

**Feminist Writings**  
**Professor Avishek Parui**  
**Department of Humanities and Social Studies**  
**Indian Institute of Technology Madras**  
**Remains of the Feast - Part 1**

So, hi and welcome to this NPTEL course entitled Feminist Writings. We will begin with the final text, which is the final text of this particular course and that happens to be the Remains of the Feast by Geetha Hariharan which is a short story. Right after we finish Jhumpa Lahiri's A Temporary Matter. Now, one of the reasons why I chose this particular text for this course is that it is obviously the protagonist happens to be a woman, and then there are actually two protagonists and as a narrator and the protagonist was a grandmother, the great grandmother actually was a dying old woman in a very conservative family.

So, that is obviously a very superficial reason why I chose this but also it, it is a very important text about agency, about female agency especially how it relates to the whole idea of space and how does one negotiate with one's agency, embodied agency in a particular space. And we have talked about already quite a few times across this course, this book about how identities are produced and reproduce according to different spatial negotiations.

So we will look at that house over here way, the home space where the great grandmother lives, the dying, ailing great grandmother lives as a very-very discursive space which is ruled by, which is mapped by certain discursive formations and we see how the relationship but in that particular space and the space of the Bazaar which is outside gets negotiated and also interestingly we find that food becomes a very important metaphor in this particular story.

In this particular story it becomes the metaphor of subversion, it becomes metaphor of consumption and all, it also becomes metaphor of some kind of agentic embodiment. So, the whole idea of consuming certain kinds of food, it tends to take up certain aspirational qualities, certain agentially aspirational qualities which is what we are going to trace in this particular story. So this is a story about memory.

This is the story about food consumption. This is a story about a female agency and what is interesting to see how all these things get converge into each other, in terms of making this very complex text about feminist subversion, about female agency, about female aspiration in a particular space etc.

And also one of the things which we need to be aware of when I read the story is a cultural setting of the story, it is a very typically Tamil Brahmanical setting and that Tamil Brahmanical setting is something which must be highlighted because that informs the decisions, that informs the inhibitions that the characters face in the story in terms of consuming certain kinds of food or not allowed to consume certain kinds of food.

So, the dietary restrictions become very very important over here in terms of the cultural setting, so that setting is something which we need to bear in mind quite carefully. So, with that preamble, with that sort of thematic thing that we have in mind, let us dive into the text and see what this story offers in terms of the content of this particular course. So, this is the Remains of the Feast by Geeta Hariharan.

(Refer Slide Time: 3:00)

**The Remains of the Feast**  
**Author: Geeta Hariharan**

The room still smells of her. Not as she did when she was dying, an overripe smell that clung to everything that had touched her, sheets, saris, hands. She had been in the nursing home for only ten days but a bedsore grew like an angry red welt on her back. Her neck was a big hump, and she lay in bed like a moody camel that would snap or bite at unpredictable intervals. The goitred lump, the familiar swelling I had seen on her neck all my life, that I had stroked and teasingly pinched as a child, was now a cancer that spread like a fire down the old body, licking clean everything in its way.

The room now smells like a pressed, faded rose. A dry, elusive smell. Burnt, a candle put out. We were not exactly roommates, but we shared two rooms, one corner of the old ancestral house, all my twenty-year-old life.

She was Rukmini, my great-grandmother. She was ninety when she died last month, outliving by ten years her only son and daughter-in-law. I don't know how she felt then, but later she seemed to find something slightly hilarious about it all. That she, an ignorant village-bred woman, who signed the papers my father brought her with a thumb print, should survive; while they, city-bred, ambitious, should collapse of weak hearts and arthritic knees at the first sign of old age.

Her sense of humour was always quaint. It could also be embarrassing. She would sit in her corner, her round plump face reddening, giggling like a little girl. I knew better than ask her why, I was a teenager by then. But some uninitiated friend would be unable to resist, and would go up to my great-grandmother and ask her why she was laughing. This, I knew, would send her into uncontrollable peals. The tears would flow down her cheeks, and finally, catching her breath, still weak with laughter, she would confess. She could fart exactly like a train whistling its way



The room still smells of her not as she did when she was dying, an overripe smell that clung to everything and had to touched her sheets, sarees, hands. She had been in the nursing home for only ten days but a bed sore grew like an angry red welt on her back. Her neck was a big hump and she lay in the bed like a moody camel that would snap or bite at unpredictable intervals. The goitred lump, the familiar swelling that I had seen on her neck all my life that I had stroked and teasingly pinched as a child was not a cancer spread like a fire down the old body, licking clean everything and sweet.

