dreams of love and pleasant rapes" *(Facsimile 23),* her "labour" is framed as effortless, even pleasurable, culminating in the symbolic birth of excrement. This grotesque yet generative scene echoes Leopold Bloom's defecation in Ulysses, where faeces are imagined as a source of regeneration: "Want to manure the whole place over, scabby soil [...] All soil like that without dung." (Joyce 55-56) In this light,

Fresca's "delivery" is more than a parody; it symbolically fertilises the modern *Waste Land*, offering a provocative counter-narrative to patriarchal historiography. Her body becomes a site of irreverent creation, challenging the moral authority that has long dictated how and why women give birth.

Notably, this vision of maternal autonomy arises only in the absence of male figures. Unlike Lil, whose motherhood is shaped, surveilled, and sanctioned by male authority, Fresca reclaims mothering as a self-directed act of agency. In *Of Woman Born*, Rich identifies two sources of maternal power: first, the biological capacity to bear and nurture life; second, the "magical power" projected by men, manifested as either reverence (in goddess worship) or fear (13). Fresca's "labour" encapsulates both. Her body enacts reproduction, while her sexual autonomy evokes a mythic dread that has long shadowed cultural responses to female agency. The "pleasant rapes", though framed in the language of violence, originate not in male aggression but in Fresca's own libidinal imagination, suggesting an internal, unapologetic sexual agency. Their plural form gestures not towards monogamous obligation, but towards a matriarchal fantasy of polyandry glimpsed in certain matrilineal cultures (Majumdar v; Briffault 400). Her "conscious sheets" *(Facsimile 23)* become a matrilocal archive: a sensual, self-authored record that disrupts the linearity, exclusivity, and possessiveness of patriarchal kinship systems. The absence of a father figure in her narrative is not an omission, but a refusal: a quiet revolt against the logic of patriarchal descent.

Fresca's world offers a glimpse of an alternative cultural logic that values female agency, autonomy, and sexual imagination outside of reproductive utility. Matriarchy, as Robert Briffault argues, is not simply the inverse of patriarchy, but a fundamentally different social structure grounded in the social authority of women, particularly as mothers (433-34). One major force behind the historical displacement of matriarchal systems, he suggests, was men's attempt to monopolise the "magical powers" of maternity (434). This anxiety, projected onto women's bodies, remains deeply embedded in cultural narratives that vilify female desire and erotic power. Fresca is no virgin mother, no gentle madonna. Instead, she embodies a transgressive eroticism that defies patriarchal containment and destabilises traditional notions of feminine passivity. Her fascination with *Clarissa*—"the pathetic tale of Richardson", where a virtuous woman is drugged and raped—does not align her with victimhood. Instead, it "ease[s] her labour till the deed is done" *(Facsimile 23)*, transforming a legacy of sexual violence into a fantasy of agency. Her libidinal excess becomes a poetic force, turning male fantasies of control into elegies of masculine vulnerability echoed in the Fisher King's genital wound. Her matriarchal magic also turns toward the male body. Her tactile fascination with an egg's "well-rounded dome" (23) evokes a subtle but unmistakable reference to male genitalia, suggesting a latent castration potential. This gesture recalls Freud's claim that the male psyche, when confronted with autonomous female sexuality, responds with "narcissistic rejection" and despisal (199). Fresca, then, becomes a cultural symbol of a radically different vision of motherhood, which resists domestication, embraces desire, and unsettles the very foundations of patriarchal order.

Eliot's apparent disdain for Fresca, and perhaps for his mother, Charlotte Eliot, who mothered her son "with particular intensity" (Crawford 6), can be read as an Oedipal recoil. By displacing Fresca's womb into an anus and reducing her child to excrement, Eliot diminishes her generative power, thereby shoring up his own phallic authority. Another tactic he deploys is the polarisation of maternal figures: on one hand, the self-sacrificing martyr; on the other, the "plain simple bitch" *(Facsimile 27)*. Neither poses a threat. Neither makes "demands in the sexual, ethical, or intellectual sphere" (Horney 146). Yet these defensive manoeuvres reveal more than they conceal. They betray a deeper, Prufrockian anxiety: a broader modernist unease with unruly femininity and the maternal body's cultural authority. Her erasure speaks further to an ongoing cultural struggle over who controls female reproductivity, and which maternal narratives are allowed to survive.

While Fresca triggers male dread, Venus asserts maternal authority through ancient goddess worship. Her "smooth celestial pace" *(Facsimile 29)* compels Aeneas to gaze upward in awe, establishing a vertical hierarchy grounded not in blood but in divinity. More than filial reverence, this gaze evokes the mythic moment when Venus, in an act of divine retribution, strikes down Aeneas's mortal father for exposing her godhood. Her "altered face" (29) deepens her inscrutability, dramatising the gulf between an omnipotent mother and her fragile, mortal son. From a Freudian perspective, goddess worship re-enacts the child's earliest psychic encounter with the mother as an "all-powerful source of both gratification and deprivation" (Patai 24). Venus protects Aeneas from "an unfamiliar place" *(Facsimile 29)* only to disappear, offering safety without comfort, intimacy without accessibility. The ambivalence positions her not as a domestic caretaker, but as a sacred sovereign beyond reach, beyond rule.

