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LISTEN



**LINDA McGEHEE-
CLIMBING UP
THE "DOWNHILL"**

**Be Your Own
Dear Abby**

**Making Decisions
for the Unborn**



A SEA OF HANDS

Mary Branch

I thought I had the problem of financing my education licked when I received a scholarship to college. But I soon realized that the cost of tuition, housing, food, and supplies was more than I'd expected. I knew I had to get a part-time job.

Otherwise school was all I'd hoped for. I was lucky to get the classes I wanted and especially the art instructor of my choice. Everyone told me that Mr. David McDowell was the one to try for, and, although I was the last on the list, I did manage to get in under the wire.

Mr. McDowell certainly looked like an artist is supposed to look—the kind who starves in a garret. He was frail and slender, and I'm sure all the women students wanted to mother him even though we soon learned he was happily married and had two children. His hair was collar-length and sort of reddish brown. His soft brown eyes seemed to see right into the idea you had in mind. I won't say I had an instant crush on Mr. McDowell, but I certainly liked being in his presence. Everything about the man seemed to instill creative inspiration in his students.

Art is an expensive subject to study; there's always a need for more canvases, oils, and working tools. So, considering the cost of room and food, plus my need in art, I simply had to find a part-time job. I put in my application at two agencies which served many of the students. I'd about run out of funds for the month when the first call came.

At the agency office a Ms. Scott explained the job to me. "A tobacco company is introducing a new brand of cigarette, and they want a young, attractive person to hand out free samples."

"That sounds easy," I said. "I bet I could give away a lot of cigarettes right on the campus."

She smiled at me. "That's against their regulations. No handouts on any campus. You'll stay out in the open, say in the city plaza. You'll not be allowed to give them away in the shopping mall, and you are never to go near a high school campus."

"Okay. When do I start, and how will I be paid?"

"You can start right now, and you'll be paid by the hour a little better than minimum wage."

She continued to explain the job to me by saying that I would be interviewed at the office of the agency, and that I would be checked for time to some extent, but on the whole, I could set my own time and the number of hours I wanted to work. It sounded like an ideal job for my needs.

She gave me a pretty shelflike box that hung from my neck and shoulders and held layers of the new brand of cigarettes. The packages were white and blue and looked very antiseptic.

"Do I give them to regular smokers, or do they want me just to try for beginning smokers?" I asked.

"They want you to give the samples to anyone over 21. Of course, you can't ask their ages, but you can judge for yourself if the person is underage. The idea is to offer people a new brand."

I took my supplies and my pretty carrying container and left the office to begin work that afternoon.

I found it easy to stand in the plaza, smile at people, and give them one of the white-and-blue

packages of cigarettes. Often kids would hassle me for the free smokes, but I managed to shoo them off and give the free cigarettes only to adults. Everyone seemed willing to accept them. A sea of hands were outstretched to me, reaching for the small packets.

My hours were so convenient that I could earn enough for my needs and still have plenty of time to study or paint. I suppose one of the strange things about my handing out cigarettes was that I didn't smoke. I actually considered smoking objectionable and thought a smoker foolish to puff on a burning object, inhale the fumes, and clog up his lungs. But if that's what people want, that's their business, I thought.

My classes were going fine. Mr. McDowell gave gentle but positive instruction, and my work was progressing even better than I'd hoped for.

"What do you think would happen if you added just a touch more brown?" he'd ask, letting me experiment with the oils. Or he'd say, "Do you suppose if you added a line here it might bring out the character of the subject?" And that most often was just the touch the painting needed.

I had studied with others through high school, but no teacher had inspired me as Mr. McDowell was. His students all felt this way about him, and after a few hours in his class we all came away feeling as though we'd been isolated in a field of peace and creativity.

It is easy to imagine how we felt when one day he didn't come to class. A young woman was substituting for him.

"Mr. McDowell is ill and will be absent for some time," she told us, and a hush filled the room. One girl cried.

"I'm almost finished with this picture, and I know I'll never get it right without Mr. McDowell," she sobbed.

Miss Cooper smiled. "I'm sure we can make do somehow," she said with a trace of scorn in her voice.

But we didn't "make do" very well. Miss Cooper was prone to instruct with an unbending way instead of suggesting slight changes as Mr. McDowell had done. I felt depressed without him in the classroom.

My job with the tobacco company was about to end. The new brand had been introduced, and now the company hoped for sales to soar for their

new product. As I turned in my carrying case, Ms. Scott offered me another job with the same company.

"You've probably noticed in supermarkets that cigarettes are usually close to the cash register. The company uses people to see that its product is in a more accessible place than that of their competitors. You have done so well with the samples that I'm sure you'd be just the person they'd want to take this job," she said.

"I can do it if it's part time," I told her.

"The time would be at your convenience."

I went to my apartment feeling wonderful to have more work, a job that could last all through college. I picked up an evening paper on my way to my apartment.

It has long been a sort of hobby with me to read "Letters to the Editor" in all kinds of publications. I like to know how people really feel. I sat by the small table in the apartment kitchen drinking a glass of cool milk when a letter seemed to spring at me from the page. Instead of saying, "Dear Editor," it began, "My dear people." My eyes were drawn to the signature. A gasp escaped my lips—it was signed by Mr. McDowell!

"My dear people, I'm writing this letter from my deathbed," it began. I felt as though I were slowly sinking into a morass of crushing quicksand as I read the letter.

He explained that he blamed himself for the death that was inevitable and imminent.

"I leave my wife and two children a widow and orphans because I continually took a substance into my system that spelled destruction. I'm writing this in the hope that some young person, even one, will read it and profit by my mistake."

He explained he was dying of lung cancer, that the doctors could not operate since the disease had progressed beyond hope for recovery.

It took me a long time to read his letter. I could read only a few lines, then my eyes became so blurred that I could no longer see the words. I cut out the letter and put the clipping under the cardboard lid of my art-supplies box.

For the rest of the evening and most of the night my mind's eye saw a sea of hands reaching to me for sample packets of the new brand of cigarettes. In the morning I went to the agency and told Ms. Scott that I couldn't handle the job she'd offered me, so I was quitting. ◇

ASK A FRIEND

My Drug Use Has Ruined My Life

Every time I get involved with a guy I feel so nice. When I'm not, I get so desperate and worked up that I practically throw myself on any guy who comes my way. What can I do to keep myself from acting this way and losing my self-respect?

In order to respect yourself, you must first respect who you are, what you represent, and what you intend to be. I can tell by your letter that you really want to do the right thing when you date boys.

My advice is to forget your past behavior, act positively right now, and continue to look toward a bright future. You are what you want to be; go after what you want 100 percent. Don't let up for one minute.

I have a bad problem with acid and codeine. Right now I'm in prison for a burglary I committed while doing acid. I really do want help; my problem has ruined my family life and myself. I don't think I'm physically addicted by I'm very weak when it comes to drugs.

I respect you a great deal and realize how difficult your problem is. Drug abuse has a devastating effect on most lives, just as your experience with drugs has, up to this point, ruined your life.

But the positive thing about your situation is that you are developing an attitude in which you see that drugs are bad, and you want to rid yourself of them once and for all.

To do this, you must admit you are a drug addict and that you have a weakness for drugs (psychological dependence is as much an addiction as is physical dependence). Now you must seek professional help and be willing to work to rid yourself of this weakness.

There is good in everyone. Think positively and you can have almost anything you wish. Put as much effort into staying *drug free* as you did staying *drugged* and you will be a very happy person.

I am 15. My father died two years ago. My life is boring and dull; the only thing I do is watch TV. My mother won't let me visit my friends because she doesn't like their religion. I have been contemplating living in a foster home, but my mother gives me everything I need. I feel like hurting myself. I get real sick of living.

First and foremost, remember one thing: you'll not be 15 forever. Your problem today will be soon forgotten in the days to come. You see your life today as boring and dull—the only thing you do is watch TV. But whose fault is that? The TV doesn't turn itself on.

My advice to you is to get up from in front of the TV and read a book or get a hobby of some kind. Your problem is you have too much time on your hands. Leisure time can be very harmful if not used in a constructive way.

Don't be too concerned about the fact that your mother doesn't permit you to visit your friends for the reason stated. Instead, invite your friends over to your house. Let your mother see how nice they are; then maybe things will change.

Look at the positive side of life. You are a young, healthy girl with a long, beautiful life ahead of you. Please don't get sick of living, for you have not really experienced life yet. Give life a chance. You'll love it.

I left home when I was 12 years old and have been liv-

ing in one foster home after another. I am now almost 17. I wrote to my grandparents and uncle to explain why I left home, but I'm not really sure if they will listen or understand. What should I do?