So we find that the descriptions of the very beginning are very visceral in quality so obviously the reference over here is about, is to a very old woman, as a diseased woman, someone who has several diseases in our body and then the animal metaphor is also interesting, animal analogy of a moody camel which would, who would snap a bite unpredictably becomes, that happens to become a very important image at this point of time and the lump which has now become a cancer.

We are told is travels from being a familiar swelling which was playfully used, playfully touched by the protagonist into something which is a cancer, life taking cancer, which is not spreading down the whole body, licking clean everything in its way. So cancer becomes an image of movement, an image of consumption over here, so something which consumes the body, is something which takes away the body, the cellular agency of the body. And that is something which is highlighted at the very beginning of the story.

The room now smells like a pressed, faded rose. A dry elusive smell, burnt, a candle put out. We are not exactly roommates, but we shared two rooms one corner of the ancestral house, all my twenty-year-old life.

So you find a very interesting empathy or empathic bond which is established between the protagonist and her great grandmother and it is very important, it is interesting to look at these two female characters in the story because the protagonist we are told is studying to be a doctor presumably somewhere in Tamil Nadu because the setting over here is very very Brahmnical Tamil setting and the great grandmother happens to be a diseased woman someone who is obviously dying but there seems to be some kind of aspirational connection or empathic connection in terms of aspiration between the two characters over here.

Because we are told that they often, they they almost become roommates, almost become friends. Despite the massive difference in their ages, by the massive difference in the cultural exposure etc. and what we should be very careful about while we read the story is the spatial dimension which is described in the story in terms of the different configurations, different mappings of spaces which take place. The different discursive mappings and as we know by now.

I think space is a very discursive quality and a discursive quality of space and the corporeal quality of the body are often entangled with each other in a very complex ways and that complex entanglement something which we have studied throughout this goes course

whether it is *The Yellow Wallpaper* or *The Iraqi Nights* by Dunya Mikhail or of course theoretically when it comes to someone like Judith Butler, there too we have this entanglement between corporeality and discursivity.

And now we are told, we are given the details about the character in terms of age and in terms of who she is. She was Rukmani, my great grandmother. She was ninety when she died last month. Outliving by ten years her only son and daughter-in-law. I don't know how she felt then, but later she seemed to find something slightly hilarious about it all. That she, an ignorant village-bred woman, who signed the papers my father brought her with a thumb print should survive while they, city-bred, ambitious should collapse the weak hearts and arthritic knees at the first sign of old age.

So, we are told, we are given descriptions about her age, we are given descriptions about who she is and we are told that she is a 90-year-old woman who died last month, who outlived most of her relatives, who were significantly younger than she is.

And we are also told and this is a dark humorous quality in the story that we are also told that that there seemed to be a degree of funniness, a degree of hilarious quality, the acceptance of knowledge that she had outlived all these people and the people who died before her were city-bred, grew up presumably in more sophisticated and more privileged upbringing and more privileged settings, ambitious, whereas she is ignorant she is someone who used to sign with a thumbprint, any piece of paper just given to her without reading it because she was ignorant and she would just sign it with a thumb print.

And she grew up in a village, but then she happened to outlive most of the people who died before her, most of her relatives. Her sense of humor was always quaint. It could also be embarrassing. She would sit in her corner, her round plump face reddening, giggling like a little girl.

So again this relationship between, this connect between the very old, senile woman and a little girl is interesting because, you know, this degree of senility as it were, or dementia makes up as unpredictable or as sort of, messy or as anarchic as a little girl. She didn't really have rational control over her body, rational control over her mind, and that lack of rational control is something which makes up, perhaps empathically connected to this young woman who is said to be a doctor.

And that's a very important figure, this woman said to be a doctor. The young woman who wants to become a medical officer and how does this, an existential complexity let this person, Rukmani appear to someone who is training to be a doctor, something which this story seems to look at quite closely.

So she would sit in her corner, her round plump face reddening, giggling like a little girl. I knew better than ask her why. I was a teenager by then. But some, but some uninitiated friend would be unable to resist and would go up to my great-grandmother and ask her why she was laughing. This, I knew would send her into uncontrollable peals. The tears would flow down her cheeks and finally catching her breath, still weak with laughter, she would confess.

