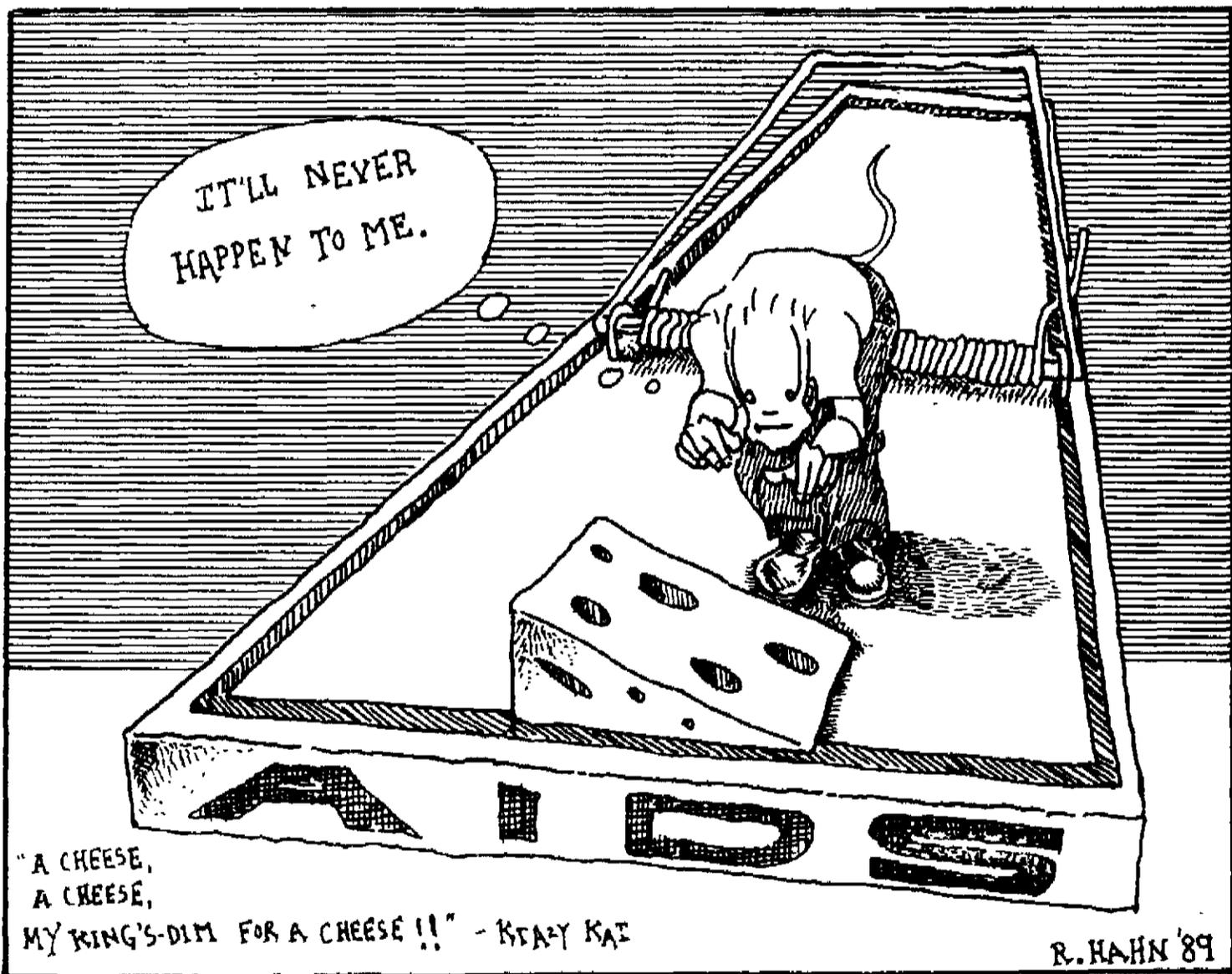




Volume XCV Number 19

December 4, 1989

BARNARD BULLETIN



Safe Sex Advocates Fear Heterosexual College Students Aren't Listening

◆
SCOPE To Offer
Alternative Health
Services Clinic

◆
Concern About Accesibility
and Care at Mental
Health Services

◆
No Room for Health or
Choice in the Battle for the
"Perfect" Body

BEAR ESSENTIALS

COURSE WITHDRAWAL DEADLINE: Dec. 7 is the last day to withdraw from a course. This is a firm deadline. No requests for withdrawal after that date will be considered.

FINAL EXAMINATIONS, FINAL GRADES AND INCOMPLETES: Dean Bornemann's memo, which will soon be in your campus mailbox, contains vital information regarding these matters. Go to the Office of the Dean of Studies, 105 Milbank, if you have not received a copy.

EXAMINATIONS, PAPERS: Members of Honor Board wish to remind all students that Barnard's Honor Code, in effect since 1912, recognizes intellectual integrity as essential to academic life, and that honesty in examinations and the preparation of papers is central to that concept. The Code states that a student will not seek, give, or receive help in an examination or use materials in any manner not authorized by the instructor; and that she will not present oral or written work that is not entirely her own except in such a way as may be approved by her instructor. The student who ignores these principles violates our community's code, puts her classmates at a disadvantage and, in effect, negates the integrity of the examination or paper by upsetting the uniform conditions essential to its equitable evaluation. For a copy of Honor Board's Guidelines or the Honor Code, go to the Dean of Studies Office, 105 Milbank.

PROGRAM PLANNING FOR SPRING 1990 TERM: Tentative programs for first year students and first-semester sophomores should have been filed with class advisers. Juniors and Seniors as well as second-semester Sophomores should have discussed, and in some departments filed, their tentative programs with their major advisers. All returning students who

intend to take limited enrollment courses at Barnard should have signed up for them in the relevant departments. If you have not tended to these matters, do so—NOW.

FEBRUARY GRADUATES: Please return the form (received in your mailbox) due DEC. 11 to Dean King, 105 Milbank, regarding Commencement.