It's very difficult to answer your letter because you don't say why you left home in the first place. But I will say that it's not a good idea to leave home at age 12 for any reason.

I'm convinced that proper counseling in a family can solve most problems; therefore it's not necessary to pack up and run away. I would say that you *all* failed to give yourselves a chance to work things out.

I feel strongly that what you're doing now—writing to your grandparents to explain your situation—is the right thing to do. In fact, call them if you can. Talk to them and explain the situation. Don't give up. I'm sure they love you very much. Don't get discouraged; it will take time for them to understand why you did what you did. Good luck.



Do you have a question about friendships, parents, drugs, health, or other teenage concerns?

Ask a friend—Bob Anastas, parent, teacher, high school counselor.

Address your question to Ask a Friend, *Listen Magazine*, 6830 Laurel Street NW, Washington, DC 20012.

Be Your Own Dear Abby

Carol J. Friedrichs

Dear Abby,

Fern and I have been best friends all year. We walk to classes together, share our lunches, and talk about the cutest boys after school over homework. But lately Fern has been spending a lot of time with Jodi. What should I do?

Signed, Stacy

Upsetting situations often cause our emotions to interfere with our good sense. We don't always have the time to seek an expert's advice. The following six-step method may help you to solve your own problems in a more rational way. It helped Stacy.

1. Define the problem.

Have you ever felt depressed or upset, with only vague feelings about whatever might be causing you to feel badly? Sometimes we try to avoid thinking about issues that bother us. The first step in solving any problem is to figure out specifically what it is. Try to state your problem in one sentence.

Stacy spent much time feeling dislike for Jodi. She wasn't exactly sure why, but when Jodi was around, she felt angry. When Fern

and Jodi spent time together, Stacy was left out and alone. She thought something was wrong with her.

"Exactly what is it that is causing me to be so upset?" Stacy asked herself. The problem Stacy came up with was that the change in her relationship with Fern was very painful to her.

2. Consider alternatives.

Think of possible solutions to your problem. There are few situations that cannot be altered in one manner or another. Even if you think there's no way out, there probably is. Even a silly idea may develop into a good one, so consider many alternatives.

Stacy considered what she could do about the change in her friendship with Fern. Perhaps she would let Fern know how she really felt. Talking to Jodi might be another idea. She considered the possibility of developing a new friendship of her own.

3. Consider the consequences of your alternatives.

How do you know which solution is the best? You don't. To make a wise selection you need to think carefully about the possible consequence of each alternative. Try to imagine what might happen as a result of your idea.

Stacy thought Fern might react to her statement of feelings by denying any change in their friendship. She would probably say that she still thought of Stacy as her best friend. Jodi might resent Stacy's interference in her new relationship. She might even try to turn Fern against her. Charlene is a sweet, friendly girl Stacy sits next to in homeroom. But she might be too busy for Stacy, and a good friendship takes a long time to develop.

4. Choose your solution.

Based on the possible effects of each of your choices, make a decision. Which solution seems most sensible, and when and how will you put it into action?

Stacy decided that she would probably feel better if she too had other friendships. She decided to invite Charlene to come over after school the next day and listen to her new Linda Ronstadt tape.

5. Act on the solution.

Once the decision is made it's time for action. You may find yourself delaying this step for fear of its not working the way you expected. But remember, you won't know until you try.

Stacy phoned Charlene after dinner, and although they couldn't arrange a visit for the next day, Charlene suggested the following day. That gave them a leisurely afternoon to get acquainted and to giggle over peanut butter sandwiches.

6. Evaluate the outcome.

The last, most important step is to decide whether or not your solution worked. Allow a reasonable time to test your action, then think about it.

Two weeks after Stacy's visit with Charlene, Stacy reflected upon her original problem. She had since been invited to Charlene's house for dinner, and they had spent another afternoon shopping for new jeans together. Jodi's presence doesn't make Stacy so angry anymore. She's accepting the friendship between Jodi and Fern. As for her relationship with Fern, it's different. But they spent several afternoons together and still speak on the telephone almost every day.

Stacy thinks her solution was a good one.

However, if you try this method and find you chose the wrong alternative, go back to step two and try again.

Problems will arise for you almost every day. Differences with friends, family, and teachers, conflicts within yourself, and worries about your future—all are a part of becoming a responsible adult. The more you consciously apply these six problem-solving steps to your daily concerns, the more you will use them without even realizing it. As you begin to see that you have the power to solve your own problems in a satisfying way, each problem will become less upsetting.

The next time you have a problem, use these six simple steps and be your own Dear Abby! ◇





Making Decisions for the Unborn

Fred Joseph, Jr.

Decisions. Decisions. Decisions. The teenage girl today is faced with a multitude of decisions. Should she wear this dress or that dress? Date this boy or that boy? Many of these decisions may have immediate, readily seen results. But

one does not—to smoke or not to smoke.

Smoking by a teenage girl affects not only her own condition in the present and in the future, but also that of an unborn child or an unconceived child which may be born long after her teenage years. You may say to yourself that you have known many smokers whose children have no problems. On the surface, that may seem true. But consider these facts:

1. If you smoke less than one pack of cigarettes a day and

become pregnant, you are increasing your chances of having a premature delivery and a defective child by 1 in 5. Smoking more than one pack increases your risks to 1 in 3.

2. In one type of miscarriage, the risk of defective delivery is increased by 24 percent in moderate smokers and 60 percent in heavy smokers.

3. In another type of miscarriage, the risk of a defective delivery is increased by 25 percent in moderate smokers and 92 percent in heavy smokers.

4. If you smoke more than one pack a day, you are exciting the unborn child (fetus) more than 20 times. A total of 16 hours of excitation can theoretically wear out the fetus.

5. The nicotine level in the blood-stream of a non-

smokers's unborn child is 10 percent of that of the smoker's unborn child.

In addition, there are many other conditions caused by smoking which have a direct effect on children before and after birth. In an ongoing study at Harvard Medical School of the breathing capacity of 318 children, the highest level of breathing capacity existed when neither parent smoked, an average level when only one parent smoked, and the lowest when both parents smoked.

In a nationwide study of 50,000 pregnant women and their children, an overwhelming amount of evidence was found to show the direct relationship between childhood developmental problems and smoking by childbearing women. The risk of miscarriage was increased in direct proportion to the extent of *how much* and *how long* a woman smoked *before* pregnancy. Smoking mothers also had an increased likelihood of having premature babies.

Conditions such as birth defects, harmful blood-type matches between mother and fetus, bacterial infections, and newborn choking deaths were also associated positively between the smoking mother and the newborn.

In a Canadian study, direct relationships were found between below-normal physical and mental development in the child and its smoking mother. In 45 studies involving more than 500,000 babies, it was found that babies of smoking women weighed 10 to 15 percent less than those babies

of mothers who did not smoke. The low-birth-weight babies grew at a lower-than-normal rate for height and weight when compared to babies in a similar age bracket. As the mother's smoking level increased, there was found to be a decrease in the child's head size at age 7 to 14 days. At age 6 1/2, children of smoking mothers had more nervous-system problems, lower average scores on 45 of 48 psychological tests, and slightly lower school placement scores than those of nonsmoking mothers.

The biological process in which smoking effects these changes next deserves attention. Two active ingredients of smoke are carbon monoxide (a gas) and nicotine (a stimulant).

Nutrients and oxygen are passed from mother to child through interlocking blood vessels. Nicotine causes a narrowing of these blood vessels, which results in a reduced supply of vital nutrients and oxygen to the child.

Hemoglobin is a protein found in the red blood cells. It combines with oxygen to form oxyhemoglobin, the protein that carries oxygen in the blood stream. Carbon monoxide in smoke displaces the oxygen in oxyhemoglobin to form carboxylhemoglobin. The more there is of the carboxylhemoglobin and the less there is of oxyhemoglobin, the less oxygen will be available to the child.

Reduced oxygen and nutrient supplies to the child cause reduced cell division, which in turn causes reduced growth.

Areas of living tissue which are without oxygen for a measurable period of time are destroyed.

The information on smoking and its ill effects has not gone unnoticed by the teenager today. In a University of Michigan study, 17,000 high school seniors were studied nationwide for several years. In 1977, 49 percent of the seniors smoked daily; in 1980, 21 percent smoked daily. This decline was a dramatic 28 percent over a short interval of just three years.