She could fart exactly like a train whistling its way out of the station and give her as much joy as a child would get when she saw or heard, a train. So perhaps it was not at all surprising that she could be flippant about her only child's death, especially since ten years had passed.

So, you find the different bodily functions described over here are interesting because, you know, the whole idea of this old woman farting and giggling and, you know, making, producing sound which is exactly like the train whistle, it is interesting because the train, the whistling train to her becomes an image of aspiration, becomes an image of astonishment, image of joy and that whole viscosity about her identity, the whole visceral messy viscosity about her identity.

Perhaps, accounts for the fact that she gets the same degree of flippant pleasure, of flippant humor about the fact that her child, her only child died ten years ago and she continues to live. Now, she is 90 years old. So what is interesting is to see the very messy corporeality in this body, it is very messy idea of the body, the unpredictable, mutable messiness which defines a corporeality of this particular woman.

And how that kind of corporeality informs the identity especially in the particular discursive space such as this Tamil Brahmin household where certain food are restricted, certain food are not allowed and that kind of a discursive mapping is interesting because it against the backdrop of this discursive mapping that we see, this idea of, flippant disregard, messy viscosity producing its own articulations which can be sometimes subversive in quality.

But the point is this is a woman who is not really, steadily subversive. This is a woman who is just messy and anarchic in the way that her body functions and the functionality of the body

is interesting over here. Because that is what informs her identity in a big way. Right? So we are told that whenever someone asked why is she laughing?

You know, she would first produce, first beautiful farting and then she would go flippant as a child. Talking about the death of her own child. And this is what she would say. thereafter.

(Refer Slide Time: 10:54)

The room now smells like a pressed, faded rose. A dry, elusive smell. Burnt, a candle put out. We were not exactly roommates, but we shared two rooms, one corner of the old ancestral house, all my twenty-year-old life.

She was Rukmini, my great-grandmother. She was ninety when she died last month, outliving by ten years her only son and daughter-in-law. I don't know how she felt then, but later she seemed to find something slightly hilarious about it all. That she, an ignorant village-bred woman, who signed the papers my father brought her with a thumb print, should survive, while they, city-bred, ambitious, should collapse of weak hearts and arthritic knees at the first sign of old age.

Her sense of humour was always quaint. It could also be embarrassing. She would sit in her corner, her round plump face reddening, giggling like a little girl. I knew better than ask her why. I was a teenager by then. But some uninitiated friend would be unable to resist, and would go up to my great-grandmother and ask her why she was laughing. This, I knew, would send her into uncontrollable peals. The tears would flow down her cheeks, and finally, catching her breath, still weak with laughter, she would confess. She could fart exactly like a train whistling its way out of the station, and it gave her as much joy as a child would get when she saw, or heard, a train. So perhaps it is not all that surprising that she could be flippant about her only child's death, especially since ten years had passed.

"Yes, Ratna, you study hard and become a big doctor madam," she would chuckle when I kept the lights on all night and paced up and down the room, reading to myself.

"The last time I saw a doctor, I was thirty years old. Your grandfather was in hospital for three months. He would faint every time he saw his own blood."

And, as if that summed up the progress made between two generations, she would pull her blanket over her head and begin snoring almost immediately.



"Yes, Ratna, you study hard and become a big doctor madam," she would chuckle when I kept the lights on all nights and paced up and down the room reading to myself. So she would chuckle almost amusingly to looking at Ratna, who now we know is the protagonist of the story and tell her to be a good doctor madam in a slightly sarcastic way.

So, the (( ))(11:14) of sarcasm was quite clearly there in her voice and the word chuckle seems to suggest that as well. "The last time I saw a doctor I was 30 years old. Your grandfather was in hospital for three months. He would faint, every time he saw his own blood."

So, the whole idea of the father figure or the husband figure fainting at the sight of his own blood, is something which amuses her now after so many years. And she says that last time I was in the hospital when I was 30 years old. That must have been 60 years ago. And, you know, that is something that she still remembers quite clearly.

And, so we find what is medically known as retrograde amnesia, you know, where we remember, someone remembers something which happened to them many-many years ago, while at the same time finding it difficult or struggling to remember something that happened very recently.

So that kind of a memory is something which is very common in old people, especially when it become demented and decadent neural way. So neural decadence manifests her sometimes with retrograde amnesia which is what seems to be happening over here. And, as if that summed up the progress made between two generations, she would pull her blanket over her head and begin snoring almost immediately.