Unlike Lil, whose motherhood depletes her, Venus's maternal role enhances her potency. She embodies not sacrificial femininity but mythic autonomy: a divine, maternal force immune to patriarchal domestication. Her powerful yet fleeting appearance reveals a broader cultural pattern, where maternal figures who cannot be managed, softened, or assimilated into patriarchal order are swiftly suppressed.

While Venus and Fresca transgress male-centred narratives and gesture toward maternal empowerment, their claims to agency are ultimately thwarted by male intervention. The pencilled existence of Venus, confined to the margins of the poem's earliest draft, was erased by Eliot before the typescript ever reached his misogynistic editor, eliminating even the faintest trace of goddess or mother worship. Similarly, Fresca's passages were cut following Pound's critique that their rhymes and couplets "drag it out to diffuseness" *(Facsimile 39)*, which silences her matriarchal voice and diminishes her disruptive maternal energy. The masculine collaboration performs a symbolic suppression of maternal magic, erasing maternal narratives—whether divine or erotic—that threaten the masculinist foundations of modern literature, history, and culture. Only Lil, whose motherhood is reduced to function and fatigue, survives the editorial purge. Her abortion becomes the poem's final symbolic revolt: the end not only of motherhood, but of regeneration itself. Cultural renewal dies with the fetus. Ironically, Eliot himself was the sixth surviving child in his family, rendering Lil's abortion a kind of metaphorical self-erasure. In this reading, patriarchal motherhood does not merely oppress women; it rebounds upon its architects. Its violence is circular, leaving behind not triumph but a sterile, exhausted world. The erasure of the maternal, then, is not just a gendered loss, but meanwhile a civilisational collapse.

It was not until 1971 that Valerie recovered the two erased mothers and reintroduced them as latent forces of renewal within the modern *Waste Land*. While her husband, assisted by a misogynistic "midwife", sought to abort these disruptive maternal presences, Valerie offered them a literary (re)birth and a female-centred revival. Her editorial labour becomes a form of motherwork: a generative, restorative intervention that reimagines motherhood not as an institution of containment, but as a mode of creative agency. She not only restores Venus and Fresca to the text, but also re-inscribes maternal presence into the broader literary and cultural imagination. Valerie's work affirms the enduring relevance of maternal power in a world that too often marginalises, sanitises, or erases it. In reviving these figures, she reopens the possibility of a maternal agency that unsettles the sterility of modernism and reclaims motherhood as a source of creative, cultural, and symbolic renewal—past, present, and urgently ongoing. At a time when reproductive rights are under threat, maternal labour is undervalued, and gendered care is both exploited and invisibilised, her editorial gesture resonates far beyond the page. It reminds us that maternal stories—especially those that resist control—still hold the power to reimagine the architecture of care, the politics of gendered authority, and the cultural memory through which societies define not only who matters, but how futures are made.

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LOUISA TOXVAERD MUNCH

Stranger in Paradise: Class, Academia, and Cultural Whiplash

LOUISA TOXVAERD MUNCH

Louisa teaches in the English and Comparative studies department at Warwick. Her research is on the rise of the far right and nostalgia. She writes on critical theory, contemporary politics and memory and she is in her final year of her PhD.

Home is a deeply personal concept. Whether home is something you describe as a place, a person, a smell or a feeling, it is a distinct notion; the soothing smell of your mothers cooking or childhood memory that lives in some fragile archive in golden hues, the cool morning air and the spring sunshine on your skin in some place that feels somewhat of a dream but achingly close. It can come fleetingly, unexpectedly, a reminder that something precious once was, like your heart breathing life into a past long since lost from reality.

Home is an equilibrium that feels entirely just right, just for you, like it was there and waiting, even when you weren't. Feeling at home is perhaps what we all seek in life, whether it is to build one, find one, create one or learn what it means to us. Losing your sense of home, place, security and peace is equally profound. It became the concept of my PhD thesis when I began writing on the concept of nostalgia.

The word comes from "Nostos" - homecoming and "Algia" – grief and sadness- in Greek. That familiar surface sting and sweet taste of retrospect. Home becomes most important when it feels as though it is waning, or that we are far from it. The moment a room becomes quite unfamiliar, that the joke doesn't quite land, that something is amiss, we seek that grounding, that journey of return even when we often know there is no way back. Nostalgia became the subject of my thesis but it also became a disturbing question to my own selfhood.

One Tuesday I sat and discussed with my PhD supervisor the contentions of using the term the "West" in my thesis to include anglophone and European countries and its problematic nuances. I was a little confused, but accustomed to the fact that just about any term I could ever use would hold contention, maybe something I would have to defend in my viva I thought. We discussed how the conversation may go, in this defence of the West – how it would change in the contemporary geopolitical situation, how I may want to change it to global north or anglophone world. Either way, I would have to debate this matter of semantics and its accuracy, of which I could prepare for. I would go home later to a different kind of debate. This one required far more vigour, quick wit, emotional management, scholarly and pedagogical language translation, conflict resolution, historical, political and social readership, a Marxist lens and a revolutionary spirit. This was dinner with my nan.

Armed and prepared for battle in the most compassionate way one can be when at war, I would sit in front of my fish and chips, amongst my family, in the post-industrial, perpetually rainy town of Rochdale in the foothills of the Pennines about half an hour from Manchester. A world away from academia. I would always be last to finish my tea because I was too busy loudly, insufferably projecting the basic economic structure of capitalism to a family that supported Reform. Sometimes I would slump back and pack up a chip in surrender and sometimes I felt like I could get them to agree, for just a brief moment, it wasn't the immigrants that were taking from them. It was the billionaires. It was exhausting and sometimes heartbreaking to hear the way they had digested the lies of people like Nigel Farage, without a second thought.