If this decline in smoking by high school students continues, only a small percentage of the unsuspecting will keep on smoking. They will be making decisions harmful not only to themselves but also to untold numbers of children yet to be born. ◇

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DANA HEATLEY:



MODEL ON



THE WAY UP

WILLIAM NOEL

For Dana Heatley, living and working on New York's famous Madison Avenue is an adventure most other 19-year-olds can only dream about. She's a southern belle who looks good on film, a vital reason why she's a professional model.

Modeling is a field she never planned to enter. While in high school her plans included a college major in business administration and later owning a women's clothing store. But persistent backaches got in the way. Varsity cheerleading only made the problem worse. Hoping that poses and postures taught to

fashion models would help, she enrolled at a local modeling school with her sister. Not only did this alleviate the backaches, it opened up unexpected career opportunities.

It was Dana's sister who had designs on professional modeling, yet it was Dana who won a local modeling competition, then a second competition in New York City. Her new career was launched at the New York competition when she was "discovered" and hired by the women's division manager of a major modeling agency.

Dana definitely has looks that sell. Blonde tresses accent sparkling hazel eyes and a mouth that curls into a charming smile when she speaks. An artful touch of makeup compliments homespun elegance.

Her athletic figure looks good draped in just about anything. Still, getting work in New York is a challenge.

Getting jobs involves two basic steps. First, she has to have a portfolio demonstrating her skills. Building that portfolio comes through collecting pictures from previous jobs and pictures from testing sessions. "Testing" is a private practice session with her, a makeup artist, and a photographer. An hour with the makeup artist prepares Dana to exhibit her best for the camera. She then may spend only 15 minutes in the studio, but she has pictures from which to select for her portfolio.

The second step in getting work is becoming known at the advertising agencies. It's there that models are selected for

ads. Some days it entails six or more interviews at ad agencies that may be 50 or more blocks from home. Taxi fares quickly add up, so she walks. Aching feet are part of the price she pays for success.

Dana's portfolio contains one humorous ad from an Italian motherhood magazine. In it Dana wears a cute maternity dress with an obvious maternal bulge (actually a pillow). Friends at home saw the ad and remarked, "So that's why you went to Italy!"

In spite of having been catapulted into the world of high fashion, Dana is still a very typical teenager. She prefers designer jeans to dresses but clothes herself carefully whatever the occasion. The person you see is the real Dana with no pretense or falseness.

Extra pounds are the constant enemy of a fashion model. One or two in the wrong place can fill a garment just a bit too much and mean less work. Almost never on a diet, Dana chooses a wide variety of food but monitors how much she eats. Preventing weight from going on is easier than taking it off later.

Dana is only one of several hundred models fortunate enough to be working in New York. To be among the chosen few at the top is great, but she is not yet at the pinnacle of success. Like most others, she struggles to find enough work to pay the monthly bills.

A model has the option to decline work, but very few can afford to pass up a paycheck. One thing Dana will not pose in is lingerie. Though it pays more than other jobs, she does not want to reveal that much of her body for public viewing.

To the stranger she is just another body, but to the folks back home in Goose Creek, South Carolina, she's the girl next door.

Another place you will not see Dana is in ads for tobacco or alcoholic beverages. Federal law prohibits anyone under the age of 25 from appearing in such ads. This excludes Dana, but she does not complain. She disapproves of both products and does not want her face endorsing them.

About the longest Dana can expect to work as a model is ten years. Her long-range plans still include college and the store. When she finally opens her clothing store, her modeling experience will be a great asset for advertising. Until then her daily work involves clawing her way to the top.

For Dana, maintaining her appearance requires eating right and getting good exercise and enough rest. It also means avoiding tobacco and alcohol. Both damage facial features, requiring more makeup. Tobacco stains on the teeth require extra visits to the dentist for tooth cleaning.

Illegal drugs are another thing Dana avoids, both for her health and safety and to protect her job. To be caught on the job either possessing or using drugs would bring an immediate end to her blossoming career. On top of instantly being fired, no other modeling agency in town would hire her. Agencies universally refuse to employ a model who uses drugs. The offending model can be easily replaced from among the scores of pictures overflowing the application files.

Living in mid-Manhattan has

both its pleasures and problems. Major department stores and exclusive specialty shops are nice to have within walking distance of home, but crowds and city grime can be hard to take. City noises continually invade her privacy at home. Periodically she retreats to the solitude of her parents' home for a few days of rest, relaxation, and quiet.

Somehow Dana's appearance conceals an inner energy and courage that manifests itself in surprising ways. One day in a famous department store, a would-be pickpocket mistook her for an easy target. Imagine his surprise at being violently pushed away and forcefully ordered to depart! No pushover, this small-town girl has learned to survive in the big city.

The youngest of five children, Dana has learned from her parents a set of conservative Christian values that has served her well. The modeling agency has rules to protect her at work, but there are people off the job who will try to take advantage of a young beauty. Being a model makes her more desirable as a target.

College and the store will have to wait until Dana's modeling career has progressed further. In the meantime there are innumerable city blocks to traverse, countless hours of poses and shutter clicks, and weary dressing-room sighs and glances at fellow models who ask, "And they call *this* glamour?" Perhaps one day her face will grace the cover of a major magazine or be seen in a national advertising campaign. Whatever the future holds, she's ready to give it the hard work it demands. ◇

NICOTINE

THE INVADER WE INVITE

BETTY COONEY INTERVIEWS DR. IHOR BEKERSKY

Is nicotine an addictive drug?

Very definitely. If you look in the pharmacologists' "bible," *The Pharmacological Basis of Therapeutics* by Goodman Gilman, nicotine is clearly defined as a drug with addictive properties.

Why is it difficult for some people to accept the fact that nicotine is an addictive drug when scientists are very much aware of this fact?

Actually, the fact that nicotine is addictive has been accepted only in the last few years. In part, this is due to the recent development of very sensitive analytical methods for the detection of nicotine in blood plasma. Because of the former lack of such methods, researchers could not make the important correlation between plasma nicotine concentrations and the pharmacological activity of nicotine. Consequently, the withdrawal symptoms of a smoker who went without smoking for a time were previously attributed to other causes in spite of the fact that such symptoms were alleviated when smoking was recommenced.

Is nicotine the only addictive substance in tobacco?

The evidence indicates that for most smokers it is the addictive substance, but there are dozens of detectable compounds present in smoking material which create complex reactions in the body.

What characteristics of nicotine contribute to

the difficulty a person has in stopping smoking?

A person doesn't need high levels in his bloodstream for it to have an impact. It is very quickly distributed to, and utilized by, the body. Because it is a potent drug and in the body only a short time, the need for repeated smoking is greatly increased.

But what is it about nicotine that would cause 53 million persons to become addicted to it, as opposed to the relatively few persons addicted to other drugs?

It is the drug delivery system. Pharmaceutical companies spend millions of dollars to develop the best delivery system for their therapeutic products, whether oral, intravenous, or intramuscular.

Inhalation smoking, the drug delivery system for nicotine, delivers the doses of nicotine in puffs, each puff being equivalent to one dose or the amount of drug necessary to produce a pharmacological reaction in the body. A person smoking one pack a day will take in from 50,000 to 70,000 doses of nicotine annually. These doses get into the bloodstream through the lungs faster than they could if taken intravenously.

How fast does it reach the brain?

In seven seconds. Administered intravenously, it would take 14 seconds.

What if nicotine were taken orally, as in a pill?

It would have almost no effect, because the

liver breaks down nicotine to inactive forms of the drug. This is why I feel nicotine chewing gums are not effective. If taken orally, a person would have to have extremely high dosages to have any detectable reaction, and then it would probably work only for some people.

What other factors are important in a drug delivery system?

The concentration of the drug when it reaches the brain is important. With smoking, the brain is saturated in seven seconds with a quantity of nicotine that is minute, but high enough to produce pharmacological reaction. The dosing regimen is another factor, and that is the way smoking is accomplished, by inhalation. Breathing is repetitive. So when the same process is used for drug delivery, the repetition is part of that process that contributes to addiction. Addicts to heroin and other substances repeat once in a while, but no other drug is repeated as often as nicotine. That's why it has become so pervasive.

The drug is highly bioavailable in the body, which means it is maximally available for the body for action, use, or metabolism. The body uses it and then eliminates it rapidly, creating at once the need for more.

What happens to a person when nicotine saturates the brain seven seconds after a puff or dose is taken into the body?

First, there is stimulation of the sympathetic nervous system, including the pleasure center in the hypothalamus, then of the peripheral organs. These are stimulated with low doses of the drug, but depressed with high doses. Smokers thus experience cycles of ups and downs. With one cigarette, in seconds or milliseconds stimulation may be felt; but as levels increase with continued smoking, depression sets in. This is the cycle that's responsible for the addiction.

