Works Cited

"Alternative Energy Sources." Internet. Jan. 1997. Available: http://sunsite.unc.edu/horizon/pastissues/vol 1 no2/tech2.html

Ellis, Jane. "Why Promote Renewable Energy?" *OECD Observer.* Aug. 1996: 17-21.

Knott, David. "Smugness Threatens Sustainable Energy." *The Oil and Gas Journal.* 9 Dec. 1996:32.

Kozloff, Keith Lee. "Renewable Energy Technology: An Urgent Need, a Hard Sell." *Environment.* Nov. 1994: 4-17.

Romm, Joseph and Charles Curtis. "Mideast Oil Forever?" *The Atlantic Monthly.* April 1996: 57-71.

Weisman, Jonathan. "Grumbling Over Energy Cuts Elicits a Response." *Congressional Ouarterly Weekly Report.* 1 June 1996: 1524-1526.

ANOREXIA AS A HARMFUL EFFECT OF WOMEN SUCCUMBING TO SOCIETAL PRESSURES

Angela Seitz

Business Administration
Lake Zurich Senior High School, Lake Zurich, Illinois

My friend Vicky Vassallo had it all. She was a co-captain of the soccer team, Homecoming Queen, achieved near-perfect grades and was well-liked by her peers. But Vicky never saw herself the same way that everyone else viewed her: Vicky saw herself as being ugly, stupid, and fat. Although I knew that Vicky did not see herself as being "thin enough," I was completely surprised to receive a call from her mother one day informing me that Vicky was in the hospital for anorexia nervosa. Because of the traditional link created for women between physical appearance and personal worth, between self-confidence and self-image, women who feel unattractive and thus unhappy, oftentimes assume they are not thin enough.

Anorexia is statistically related to gender, age, and race. Numerous studies indicate that the large majority, generally noted at least 90% of those with anorexia, are female. The main reason is due to the different societal expectations for males and females, especially in regards to appearance, attractiveness, and physical size. A person's race has also been found to be related to the prevalence of anorexia. Anorexia is very rare for African-Americans and other minority groups. Most individuals who have this disorder are white. It has been theorized that this difference is most likely due to the cultural expectations of various ethnic and racial groups. It has been suggested that people of color are not as affected by society's pressures to be thin as caucasians are. Age is another factor in determining rates for anorexia. Most individuals with anorexia are adolescents and young adults. This disorder usually occurs between the ages of 14 and 30 (Thompson and Sherman 2-3).

In order to completely understand anorexia, one must understand what it actually is. It is often referred to in dictionaries as "the self-starvation syndrome." The exact cause of anorexia nervosa is unknown. However, it is an illness that has probably afflicted women over the centuries. Those people who are at most risk are perfectionists who conscientiously plan and order their life. Food and eating may be the one area which can be successfully controlled. Eating disorders may be a way of coping with problems in life: a way of avoiding issues or emotions which seem too painful. Once the disorder becomes established, a vicious cycle develops. In the initial stages, the individual may be complimented on her slim appearance and commended for her self-control, which may well encourage her. The worst aspect to this is that as dieting and weight loss continue, weight loss becomes an important achievement while any lack of weight loss is seen as failure.

Anorexic patients tend to share certain traits. They are afraid of losing control, of becoming fat, and they have low self-esteem. People with anorexia tend to be perfectionists. They rarely rebel and are usually perceived as always being "good." One expert described her anorexic patients as having a total lack of self—well beyond low self-esteem. Because they lack a strong sense of identity, people with anorexia are extremely sensitive to failure and any criticism.

A tragic example of an individual with this personality was the world-class gymnast, Christy Heinrich. At the time when she was reaching her peak performance level, a judge casually mentioned that she was "too fat to make the Olympic gymnastics team." She weighed 93 pounds at the time and was 4 feet 10 inches tall. According to her friends and family, Heinrick became obsessed with that one remark, and it drove her into severe dieting from which she never recovered. After dropping to

47 pounds over four years, she died of multiple organ failure. Typically, along with a drive for perfection comes an idealized image of thinness that can never be achieved, because the person with anorexia can never see her or himself as perfect (Board of Directors).

Another tragic example is a young teenager named "Deborah." Deborah developed anorexia nervosa when she was sixteen. A rather shy, studious teenager, she tried to please everyone. She had an attractive appearance, but was slightly overweight. Like many teenage girls, she was interested in boys but concerned that she was not pretty enough to get their attention. When her father jokingly remarked that she would never get a date if she did not take off some weight, she took him seriously and began to diet relentlessly—never believing she was thin enough even when she became extremely underweight.