(Refer Slide Time: 12:22)

I have two rooms, the entire downstairs, to myself now since my great-grandmother died. I begin my course at medical college next month and I am afraid to be here alone at night.

I have to live up to the gold medal I won last year. I keep late hours, reading my anatomy textbook before the course begins. The body is a solid, reliable thing. It is a wonderful, resilient machine. I hold on to the thick, hardbound book and flip through the new smelling page, greedily. I stop every time I find an illustration and look at it closely. It reduces us to pink, blue and white colour-coded, labelled parts. Muscles, veins, tendons. Everything has a name. Everything is linked, one with the other, all parts of a functioning whole.

It is poor consolation for the nights I have spent in her warm bed, surrounded by that safe, familiar, musty smell. She was cheerful and never sick. But she was also undeniably old, and so it was no great surprise to us when she suddenly took to lying in bed all day a few weeks before her ninetieth birthday.

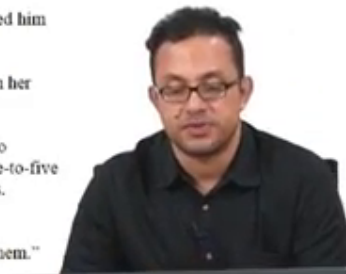
She had been lying in bed for close to two months, ignoring concern, advice, scolding, and then she suddenly gave up. She agreed to see a doctor.

The young doctor came out of her room, his face puzzled and angry. My father begged him to sit down and drink a cup of hot coffee.

"She will need all kinds of tests", he announced. "How long has she had that lump on her neck? Have you had it checked?"

My father shifted uneasily in his cane chair. He is a cadaverous looking man, prone to nervousness and sweating. He keeps a big jar of antacids on his office desk. He has a nine-to-five accountant's job in a government owned company, the kind that never fires its employees.

My father pulled out the small towel he uses in place of a handkerchief. Wiping his forehead, he mumbled, "You know how these old women are. Impossible to argue with them."



I have two rooms, the entire downstairs, to myself' now since my great-grandmother died. I begin my course at medical college next month and I am afraid to be here alone all night. So, we are told again the spatial boundaries, spatial mapping of the houses has laid out before us in this particular paragraph.

I have to live up to the gold medal I won last year. I keep late hours, reading my anatomy textbook before the course begins. The body is a solid, reliable thing. It is a wonderful, resilient machine. I hold on the thick, hardbound book and flip through the new smelling page, greedily.

I stop every time, I find an illustration and look at it closely. It reduces us to pink, blue and white and white color coded, labelled parts. Muscles, veins, tendons. Everything has a name. Everything is linked, one with the other, all parts of a functioning whole.

So what we find over here interestingly is the medical gaze in the body, how is the body looked at medically speaking by a medical practitioner. And the whole idea of mapping the body is interesting because what is, what that contrasts with immediately is the unmappable body, the unmappable viscosity of this particular person, particular character Rukmini.

So the rational mapped gaze or mapping gaze of the body is contrasted with the unmappability of the viscosity which determines Rukmani, and her identities, you know, at this point of a time and that difference, that contrast is something which is very-very interestingly highlighted throughout the story.

It is poor consolation for the nights I have spent in her warm bed, surrounded by that safe, familiar, musty smell. She was cheerful and never sick. But she was also undeniably old, and so it was no great surprise to us when she suddenly took to lying in bed all day a few weeks before her ninetieth birthday.

So, few years before her 90<sup>th</sup> birthday, and she suddenly took to lying on the bed, and lying on the bed of course becomes an interruption, of a certain kind of embodiment and she says, the protagonist over here she is saying that she had never been sick but then same time there seems to be something of anticipation in her mind.

There were certain kind of combination coming, a certain kind of closure coming and that anticipation perhaps makes a subversive in quality knowing that she does not have a lot of time, out dispersal.

She had been lying in bed for close to two months, ignoring concern, advice, scolding, and then she suddenly gave up. She agreed to see a doctor. The young doctor came out of her room, his face puzzled and angry. My father begged him to sit down and drink a cup of hot coffee.

“She will need all kind of tests,” he announced. “How long has she had that lump on her neck? Have you had it checked?” So, the young doctor again, the word young is important, so the medical gaze over here seems to be young in quality, seems to be so naive in quality and



which is completely inadequate in terms of mapping, the unmappable viscosity of this woman's body and the unmapability of the woman's body is something which is very carefully contrasted with a young doctor.