SENIORS: MON., JAN. 8 is deadline to apply for the Associate Alumnae Graduate Fellowships offered each year by AABC for graduate study to one or more Barnard seniors or alumnae who show exceptional promise in their chosen fields. For information and application forms, call or come by Alumnae Affairs, 224 Milbank, X2005.

SENIORS planning to take BUSINESS SCHOOL courses in the Spring must have filed the cross-registration form with Dean King by DEC. 1. If you haven't done so, please see her.

STUDENTS WHO WISH TO STUDY AT MANHATTAN SCHOOL OF MUSIC: Auditions for the spring semester will be held on January 8th and 9th, 1990. The deadline for applications for the January auditions is December 1. There will be a \$25 late fee for applications filed after that date.

JULLIARD: It is not possible to audition for the Spring 1990 term but auditions for Fall 1990 will be held in New York on March 5-9, and May 21-23. The deadlines for the March audition is March 15.

SENIORS interested in competing for the ELIE WIESEL PRIZE IN ETHICS: Consult the bulletin board outside 105 Milbank or see Dean King for details. An essay on the theme, "The Meaning of Ethics Today" or "Ethics: Choices and Challenges," is required and the first prize is \$5,000. The deadline is December 29, 1989.

SGA NOTES

The all-too-familiar time of year has arrived: the time of papers, finals, all-nighters and at least late-nighters. Walking home at 3 AM after having been up for two nights, we do not always have our wits about us. This year we should strive to be more aware of our personal safety. **NONE OF US SHOULD RISK WALKING HOME ALONE LATE AT NIGHT.**

As a member of Rep Council put it, "friends don't let friends walk home alone." Make sure you are traveling with somebody when returning home late. A friend who lives in your building will do. Also, take advantage of our Columbia

University student escort service. You can dial 4SAFE from 11 PM until 3 AM and you will be safely escorted home.

Whether walking alone or with somebody do not forget that the yellow emergency call boxes (both on and off campus) are there for you to let security know that you want help. Just open the box and press the red button. To safeguard yourself: walk with someone at night, be aware of the space around you and do not put yourself in a potentially dangerous situation. Good luck with finals this year and let us all make an effort to **BE SAFE and PROTECT OURSELVES.**

FROM THE EDITORS

BARNARD BULLETIN

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The Barnard Bulletin is published on Mondays throughout the academic year. Letters to the editor are due in our office by 5pm the Wednesday preceding publication. Opinions expressed in the Bulletin are those of the authors, and not necessarily of Barnard College.

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Have you ever noticed that every time Nightline (or any other source of mass media for that matter) covers the issue of a woman's right to an abortion the guests/experts are a church leader, a woman who had an abortion and now believes she sinned, a member of Operation Rescue, a Planned Parenthood volunteer, and one woman from the National Organization of Women? If only Ted Koppel and Dennis Miller had the same hairdos the show would resemble a Saturday Night Live Nightly News skit with Church Lady, Jimmy Swaggart and Marlo Thomas as guests.

Where is the constitutional lawyer, the husband of a woman who died from an illegal abortion, the woman who couldn't get an abortion because she didn't have the money, the social worker trying to find a foster home for the child of color who sleeps on the floor of a city office while waiting — the people needed to expose us to the realities involved in this issue?

The limited forum of the mass media seems harmless enough — the only point of contention among those discussing the issue is the moral one you say. But many issues go ignored by not bringing these diverse voices into the debate — issues that would make the debate much more tangible, much more realistic. By not opening the forum to the multiple voices on the abortion issue the media plays a role in shaping the debate. And the moral shape the debate has taken has kept our society from looking at abortion as an issue of rights, which already has affected the outcome of the debate.

If Nightline invited a more diverse host of guests we might turn on our televisions and hear a detailed discussion on the legal ramifications of outlawing abortion. Does making abortion illegal open up the possibility of government regulation of a woman's diet during pregnancy? Can the government forbid women from doing strenuous work dur-

ing pregnancy in the name of protecting the unborn fetus? Should the government demand heterosexuality so as to ensure that no possible lives are wasted? The implications of regulating another person's control over their own body would be laid out. And maybe then people would realize why the largest rallies in Washington since the civil rights movement are occurring or why in Georgia the governorship appears to have been decided on the candidates' stances on abortion.

Recognizing that although the Bulletin hardly constitutes mass media, it does serve as one forum for debate on the abortion issue, and it controls the shape of that forum, the managing board has pledged to widen the terms of the abortion debate within its own pages. But the decision goes beyond a sense of journalistic responsibility.

Some of our most cherished rights have been granted only upon taking the debate outside of a limited religious/moral context. Consider freedom of speech. People did not always believe that an individual had the right to propose theories contradictory to the teachings of the established Church. It took the imprisonment of scientists, the deaths of heretics and the "voluntary" exile of alternative religious groups, in short the ramifications of limiting speech and thought, to make people view the freedom of speech as necessary to "life, liberty and the pursuit of happiness."

As editors and as women, the members of Bulletin's managing board cannot separate ourselves from either our role in providing a forum for the abortion debate or from the realities connected to government control over our bodies. It is for these reasons that we have made a commitment to providing a forum for debate of the abortion within the context of legal rights and social, biological and political realities. No longer will the final word be a quotation from the Bible.

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BULLETINS

Rep Council: Resignations, the Annex and the Center for Research on Women

Columbia University Senator Julie Werner (BC '91) announced the resignation of Senator Warigia Bowman (CC '90), one of 22 student senators, at the Student Government Association (SGA) meeting on Monday, November 27.

Bowman's resignation leaves Columbia College represented by one incumbent, Lee Feldman (CC '90). Columbia is allowed three senate spots, said Werner.

However, Werner (BC '91) said that Bowman's resignation in addition to the disqualification of Senator Joe Schwartz (CC '92) earlier this semester will not affect overall student representation within the Senate.