My nan was a cleaner, my grandad a joiner, my mother had become a careers advisor for connexions when it was a thing, but she was more of a mentor to the very young girls in Rochdale who'd find themselves homeless, pregnant, abused or exploited in a town that felt dull and rainy in far more ways than the weather in the early 2000s. Back then I wasn't aware of what class even meant. I knew that there were girls poorer and more vulnerable than me and mum was doing her best to help them, but she found it exhausting too. The police, the government, the system we found ourselves in didn't seem too interested and I knew nothing of politics or what it meant in my little world that I called home. I knew my mum complaining to my dad of the battles she couldn't win, I knew high rise blocks of flats and old gas towers and walks on Sundays in the hills behind where we lived. I knew getting picked up from school by nan and getting a pound to spend at the shop and the labour club where everyone's birthday, christening and funeral were hosted. I knew draft lemonade and sticky carpets and playing out with my sister until mum shouted that tea was ready.

In some nauseating, often serendipitous turn of events and sometimes self-detrimental work ethic and self-discipline, I find myself stood in front a classroom of students, debating feminism, Marxism, historical materialism and literature at an elite university, far, far from home. But then, I am entirely at home, in a way I can barely describe. I come prepared with my lesson plan for my stupendously well-read, progressive and politically engaged students who organise protests for Palestine and debate freely on critical theory. Am I energised by their ideas, their perceptions, their unique insights into texts and their ability to think critically in a way that I perhaps didn't learn until I had spent my first year at University in Liverpool. I am home here. Despite my northern accent, that I have become profoundly aware of, I cling on to my sense of self as I navigate my students through difficult theory in a way, I hope, my nan could understand.

On Thursday's I teach my students intersectionality, imperialism and biopolitics, on Friday's I listen to friends of friends tell me the reason they couldn't get a doctor's appointment or their child in nursery is because of 'these people coming over on small boats'. I leave my classroom having had invigorating conversations on Franz Fanon, James Baldwin and Edward Said in a seminar on post-colonialism to hearing a nurse I know comfortably tell me she refused to prescribe Calpol to a foreign mother as 'she didn't deserve it.' I go from conversations with people in my cohort on Hannah Arendt's work on totalitarianism and its stark relevance to the current moment to hearing that

Britian is not for the British anymore and immigrants are taking away our British values. Home is not quite so simple anymore.

Academia has felt like home many times. In fact, I never feel more at home than when I'm in a seminar with my wonderful students. They are critical thinkers, with so many differing takes, experiences and often elite education behind them. While I could not love my job as a university teacher any more than I do, academia is an entirely different world to the one I come home to at weekend. You don't have to have read reams of Bell Hooks to know the privilege and wealth surrounding academics reaches all the way back to antiquity. These elite institutions are rooted in classism, racism and an imperial whiteness that still ripples through the underbelly of academia in the UK. While the 'dark academia' aesthetic may seem like an appealing trend, the darkness does not lie in the shades of mahogany bookshelves or faded first edition book spines. Undeniably, higher education is still far more accessible to white upper class people than to the rest of us and this only becomes more apparent the higher you climb. And while it stands for something I feel is a true pillar of our civilisation and one of the few spaces of public good left, the privatisation of education in this country has only worsened the class divide in higher education.

This is not the only uncanny, identity-fracturing experience I've had. I am also the daughter of an EU migrant. My name, my height, my face, the way I spoke - didn't quite fit in with the English girls at school. "Go back to your own country" was something I heard too often from people who held the same passport as me. I found closeness with other girls who were "foreign" too. But later, I realised that dissimilating from them -denying my Danishness - made it easier to fit in. And I did.

I still feel guilty for the way I embodied this xenophobia for social inclusion. I, too, rejected the girls who had welcomed me, while they continued to endure what I escaped.

LOUISA TOXVAERD MUNCH

By the time I started college in 2015, the country was on the brink of Brexit. The far right was on the rise, scapegoating immigrants. My father, who had lived and worked here for 25 years, had to go to the Danish embassy to avoid being sent back.

Politics had entered my life not just as theory but as personal disorientation. Half of me, it seemed, had become the problem.

While I hold the privilege of whiteness, and my experience of otherness was relatively mild, the rising xenophobia since the referendum has made one thing clear: it's not my foreignness I wish to shed, but rather the imperialist Britishness that is now so brazenly proclaimed.

I feel at home in academia for this very purpose as a public good and its pedagogy as resistance. I feel that my work, my teaching and my PhD is meaningful and I have some

hope that what we do in these spaces of free and open discussion can make a difference to other peoples lives. However, as much as I feel I belong here, my easily placed northern accent, my lack of social coding for upper class academics and my apparent cultural differences say otherwise. Standing in front of the sons and daughters, nieces and nephews of politicians, professors, authors and academics as someone who travels home to Rochdale is inevitably preformulated for crippling imposter syndrome. While I have never sat at dinner tables that ask what piece of literary fiction one may be reading between piano lessons and tennis, I feel at times, it is extremely obvious, a sign of unworthiness and a reminder this will never be quite home.