The young great granddaughter, cetera and that is a contrast which runs across the story. But at same time, the contrast at some point becomes, the continuation becomes a continuum because we find later in the story that a young lady who is studying to be a doctor, has a degree of empathic connect, a dialogic relationship with her great grandmother, who is ignorant, comes from a village and doesn't really have any aspiration in life.

But then at the same time the difference is so superficial and so spectacular. There seems to be some kind of a deep organic connect which the story establishes as it progresses. The father shifted uneasily in his cane chair. He is a cadaverous looking man prone to nervousness and sweating. So, the father figure is a very closely, the sickly old man, you know, cadaverous as ((15:56) like, prone to nervousness and sweating. He is not really a confident person, not really a person with conviction and sense of security.

He kept a big jar of antacids on his office desk. He has a 9 to 5 accountant's job in the company in a government owned company the kind that never fires its employees. So we find there is a degree of security or perhaps over, hyper security about his position. So, he works in a government company which never fires its employees. Once you get a job, is a secured job forever.

However, we are also do told that into his desk, the desk job that it does, in his desk he carries a big jar of antacids on his left desk. So, the big jar of antacids, obviously anticipates or obviously means that he is someone who is afraid of acidity, afraid of being afraid of falling ill.

So maybe there is a degree of hypochondriac quality about his father character which is again completely contrast him with the very stable and healthy womanly quality of his great grandmother. So the healthy femininity despite the age it seems to be much preferable compared to the unhealthy masculinity of the father over here, that is the contrast which plays very well throughout the story.

The difference between the contrast with a young age and old age, health and sickness rationality and madness etc. And you find at some point it is difficult to problematize, it is

difficult not to problematize these binaries, these binaries become very-very messy in a way which is then almost difficult to map out in terms of opposites, so ontological opposites.

So, she will need all kind of tests, he announced. He being a young doctor over here. “How long has she had that lump on a neck? Have you had it checked?” My father shifted uneasily in his cane chair. He is a cadaverous looking man prone to nervousness and sweating and we are told, he keeps the big jar of antacids and works in office, a government office which never fires its employees.

(Refer Slide Time: 17:43)

familiar, musty smell. She was cheerful and never sick. But she was also undeniably old, and so it was no great surprise to us when she suddenly took to lying in bed all day a few weeks before her ninetieth birthday.

She had been lying in bed for close to two months, ignoring concern, advice, scolding, and then she suddenly gave up. She agreed to see a doctor.

The young doctor came out of her room, his face puzzled and angry. My father begged him to sit down and drink a cup of hot coffee.

“She will need all kinds of tests”, he announced. “How long has she had that lump on her neck? Have you had it checked?”

My father shifted uneasily in his cane chair. He is a cadaverous looking man, prone to nervousness and sweating. He keeps a big jar of antacids on his office desk. He has a nine-to-five accountant’s job in a government owned company, the kind that never fires its employees.

My father pulled out the small towel he uses in place of a handkerchief. Wiping his forehead, he mumbled, “You know how these old women are. Impossible to argue with them.”

“The neck,” the doctor said, more gently. I could see he pitied my father.

“I think it was examined once, long ago. My father was alive then. There was supposed to have been an operation, I think. But you know what they thought in those days. An operation meant an unnatural death. All the relatives came over to scare her, advise her with horror stories. So she said no. You know how it is. And she was already a widow then, my father was the head of the household. How could he, a fourteen-year old, take the responsibility?”

“Well,” said the doctor. He shrugged his shoulders. “Let me know when you want to admit her in my nursing home. But I suppose it’s best to let her die at home.”

When the doctor left, we looked at each other, the three of us, like shiftv accomplices. My



My father pulled out the small towel he uses in place of a handkerchief. Wiping his forehead, he mumbled, “You know how these old women are. Impossible to argue with them.” “The neck” the doctor said more gently. I could see pitied my father. “I think it was examined before once, long ago. My father was alive then. There was supposed to be an operation, to have been an operation.

But you know what they thought those in those day. An operation meant an unnatural death. All the relatives came over to scare him, advise her with horror stories. So she said. You know how it is.

And then she was already a widow. Then my father was the head of household. How could a 14-year-old take the responsibility? So, this as a grandchild, the grandson telling the doctor of

the account, of her suffering. And what we get immediately is a find that the original father figure of this particular story.

