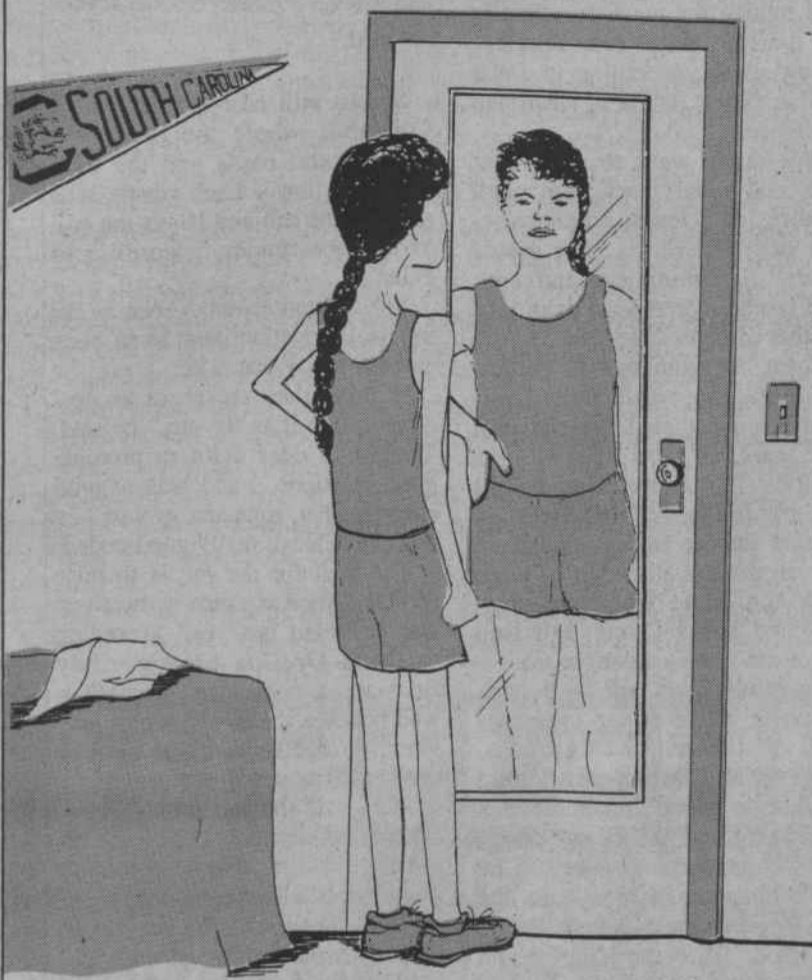


When eating is out of control

People with disorders share personal trials



Art Work By Laura S. Day

By TODD VENEZIA
Staff Writer

Next week most of us are going to leave school, go home and celebrate Thanksgiving. It is a holiday when people gather and give thanks for the bounty of food, which they will heartily consume.

But for many people, the holiday will be just one more day of giving thanks for being free of food's power over their lives.

They come in all shapes and sizes, and they come from all walks of life. They are affected by the chronic bingeing and purging of bulimia, the starvation of anorexia and from compulsive overeating. But what they all have in common is the suffering that an uncontrollable dependence on food has wrought on their lives. And it has brought them to what, for most, is the last bastion of hope, the twelve steps of Overeaters Anonymous.

Members of OA wish to remain anonymous, and therefore all names in this article are not the speakers' real names.

"I used to think I had control over my overeating, but I just

couldn't stop," said Mary, who has been going to OA meetings for four years.

"It was just a total pre-occupation with food. I know people who could eat half a cookie, but when I'm bingeing, I can eat a whole box. It affected every area of my life. I even fished food from garbage cans," she said.

Mary suffers from compulsive overeating, a disease in which the victim, as an OA publication states, swallows their feelings with their food. Mary said many people fall into these diseases because of a desire to look a certain way, or they turn to food as an emotional crutch.

"We believe that compulsive overeating is fatal, like alcohol or drug abuse. A lot of our members suffer from health problems," Mary said.

Another woman, Nancy, suffers from bulimia. "I was a classic binger," she said, adding that despite the binges, she could never bring herself to purge through vomiting and laxatives.

"I bounced up and down the scale for years, always up and down. I was always thinking of food. I would go to parties, and I was always the date who would stay by the table and keep eating. I was very suicidal. I couldn't kill myself, but I would wish that today was the day that I had a car crash," Nancy said.

Susan and Joanne's eating problems led them to drug abuse.

"I had everything I ever wanted. I had a good job as a nurse," Susan said. "But I still had to lose the weight." Cocaine allowed her to eat all she wanted and still burn off the weight. "I'd sometimes take some (cocaine) before church functions where I knew there'd be food."