While the drive back to Rochdale may be 3 hours, I feel I am driving between worlds, connected by the long outstretched non-place of the M6 confronted by my own lack of home. It can be unbearably lonely in a way that also makes me feel like some ungrateful whiney brat to complain about it. I am and should be grateful for the privilege of experiencing differing cultures, differing worlds, inhabit spaces I could only dream of before it became reality. But that's exactly it. I never quite know which one is the reality, which one is the dream, which one I should be waking up from or leaving behind, which one I should feel at home and which one feels foreign. I am split down the middle in so many ways and while most days I feel grateful that I can still hang on to both lives and myself, sometimes it is profoundly fracturing. I want to do right by the people I love and care so much about in all of these spaces and worlds that feel so antagonistic to each other but I'm often deemed too much of one thing and not enough of another either by myself or others. A stranger in paradise.

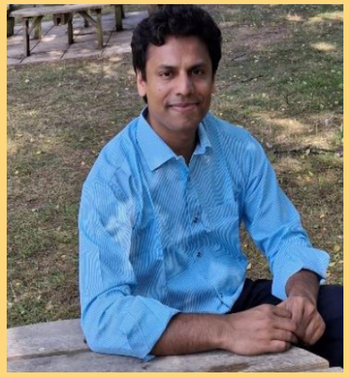
bell hooks writes, for those of us who are split down the middle through class, or culture, whiteness and non-whiteness in academia, while this may be unsettling "They must believe they can inhabit two different worlds, but they must make each space one of comfort. They must creatively invent ways to cross borders ... to subvert and challenge the existing cultures." (Hooks 1994, p183) And as spaces in academia in the West are becoming increasingly walled off to upper classes and critical pedagogy is devalued, I have to hope that knowing and being a part of such differing cultures may not be a weakness but instead, my strength.

Making these spaces both ones of comfort can be difficult without losing one's self or cutting out parts of one's life and while it often means tailoring my language, it does not mean tailoring my values. It can put me in uncomfortable conversations that can feel like a confrontation but with the privilege of differing cultural languages and a passion for pedagogy, you can trust me to be the annoying one in most social settings, especially if you don't like immigrants. Making oneself a home has been a question that embeds itself into my PhD and my search for selfhood in spaces that I hardly ever imagined inhabiting. Home is not one place at all, it is not in the roots you put down or the roots you dig up. Home may look like the rows of terraces and moorland horizon but

I feel it when my student's eyes light up in that familiar feeling that they really do get it. Home is the love we show ourselves and the arms I wrap around both of us when me and my nan have had it out over fish and chips. Home is the laughter over some esoteric joke with my PhD cohort and the self-deprecating humour we share in the pub after United lost again. Home is the sound of my dad fusing English sayings in an attempt to assimilate or thinking 'can't be arsed' was 'can't be asked' and repeating it, numerous times to his boss. Home is in flux, as are we, and in a world that demands us to rethink the way we see home, and welcome others into our own, there has never been concept or question more vital.

MD SAIMUL ISLAM

PhD Student, Warwick Medical School



MD SAIMUL ISLAM

Md Saimul Islam is a first-year PhD student at Warwick Medical School, University of Warwick. He is a recipient of the prestigious Chancellor's International Scholarship. Before beginning his PhD studies, Saimul gained extensive experience in public health research, with a particular focus on non-communicable diseases and mental health among the elderly population. His research interests are primarily centered on the South East Asian region. He has authored several research articles published in high-impact journals and has served as a research lead in multiple national surveys. In addition to his academic and research activities, Saimul has been actively involved in initiatives aimed at improving elderly care in Bangladesh.

Elderly well-being in the shadow of poverty

1. A journey through memory and margins

In 2019, I began a journey that would change how I thought about growing older in Bangladesh. I went to different parts of Bangladesh for a research project on the well-being of older people. These included villages in the Rangpur division, hill track areas in Chattogram, flood-prone areas in Khulna, and hard-to-reach areas in Rajshahi. I met older men and women who had lived through wars, floods, hunger, and huge changes, but whose voices were hardly heard in the national conversation. Their stories weren't just sad. They were about strength, respect, and a quiet but strong need to be seen. Shahida Begum, 76, told me in a sun baked courtyard in Rangpur, "I have pain in my knees, but my real pain is being forgotten." That sentence still rings in my head.

AT THAT POINT, I KNEW THIS COULDN'T JUST BE A REPORT. IT HAD TO BE A STORY.

2. Portraits of elderly poverty in Bangladesh

As I traveled, I witnessed that aging among the poor in Bangladesh often means living with uncertainty. Even though official statistics show that more than 6 million Bangladeshis are over the age of 60 (BBS 2022), their presence in public policy remains minimal. Many people live below the poverty line and get limited pensions, irregular remittances, or occasional charity(Buchenau 2008).