Since the condition of the central nervous system is so vital to our well-being, could you explain how it works in relation to smoking?

The central nervous system mediates the messages transmitted between the brain and the various organs of the body. Through the release of chemical messengers called catecholamines, messages are sent that either stimulate or depress bodily functions. Messages or effectors properly sent via these catecholamines reach the intended organ and interlock with specific receptors, much the way gears turn and mesh

in machinery, or the way a key turns in a lock.

However, nicotine in the system alters three factors involved in catecholamine pharmacology: it affects the speed with which they are discharged, the amount released, and the kind of catecholamine released. Each substance has a different function, some of which may be related, but the presence of nicotine creates an important imbalance. Using the lock-and-key illustration again, the effect is similar to putting two keys in one lock.

How does this imbalance affect the smoker?

“Because nicotine is a potent drug and is in the body only a short time, the need for repeated smoking is greatly increased.”

It's responsible for the familiar stimulation and depression cycle experienced by smokers. When depressed, the body “craves” the catecholamines that additional smoking will stimulate, and the cycle then repeats itself.

So there is an actual physiological addiction?

Absolutely. The addictive symptoms a smoker displays outwardly—ups and downs, withdrawal symptoms when not smoking, etc.—reflect what is happening inside the smoker's body. I found it extremely interesting that the Five-Day Plan to Stop Smoking is based on principles that are important in understanding not only drug action, but also the pharmacokinetics of nicotine, or what the body does to the drug.

The Five-Day Plan is, first of all, a “cold turkey” method of stopping smoking, rather than a gradual one. Scientifically, “cold turkey” is the only way to break the habit. To stop smoking is to stop smoking, period.

But aren't the withdrawal symptoms more severe with the “cold turkey” method?

No. Particularly with the Five-Day Plan, there is actually a decrease in withdrawal symptoms. The severity is about half that of gradual plans to stop smoking, and the length of time involved is less. From a practical point of view, “cold turkey” is the only way to go.

What factors in the Five-Day Plan are responsible for decreasing withdrawal symptoms?

There are several. From a pharmacokinetic/pharmacological point of view, I think that the Five-Day Plan balances the need to eliminate nicotine as fast as possible with the need to alleviate the withdrawal symptoms as far as possible. For example, nicotine elimination is greatly enhanced when the urine is acid. This also prevents reabsorption of nicotine from the urinary bladder. The Five-Day Plan uses these concepts in the modified fast it prescribes (fruit and fruit juices), as well as the six or eight glasses of water indicated for each day.

By drinking a lot, a person not only increases elimination, but also decreases the reabsorption process. In other words, if there is a large volume of water in the bladder, the reabsorption of nicotine into the system is prevented.

Studies show that fasting also decreases catecholamine output, which has a net effect of calming the nerves.

Nerves are a big problem with smoking cessation. Is this decreased catecholamine output enough to calm a person completely who wants to stop smoking?

No, but there are other factors in the Plan that also definitely help a person's nerves. The deep breathing recommended throughout the day gets more oxygen to the brain and has a calming effect. Even the fruits and fruit juices are in themselves helpful. Studies have shown that the content of the intestines is related to a smoker's cravings; the more alkaline the intestine is, the less craving. The high amounts of fruit and fruit

“Scientifically, ‘cold turkey’ is the only way to break the habit. To stop smoking is to stop smoking, period.”

juices make the intestine alkaline—and calm the nerves. About every fruit except cranberries produces this alkaline reaction in the intestine.

Former smokers seem to vary in their “craving quotient.” Is there any scientific basis for the timing of cravings, or is a person forever at the mercy of unpredictable yearnings to smoke?

Nicotine cravings have a fairly predictable pattern, or pharmacokinetic time (period in which the body reacts or deals with the drug). In two or three days the nicotine from the last smoke is worked out of the system. In two or three months residual traces of the drug that have been stored in the body are released, causing cravings. In five or six months further traces are released, causing additional craving.

What triggers the release at the later times?

It could be stress or the normal time-course of the drug from the body or a combination of these or other factors.

The Five-Day Plan suggests that a person not have any caffeine drinks or alcohol during the time he's trying to learn to be a nonsmoker. Do you see significance in this?

Psychologically, if you are discontinuing the use of a drug such as nicotine, it would not help your determination at the same time to use another drug. Caffeine is a mood alternator that works just the opposite of nicotine, depressing when nicotine stimulates. Taking it into the system when you're stopping smoking is adding greatly to the whole problem of withdrawal. However, the use of alcohol creates a physiological problem if it is used when nicotine is in the system. Alcohol interacts with nicotine by increasing its distribution in the body. In effect, it “pushes” it out of the bloodstream and into tissues for storage. There nicotine is “bound” to the tissues and the net result is an incomplete elimination of nicotine.

Since the drug nicotine is foreign to the body, the tissues work to eliminate it. As time passes, the releasing “agent” could be stress. When the releasing occurs and nicotine travels through the bloodstream, its presence can restimulate old patterns of biochemical and physiological behavior, and the individual feels the need for more smoking. To prevent a dispersal of nicotine to “hidden” compartments in the body, the importance of avoiding alcohol is emphasized.

The eating of red meat during the five days is also discouraged. Why is this?

Red meats contain substances called purines which are stimulants. Anything that stimulates or depresses is both physiologically and psychologically upsetting to a person trying to stop smoking.

What about the problem so many people have with their weight when they stop smoking?

Smoking (nicotine) decreases the bioavailability of about everything a smoker eats.

“A lot goes on inside a smoker’s body that can affect the general health. For example, the vitamin C blood level is cut in half in a smoker.”

Smokers have high blood-sugar levels arising from, and during the course of, the smoking syndrome which are high enough to depress the normal hunger contractions. This is why smokers eat less. When smoking is stopped, bloodsugar levels become normal, and the hunger contractions are released from their previous restraint. The person thus tends to eat more, food tastes better, and the body begins to use nutrients more efficiently. Unless some care is taken, the combination of these facts may cause a weight gain.

Does a person automatically have to worry about dieting while involved with a smoking-cessation program.

The Five-Day Plan has some built-in guidelines for weight control, such as leaving the table before you’re full, leaving room for more. They also advise having a structured diet, avoiding wild combinations and snacking, rich foods and desserts. Lastly, have structured times for eating. The body functions best when you set a definite time pattern for meals and stick to it.

You’ve mentioned the way smoking affects the number of nutrients a person gets from his food. Aside from keeping a person’s weight down—which is not all bad, obviously—what does this do to the body?

Reducing the bioavailability of any nutrients such as vitamins can cause serious problems, particularly on a long-term basis. The vitamin C blood level is cut in half in a smoker, for instance. The immunity factor of the body (a person’s resistance to disease) is affected by the abnormally high blood-sugar levels found in most smokers. A lot goes on inside a smoker’s body that can affect the general health.

Most smokers know the habit is harmful, but it’s still a very difficult addiction to lick. How can a person “gear up” for such a tough change in lifestyle?

I remind people that when they became smokers they overcame some very adverse effects. Possibly because of peer pressure—particularly if smoking was begun as a teenager—or perhaps because of how they viewed themselves or thought others viewed them, they were willing to put up with the coughing, nausea, and harsh taste that often are associated with beginning smoking.

Becoming a nonsmoker is turning that process around. Nonsmoking involves initial inconvenience and discomfort too. But once the decision is made to become a nonsmoker, there is the same willingness and increased ability to put up with problems involved in that decision as there was when smoking was begun.

The cost of purchasing the substances routinely produced in the body such as catecholamines, hormones, enzymes, interferon, insulin, etc., has been computed at approximately \$6 million. We are, in fact, \$6 million men and women. If it were possible for scientists to create a living body out of all these components, it has been estimated that the labor costs of doing so would amount to approximately \$10,000,000,000,000,000 (ten quadrillion). With that kind of material worth, a person can come to view a habit that harms or interferes with bodily processes as out of the question.

When an individual considers himself as a whole person, worth infinitely more in terms of his potential as a thinking, caring creation of God, smoking becomes a totally unacceptable alternative. It’s just not worth it. ◇



Dr. Ihor Bekersky is a senior research scientist with a New Jersey pharmaceutical company. He does research on how drugs affect the body and how the body deals with drugs—in other words, the science of pharmacokinetics. His specialty is how drugs affect and are handled by the kidneys. He is regularly published in scientific journals and lectures frequently at professional meetings.

