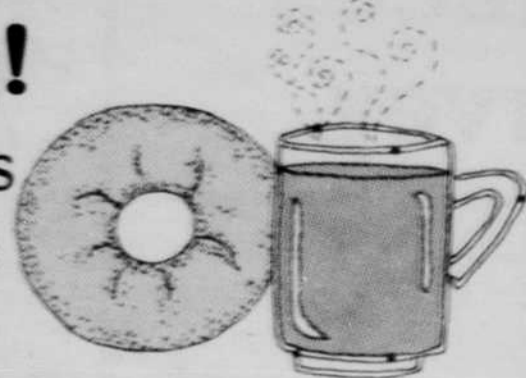


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# Anorexia Nervosa

## Ashamed about a desire for food

Linda looks like a typical college woman although her friends worry that she is too thin. She doesn't eat every day, but when she does go down to the dorm cafeteria, alone, for breakfast, she eats a dozen eggs and a loaf of bread. She knows she won't gain weight, because immediately after eating she rushes to the bathroom right outside the dining room and vomits.

Linda's problem is more than a diet gone out of control — she has anorexia nervosa. Victims voluntarily starve themselves to boney emaciation — and sometimes to death. Mortality rates run between 5 and 15 percent of the recognized cases of anorexia, says Dr. Josephine von Hippel, a Eugene psychiatrist.

Anorexia nervosa, "nervous loss of appetite," is not an entirely accurate term. Victims of the disease are usually ravenously hungry and obsessed with food, although they will say they are not hungry and will eat only a tiny amount. One anorexic angrily refuted the charge that she didn't have breakfast: "I ate my Cheerio," she insisted.

Some anorexics don't starve themselves, but instead vomit after eating normal amounts of food, von Hippel says. Sometimes anorexics can't control their overpowering appetite, and will eat an enormous quantity of food. Then they will empty themselves of the hateful food by vomiting or using laxatives.

The opposite effect is found in Bulimia, or "insatiable appetite." Bulimarexia is what some experts call a combination of bulimia and anorexia. The binge-purge behavior is harder to detect because the person keeps the eat-vomit ritual private and often maintains a normal weight.

Both anorexics and bulimics want to remain thin and maintain control over their intake of food. "They are ashamed about their desire for food," says von Hippel. "They feel guilty about eating, then they feel guilty about throwing up."

About 95 percent of all anorexics are women, usually between 12-18 years old. Experts estimate

one woman out of 100 will suffer from some eating disorder during her life. Now reaching epidemic proportions, anorexia prevails among the middle to upper classes of developed countries, says von Hippel.

Christine, 18 years old, became anorexic while away at college. She had always been the "model child," seemingly normal, happy, and well-adjusted. Once in college, Christine studied compulsively, satisfied with nothing but the best grades. Her weight dropped from 120 lbs. to 110 lbs. in her first term at school. When she weighed 74 pounds, college officials insisted on treatment.

Dr. Hilda Bruch, author of "The Golden Cage" and "Eating Disorders," describes Christine's case as being fairly typical. Bruch's explanation focuses on the "model child" aspect developed in one of her books. Anorexics strive to be perfect on the outside. Lurking beneath their flawless surface is a terrible insecurity and fear of not meeting everyone's expectations.

"The anorexic has always been accommodating for someone else," von Hippel says. "They've grown up doing things not for themselves, but for other people. They do what others tell them to — first, their parents, then teachers, then their spouses, boss and children. They don't know what they want for themselves."

Von Hippel lists three major precipitating factors. Separation from home, such as going away to college, takes anorexics away from their support group, the family. Change hits them particularly hard; often anorexics can't adapt to the new life. While they may do well in a competitive atmosphere, they feel insecure about the competition.

Anorexics have a difficult time making decisions and can't say no, von Hippel says. This makes sexual pressure, in a permissive environment like college, a dilemma. Anorexics don't have a lot of energy, she says, and just lose sexual interest. Losing weight, becoming more child-like and avoiding sexual activity are ways of escaping the responsibility of maturing into adulthood.

some experts say.

Family conflict may also aggravate anorexic or bulimic behavior. Anorexics often come from rigid and unemotional families, with parents who don't communicate their feelings very well. A child may turn to anorexia in order to gain her parents' attention and divert them from fighting with each other.

The bottom line is control. Anorexics focus on food by denying their hunger, says Sue Balint, coordinator of an eating disorders group in Eugene.

"Anorexia is their strength, the one thing they can do better than anyone," Balint says. Through their disease they have the strength and motivation to avoid eating.

Rather than spending time discussing symptoms, Balint's support group looks at the underlying causes for group members' eating disorders. They discuss options for control that are not so life threatening. Balint says, such as saying no by using voice instead of behavior.

The group focuses on seeking a solution. "It's not necessary to badmouth anyone," Balint says. "Anorexia and bulimia are adjectives. That means they can be chopped off. Behavior can change."