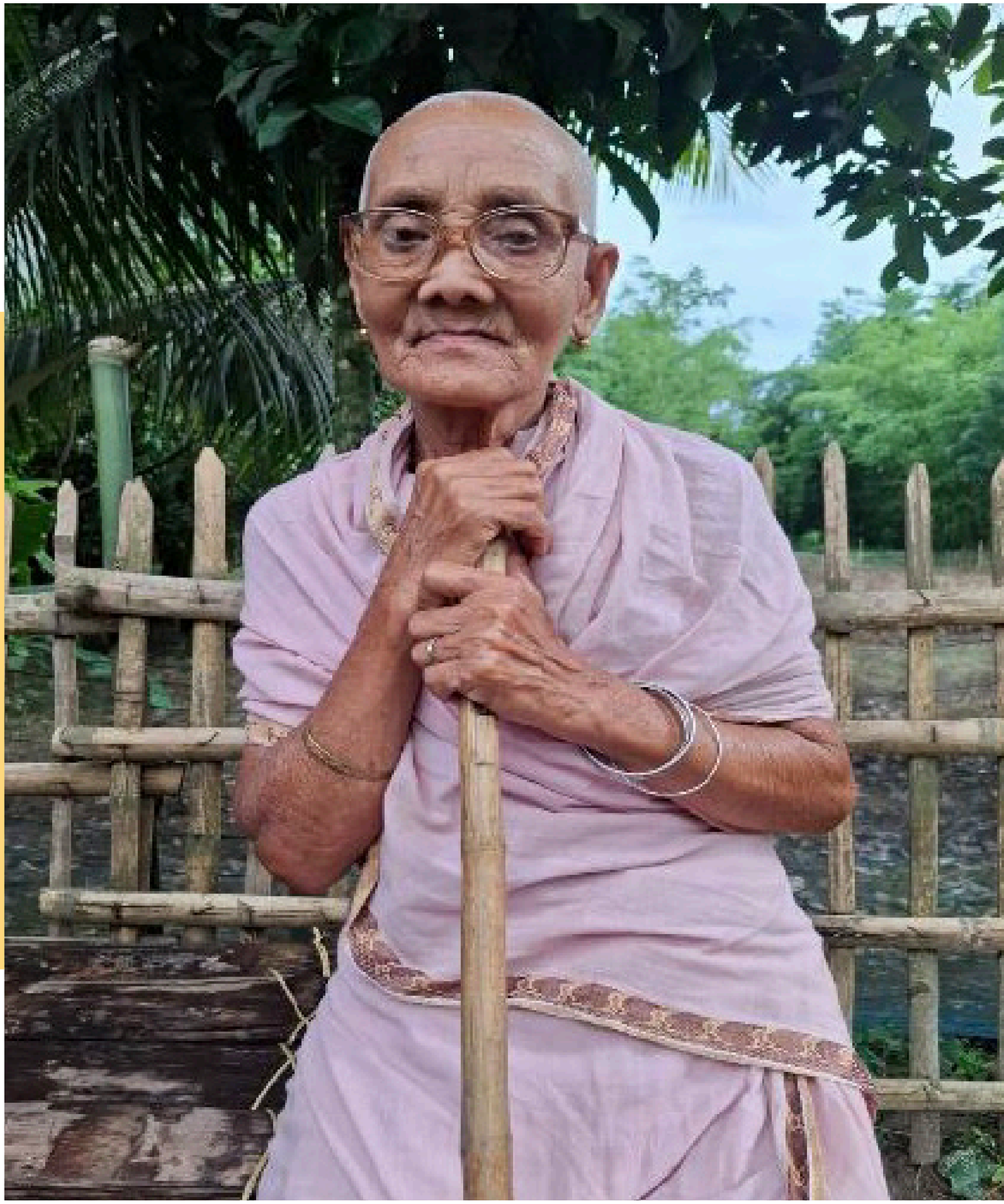
Solim Ali, who is 70 years old, showed me a worn out piece of paper in Khulna that was about his application for the old age allowance. He had sent it in two years ago. “Still waiting,” he said with a tired smile.

Most of the older people who took part in my study said they didn’t have enough food, couldn’t afford their medicine, and were lonely. Healthcare was a recurring theme and often described as distant, dismissive or too expensive. A tribal elder in Chittagong told me, “The hospital is far.” I can’t walk that far on my legs. I can’t ask for help because my voice isn’t strong enough.

Some people get help from social protection programs like the Old Age Allowance (boyosko vata) or the Widow Allowance, but demand far exceeds supply(Shahabuddin, Yasmin et al. 2018). In many villages, I met old people who didn’t know about these benefits because they couldn’t read, were left out, or the local government was dysfunctional.

SOLIM ALI (PSEUDONYM), 70, FROM SOUTHERN REGION OF BANGLADESH ENGAGED IN EARNING AND SHARED HIS PERSPECTIVE ABOUT WELL-BEING

MD SAIMUL ISLAM



GITA RANI (PSEUDONYM), 80, FROM NORTHERN BANGLADESH, SHARES HER LIFE EXPERIENCES AND THE CHALLENGES SHE HAS FACED OVER THE YEARS.

3. The hidden toll of isolation and gender inequality

The mental health burden amonges the elderly was one of the most emotionally powerful parts of my fieldwork. In almost every conversation, people talked about being lonely, being left behind, and being sad. Gita Rani, who is 80 years old, said her day was “silent” in Rajshahi. Her sons had left home. Ten years ago, her husband passed away. “I talk to birds now,” she said.

The invisibility of older women was especially stark. Many had spent their whole lives taking care of others without being paid, like raising children, taking care of homes, and helping with farming, but they didn’t own land, have savings, or get a pension. Widowhood often brought immediate economic ruin. In some cases, daughters-in-law or distant relatives had forced them out of the home. These experiences align with broader research showing that elderly women are disproportionately vulnerable to poverty and neglect(ESCAP 2021). Gendered cultural norms and patriarchal inheritance systems exacerbate these issues in this society(Hossain and Jamil 2022).

4. From passive care to empowered aging

ne important realization from my experience that is reflected in literature from around the world is that older adults desire agency rather than sympathy. The older participants expressed a desire to help by teaching, farming, and guiding. The denial of meaningful roles was the problem, not just material poverty.