TEENAGER LYNDA MCGEHEE FINDS HER GREATEST SATISFACTION

CLIMBING UP THE "DOWNHILL"

INTERVIEW BY FRANCIS A. SOPER

Here's a girl who doesn't merely study her high-school geography—she experiences it!

She not only reads about Austria, New Zealand, Switzerland, Alaska, Italy—she goes there!

She sees Aspen, Sun Valley, Mammoth, and Squaw Valley on beautiful airline travel posters—but better yet, she skis them!

This is Lynda McGehee of Boulder, Colorado, who at 17 is climbing near the top of the mountain as far as skiing achievement is concerned. She's number one in slalom and downhill for her age group, and third in the giant slalom. She's among the top ten women skiers in the entire country regardless of age.

On the world ski scene she's climbing downhill, if it can be said that way. In other words, her speedy skis are streaking down the slopes more and more often on both sides of the world. Her specialties are the downhill and slalom events.

Speaking of the world, it's virtually her own backyard already as a teenager—to Solden, Austria, for a month in training; home to catch her breath;



then to Snowbird, Utah, to train for another month; home for Christmas; and off to Europe again. It seems that her family and friends almost accept the idea of seeing her only between planes at Denver's Stapleton Airport.

All of which sounds as if she's on one continuous vacation, flitting and flying wherever her whim might point.

But no, Lynda says. "People don't really understand what ski racing is all about. It's weird. They think I just go out and have fun all the time. It's really a lot of work."

And that "work" involves much more than what meets the eye as an exuberant young girl flashes down snowy slopes at championship speeds. "It's a year-round thing," she says, "because when you're not skiing you have to be training physically. When you become a better-level skier, you do skiing in the summer too, going through drills and a lot of practice. It's really all-over conditioning."

Which literally means both inside and out. For example, Lynda says it isn't the ski team that determines what she does at the dining table. "It's up to me to decide. I feel sort of unhealthy if I eat a lot of things that are bad for me. Then again if I'm eating well, I feel really good. I stay away from fast foods, chips, things like that, and stick to balanced meals. My nutrition isn't something I think about that much. It's just that I can tell when it's not good."

Such ability to steer her own course has been with Lynda for some time. "She's always been very mature," says her father Cecil who does PR assignments for the U.S. Ski Team. "I think that comes from travel-

ing and competing internationally."

World-class athlete that she is, Lynda holds her own opinion of what maturity means. "It's when you're old enough to know what's happening around you and to make your own decisions. You want to get out and learn things."

Lynda and her family arrived in Colorado via Arizona. Evidently skiing arrived for the family about the same time. Though she'd hardly even seen snow before, she learned very quickly on the Rocky Mountain slopes. Starting to ski when she was nine years old, she began racing at ten and competing in major meets about four years later.

She attracted national attention with a second-place overall finish in her age group in the Junior Olympics, followed by a fifth place overall against skiers of all ages in the national championships. "And I think the four ahead of her all came right off the Olympic team," comments her father.

Lynda's enthusiasm for skiing the treacherous downhill is earning for her the right to compete in this year's World Cup in Europe as part of the Junior "A" team. Skiing in the World Cup has always been a dream of hers, but she says her ultimate goal is to become one of the best in the world.

En route to this goal she has already earned an impressive array of trophies and awards, a collection too large to be adequately exhibited in the family room downstairs in her Rustic Knolls home at Boulder.

While going down the narrow stairway to see the ski-trophy collection, one first sees on the hall wall a colorful mass of ribbons, mostly blue, result-



ing from Lynda's earlier interest in horses and her excelling in that hobby. "I used to be into horses a lot," she recalls. "But that sort of is not now," she observes in an ungrammatical understatement.

But hobbies and leisure interests? Yes, they're there, partly in the form of other sports, such as soccer, tennis, volleyball. "Oh, I love water skiing too. I just learned the past two summers, and I really enjoy that." It's totally different in balance and other ways, she points out, but "pretty good for snow skiing because of coordination training."

As for leisure time, when it's available, Lynda picks up a book—"all books, nothing specific"—and does "a lot of knitting," such as sweaters and ski caps. Also there was, until her graduation from Boulder High School last June, the matter of correspondence courses and some independent studies.

So, for a 17-year-old there's little time to be lonely, but still Lynda wouldn't be human if there weren't moments now and then when she feels "like

no one understands what's going on." She adds matter-of-factly, "But it's nothing. It's good for me to make my own decisions, and not do what everyone else does."

It's a sacrifice that she doesn't have much opportunity to associate with kids her own age. However, hers is a life, she feels, from which she learns so much that other kids don't know. She hopes that after they finish high school and get out into life, they can learn some of the exciting things she's experiencing. She's having the chance a little earlier than most others.

What does a top-class skier think about while waiting for the signal to start a race? "You can't be scared, that's one thing. Especially in the downhill you really have to be confident. You always go over the course in your mind and picture yourself doing it. Running it mentally is almost as good as doing it for real."

On the other hand, "if you're scared, that's when you get hurt." Obviously, Lynda doesn't lack confidence in her own ability. "I've never broken

a ski or a bone." But she doesn't say this boastfully, for she recognizes that accidents do happen, "maybe not for any reason. It's something I try not to think about, because the more you think about it, the easier it can happen."

Concentration on your own skills is a necessity in skiing, Lynda emphasizes. "It's not really people I want to beat as much as just winning. You need to think about yourself doing well and not about other people doing badly."

There are times though when even the best slips a bit, when a high-level skier loses a race. How does an aspiring champion feel as a loser? "You're depressed for a little while afterward. It's a failure feeling in yourself. But these are times when you have to learn to get right back up, else it will get worse and worse."

Lynda looks to the future as well as making the present the best she can, but she is taking things as they come. She's not all that excited about the winter Olympics at this time.

"They're not really any bigger than the World Cup races. It's just that the media have built them up. I'd like to be in the Olympics, but I won't know till the year comes. If I'm skiing well, then it will be another race to do."

This teenager foresees that she will be skiing well in international events at least six or eight more years. Age isn't really a factor," she comments, "till you start going



downhill in other ways than on skis."

So Lynda will keep on skiing until she can no longer make the grade down those snow slopes or until skiing becomes boring to her. "But now my

downhill is really coming along, and I'm skiing pretty well."

As long as that remains a constant, it's obvious that Lynda McGehee will concentrate with confidence on what she does best. ♦

VIEWPOINT

How Do You Control Your Anger?



Dee Dee Runion 11th Grade,
Copper Basin High School
Turtletown, Tennessee

When I become angry I ask God to help me keep calm. When I'm calm I can think things out and react more rationally. As a result, my friends and family have more respect for me and are more willing to listen to my opinions.



Debbie Zieba 7th Grade,
Traverse City Junior High School
Traverse City, Michigan

If I'm really mad I'll turn and walk away from the situation. I'll go to my room, turn on my stereo, and do my Rubik's Cube. When I feel it's necessary, I'll talk things over with my best friend.



Staci Jose 9th Grade,
Ukiah Junior Academy
Ukiah, California

When I get angry I go out by myself and ride around on my bike. But when I'm at school and don't have my bike to ride, I just go out to the picnic tables and sit and think or go spend time with my friends.



Carolyn Gilkey 7th Grade,
Malden Junior High School
Malden, Missouri

When I get angry I like to listen to music and be with friends. Both help me to loosen up and not be so angry. I don't yell or throw fits or make scenes.



Sara Robles 8th Grade,
St. Mary School
Jewett City, Connecticut

I control my anger by thinking of whatever occurred to arouse my anger. I count to ten and fully calm down. I try to not lose my temper, but instead discuss the matter rationally with the people involved.



Tim Drummond
Kelloggsville Junior High School
Grand Rapids, Michigan

When I am angry, I usually like to read or watch television to keep my mind off whatever it is that is bothering me. Then, later, I go back and straighten out whatever it was that made me angry.

AN OLD HAND AT NEW LIFE



Warren instructs soon-to-be parents on what to expect during pregnancy and childbirth.

*"The joys of others
are ours as much as theirs,
and in the proper time as we feel this,
we learn to live
so that the whole world
shares the life that flows through us."
— Annie Besant.*

HARRY CUMMINS

It's a typical Tuesday night in obstetrics, and Betty Warren is doing what she does best.

Four women of differing circumstances are in labor, hours apart, in adjoining birthing rooms at Forest Grove Community Hospital. Room 14 resounds with boisterous conversation as a large group of family and friends have gathered in celebration.

In contrast, a subdued mood envelopes Room 11, where a young couple watch *Nova* on public TV, quietly awaiting the arrival of their first child.