The group is certified by Anorexia Nervosa and Associated Disorders and by the American Anorexia Nervosa Association, Balint says. It meets once every week for eight weeks. The group's local phone number is 344-4139.

Bulimarexia is a problem in University dorms, dietician Jan Huffman says. She says that several housekeepers and resident assistants noticed signs of vomiting this summer. Carson housekeeper Marie Chenoweth became alerted to the problem after seeing a television movie last spring about anorexia. Chenoweth says she isn't complaining about cleaning up the mess, but is concerned about the students' health.

"One day I approached a girl who lived on a floor with beautiful girls and several models," Chenoweth says. "I thought the reason (she was throwing up) was to be 'in' with them, not to be fat. Evidently, I must have talked to the right girl and she quit, or else she found another bathroom to use."

Anorexics and bulimics share several characteristics. Balint says their symptoms are excessive dieting, drastic weight loss, sleeplessness, extreme perfectionism, denial of hunger, and stubborn refusal to see themselves as thin.

"Anorexia athletica" could be an alternative title for the disorder.

"Certain subcultures — gymnasts, ballet dancers and long distance runners — find that they have to maintain a certain body image," says Dr. Steven Roy, Center for Sportsmedicine and Running Injuries in Eugene. "People who have difficulty in looking a certain way may find that they have to develop an aversion for food."

Von Hippel says anorexics and bulimics are extremists: "You're either thin or fat. There's no in-between. They think one bite is going to blow them up to 300 pounds."

Anorexia is not a biological problem, even



though certain chemical changes may occur in the body due to starvation, von Hippel says. Treatment is more effective when behavior is caught in the early stages. The longer the behavior has been going on, the longer it takes to cure, she says. She estimates that one-third to one-half of all untreated anorexics and bulimics retain the symptoms throughout their life.

"There is no time to fool around and think it will go away," Bruch warns.

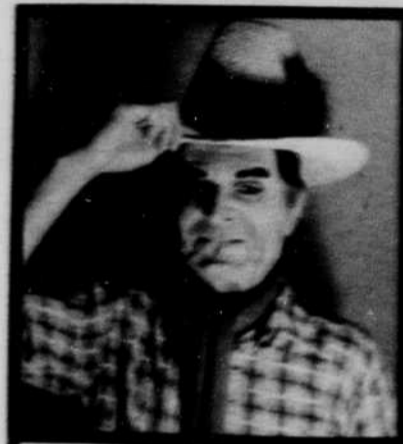
One of the unusual aspects of the disease is a distorted perception of self. Anorexics see themselves as being undesirably fat although

they resemble walking skeletons to onlookers. Friends of suspected anorexics or bulimics can help by confronting the victim with concern and worry over their health. Anorexics rarely see themselves as sick and usually will not seek treatment themselves.

Concerned friends or relatives should seek medical assistance in advanced cases, and psychiatric help is recommended. Anorexia nervosa is more complicated — and more serious — than just being skinny.

Story by Carol Morton  
Photo by David Corey

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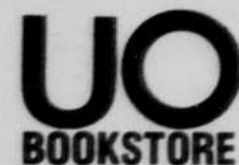


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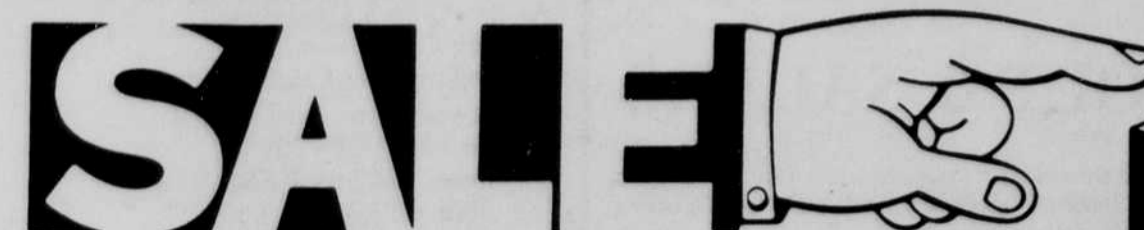
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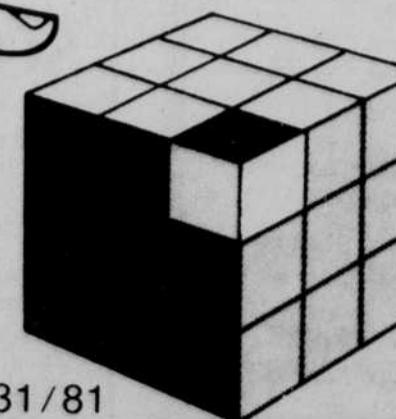


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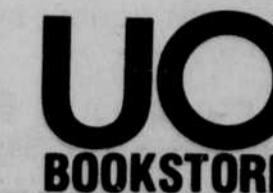


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