I met a retired carpenter in Dhaka who taught young men how to fix windows and doors. A Qur'an recitation group that also served as a mental health circle was led by an elderly woman in Dhaka. In contrast to passive welfare, these examples demonstrated the potential of an empowerment-based model.

The emphasis is shifted from dependency to dignity and participation by the empowerment model, which is based on the human rights framework and in line with the Sustainable Development Goals of the UN(Shevelkova, Mattocks et al. 2023). It makes the case for elder participation in choices that impact their lives, such as community planning and policy creation.

5. Gaps between policy and practice

The National Policy on Older Persons (2013) is one example of a policy advancement in Bangladesh; however, field observations showed that its implementation is woefully inadequate(BAAIGM 2013). Access to even the most basic services is still hampered by bureaucratic obstacles, a lack of data, and inadequate training for local officials(Dana, Hossain et al. 2023).

An old couple in Barisal showed me their application rejection; it seems that their names were "not on the list." The Union Parishad officer shrugged when I asked him. He declared, "We don't have enough quota." Another significant failure is in the healthcare industry. At the moment, mental health is still highly stigmatized, and primary healthcare settings do not offer geriatric care services. Ignorance of common age related conditions like arthritis, hearing loss, or incontinence can result in misdiagnosis or neglect(Jeste, Blazer et al. 2005, Begum 2019).

6. Local innovations and recommendations

In spite of systemic neglect, I also came across promising local solutions—small, human-scale inventions that had a significant impact. A well-known nonprofit organization in Bangladesh, *Sitakund Model* in Chittogram, started an elderly care and support program in the country's southeast. These stories demonstrate that how community based strategies can significantly enhance senior citizens' well-being when they are based on respect and involvement.

The following actions are crucial according to both policy analysis and field experience: (1) Extend the Old Age Allowance to all citizens over 60, regardless of their work history. Get rid of political bias when choosing beneficiaries. (2) Educate public health professionals on how to care for the elderly. Make sure primary care providers provide easily accessible, reasonably priced services such as mental health assistance. (3) Plan housing, transit, and public areas to take into account people with sensory impairments and limited mobility. (4) Provide funding for intergenerational initiatives in mosques, schools, and non-governmental organizations to reestablish ties between the youth and the community. (5) Create a nationwide database for the elderly to monitor services, benefits, and needs. Involve elders in planning for disaster response and policy consultations.

8. A dignified ending, a collective beginning

Elders are not numbers. They serve as repositories of memories, stewards of moral principles, and bearers of fortitude. The people I encountered while conducting my research were in good health. We failed morally because they were forgotten. As this nation strives for economic success and "Smart Bangladesh," let us keep in mind that a fully developed country does not disregard its elders. It pays tribute to them. I was once told by Shahida Begum from that Rajshahi courtyard,

"You will grow old eventually." You'll know then. Let us build a society that honors the wisdom of age and celebrates the lifelong contributions of our senior citizens.

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Photo credit: Umma Khatamun jannite, Freelancer photographer, Bangladesh

MATTHEW RANDELL

PhD Student, Warwick Medical School

MATTHEW RANDELL

Matthew Randell is an ESRC-funded PhD student based at Warwick Medical School. With a background in immunology, his research now empirically explores the social and ethical implications of screening programmes, with a focus on type 1 diabetes. His research interests include predictive medicine more broadly and how ethics gets operationalised in policy. He also works part-time with Warwick Screening, where he lectures on the ethical implications of screening programmes and reviews evidence for the UK National Screening Committee as part of the Warwick-Birmingham Screening Evidence Synthesis Group (WeBS-ESG).

A screened society

My husband hands me an open envelope addressed to him, his eyes avoiding my gaze. I've been screened since before I was born. A dozen embryos had their chromosomes counted and genomes scoured for mutations and risk factors, until I alone emerged as the most suitable candidate to be transferred into my mother's uterus. It's normal now. My mother used to tell me stories of a boy at her school. To this day, she says he's the last person born with... well, whatever condition he had. It's gone now. Good thing too. It made him look different and he was relentlessly bullied for it. Everyone looks sort of the same these days.

Slowly I remove the letter, setting the envelope on the countertop. Once I was born, they screened me again by pricking my heel. My blood was tested for cystic fibrosis, deficiencies in my metabolism and immune cells, and over 100 other conditions I can't pronounce. I'm lucky. Every single one came back negative.

When I was a schoolgirl, I was screened some more. My parents, like most parents – like me for my own child - gave blanket consent for any recommend test. Type 1 diabetes, type 2 diabetes, glaucoma, depression and whatever else was offered. They came to my school and screened me alongside my vaccinations.

My negative result came through earlier this morning. Some neurological thing, it said. Apparently starts as young as 50. Nasty stuff. I'm up for a promotion at work next year and that negative test result, saved permanently on my digital hospital record, will be an important factor.

MATTHEW RANDELL

The letter remains limp and folded in my hand. New screening tests are recommended all the time, offering peace of mind that we don't have any rare and deadly diseases lurking deep within us. We usually don't even need to send off samples, they already have them stored - frozen in their enormous biobanks. Everything is so convenient these days. Some of my friends opt-in to receive new consent forms every single time a new test comes out. When I first found that out, I laughed and asked them if they'd ever actually refused a screening test. None of them had.