In the midst of each sectioned drama is Betty Warren, an unmistakable conductor of energy as she moves from room to room. Alternating as coach and comforter, her intense involvement makes it hard to tell where she ends and the hos-

pital's birthing program begins.

For 30 years, or 2000 babies as best she can figure, Betty Warren has been eagerly saying Hello to new life. Half of those years have been spent as OB supervisor at this small valley hospital surrounded by lush Oregon farmlands. The other half were "somewhere in the dark ages," says Warren.

Injecting enthusiasm and trust instead of drugs into new mothers, Warren is the energizer of an innovative birthing program exploring new alternatives to traditional medicine. Forest Grove's natural birthing concept, the first of its kind in the state of Oregon, has gained wide acceptance since its Warren-inspired inception in 1972.

While many hospitals nationwide have joined the trend in creating homey birthing rooms, Forest Grove remains among the few that advocate a complete drug-free environment whenever possible for birth. Commonly used labor inducers and pain-killers are seldom prescribed here. While the overall hospital suffers from a sagging census, its four birthing rooms enjoy full utilization, with mothers coming from many miles to give birth at Forest Grove. It's the intimate, totally natural atmosphere Warren has created that draws them.

Often outspoken and controversial, yet a ministering mother figure in her concern, the 54-year-old Warren stands firm in promoting self-responsibility for birth.

"My job is to continue to try to alter the insti-

tutional environment so that families can experience birth in their own unique way, and the control, the celebration, will be theirs. Birth is something you do," says Warren. "Delivery is something done to you."

Warren has labeled many twentieth-century obstetricians as anachronistic with their fetal monitors, forceps, paracervicals, and IV inductions, as if babies were mere objects to be wrenched from the womb.

But she says women must shoulder part of the blame too. "For so long, women have wanted doctors to manage their experience. They have been taught merely to present themselves to the hospital screaming. When I was in nursing school, I remember meeting them at the door with drugs. The mothers were heavily drugged, and that's where the necessity of straps for delivery came in. They had to be treated like mad women. I've seen babies so drugged at birth that they couldn't even cry."

Warren is also the hospital's childbirth educational coordinator, conducting year-round activities, consisting primarily of eight-week prebirth classes for parents. She believes the bonding that occurs during this period is important in strengthening the family unit.

"I like to teach new mothers to trust their bodies through proper nutrition; to trust their partners for support; and to have confidence in their preparation. All these things are born of love, not pharmaceuticals or strange diversionary tactics."

Warren's affinity for natural birth has resulted in an inpouring of letters and pictures over the years from parents who have shared their experiences at Forest Grove. Warren has desk drawers and bulletin boards cluttered with memorabilia of thanks and continues to receive updates long after infants leave her care.

Such rapport is no accident.

Warren says she carefully selects her nursing staff, looking for loving, supportive, touching people. "Birth is spiritual, and it can't be just a job to a nurse," says Betty.

"Couples are very vulnerable during this period, and there needs to be a loving interchange between couples and nurses."

Nancy Tubbs, an R.N. on Warren's staff for over a year, says, "Betty wants every couple to experience an ideal birth, but she never forces her own ideals on them. It's always their experience."

Warren's interest in the mother encompasses the total person—diet, environment, even spirituality. She often talks to groups of high-school girls on the importance of establishing lifelong

health habits and of caring for their bodies before pregnancy. She is quickly angered by such habits as drinking and smoking in the pregnant woman.

"Hey, the research is in, and these do have an effect," says Betty, herself a reformed smoker. "As far as I'm concerned, drinking and smoking during pregnancy is child abuse."

Advocating freedom of choice in health care, Warren's current dream is a free-standing birth center—perhaps a renovated old house where families could come to share their birth experience with a team of registered nurses and experienced midwives, a place where the best of both worlds, technical skills as well as the spiritual concept of birth, could be implemented.

Like most dreams, Warren's must cut through strong opposition. Although childbirth is a natural process, things go wrong in the best of processes. Warren claims that most problems result from a lack of backup in emergency situations or from homegrown midwives who are inadequately qualified.

While the debate rages over the relative safety of home versus hospital birth, Warren cradles her own thoughts.

"I would like to see normal birth entirely removed from the hospital," she says. "Birth is not an illness."

Such revolutionary thoughts have clashed over the years with some doctors and hospital administrators alike who tend to see the issue in different terms. One physician who is not threatened by such ideas is Dr. John Wood, senior member of the staff at Forest Grove.

"Betty really believes in what she's doing, and anyone who truly believes in a cause is going to bump into some rocks on the swim up stream," says Wood.

"Betty has been on both sides of this issue and knows what she is talking about. Her medical knowledge is sound, and I've never seen anyone with more enthusiasm or natural closeness with her patients."

Nurse Tubbs says, "It's infectious the way she gets everyone so excited and involved."

Such praise is dismissed by Warren who simply says, "I hope the day will come when we professionals will be the bystanders—never dictatorial or authoritarian, just loving."

Ironically, Warren says she might one day abandon her work with new life for the opposite end of the spectrum—helping people face death.

"Birth and death are so closely related," says Warren. "There's so much love needed."

Whichever way, Betty Warren will still be doing what she does best.



HOW TO SPITE YOURSELF

Susan Lakkis

Michelle can't wait to finish high school. She makes big claims: first, she'll never read a book again, after having to read so many for school. Second, she'll never do anything resembling physical education

again. "*That* will sure show my English and P.E. teachers who's boss of *my* life!" she tells herself. "Freedom is going to be such fun!"

Michelle isn't the only teenager who thinks like this. Many teens seem to equate freedom with doing the opposite of what those in authority expect. There's an undeniable sense of exhilaration in doing the unexpected, in feeling you're taking charge of your own life. Yet the lovely glow may soon wear off if the choices you make for yourself are less than you deserve.

As long as you hang onto a desire to get even with the people who have bossed you around—unreasonable teachers, demanding parents—you cannot be truly free. Maybe you can't handle freedom. Some teens can't. Their actions are

motivated by spite—and they end up by spiting themselves.

In order to determine your own maturity level, see if you recognize any of these ways teens may have of spiting themselves.

1. *To prove how grown up you are, you stay up every night until you're totally exhausted.*

When you were little, your parents insisted you get to sleep early so you would awaken refreshed and ready to cope with the demands of school. Now that your parents have less direct power over how you spend your time, you want to show them you can get by on less sleep than they think. So, no matter how heavy your eyelids and how sluggish your thoughts, no matter how full your schedule tomorrow, no one's going to tell you when to go to bed.

It's funny how some teens don't catch on until their bodies give them a strong hint. They need to feel ill and tired for many days before they realize there's at least one good reason for going to bed at a reasonable hour—they'll *feel* better.

2. *To prove you're liberated, you don't learn to cook or sew.*

Those are such old-fashioned skills. Once you're on your own, you'll be able to choose from several alternatives: eating out all the time, hiring a full-time cook, choosing a roommate or spouse who's good at cooking and sewing, or going home to Mother whenever you're hungry or your clothes are in need of repair.

On the other hand, think how much simpler your life will be if you don't have to be dependent on someone else for your basic needs. While you're at it, learn how to iron, type, balance a checkbook, change a tire, install

washers on faucets, replace a fuse, and administer first aid. Mastering these skills will give you some *real* freedom.

3. *You don't like physical education classes so you avoid all sports and exercises.*

Some P.E. teachers do emphasize the wrong things: competition among peers, being on a winning team, grades. So as soon as you're free of their tyranny, you're going to relax as much as you like.

There's nothing wrong with rejecting a competitive attitude toward physical education and sports. But who will you be spiting if you aren't in good physical condition? Instead, find a sport or form of exercise that suits you personally and, with no one grading your performance, enjoy it.

4. *When school's out, you never look at a book again.*

You've been forced over the years to read textbooks in history, social studies, English, all your classes. You've had to write book reports that conform to particular specifications. You've had your reading skills tested and retested farther back than you can remember. Now that you don't have to, why read?

Because when you don't have to is the time you begin to enjoy it more. Go to a library or bookstore and let yourself loose. Choose something to read you have absolutely no *reason* to choose—simply because the subject attracts you. That's where the fun begins.

Giving up the reading habit your teachers tried to instill in you would be silly. As you mature, you become the boss of what you read—and you'll discover the pleasure and knowledge gained from reading will serve you well all your life.

5. *You're not a kid anymore, so you don't need to eat healthful foods.*

Some think that eating foods every day from each of the basic food groups is kid's stuff. Soon you'll be able to pick and choose your food with total freedom, and you can binge on all the junk food and candy your parents spent years warning you against. What difference can it make anyway?