"I would agree [with Bowman's statement upon resignation] that with two CC senators missing, it's not going to make a difference in voting on issues... Students are the minority. They will never sway a vote," she said.

According to Columbia College Liaison Fred Schultz (CC '90) the Columbia College Student Council is currently investigating the possibility of appointing two additional senators next semester.

In other business, Representative-at-Large Lisa Gersten (BC '90) reported that the Center for Research on Women wants to become a larger part of Barnard undergraduate life.

According to Gersten, Center Director Temma Kaplan believes that as a Barnard-funded institution, students should know more about the Center and its accessibility to them.

Kaplan has expressed a desire to better inform Barnard students about the vast resources available to them at the Center, said Gersten.

SGA members suggested that the newly instituted Center for Research on Women tripartite committee be given the responsibility of better publicizing the Center to Barnard students.

According to SGA President Leora Joseph (BC '90), the College Stationary Annex will not reopen under the auspices of Career Services until next semester. Joseph said that administrators in the Career Services office have found the responsibility to be larger than they expected and are taking the remainder of this semester to reevaluate the role of the Annex.

Career Services is currently surveying students to determine how frequently they used the Annex and which products were most popular, she said.

Vice President for Student Government Lisa Rotmil (BC '90) said that twelve students have applied to fill next semester's vacant position of Student Services Liaison, Columbia College Liaison, General Studies Liaison and Vice President of the Class of 1991.

Rotmil said that she was satisfied with the enthusiastic response. "I was very happy we got 12.. I thought I'd get three," she said. ◆

— Sara B. Ivry

Concert Balances Ballet and Modern Dance

The December Dance Concert, featuring Barnard dancers performing pieces choreographed by guest artists, will run from December 6 thru 9 in Minor Latham Playhouse.

The concert, organized and presented by the Barnard Dance Department, includes pieces by Francine Landes, Barnard's artist in residence '89-'90, and Sean Lavery of the NYC Ballet. New choreography by Barnard faculty and students also will be performed.

According to students involved, the concert program includes a balance of both ballet and modern dance. For instance, Lavery will stage several Balanchine ballet solos for the concert, while Landes's piece will incorporate the Li-

mon and Falco techniques of modern dance.

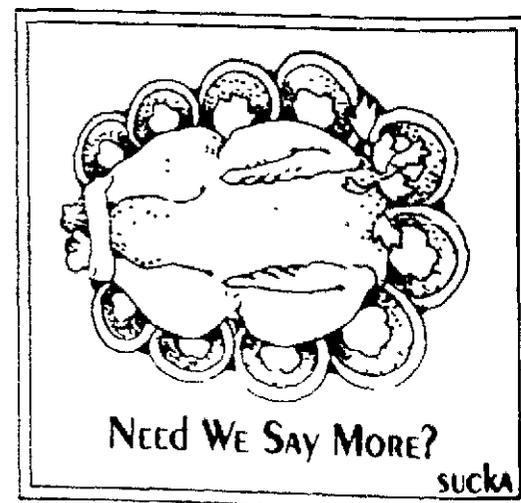
Landes, an actress, used her acting experience to create a dance which emphasizes the use of facial expressions between characters.

Other modern dance works include "Elegy for An Automation", a group piece choreographed by Juliette Soucie (CC '92) with an original score by Tom Farrell. Dance majors, Marjorie Folkman (BC '91) and Yael Lewin (BC '91) will perform their choreographed solo dances. Lewin's solo features a live vocal accompaniment.

Lara Beaty (CC '90) will present a lyrical ballet set to traditional Scottish folk music.

"Accumulative View," choreographed by dance faculty member, Janet Seares, is a quartet set to Sonata #5 by Alexander Scriabin. All dances are the product of work done this semester a Barnard. ◆

— by Diane Webber



Project Help Organizer To Leave Barnard

Project Help, a group established in early October to address the needs of pregnant women and mothers at Barnard, has lost momentum in the last part of the semester, according to Student Government Association (SGA) Representative-At-Large Lisa Gersten (BC '90).

"Barnard is on hold [regarding daycare] because they have explored to a minimal extent the issue of daycare until further things developed," said Gersten at the November 27 Rep Council meeting.

Artis King (BC '92), who brought the issues of housing and healthcare for pregnant students to SGA's attention and helped found Project Help, told Rep Council that "Barnard got parental care for me but did not want to offer it to other pregnant students."

There are at least five pregnant students or students with children at Bar-

nard, said King.

According to Gersten, King felt it wasn't "worth it" to push for better conditions at Barnard because other universities will provide housing and prenatal care.

King is transferring because she feels the environment is not conducive to her situation and she is "bitterly disappointed in the inadequacy of the women's center." Other pregnant students feel that Barnard is "inherently not pro-choice" because it provides money for abortions but does not provide sufficiently for women who decide to keep their babies, said King.

Dean of Student Life Georgie Gatch is investigating the situation and looking to set policies for future students in similar situations, according to Gersten.

—Daniela Amiri

Coop Series Considers Women's Body Image

Last Tuesday The Barnard Women's Cooperative held the first program in a five-part series on "Women and Body Image."

The series, which includes both lectures and rap sessions, will examine the portrayal of women's bodies in the media and the affect these images have on women's perception of self. The series also will look at how a woman's body image affects her mental health and well-being.

Speakers will include members of the faculty, administration and students and the series will run from November 28 to February 7.

Tuesday's installment featured Health Services Program Coordinator Giselle Harrington, who spoke about general issues of body image. Selfcare Contraceptive Options Peer Educators (SCOPE) will lead the next meeting on December 4. SCOPE will discuss the responsibility women have toward their bodies and their health.

Physical education instructor Priscilla Gilmore will address the politics of women's dress and style during the third part to the series. Her talk, which will be the first of next semester, will explore how women's dress influences are everyday attitudes. Subsequent sessions will include student-run rap sessions on topics such as sexuality and the media, and concepts of beauty.

—Julie Haffner

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Paris

Safe Sex Peer Educators Flood College Campuses

Is Anyone Listening to Their Credo?