Soon after the pounds started dropping off, Deborah's menstrual periods stopped. She became obsessed with dieting and food and developed strange eating rituals. Every day she weighed all the food she would eat on a kitchen scale, cutting solids into minuscule pieces and precisely measuring liquids. She would then put her daily ration in small containers, lining them up in neat rows. She also exercised compulsively, even after she weakened and became faint. No one was able to convince Deborah that she was in danger. Finally, her doctor insisted that she be hospitalized and carefully monitored treatment of her illness. While in the hospital, she secretly continued her exercise regimen in the bathroom. It took several hospitalizations and a good deal of individual and family outpatient therapy for Deborah to face and solve her problems (Board of Directors). Deborah's case is not unusual. People with anorexia typically starve themselves, even though they suffer terribly from hunger pains. One of the most frightening aspects of the disorder is that people with anorexia continue to think they are overweight even when they are bone-thin.

Although many individuals may actually have this disease, the *Diagnostic and Statistical Manual of Mental Disorders* requires that for the diagnosis of anorexia to be made, an individual must refuse to maintain body weight over a minimum normal weight for age and height; have an intense fear of gaining weight or becoming fat even though underweight; have a sense of disturbance in the way in which one's body weight, size, or shape is experienced; and, in females, must have an absence of at least three consecutive menstrual cycles when otherwise expected to occur. This is problematic because too much emphasis is placed on the individual's weight when it should be placed on the psychological abnormalities instead.

Anorexia can have dangerous effects on all aspects of an individual's life. It can affect other family members as well. Being seriously underweight can lead to depression and social withdrawal. The individual can become irritable and easily upset, and have difficulty interacting with others. Sleep can become disrupted and lead to fatigue during the day. Attention and concentration can decrease. Also, most individuals with anorexia become obsessed with food and thoughts of food. They think about it constantly and become compulsive about eating rituals.

Most of the medical complications of anorexia nervosa result from starvation. Although not life-threatening, abnormally slow heart action and unusually low blood pressure (hypotension) are often associated with anorexia. Gastrointestinal complications are also associated with anorexia. Constipation and abdominal pain are the most common symptoms. The rate at which food is absorbed into the body is slowed down. While liver function is generally found to be normal, there is evidence of enzyme changes and overall damage to the liver. Anemia is frequently found in anorexic patients. Suppressed immunity and a high risk for infection are clinically proven (Person).

Treatment of anorexia must focus on more than weight gain. In fact, weight gain should be secondary to the more serious underlying issues facing the anorexic. Some individuals recover fully after a single episode. Some experience a fluctuating pattern of weight gain followed by a relapse. Others experience a progressively deteriorating course of the illness over many years and still others never fully recover. As with many other addictions, it takes a day-to-day effort to control the urge to relapse.

There a variety of treatment approaches. However, the treatment typically depends primarily on the resources available to the individual. For those individuals whose weight loss has become severe, hospitalization may be necessary. Patients can be treated by a medical doctor, a clinical psychologist, or both, depending upon the progression of the disorder. An appropriate treatment approach addresses underlying issues of control and self-perception. Nutritional education provides the patient a healthy alternative to weight management (Person). In treating anorexia, it is extremely important to remember that immediate success does not guarantee a permanent cure. Sometimes, even after successful hospital treatment and return to a normal weight, patients suffer relapses. Follow-up therapy lasting three to five years is recommended if the patient is to be completely cured (Dove). The ultimate goal of treatment should be for the individual to accept herself and lead a physically and emotionally healthy life.

Works Cited

Board of Editors. "Eating Disorders: Anorexia and Bulimia Nervosa." Well-Connected. 1996.. Online. Internet. 5 May 1997. http://www.noah.cuny.edu/weconn/eatdisorders.html

Dove, Jody. "Facts About Anorexia Nervosa." Medaccess Corporation. 1995. Online. Internet. 4 March 1997. http://www.medaccess.com/guides./FactsAbout/facts_01.html

Penson, Luke P. "Power Points on Anorexia Nervosa." Medicine Net. Online. Internet. 5 May 1997. http://www.medicinenet.com/mainmenu/encyclop/ARTICLE/Art_ANOREXI.html

Thompson, Ron A., and Sherman, Roberta Trattner. *Helping Athletes with Eating Disorders.* Bloomington: Human Kinetics Publishers, 1993.

TRUE LOVING CHRISTIANS?

Kelly Mullin

Social Work
La Salle High School, South Bend, Indiana

"Children are dying in the streets. Wars are destroying nations and people. People around us are crying out in pain and anguish—desperate to hear a word of love—needing compassion-acceptance-grace. Where is the Church? Where are the Presbyterians? Where is our witness? We are in a box on page two trying to restrict the way people love one another" (Thomas 2). Who belongs in the church offices and who doesn't? Who can be married and who can't be? These are hot debates that have been brewing in the Presbyterian Church (U.S.A.) for a long time, but now are finally being confronted head on. These debates are between those who feel homosexuals should be allowed to be ordained to church offices and those who feel just the opposite. They are also about those who feel homosexuals should and should not be allowed to be "united" in the church. Both sides have good arguments that make it hard to choose one side. There have been many problems that might force a