For one thing, especially if you're female, the way you eat now can make a big difference to the health of your future children. And whether you're a boy or a girl, your lifelong health, how long you'll live, even your moods and capacity for enjoyment—all depend on what you eat. It's a big responsibility, and you have only yourself to answer to.

6. *You want the world to know you own yourself, so you take risks.*

You smoke or drink, try drugs, drive fast, or try to do all at the same time. It's your body, your life. No one's going to tell you how to live.

Actually, you've got *part* of the right idea. Once you're willing and able to take full responsibility for your own actions, you're well on the way to adulthood. But just because it's yours (your body, your life), why mess it up?

Dr. Betty Jones, sociologist at Pacific Oaks College, Pasadena, California, puts it this way: "You cannot move from childhood to adulthood unless you say 'I am making the choices, and what's happening to me is up to me.' Kids have got to take risks to grow, but you take calculated risks. If the possible consequences of what you're doing are far too much, then those are dumb risks to take." ◇

EARTH TRIPPING

Jim Conrad

Too Many Words

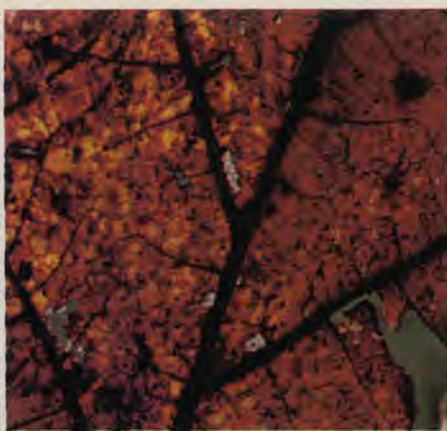
Sometimes too many words assault our ears. Sometimes we need to turn off the word-catching part of our brains and listen to life with our eyes, ears, nose, and the hundred other sensegivers.

Listen. Don't let words, words, words, and

more words clog your brain. Listen to textures, designs, and colors; to what-might-have-been's and what-may-be's in tree bark, weed blossoms, reflections on pond water, bug-eaten leaves—

Listen until you HEAR.





AND SO FORTH...



THIS MAN'S LITERALLY GOOD FOR NOTHING

"Don't just stand there—do nothing!"

That's Bill Fuqua's motto, and he's careful to abide by it. Fuqua, 36, does nothing for a living, often earning as much as \$1300 an hour for his inaction.

Most of Fuqua's work consists of pretending to be a mannequin in department-store windows, but he also stands around doing nothing

for private parties and conventions.

Fuqua discovered his talent for remaining immobile for long periods of time when he was 14. He "was out in front of this house where all these elaborate Christmas decorations were because they gave door prizes for the best display," he says.

"I just stopped and stood in front of the lights like a dummy. And cars started stopping. One

lady got out of her car and stared at me for a while and then went back to the car saying to her husband, 'It's okay, honey, it's not a real boy.'"

In 1968 the *Guinness Book of World Records* lists Fuqua as holding the record for standing motionless. When he heard that an Australian had bettered his mark with a 7-hour, 2-minute time, he got busy and did nothing.

STOOL PIGEON PARROT SNITCHES ON THIEF

"Praise the Lord!" the kidnap victim said when finally rescued by police, who promptly put the victim in a cage.

What's this? Police brutality? Not when the victim's a parrot.

The purloined parrot was stolen from the Reverend William Lyons by a man answering a newspaper advertisement for the \$650 bird.

Lyons said the man took off with the bird after asking to show it to his crippled daughter out in the car. But Lyons' wife, an old hand at dealing with sinners, copied the man's license-plate number as he sped away.

When police arrived at the suspect's home, they had no trouble identifying Lyon's property. "I went up to the parrot and said Hello," a policeman reports, "and he said, 'Hello! Praise the Lord!'"

Ten other stolen birds were recovered from the suspect's home.

EDUCATED FOOLS?

How many states are there in the union—44 or 60? What is the width of the continental United States at its greatest east-west point—1000 miles or 7000 miles? What is the population of the U.S.—15 million or 2 billion?

None of the above, you say? Then congratulations! You're better informed than the majority of the 100 students surveyed at five of the nation's leading universities.

The *National Enquirer* asked the above three questions of 20 students each at Harvard, Columbia, and Northwestern Universities as well as at UCLA and the University of Missouri at St. Louis.

Of the 100 students, 21 percent didn't know there were 50 states; 67 percent couldn't guess the width of the United States within 200 miles (answer: 2807 miles); and 72 percent couldn't tell the nation's population within 10 million people (answer: 226,504,825).



OH SAY CAN YOU SEE?

Anyone could misplace a house key, but only the government could misplace a house.

But that's apparently what the National Park Service has done with the Washington, D.C., home of Francis Scott Key, famed author of "The Star-Spangled Banner."

"Whoops, I was afraid this was going to come up one of these years," said George Berkclacy, the Park Service's public affairs director.

It seems that in 1947 the historic landmark was disassembled to make room for a freeway, the intention being to reconstruct the house at some future time on a suitable site. Workmen carefully made diagrams and photographs and numbered the parts before moving the pieces to a park area near what is now known as Key Bridge.

"I remember all those remains piled up there," recalls Robert C. Home, the Park Service's chief of engineering at the time of the dis-

mantling. "I remember that mowing machines would circle all around the pile."

Eventually the pieces were crated up and "stored away in some of our bins around town under bridges—maybe it was the Arlington Memorial Bridge," recalls Park Service historian Stanley McClure.

However, Joe Ronsiville, Park Service land officer, believes that parts of the Key house were used in the restoration of another historic home, the Old Stone House in Georgetown. "I'm fairly certain that some of the bricks went into the fireplace, and some of the boards went into the floor."

"A lot of people felt bitter because they thought the Key house would be taken care of and it wasn't," says Agnes Downey Mills, the Park Service's curator at Arlington House. "There's probably a better chance of finding the physical pieces under some bridge than of finding any records on it."

Too bad the IRS can't take a lesson from the National Park Service and misplace a few tax bills now and then!

MONEY MAZE

Lucille J. Goodyear

April is the month when money is on everyone's mind because it's tax time! Can you find all 76 words pertaining to money? Words can run vertically, horizontally, or diagonally, forward or backward.

S S H E K E L D N U B S M A C K E R
P I I C L A E R G R O A T K R O N A
I Y E N U G G E T N D R I C S R S A
H H F R G S A L T M I E C U U U A K
C G S I M O L E O N S L A B N N M K
R K N N N R T N F R A L L O D A C R
E C E I P A E O O L E E B I M E A A
D E R C L Y N T K O A H B M H G S M
I P A E O R D C N E E H O C U S H S
T O N R G O E E E U N N S S O V A H
C K D T S N R T N C O R I E Z U R C
A E N I U G A E S O E C E D O L E I
R M P F N L V B I L L I O N A I R E
D I H I U E K E E O O L C I G O S R
I T U C R C R V R N P F E N N I G U
N N R A A O A O L O A A M A A G P
A E E T P R O F I T N U E P A R G E
R C S E T N D I M E Y N N E P E F E

AVOS, BILLIONAIRE, BONUS, BUCK, BUNDLE, CASH, CENTIME, CERTIFICATE, CHECK, CHIPS, COINAGE, COLON, CORN, COUNTER, CREDIT CARD, CRUZEIRO, CUT, DIB, DIME, DINAR, DINERO, DOLLAR, DRACHMA, FAT, FINANCE, FRANC, GROAT, GUINEA, HALF EAGLE, HELLER, INGOT, IRONMENT, KOPECK, KORUNA, KRONA, LEGAL TENDER, LEONE, LODE, LUCRE, MAD MONEY, MAMMON, MARKKA, MELLON, MILREIS, MONEY ORDER, NAPOLEON, NOTE, NUGGET, ORE, PAANGA, PENNY, PFENNIG, PIECE, PROFIT, RAND, REICHSMARK, REIS, REVENUE, RIN, RUBLE, RUPEE, SALT, SHARE, SHEKEL, SHILLING, SIMOLEONS, SMACKER, STACK, STERLING, SUGAR, SUM, TICAL, TOKEN, TRAVELERS CHECK, YEN, YUAN

FIRST COUSIN WORDS

Agnes W. Thomas

Many compound words are related by a shared prefix or suffix. Can you tell what one word can be combined with the three words in each of the following groups to form related compound words? For example: *mate*, *pen*, and *ground* can all be teamed with the word *play*.