— by Stacey Rees

Director of the Health Education Department at Dartmouth College Dr. Beverly Conant Sloane recommends an abundance of witty lines for women to fire at their partners when negotiating for safer sex. "If he says 'It won't feel as good with a condom,'" she suggests "you reply 'well, if you don't use one you won't feel anything.'"

Yet, whether college students are listening to the voices of those like Conant Sloane or not remains unclear — a very dangerous uncertainty.

Sloane, who is also a coordinator and advisor for the Dartmouth AIDS peer education group, Road Show on AIDS (RAID), reports success at Dartmouth, but according to others, such as Student Coordinator for the Barnard Students Providing Education and Counseling on HIV (SPEACH) Naomi Storland (BC '91), "Students are not using condoms as much as we'd like, they aren't using this education in their lives."

RAID offers students information about the Human Immuno Deficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS), as well as practical ways for couples to communicate effectively about safe sex and related issues. The group addresses factors like alcohol consumption, drug use and sexual consent in determining the potential for couples to have safe sex. Issues

are confronted by enacting believable role-playing exercises.

Conant Sloane has conducted a random survey of 200 Dartmouth students who have seen the RAID presentation

and the results are encouraging. Her research shows an association, although not a definite causal relationship, between the presentations and behavior change.

"The bottom line is there is HIV infection within the college-age population. The notion that college students are safe is unfounded... I look at it as a fifty-fifty chance, you either get it or you don't."
 Director of Dartmouth's Health Education Department

Three things seem to be happening, said Conant Sloane. A majority of students surveyed immediately following the presentation said that they intended to use condoms. The same students surveyed at a later date said that they had changed their behavior, and statistics from Dartmouth Health Services sup-

port the results of the surveys. Yet, though research in the gay community shows that gay men are practicing safe sex, it also indicates that many students, especially heterosexuals, have not incorporated safe sex into their lifestyles.

According to Stotland, this reluctance to change behavior most often is explained by the "not me" attitude: I'm not gay or bisexual, I don't use drugs intravenously, my partner(s) do not fall into those categories, I'm not at risk.

One Barnard student, Serena Krouse (BC '91), holds the media partially responsible for this attitude. "Because of the way AIDS has been portrayed by the media we think only gay men or drug users can get it," she said.

And this view prevails regardless of the fact that 4% of the 97,193 cases of AIDS cases recorded by the Centers for Disease Control (CDC) as of May 31, 1989, involved heterosexuals.

Also, most heterosexual college students do not experience as close a connection to the disease as members of the gay community.

"Even if gays do not think [infection with HIV] will happen to them, they know someone that it has happened to, or they know someone who knows someone," said member of the Lesbian, Bisexual, Gay Coalition at Columbia Seth

Galanter (CC '90). But many heterosexual students distance themselves from the disease by ignoring the statistics. However, maintaining the distance is becoming more and more difficult.

In a study conducted by CDC and the American College Health Association (ACHA), 16,861 blood samples from college students were collected and tested for HIV. Two in 1000 of the samples tested positive.

According to an article in *Career Visions Magazine*, Project Associate of the CDC/ACHA study W.E. Brewer said, "The bottom line is there is HIV infection within the college-age population. The notion that college students are safe is unfounded."

AIDS and College Women

And for college-age women the statistics may be even more frightening. According to the Gay Men's Health Crisis (GMHC) women are the fastest growing risk group, and AIDS is the leading killer of women between the ages of 25-29 — considering the incubation period, these figures suggest that many women are contracting AIDS while in college. According to Conant Sloane a woman having unprotected sex has a 1 in 500 chance of getting AIDS.

"I look at it though as a fifty-fifty chance, you either get it or you don't," said Conant Sloane.

Perhaps these figures explain why in the heterosexual community women

seem to be taking more responsibility for safe sex than men.

"Women are taking responsibility for safer sex just as they have always taken responsibility for birth control," said Co-Director of the Columbia Gay Health Advocacy Project Laura Pinsky. "We see many more heterosexual women than men coming in to be tested and asking about safe sex. And this reflects the reality in this country that women are more likely to be infected [with HIV] from contact with men who have AIDS than vice-versa."

However, according to Conant Sloane, despite the high number of women with AIDS, the United States government is not taking responsibility for researching AIDS' effects on women.

"Not one nickel has been spent on an all women AIDS study. The symptoms in women are different, men often develop a yeast infection in the mouth, women in the vagina," said Conant Sloane.

Women also are often excluded from AIDS medication trials said Health Educator and Counselor at the Women and AIDS Resource Network Marie-Lucie Brutus, who advocates AIDS research specifically focusing on women.

BC Addresses AIDS on Campus
 And in response to the increasing number of male and female college students testing positive for HIV, SPEACH members such as Virginia Nido (BC '90) are working to educate Barnard and Columbia students about the risks of HIV infection. About 50 first-year and transfer students attended the four SPEACH workshops conducted during Orientation. Additionally, this semester the

One Student Who Won't Ignore the AIDS Crisis

Although Anya Bernstein receives many phone calls from college students while volunteering at the Gay Men's Health Crisis (GMHC) AIDS Hotline, she is the only college student to volunteer at the hotline.

In January, after 30 hours of training, Bernstein, a member of the Barnard College Class of 1990, began working on the hotline twice a month for three hours at a time. According to Bernstein, she got involved after a friend who worked for a hotline in Long Island told her about his experience.

While on call, Bernstein informs people about safe sex, refers people to other AIDS information resources and offers counseling and support.

"The most surprising question I get, nine years into the epidemic, is 'What is safe sex?' You have to ask the caller what she or he knows and then start at the beginning," Bernstein said. "I think everybody needs more education," she added. Bernstein sometimes wishes she could follow up on the calls she has handled. "One of the frustrating things about working on the hotline is that it's anonymous, you never know if you're doing a lot of good."