Joanne, who turned to laxatives and alcohol, said her problem got worse in college. "A lot of girls were obsessed with weight," she said. Joanne added that it was obvious to everyone that she had a problem, but that nobody ever confronted her.

"The way I got out of bed was to fantasize about food because food was my only reason to live. Nothing could convince me I had a problem until I hit rock bottom," she said.

"Rock bottom" comes in different forms for everyone.

For many, it is the realization that they have no control over their lives. For others, it is more dramatic, such as a close encounter with death. But in the end, rock bottom is what drives all these people to seek help, and many find help at OA.

"I lost my nursing license because I got caught with the cocaine," Susan said. "I decided that either I was going to die or I was going through the 12 steps."

Joanne went for help after visiting the dentist. "I went to the dentist, and my teeth were so screwed up he knew that it was a sure sign of bulimia," Joanne said. "He told me about the local OA group."

Nancy said food had become her life. "I was ashamed of that part of myself," she said. "It seemed inhuman, it seemed unreal, it seemed gross. Food was a drug for me. It was my god. It was my higher power."

Mary said she could not stop her disease without others' help. "In a lot of people and in me there was a desperate desire to stop, but I just couldn't do it alone until I got in the program with all the support that the 12 steps provide," she said.

"I needed to get control of my life because I knew that I couldn't control it," she said.

See DISORDER page 7

Communication makes sex safe, pleasurable

Sexually Speaking

By KARL HARDEN and LISA MOHN
Sex Columnists

Keep those questions coming in. If you haven't received an answer to your question yet, look for it in upcoming issues. We continue to get a wide range of interesting questions, and we hope you are benefiting from the answers.

Men basically have one "erotic zone." Women have *beaucoup*. Could you name as many of these female erotic zones as possible so we can all be better sex partners?

Men and women have as many "erogenous" zones as their minds can think up. Remember, by stimulating an erogenous zone, you are actually triggering the brain to feel pleasure. Therefore, erogenous zones vary greatly from person to person.

The primary erogenous zones are similar in both men and women: neck, earlobes, inner thighs, buttocks, belly button, genitals (the penis and scrotum in men, the whole vulva or external genital area in women). The breasts are also an area of considerable sensitivity for many, but not all, women. The secondary erogenous zones can be anywhere on the body that a person feels pleasurable sensations.

As stated earlier, each person has erogenous zones unique to their bodies and has different things that "turn them on." For instance, many people enjoy having their earlobes nibbled on, while many people cannot stand this. Also, many women get pleasure from stimulation of their clitoris (where a majority of nerve endings are located), but direct stimulation of this organ is painful for some women.

The bottom line is similar to the rest of the messages you have read in this column. To be a good lover and know what pleases your partner, you need to communicate. This can be done non-verbally, but many people are not skilled at giving or receiving accurate non-verbal messages. Talking about sex can help you avoid intercourse if that is your choice, avoid diseases and unwanted pregnancy if you do choose to be sexually active, and make any physical interactions more pleasurable for both partners.

I'm scared to take birth control pills because of the many dangers and complications, and I have sex regularly. What should I do?

There are many options available to you besides the pill. A condom used along with spermicidal foam can provide contraceptive protection equal to birth control pill while also giving you the advantage of sexually transmitted disease protection, which is absent with the pill. A diaphragm or the contraceptive sponge are other options you may consider.

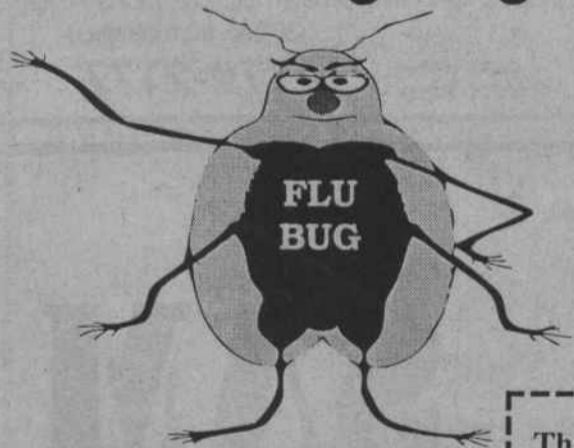
Certainly you should not use any method that scares you. However, you may be under some false assumptions about the pill. There is a slight risk of major complications such as blood clotting and stroke.

However, these are most common in women over 35 years of age and in women who smoke. The risk of cancer related to the pill has been discussed for years. The most current thinking on the matter is that there is not a correlation between birth control pills and breast cancer. There does seem to be a decreased risk of developing ovarian cancer, and several studies have indicated an increased risk between the pill and cervical cancer.

Most of the side effects you have probably heard about are the minor side effects that can be annoying but aren't necessarily

See SEX page 7

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