1. key, under, port
2. boy, pen, mate
3. broad, step, saddle
4. sun, weight, opera
5. sign, mark, script
6. clothes, life, head
7. up, book, mate
8. ladder, two, child
9. private, ball, brow
10. yard, up, pin

PUZZLE ANSWERS

Answers to "First-cousin Words"

1. pass 2. play 3. side 4. light 5. post 6. line 7. check 8. step 9. eye 10. stick

Answers to "Nation-al"

1. explanation 2. nomination 3. illumination 4. domination 5. rumination 6. origination 7. termination 8. assassination 9. consternation 10. abomination 11. elimination



"Hi, there."

NATION-AL Bill Vossler

Can you name a nation that constantly imagines things? Why, imagination, of course. Try to identify the words ending in *nation* below, and spell them correctly as well.

1. A nation that explains.
2. A nation that chooses candidates.
3. A nation that lights up.
4. A nation that rules or controls.
5. A nation that contemplates or thinks.
6. A nation that starts or begins.
7. A nation that dies or ends.
8. A nation that kills.
9. A nation that amazes or confuses.
10. A nation that hates.
11. A nation that gets rid of or expels.

1. ----- nation
2. ---- nation
3. ----- nation
4. ---- nation
5. ---- nation
6. ---- nation
7. ---- nation
8. ----- nation
9. ----- nation
10. ---- nation
11. ---- nation



"It's me, mom, home for mid-term vacation."

Why Is There More Sexual Desire During Intoxication?

Recent research makes clearer the reason alcohol has the effect on human sexuality described in Shakespeare's *Macbeth*: "It provokes the desire, but it takes away the performance."

Reports from Harvard Medical School say that alcohol directly suppresses production of testosterone, the major male sex hormone.

"When alcohol enters gonadal tissues such as the testicles," the report says, "it is broken down by biochemical processes that ordinarily would be used to make testosterone. The oft-noted paradox in male sexual performance during alcohol intoxication may be associated with decreased levels of testosterone."

Then comes the next step. "When testosterone levels are lowered in blood following heavy alcohol intake, this decrease signals the brain to activate the pituitary gland (often called the master gland) to secrete a hormone (luteinizing hormone) that stimulates testosterone production. It is believed that this process may be associated with increased sexual desire during alcohol intoxication."

Increased desire, decreased performance. A frustrating scenario for drinkers.

Alcohol May Cause Those Problems Formerly Thought to Be Drinking's Results

The concepts about causes and effects relating to alcohol use seem to be changing, says Dr. Jack H. Mendelson of Harvard Medical School.

"Some mental disorders that were formerly thought to cause alcoholism or alcohol abuse are now considered as likely to be their consequences," he reports.

It was once believed that alcohol

problems were the result of persons' attempts to "medicate" themselves for recurrent anxiety or depression, he points out.

"A number of studies, however, have shown clearly that both anxiety and depression can either be caused or increased by alcohol abuse. Many persons who are severely depressed and anxious when they abuse alcohol experience great relief when they reduce their drinking or stop completely.

Advertising Says Smoking's Not a Health Matter

"Advertising, it would seem, has helped make sure that cigarette smoking is not even considered much of a health issue," says Dr. Alan Blum, president of Doctors Ought to Care (DOC), a national organization that helps in developing new approaches to health education.

Dr. Blum points out that smoking causes some 350,000 deaths in the United States each year, brings about more than a quarter of all deaths due to heart disease, and is the reason for the expenditure of at least one out of every five dollars spent on health care.

"By encouraging the public to believe that 'everything causes cancer,' the cigarette industry helps portray its product as just another victim of Big Brother's trying to tell people how to run their lives," says Dr. Blum.

He emphasizes the fact that cigarette advertising is not so much to sell cigarettes as it is to create complacency about the dangers of smoking them.

"Is there another product as irredeemably harmful that is as extensively promoted?" he asks.

Is the Present Smoking Scene All that Positive?

Some reports these days seem to indicate that the tobacco scene is becoming more positive all the time—more people quitting, cigarette adver-

tising no longer on television, non-smokers' rights gaining, etc.

"These impressions are, for the most part, wrong," says the 1982 *Medical and Health Annual* published by Encyclopaedia Britannica, Inc.

This book zeroes in on the smoking situation with young people, pointing out that the problem may be worse than ever before. It cites the fact that the American Cancer Society now concentrates its antismoking program on adults because it considers the teen scene virtually futile to deal with.

In spite of scattered attempts to develop curricular materials for schools about the dangers of smoking, "there's not a penny's worth of paid advertising aimed at teenagers to counter the cigarette companies' nearly one billion dollars' worth of advertising. . . . There's not a single physician employed full time in the United States to counter juvenile onset cigarette smoking—a condition affecting one million teenagers a year."

Drugs for Anxiety Are Popular at the Present Time

More than 68 million prescriptions were written for antianxiety drugs in 1977 in the United States, reports Dr. Edward R. Leist, of the Norton Children's Hospital, Louisville, Kentucky.

The estimated retail value of these drugs was over half a billion dollars. In a given year it is estimated that 20 percent of women and 14 percent of men take Valium, the most popular of the antianxiety drugs.

Valium has been the most widely prescribed drug in the United States for the past 12 years. Some 10 million Americans took a drug of this nature in one year.

A breakdown of prescriptions for antianxiety drugs indicates that 40 percent are written by family practitioners and osteopaths, 19 percent by internists, 18 percent by psychiatrists, 10 percent by surgeons, and 13 percent by other types of physicians.

EDITORIAL

A Parable

Once upon a time there was a boy who had a big dog. He loved that dog and played often with it. They would romp around the yard, chase each other, and generally have a high old time. The boy kept thinking up new games to play and active ways to have fun.

One day the boy went to visit his uncle in the city, where he happened to see a television commercial for greyhound racing. Fascinated, he watched as the dogs on the screen bolted from the gates and took off down the track.

What was that the dogs were chasing? Looking closely, he saw what appeared to be a rabbit. Yes, it was a rabbit—but a mechanical rabbit, so geared as to be always just ahead of the dogs. Try as they might, they could never quite catch that apparently tasty morsel. The boy's uncle told him that even if they ever could, with a great burst of speed, grab it, they'd get only a mouthful of fuzz.

As the boy watched intently, a bright idea struck him. He'd try something like that with his dog. So when he got home he rigged up a little cart for his dog to pull and attached a stick that stretched out in front.

He harnessed up his dog and put a bonelike object on the end of the stick. That object looked just like a fresh, juicy piece of meat.

With a yelp the dog started off. Faster and faster he ran, but he still wasn't quite able to grab that meat. To the boy this was great fun—he enjoyed the ride. To the dog it was puzzling—he didn't understand why he couldn't catch the bone.

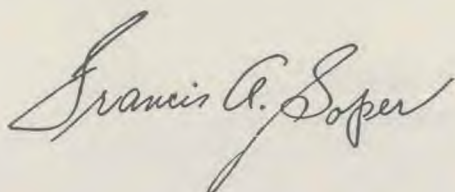
Another day the boy tried the same game. Again the dog ran, raced, strained—all in vain. Still he couldn't get that prize. Day after day the game went on—but with diminishing effort on the part of the dog.

Eventually, the dog simply gave up. When that seemingly juicy bone appeared in front of him, he gave it a furtive glance, lay down, and did nothing. The race had gone flat—too long he had been unsatisfied and disappointed. He simply lost interest.

This story is a parable.

News item from *Advertising Age*, biggest journal of the advertising industry: "As has been the case for the last two or three years, liquor industry volume in 1981-82 should be relatively flat. . . . People appear to be moving away from alcoholic beverages as a whole."

Could it be that maybe, just maybe, the public is beginning to lose interest in the hollow satisfactions, the deceptive attraction, the repeated disappointment they often find in chasing that morsel called alcohol?



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Basic

Only

As we perceive

Unity of all life

Do we begin to comprehend

This world.

—Mildred N. Hoyer

Someone told them drugs weren't all that bad.



Someone was wrong.

Recent studies reveal that amphetamines cause serious damage to the blood vessels supplying the vital organs. Marijuana can cause damage to the heart, lungs and brain. Alcohol is a factor in 10 percent of all deaths in the United States.

Who knows where people get their information about drugs. TV and radio maybe. Maybe each other. What matters in the end is that they act on bad advice—advice which could hurt them.

You can give the people you care for the good advice they need in making these lifestyle decisions. You can give them good ideas for the choices they are making. You can give them the opportunity to explore some alternatives. You can give *Listen*.

If someone you know is making some important decisions, *Listen* can help.

LISTEN

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