According to Bernstein, her experience at the hotline is different than many of the other volunteers. For although she is connected to the AIDS crisis through her work at the hotline, she does not have AIDS, as do many of the volunteers. Many of the people who work on the hotline are HIV positive or have AIDS, said Bernstein. "I go home at night and AIDS is not a part of my life, and that's not true for most people who work on the hotline."

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AIDS

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group has conducted about twenty workshops on first-year student floors.

"The statistic that surprises people the most," Nido said, "is that the incubation period for AIDS is 8-12 years."

Diseases commonly associated with AIDS do not appear during this incubation period. This means that unless a person is tested there is no way to know, since no symptoms occur, that s/he is HIV positive.

Like RAID, SPEACH uses role-playing exercises to build students' negotiation skills. According to Beth Clement (CC '90), member of AIDS Peer Educators (APE), another AIDS peer education group on campus, APE is developing a workshop entitled "Negotiating Safer Sex" that will deal exclusively with issues of negotiation and communication.

After Barnard Health Services placed a moratorium on APE's activities in October of last year, APE became an Earl Hall affiliated organization. They have continued their education programs on upper-class floors in Columbia University but not Barnard College dorms this semester. The group also supported the Columbia Gay Health Advocacy Project (GHAP) in their November 1989 "Improving the Odds AIDS Treatment" conference.

Peer education is just one response to AIDS on college campuses; this campus included. College health service organizations also have responded. GHAP co-Directors Pinsky and Paul Harding Douglas in Cooperation with the Columbia University Health Services prepared a short paperback *The Essential Aids Fact Book*, providing current information on the disease and its treatment. GHAP has been conducting AIDS

education on campus since 1985. They currently provide confidential AIDS testing, as well as medical treatment and support groups for members of the Columbia University community who are HIV positive or who have AIDS.

And although this semester Barnard Health Services suspended HIV antibody testing due to concerns over legality and confidentiality, according to Director of Barnard Health Services Dr. Harriette Mogul, Barnard will again make confidential testing available to students next semester. Once testing is re-established SPEACH may provide drop-in office hours at Health Services.

Additionally GHAP, in conjunction with Columbia Health Services, is the only college health organization in the country that provides comprehensive follow-up care to those who test HIV positive. According to Pinsky, this follow-up care is crucial since new studies indicate that treatment with AZT and other drugs before any of the opportunistic infections associated with AIDS appear, such as Kaposi's sarcoma or Pneumocystis Carinii Pneumonia (PCP), may lengthen the lives of those infected. Pinsky adds that PCP, responsible for 60% of AIDS deaths, is now preventable through early drug therapy.

According to every educator interviewed on the issues of AIDS, the most important lesson is that AIDS can be prevented in most cases through consistent, informed behavioral changes.

"We all know it's tough to say when and how and where," Conant Sloane said, "it comes down to risk. How many chambers of a loaded gun have to be empty before you feel safe pulling the trigger?" ♦

SCOPE

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tions that you have always wanted to and people won't be shocked that you're asking them," Muir said.

Additionally, SCOPE has set up the Alternative Clinic, will continue to run it one Tuesday a month from 4:30 - 7:30PM. Instead of discussing sexual history with a nurse prior to a gynecological exam, women are now given the option of talking with peer educators.

"There's a difference between seeing a nurse and seeing a peer," Muir said. "I am by no means saying that one is better than the other. If you feel better about one over the other, then take that option because you'll get better attention and feel better about what's going on."

Dr. Diana Killip, a new physician this year at Barnard conducts the gynecological exams at the Alternative Clinic.

"Since the clinic is designed to help healthy women take care of themselves, it is appropriate to see it as a 'well-care' clinic, not a gynecological clinic focused on problems," Killip said. Next semester SCOPE plans to implement a women's health hotline. ♦

Senioritis

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those of us not going on to grad school) the year will never again run from September to September. There will be no such thing as summer vacation or a month off for Christmas. Life without summer vacation is truly a frightening and disorienting prospect.

The consolation: nothing has to be forever. Take heart, members of the class of 1990, no decision is irrevocable. You will not be locked into a set course of life, of which there can be no way out. You don't have to find a life partner by age 25; you don't have to have kids by 30; you don't have to make partner by 35. Despite all the barriers and guidelines we've set up for ourselves, there can be a good and exciting life waiting beyond the Columbia gates.

Overload-induced paralysis will get us nowhere. If we just put one foot in front of the other, we'll eventually get where we're going. We've done OK so far. Have faith that we'll get through this one, too. ♦

Lainie Blum is a Barnard College senior.

SCOPE Broadens Agenda

Aims to Serve All Women

— by Jane Iadipaolo

The decision to promote self-care came from a belief that "Women have to understand their bodies in order to take care of them."

In an attempt to serve both heterosexual and homosexual women, the Contraception Option Peer Educators (COPE) have expanded their services, renaming the group Sexuality Self-Care and Contraception Peer Educators (SCOPE).

Because COPE, created in January 1988 by Barnard Health Services, primarily spoke to women about contraception, members felt it served heterosexual women only and they wanted to open their services to all women. SCOPE will continue to provide contraception education but it also will

offer general women's health care education sessions, an alternative health services clinic and eventually a women's health hotline.

Last spring members of COPE met to discuss constructive ways of expanding so as to better serve the Barnard community. Consequently, SCOPE was born, coordinated by Jane Muir (BC '90).

SCOPE is a female peer education group working in conjunction with Barnard Health Services. Health Services Program Coordinator Giselle Harrington helped to coordinate SCOPE and continues to work as a supervisor for the

group.

"Being contraception oriented, we saw COPE as dealing with only a specific part of the population, which is heter-

something isn't quite right. And if she can do that, she can really protect herself."

