Sleepless in Eugene

DEPENDENT

We've all had sleepless nights when you know you're tired, but your brain is wired and your body is restless. Maybe you're stressed for an exam and you can't stop your mind from racing or muscles tensing.

You stare at the alarm clock as the time ticks away....

We've all suffered from insomnia and had difficulties either falling asleep or staying asleep. The good news is that many of the causes for sleeplessness are preventable.

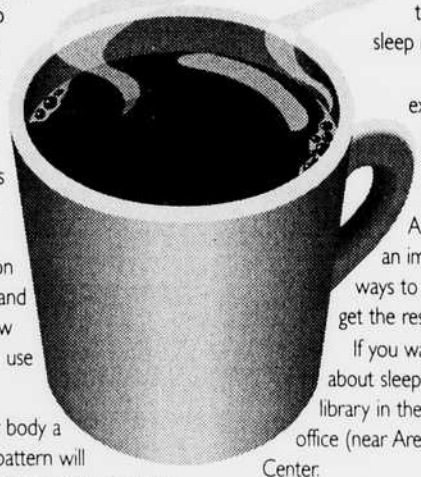
The first way to improve sleep is to avoid alcohol, tobacco, and caffeine. Although alcohol may seem to put you right to sleep, it will most likely wake you up sooner than you'd like.

That's because alcohol can raise the level of noradrenaline, a chemical in the brain that interferes with sleep. As the body metabolizes alcohol, you wake up. Sleep is also shallower and you feel less rested.

Nicotine in tobacco is a stimulant that speeds up heart rate, raises blood pressure, and stimulates brain wave activity. Even after falling asleep, nicotine withdrawal could cause you to wake up with a craving.

(Smokers who want to quit may want to enroll in the stop smoking workshop listed on page one.)

Caffeine is also a stimulant that increases alertness but disrupts sleep. Sensitivity to caffeine varies among people, but it's a good idea to avoid caffeinated beverages before bedtime.



The majority of sleep problems result from stress and anxiety. Learning relaxation skills, meditation, and yoga are just a few methods you can use to relax.

Offering your body a consistent sleep pattern will also help regulate sleep and most likely result in a more rested body and mind. If you go to bed and wake up at the same time each day, your body will grow accustomed to that rhythm and sleep will be deeper and more restful.

But remember, too much sleep and inconsistent naps disrupt your sleep rhythm.

According to some experts, the average college student needs about 7.5 hours of sleep per night. Although it may seem like an impossible task, there are ways to prevent insomnia and get the rest you need.

If you want more information about sleeping better, visit the library in the Peer Health Education office (near Area B) in the Health Center.

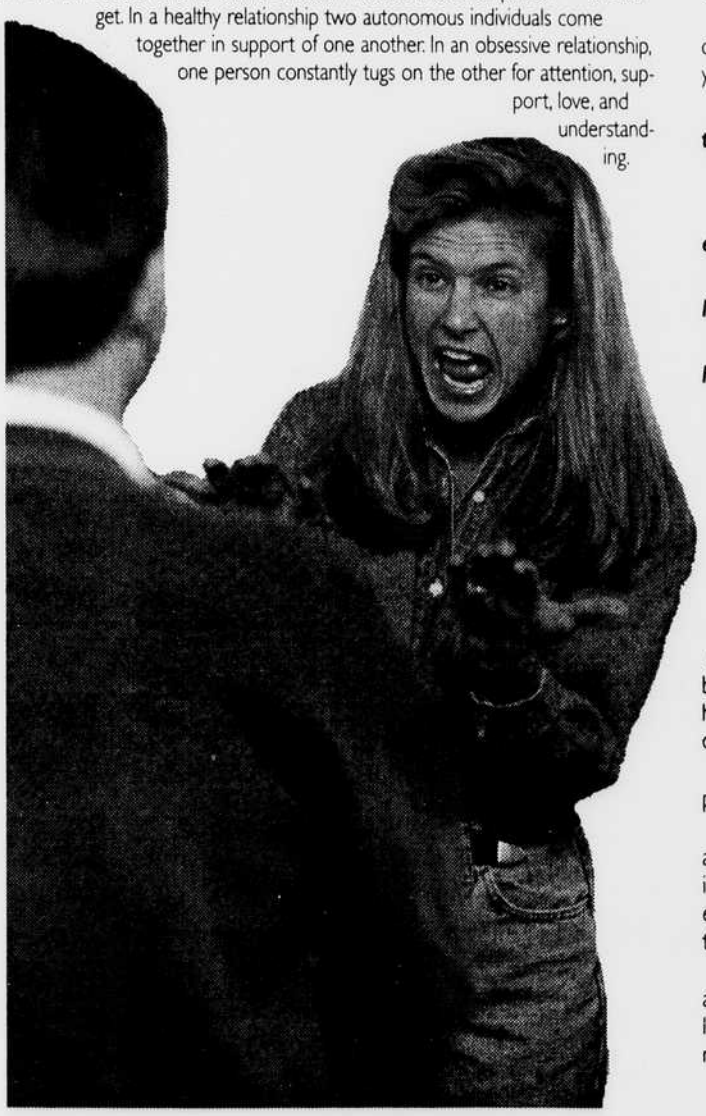
—Misha Patel

CO-DEPENDENT

The end of a relationship is like death. It is the death of a friend, a companion, a confidant, and maybe even a lover. Ideally, we have the power to heal the wounds of a failed relationship through the process of grieving.