When I asked them what it would take, they shrugged.

Not everyone's as lucky as me. My daughter's school nearly didn't let her in. They called her "At-Risk" - the official term used to describe someone with a positive screening result. She isn't really, but she is unfortunately a carrier for a rare genetic disorder. Being a carrier means her children – my future grandchildren – might be At-Risk. My daughter herself is perfectly healthy. We made sure of that. But after spending most of our savings on multiple rounds of IVF, we had to take what we could get. I had wanted to freeze her and try once more, just to see if we could get a better option, but storing the fertilised egg would have cost almost as much as the IVF cycle itself. Besides, this one had blue eyes. I remembered reading somewhere once that there might be a correlation between eye colour and good health. So it felt like a sign, and once she was born, I never looked back. They say a mother can love any child, but I wouldn't know. And thankfully I didn't need to find out. I'd had to write a strongly worded letter to the head teacher to explain that this blip in her medical records wouldn't affect her school life at all. She has functional copies of every gene she could ever need. She could live 200 years and never get sick. So long as she ends up with somebody who isn't a carrier, we won't need to worry.

I open the letter at last, my thumb resting on the crease to keep the page flat. That's one of the great things about screening these days. You can link your results right into the dating apps. My husband and I knew each other's results before we even met in person. You can filter by gender, height, and specific health conditions that are non-negotiable to you, although most people I know just filter out all positive results. This does have the side-effect of At-Risks usually ending up dating each other. I don't know if that's the end of the world. There's more of a shared understanding and culture, I suppose. They've more in common. And most know better than to try to procreate.

I scan the top of the page. Today's date. My husband's name. Even without dating app algorithms, At-Risks usually socialise within themselves more anyway. They even tend to live in the same kinds of places. Most of these places are on the outskirts of town. Not in a nice house in the suburbs kind of way. More of a block of flats far away from the conveniences of higher society. It's not for any legal reason, they aren't actually segregated or anything. Imagine. It's just all they can afford. Some people say At-Risks don't want to work, but I don't believe that. I think most just struggle to find places that will hire them. And I know for a fact that those that do, tend not to pay very well.

My husband's job is even stricter than mine. It involves a lot of travel. If his company employed At-Risks then they'd need special insurance and couldn't send them anywhere too remote in case they need urgent medical attention. Some people call them ticking time bombs. "Tickers". A derogatory term, but not inaccurate. Most screening tests give an estimate, but you never know when they're going to blow. Not really. And you don't want someone falling ill on company time, hundreds of miles from a hospital.

I start reading the letter in earnest, but my eyes glaze over before I reach the second line. My office does have a few At-Risks, but mostly very junior. It's not really worth it for the company to invest in promoting somebody who could develop a chronic disease at any minute. The only exception is a guy who had a false negative result – he was incorrectly told he was not At-Risk. That condition had run in his family, so he was already expecting the worst. A risk factor for heart failure. Not genetic. His parents hadn't made it past 50. When he screened negative, he was ecstatic. Came into work talking about how he was going to have the best retirement years of his life, to make up for all the time his parents never got. Locked all his savings into a high-interest bank account that promised to triple his money by the time he turns 70. I don't know if he has kids, but if he does that fortune will go to them now, I expect. He can't touch it, not in his lifetime. He tried appealing once the corrected positive result came through, but the bank didn't care. Kept citing that it wasn't policy to release locked funds based on screening test results because they're not 100% accurate. As if he didn't know that all too well.

He kept his job, at least. Pity maybe, because the bosses knew about his misguided financial planning. Either that or he'd managed to make himself indispensable in the brief time we all thought he was healthy. He is in the At-Risk office now though, down the hall from the others. I think most people know deep down that At-Risk people aren't contagious, it's just that it's a bit awkward being around them. Like having to work alongside people in poverty who all know you've just won the lottery.

MATTHEW RANDELL

It's not the first time I've thought that comparison, I'm sure I've even said it aloud a few times, amongst friends, but for the first time I notice the venom in it.

I surprise myself a bit. I'm empathetic, really. I am. I used to get on well with my neighbour, Gayle. She and her partner at the time used to come round often for dinner. But when the new test came out for a late-onset chronic pain disorder, she was found to be At-Risk. I don't blame them for leaving her, really. She eventually won't be able to sleep through the night, and might need help going to the toilet and eating. Who wants to grow old with somebody like that? I do feel sorry for Gayle though. She was so vibrant. She doesn't come over anymore. She moved to a small ground-floor flat on the edge of town. Rarely leaves the flat at all now, I'm told. Her symptoms aren't due for another 15 years but if you ask me, she may as well have developed them already. Worse still, she lost her job at the same time – the termination letter came just a day after the positive screening result. Again, companies don't want to invest time in somebody who'll end up needing extensive medical leave and early retirement. People used to retire at 60. How different the world is now, where you might not even be hired if you can't guarantee being able to work beyond that.

My eyes skip to the word "unfortunately" and I know everything I need to. I should have realised sooner. When his letter didn't arrive alongside mine earlier in the morning. There are probably extra checks and balances with a positive result.

My jaw is clenched now. I can't believe something so serious – a progressive neurological disorder – is only getting a screening test now. How has this not been a research priority for decades? I look at my husband. I know it doesn't make sense but I find myself thinking he looks sicker already. Has he always been so pale? So vascular?