"The medical profession mystifies our bodies and our health, and we have the power to change that, and learn for ourselves, and not just let ourselves be passive participants of this system (medical profession)," Zeller said. "That's what SCOPE is about, and that's what a lot of feminism is about, and I think that at a women's college it's really important for us as women to take control of our bodies and



SCOPE

BULLETIN/Michelle Widlitz

osexually active people, and not only heterosexuals, but heterosexuals active in sex, and seeking contraception," SCOPE member Susan Zeller (BC '90) said. "In order to serve the Barnard Community, we wanted to do more broad women's health care."

The decision to promote self-care among women came from a belief that "Women have to understand their bodies in order to take care of them," Muir said. "While a woman cannot diagnose herself in the same medical model that a physician can, a woman who knows what her body is like normally, knows when

our lives."

This semester most of SCOPE's work has been educational sessions and preparation for the alternative clinic in health services. So far the sessions have been general discussions on women's health care. A good amount of time has been spent on teaching students how to do self breast examinations.

SCOPE also offers drop-in hours on Tuesday nights from 5-7 PM. During this time women are able to talk with peer educators on a one-to-one basis.

"Here's a place that you can ask ques-

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Mental Health Services Labelled Inaccessible by Students

— by Aimee Wielechowski

In response to the ubiquitous stressors of college life and New York City, Barnard Mental Health Services provides confidential individual and group therapy sessions to alleviate stress, develop the student's skills for coping, and enable the student to function within the structured college environment. But despite these efforts some students are concerned about both the availability of these services and some of the methods used.

Mental Health Services is staffed by eight part-time professional psychologists and psychiatrists and two psychology interns. Yet, students may wait a week or more to get an appointment.

Giselle Harrington, Program Coordinator for Mental Health Services and a facilitator for several group therapy

programs, said, "People who we feel the need to be seen won't be put on the waiting list if there is a real sense of urgency. If a dean or an RA calls and is concerned about a student, the student is seen right away."

Students who are asked to wait to talk about an issue that seems earth-shattering to them have expressed some discontent concerning this system. As one student, who requested her name be withheld, said, health services is "insensitive" to a person in need of quick alternatives to pressing problems.

According to the student, she went to Mental Health Services after becoming extremely emotional and frustrated about an immediate academic situation. After explaining her dilemma to a nurse, she felt even more frustrated.

"I got the feeling that she thought there was nothing wrong with me and that there was nothing she could do to help me," she said.

Students who wish to make an appointment with a therapist are first referred to nurse, Terry O'Rourke, who assesses the student's problem, determines the urgency of the problem and tries to match the student with a therapist whose particular skill will best meet the student's needs.

During the first consultation, the doctor further evaluates

the student's problem and determines the best form of therapy. "We basically do short term therapy, about twelve sessions," said Harrington.

In some instances, the student will be referred to a private doctor or to a clinic, which offers reduced rates for students. According to Harrington, "If the student's needs can't be handled here (for example, if the student has a serious eating disorder) or, if we have the skills to



BULLETIN/Michelle Widlitz

Health Services Program Coordinator Giselle Harrington

help them but the student would benefit from long term or short, but intensive, therapy we would refer them out."

Students who require short-term, in-house therapy at Mental Health Services may be prescribed psychiatric medication to alleviate symptoms and allow them to function in school while undergoing counseling therapy — a practice that has some students concerned.

"If the student is not functioning well — if she is unable to sleep, is horribly depressed, is having anxiety attacks — and we know that medication can alleviate these symptoms, then we will suggest medication. The idea is to give the least amount of medication that will do the job," said Harrington.

All students who are prescribed psychiatric medication must have follow-up visits and are encouraged to ask questions about the medication they are taking and the possible side effects. Some students, though, seem to doubt the efficacy of

psychiatric medication. A Barnard student (BC '92) who underwent medical treatment outside school for a severe chemical imbalance said, "Medication should be the last resort. I realize that there are other ways to change your mental and physical state by modifying behavior, such as changing your eating patterns or study habits." After taking the medication prescribed, this student decided she could better alter her mental state by behavior modification techniques.

Mental Health Services also offers group therapy and workshop sessions which explore particular topics such as behavior modification for weight management, overcoming grief after the loss of a loved one and becoming intimate.

A Barnard transfer student who went to Mental Health

Services feeling "very distraught" about her academic performance and was given an immediate appointment was offered a prescription for medication of her first visit. During the visit,

the therapist discussed the causes and possible solutions to the student's anxiety and prescribed medication.

"I got the feeling the doctor was doing what he felt was in my best interest. He wanted to help me in an immediate way and on a long term basis." The stu-

dent refused the medication. "I don't think drugs should be used to regulate your body," she said.

"There is a stigma about taking psychiatric drugs," said Harrington, "people think the drug will make them different from themselves, that it will alter their brain. But the medication really allows you to be you and allows therapy to go much easier."

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"If the student is not functioning well — if she is unable to sleep, is horribly depressed, is having anxiety attacks — and we know that medication can alleviate these symptoms, then we will suggest medication. The idea is to give the least amount of medication that will do the job."

*Health Services Program Coordinator
Giselle Harrington.*

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There Is the Glamor of Anorexia and Then There Is the Truth

— by Hilary Steinitz

Women's bodies historically have been subject to the dictates of fashion. The media and popular culture have encouraged us both implicitly and explicitly to fashion ourselves to meet rigid standards of beauty.

As we become conscious of the stifling effect of society's demands for fleshless stomachs or blue eyes, many people have begun to look at how these demands have concern for our well-being. But even the now-celebrated concept of "health" often masks the still unhealthy, confining images and messages imposed on women.

Our society does more than dictate certain ideal images of beauty, it makes the very obsession with beauty glamorous. Bombarded by societal expectations to devote their energy to their physical appearances, women may feel disconnected from their bodies. We become objectified as ornaments meant for the pleasure of others.

Eating disorders first shimmered under the glowing lights of the media during 1981 (seventh grade for me) when *The Best Little Girl in the World*, a novel about a teenager who develops anorexia, was made into a television movie. Casey, the advertisements informed us, comes from a "good family," is pretty, popular, a good cheerleader, and the darling of her parents and teachers. Indeed, the movie portrayed Casey in all her perfection, and her devotion to her diet mirrored her dedication to her schoolwork. The anorexia was but another manifestation of her diligence.