The husband of this particular woman is conspicuously absent and we had the sons and grandsons taking care, or at least talking about her in very-very vigorous details and so the whole idea of being reluctant to be operated something which comes in particular tradition. And she, we are told refuse to go to a hospital and the refused to go to hospital obviously aggravated her condition.

And then we are told that, you know, the sun, at that point of time, the son of this particular person was a 14-year-old and could not take responsibility. could not be expected to take responsibility in a way which should be fulfilling.

“Well,” said the doctor. He shrugged his shoulder shoulders. “Let me know when you want to admit her in my nursing home. But I suppose it's best to let her die at home.” So. this particular word is a bit of a getaway really, because what has been told to us is a fact that this person would be best left to die.

There would be no medical possibility of making her survive. And the whole idea of letting her die makes a in the center of a limbo state and that is the point where, there is a spatiotemporal setting where the whole idea of subversion will begin. Because she'd been lying on the bed, lying in her own house, and all the people that she knows. But in the final act of her live she will start preparing an act of a narrative of subversion which will go against, all the customs and beliefs which had clamped down over generations, over period of time.

(Refer Slide Time: 19:52)

I have two rooms, the entire downstairs, to myself now since my great-grandmother died. I begin my course at medical college next month and I am afraid to be here alone at night.

I have to live up to the gold medal I won last year. I keep late hours, reading my anatomy textbook before the course begins. The body is a solid, reliable thing. It is a wonderful, resilient machine. I hold on to the thick, hardbound book and flip through the new smelling page, greedily. I stop every time I find an illustration and look at it closely. It reduces us to pink, blue and white colour-coded, labelled parts. Muscles, veins, tendons. Everything has a name. Everything is linked, one with the other, all parts of a functioning whole.

It is poor consolation for the nights I have spent in her warm bed, surrounded by that safe, familiar, musty smell. She was cheerful and never sick. But she was also undeniably old, and so it was no great surprise to us when she suddenly took to lying in bed all day a few weeks before her ninetieth birthday.

She had been lying in bed for close to two months, ignoring concern, advice, scolding, and then she suddenly gave up. She agreed to see a doctor.

The young doctor came out of her room, his face puzzled and angry. My father begged him to sit down and drink a cup of hot coffee.

"She will need all kinds of tests", he announced. "How long has she had that lump on her neck? Have you had it checked?"

My father shifted uneasily in his cane chair. He is a cadaverous looking man, prone to nervousness and sweating. He keeps a big jar of antacids on his office desk. He has a nine-to-five accountant's job in a government owned company, the kind that never fires its employees.

My father pulled out the small towel he uses in place of a handkerchief. Wiping his forehead, he mumbled, "You know how these old women are. Impossible to argue with them."



When the doctor left, we looked at each other, the three of us, like shifty accomplices. My mother, practical as always, broke the silence and said, "Let's not tell her anything. Why worry her?" And then we will have all kinds of difficult aunts and cousins visiting. It will be such a nuisance. How will Ratna study in the middle of the chaos?". So Ratna being the character, the female character who is presumably preparing for a medical examination, her final examination.

And we are told that she is a very good student. She has won the gold medal the previous year as she wants to replicate that achievement this year as well. So, the mother which is the granddaughter of Rukmani. She breaks the silence and says "We should not tell her anything because she is quite old already. And then the whole point is to avoid people visiting, how to avoid people paying visit to see her before she dies.

And the immediate concern is how will a study in the middle of all such chaos. So we find Ratna's priorities over here become important and the age of Ratna, someone has about the enter the cusp of womanhood from girlhood becomes the very symbolic age and she is obviously again on the cusp of becoming a doctor from being someone in the house or becoming a public person.

And that liminality between age, the liminality between ages, liminality two different positions in society is something which is very much a part of the story because what happens thereafter we find that Rukmani, the great grandmother. She will lie on the bed and she will demand to be fed certain things which were disallowed to her all her life and that liminality of lying in the bed and doing things which are not allowed to her becomes very much part of the story and that is related to the issue of agency in the story.

How does the agency manifest itself in an embodied way? How does the agency manifest itself through a markers of food, markers of materiality, etc.? That is something we will continue with the next lecture but we conclude this point today and we move on and hopefully finish up the stakes in the next couple of lectures to come. Thank you for your attention.