The reality, however, is that many people are involved in an obsessive situation in which the end of an intimate relationship leaves no room for rejuvenation.

Obsessive love is an addiction. Just as a heroine addict cannot function without heroine, an obsessive lover cannot function without the other person — the target. In a healthy relationship two autonomous individuals come together in support of one another. In an obsessive relationship, one person constantly tugs on the other for attention, support, love, and understanding.



In short, the obsessor cannot support him/herself emotionally and uses the other person as a foundation. So much is invested into the target that the thought of separation is incomprehensible.

As a result, the obsessive will go to any extent to ensure the continuance of the "relationship." In turn, the target is shackled to a situation that he/she did not predict. One which is not only unnurturing, but highly demanding, exhaustive, and burdensome. In an obsessive relationship both individuals are in a no-win situation.

Obsessive love is like a disease, and like many diseases it has its own diagnostic characteristics. Below are a list of questions you can ask yourself to see whether you battle with obsession.

1) Do you constantly yearn for someone who is not physically or emotionally available to you?

2) Do you live for the day when this person will be available to you?

3) Is your preoccupation with this person so intense that it affects your eating and sleeping habits or your ability to work?

4) Do you believe that this person is the only one who can make your life worthwhile?

5) Do you check up on where this person is supposed to be and whom he or she is with?

The following is one person's experience as an obsessive lover taken from the book Obsessive Love. Her story contains many of the elements above.

"All that time, my heart was broken. I'd call him every couple days and ask if he was ready to go out again, but he never was. He tried to let me down easy, but the more he wasn't available, the crazier I got. I just couldn't understand why he was doing this to me, why he wouldn't want to be with me. He said he loved me so much and he did so much for me and he was so supportive but then he just cut off all avenues. It destroyed me. I didn't know where to go with those feelings. I didn't know what to do with the pain. I started driving by his place, doing everything and anything to get his attention, but nothing worked. I was becoming really crazy. I thought about suicide. If I died, he'd have to look at my grave and feel guilty. It'd say on the gravestone "She died of a broken heart and it's John's fault."

Obsessive love is a treatable condition. The first step is to realize that one has a problem.

The second step is to seek resources which can further inform the individual about the condition and provide ways of overcoming it. A well-written and immensely informative book is Obsessive Love by Dr. Susan Forward. This book is especially helpful because it approaches the issue from both the perspective of the obsessive and the target.

The Peer Health Education room in the University Health Center contains this and other books on relationships. In addition to this you can seek professional help at the Counseling Center, where all information is kept confidential. Their number is 346-3227.

—Jobin Nash

FABULOUS FACTOIDS

- Number of years a person spends sleeping in an average lifetime: ***25 years.***

(Health, July/Aug 1997.Page 20.)

- Number of times a person walks around the world in his/her lifetime: ***3 times.***

(Health, Jan/Feb 1997. Page 16.)

- Number of toothbrushes the average American buys each year: ***1.5***
  Minimum recommended by the American Dental Association: ***3***

(Health, October 1996 Page 16.)

- Percentage of people who read in the bathroom: ***64***

(Health, Jan/Feb 1995. Page 12.)

- 1,2,3: ***Rank of swimming, walking, and bicycling among the favorite sports of members of the American Association of Nude Recreation.***

(Health, May/June 1996. Page 20.)

- What we do when we skip lunch. (By percentage of Americans):
  Socialize 53, Run errands 44, Work 38, Read 37, Shop 27, Exercise 14, Interview for jobs 1.

- Percent of people who say they would indulge in the following if there were no health consequences:
  Junk food: men 30, women 45
  Tanning: men 16, women 19
  Less sleep: men 12, women 14
  Smoking: men 10, women 8
  Drinking: men 9, women 2
  None of above: men16, women 15

- Measurements of mannequins versus the average woman:
  MANNEQUIN: height 6', size 6, bust 34", waist 23", hips 34".
  WOMAN: height 5'4", size 11, bust 37", waist 29", hips 40".

- Number of peanut butter sandwiches the average child eats by the end of high school: ***1,500***

Health Sep. '97 p. 38 Health July/Aug '97 p.20

- Percentage of people who believe we'll have less leisure time in the next century: ***64.***