My face suddenly feels hot as I read that this condition is often hereditary. They didn't have the sample they needed from our daughter yet, but a letter asking us to book her an appointment to collect it will arrive any day now. She's so young. How will she work? Who would date her? I had always wanted grandchildren. That's why I insisted on trying so hard to get her a clean genome. I read that there's currently no way to prevent this condition. If she is At-Risk as well then it will, statistically, probably come for her eventually. And if it comes for her then it will probably come for her children. A burden on my family for generations to come. All because of him and the stupid never-fast-enough snail's pace of medical innovation. Despite myself, I know I'll never look at him the same again. For the first time after receiving a screening result, I find myself angry. I thought back to my dating app preferences and wondered. If he had had this result then, would we have ever met?

Embarrassed and ashamed, I shake these feelings off but the motion springs tears from my eyes. He's my husband. He's given me twenty years of care and laughter. He's a great dad to our daughter. A good man. A healthy man, or so I had been led to believe. My lifespan extends well into the 90s. I've never wanted to be alone. My husband is due to reach 100. I didn't filter for lifespan but I secretly always liked that about us. He'll be with me when I die. What's the point of that, if he can't remember who I am?

I let the letter fall closed in my hands. Softer now, I look at my husband. He doesn't seem angry. He does look scared, but I realise he's not looking at the letter in my hand or looking up symptoms on his phone, or anything like that. He's looking at me. It's my reaction he's afraid of. I drop the letter and reach for him instead. As it falls to the ground, I push my face deeper and deeper into the crook of his neck. He'll have to find a new job. I know that already. He'd told me his company had mentioned it in an all-hands meeting shortly after the test got recommended. Zero tolerance for neurological symptoms, apparently. Too much space for work to go wrong before the culprit is diagnosed. Too risky. Some workplaces even have rules against spouses or other close relatives of At-Risks, in case they need extended time off for caring responsibilities. I don't know whether mine does. I'd never thought to check. I always believed knowledge is power, but I don't feel powerful right now.

I thought of Gayle. Even though we were close, her experience had always felt so distant. I was one of the lucky ones. Positive screening results didn't happen to me, or within a certain radius of me. I suddenly wished I had been there for her more. How lonely must she have been. How isolated.

I shake the letter back open with new focus. I need to know everything about this condition. I had already seen that there was no preventative or cure. The letter describes the benefit of the screening as an increased awareness facilitating an earlier diagnosis. I used to think this sounded quite good, back when every test in my life was negative. Now it reads as nothing more than "you can be sick for longer". How useful is a test result if there's nothing to do about it? Even Gayle at least moved flats, knowing that stairs were not going to be part of her future.

There's still hope for new treatments to come out, I suppose. The letter says he has about 20 years before the early symptoms start. There's bound to be new drugs by then. More and more conditions have treatments now that help delay the onset. To stave off the symptoms by another few precious years. I remember vaguely a girl from my school who screened positive for something or other. To do with kidneys, I think. I don't even remember her name. She didn't have many friends. Maybe because she took two weeks off every other month to go to some

research hospital in the next city over and get some state-of-the-art infusion to help keep her healthy. I remember she always came back from those two weeks looking terrible. Exhausted and drained from the travel as much as the treatment itself. Not to mention stressed from being two weeks behind on schoolwork yet again. I remember thinking, even then, that's no way to live. But what choice did she have? If she was positive, she was positive.

Twenty years. I feel an urgent need to tell myself, and my husband, how these will be the fullest 20 years of our lives. Nobody is going to have lived so much in 20 years as we will have. This is going to be two decades of bucket list activities, of constant flourishing, of making so many memories that it will take this disease twice as long to consume them all. I falter even as the words start to travel from my brain down to my mouth. I know it won't be true. Six months, sure. A year or two, even. But 20 years? That's a long time. Too long to just blow all our savings on holidays and once-in-a-lifetime experiences. We'll still need to live and work and care for our daughter. Our daughter...

If 20 years is bad, what would 50 years of risk look like for her? Doctors' appointments, medical checkups - tracking the progression like some sick parallel of antenatal care. Except instead of a baby being born, all you get for your troubles is diagnosed with a chronic disease. I wonder how my daughter feels about it. Whether the potential peace of mind is worth all the worry, the difficulties working and dating all before symptoms even arrive. I've never asked her before, whether she wants to be screened for things. I've always taken it upon myself – submitted my ongoing consent on her behalf, like my parents did for me. I'm her mother, I'm supposed to know what's best.

For the first time, I doubt whether I do. For the first time, when that letter comes asking for her sample, I don't know what I'll do.

UNIVERSITY OF WARWICK

This collection represents the fantastic work submitted for inclusion in our competition and celebration event.

Dear Aiden:
by Aishah Ibrahim

Who Cares?: The Politics of Mental Healthcare in India
by Angel Varghese

Through the Lens of the Baby: Cherish Me and Value my Parents: A Call to Society
by Denisse Levermore

Feeding the Past, Nourishing the Present: Stories of Food, Memory, and Belonging
by Ilaria Ravazzolo

Afternoon Professor
by Joseph Price

Mothers Erased, Mothers Reclaimed: Tracing the Maternal Mythos in The Waste Land
by Juanmo Xu

Stranger in Paradise: Class, Academia, and Cultural Whiplash
by Louisa Toxvaerd Munch

Elderly well-being in the shadow of poverty
by MD Saimul Islam

A screen society
by Matthew Randell

A huge thank you to all of our 2025 contributors.

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