One overt message of this movie and of the flood of magazine articles of the

time was that pretty surfaces are deceptive, that troubles may lurk underneath a seemingly peaceful existence. Watching this movie "just might save your daughter's life," read an advertisement for the movie in TV Guide.

But how effectively did Casey alert us to the dreadful feelings that may lay

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But just as the societal depiction of the anorexic seems hardly capable of "saving the life" of someone already obsessed with socially-defined beauty, the new ideal is not as healthy as popular magazines would have us think.

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buried within us and that demand attention if we wish to avoid miserable consequences? In many ways Casey seems the embodiment, and not the antithesis, of values that both the family and larger society explicitly or implicitly teach us to embrace.

Casey seemed but another enviable girl; her insecurity gracefully hidden, she never stumbled during cheerleading try-outs or said goofy things in front of her friends. Instead, she expressed her troubles in a way that seemed to require enormous skill and fortitude. She even

fainted lithely from malnutrition. The image of the anorexic posited by the media seemed a desirable one, and the disease itself seemed worthy of admiration.

For families and even doctors of people with eating disorders, a focus on these stereotypes of perfection distract from the desperate reality behind an obsession with body image.

When I developed anorexia, one of my doctors spent so much time telling me that I needn't fret over my looks nor become distraught over a score of 95 on a test (He must have received this information from a text book because my own experience with tests defied all stereotypes of anorexic perfection) that we never examined why I, as an individual, would need to behave in this way.

And my parents celebrated anorexia as a testimony to my beauty, intelligence, and potential for success.

The stereotypes of the anorexic so dazzled them that they refused to confront all the forces in themselves and in larger society that reduced my self-esteem. Instead, they virtually and dangerously endorsed anorexia as a talent and a sign of beauty in itself.

Certainly, it is essential for all epidemics to receive attention and publicity. It may be true that many girls and women who develop eating disorders happen to be attractive according to societal norms, to do well in school, and

to clean their bedrooms till the point of spotlessness, but we should not let these shared characteristics obscure and deny the true complexities and essential roots of obsessive behavior.

Moreover, many people with eating disorders deviate from the stereotypes. Why, then, must we repeatedly emphasize an anorexic's "beauty" and "perfection"?

As our society rejects the formerly fashionable model of emaciation, we see in its place a new, supposedly liberated ideal. Today's beauty, we're told, no longer is whittled to oblivion but instead retains her natural womanly curves and seeks a strong, healthy body.

But just as the societal depiction of the anorexic seems hardly capable of "saving the life" of someone already obsessed with socially-defined beauty, the new ideal is not as healthy as popular magazines would have us think. To be sure, the currently promoted image does not immediately seem as frightening as yesterday's broomstick look. But the look itself is fraught with complications and, under the promotion of the media, carries with it confining implications.

In promoting curvaceousness, society does not truly grant us permission to maintain our natural thigh curves or stomach bulge. Photograph after photograph tells us that what is now permissible are medium to large breasts; after years in the spotlight, a flat chest is no longer sexy or fashionable. What's "natural," then, is dictated by fashion, for we don't see a multiplicity of bodies, each with curves in different places, but bodies that conform to a certain standard. And some women can attain what's currently "natural" only by lying on the operating table — unless they gain substantial weight, thereby adding curves in places where they would be unfashionable.

The new ideal image is problematic not only because it disguises the artificial under the name of "natural," but because in imposing this ideal of beauty on us, society also imposes certain stereotypes on the woman who pursues this new image. According to the stereotype, the woman who cares for her health and body leads a particular sort of life. As they lead us through a variety of sit-ups, magazine writers and certain aerobic teachers remind us that we'll now be desirable to "him" and that we'll look simply divine in the new suit that will allow us to succeed in the corporate world.

For the woman who has not confronted and defined her own goals concerning her body, her life and her health, this stereotyped image narrows the range of possibilities she considers. When a woman is unable to explore and create her own

goals and ambitions, the assumptions attached to the societal image of the health and "beauty" conscious woman serve to define, and therefore to confine, this direction for her.

The imposed image assumes and enforces heterosexuality and the importance of beauty to one's romantic life. It assumes that a woman fits into a particular segment of society and works in a particular sort of profession. And it enforces beauty as essential to success in a woman's romantic and professional life. Lacking her own self-definition and being vulnerable to society's confining definitions, she may feel that she must embody these stereotypes and conform to the prescribed agenda for the sake of her own self-worth.

Even in the exercise of her own body, she is without full control, for she is made to feel that her very existence must fit a certain restrictive model.

For the woman who struggles to define "beauty" for herself and to find the most appropriate place in her life for the pursuit of a healthy body, the stereotyped image can be infuriating in its implicit attack on the independence she seeks. She must necessarily have her job in mind, for she fully accepts that her ambition and intelligence will not suffice as vehicles to success. Similarly, she seeks a lover, necessarily a man, as she shapes her body, for having a male lover is naturally, every woman's primary goal.

Perhaps a woman no longer is pressured to fashion herself as dainty and wispy and frail, but the new ideal still denies her the exercise of her independent will to control and affirm her own body. Old expectations remain: women must still devote their energies to cultivating their appearance. Her body is still rendered public property, to be made "healthy" necessarily for the enjoyment of others.

But as we confront ourselves, as we gain awareness of the restrictive messages we historically have received and which we continue to receive, we simultaneously will develop the muscles to confront society at large. We must not become mesmerized by the gilded stereotypes of anorexia but must instead insist upon publicity that seeks to examine the forces at the root of the obsession — forces that make the very model of anorexic "perfection" worthy of emulation. And we must voice our right to gain bodily strength for own sake, not for the sake of a job or a man. As we seek to slash stereotypes and to reclaim our bodies for our own pleasure and health, we challenge restrictive societal definitions and expectations. ◆

Adjusting Attitudes About AIDS

— by Amanda Brooks

For the past five years a fear of unprecedented magnitude has swept over our country. In the beginning the fear of AIDS affected only "minority" groups typically ostracized from society, but in recent years the fear has spread through all communities — men and women of every social class, of every ethnic group and of every age. But neither this fear nor the rising number of college students contracting AIDS has prompted widespread action within university communities.

It's not as if AIDS education hasn't been provided. In recent years, students of our generation have been bombarded by advertisements for AIDS education. Even in high school, my school frequently gave assemblies solely on this topic, but still the same attitude remained: "It won't happen to me."

I first heard the term AIDS at age 14 — a first-year student in high school. Standing at my locker getting a book, I heard two skate rats talking about this disease that "kills them faggots, 'cause they buttf__k."

Curious and annoyed, I asked, "Don't you have any sympathy for them?"

"No, man," one of them said, "AIDS is a queer's disease."

"Why should I care, it doesn't affect me," the other said.

Don't dismiss these comments as the asinine remarks by young boys. Five years later I heard the same sentiments being expressed by many college students. A

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*"It [AIDS] won't happen to me...'
Our denial of the facts may come from thinking that youth is supposed to be frivolous and full of extremes."*

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poster expedition on the wall of UC Berkeley library blared prevailing student attitudes. Written in bright pink lettering, one poster read: "AIDS doesn't affect my life. I'm sick of turning on the T.V. and all I hear is AIDS. Who cares."

Of course, everyone has their own excuse for ignoring AIDS. In high school they went something like: "I'm not gay," "I don't do heroin," "My boyfriend doesn't like condoms," "I'm embarrassed to buy them." In college, I hear more "sophisticated" responses: "I'm protecting myself — I'm on the pill," or "I know my partner's sexual past, he's clean."

The spread of AIDS among college students so accurately portrays our attitude. Our denial of the facts may come from thinking that youth is supposed to be frivolous and full of extremes — "I'll mellow out after college." In other words, "I'll start being responsible for myself after college."

It seems that college students believe they are born with a bulletproof vest against AIDS. Nothing has touched us so far, nothing ever will, right? You can't apply "invincible and bulletproof" thinking to AIDS, it has no survivors. The AIDS virus does not play favorites.

The next generation may find a cure for AIDS, but for now we have to look after ourselves. This means using a condom if we choose to have sex. The use of condoms will, at least, imply a change in attitude about the serious and real threat of AIDS. ◆

**Bulletin Bids Farewell for the Semester
Good Luck on Exams and Have a Restful Vacation
To The Incoming Editorial Board
We Wish Continued Health and Happiness**

suckas

Senioritis, You Gotta Have Faith

Hit it Aretha and Michael

— by Lainie Blum

This edition of *Bulletin* is addressed specifically to health issues. I know that.

So under the expansive mental health umbrella, I would like to place a discussion of the experience of the fourth-year college student, better known and glorified as senior year. Hurray.

At this mid-way point in our last year at Barnard, Columbia or SEAS, we find ourselves perplexed by the glaring inconsistency between our actual senior experience and what we've always believed it would be. Functioning under the myth that senior year is a breeze, the best and a blast, we don't know what to make of the fact that we are more stressed now than at any other time in our lives. We don't know how our thesis writing, corporate recruitment, law school applications and med school interviews fit into the best year of our lives.

Consequently, seniors are walking around like zombies — not sleeping, not eating, not working due to a temporary paralysis resulting from having too much to do. All we've learned about prioritizing has proved useless. It's hard to rank in order of importance things like writing a thesis and looking for a job. They have to happen simultaneously, with equal emphasis, and that is no easy feat.

Weird things are happening. My friends report waking up in the morning

(after a good night's rest of three hours or so) with teeth clenched tightly enough to give them excruciating headaches. I find myself walking everywhere with a furious and impatient determination to get where I'm going — even when I'm not going anywhere in particular. One friend consistently wakes up in the middle of the night, panic-stricken about her plans for next year.

Another was in such sad shape that he elicited the sympathetic concern of a Columbia dean (not an easy feat) when he unsuccessfully appealed for an incomplete to help him get through his six papers and thirty job applications, all due this month.

Seniors can be divided into at least two major groups — those who don't want to leave and those who can't wait to leave. This may have something to do with a division between those who know what they're going to do and those who have no clue. Just as "How was your summer" is the question among students in September, "What are you doing next year" is the classic senior conversation starter. However, this is a very dangerous question to ask, as it may release a flood of panic and even tears in the respondent. It is said that only those who know what the future holds for them dare to ask the dreaded question, having the confidence that they can answer in return.

Seniors who can't wait to leave, who have one foot out the door, often have

trouble remembering that they still have one foot firmly rooted in the student terrain. For them, papers and exams become meaningless and irrelevant. They have more important things to think about. Like life, for example. They have grown too big for this tiny Columbia campus, but that is what this education is all about, after all. College educations are intended to prepare us for life after college. The problem is that in the last length of the education process, perhaps the most important, many seniors exist in a limbo state, straddling two worlds, yet not a complete part of either.

Then there are those who believe that these have been the best years of our lives, and they are reluctant to let go. Clinging to the past, made even better with a good infusion of nostalgia, some of us look to the precipice as the end of the good life. Personally, I cannot subscribe to such a view. For then, there would be no reason to step forward from here. It would make sense to put an end to it all, lest life be inevitably poisoned by the reality of the future.

Whatever camp a senior is in, the fact remains that for the first time in our lives (for many of us, that is) we don't know where we'll be in September. Even if we know what kind of job we want, or what kind of school we want, there is an uncertainty that has never existed before. This is perhaps the first major life-course decision we've ever made.

In kindergarten, we knew first grade was inevitable. At the end of junior high, we knew high school was around the corner. After the SAT trauma, we knew college was in our future. Now, it's a lot more complicated. From now on (for

continued on page 8



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