



policy *express*

College campuses have long been centers of the country's culture wars, and most expect competing ideologies and agendas to be openly debated in classrooms and throughout campus life. Few expect, however, to find agendas in the offices of their campus doctor or therapist. Yet a culture war of sorts exists here as well, with alarming psychological and biological consequences, particularly for young women.

How Social Ideology Infects Campus Health Care

“The college health care profession does young women no favor by allowing this form of social ideology to infect its health care advice.”

By Miriam Grossman, MD

A college freshman—I call her Heather—came to me for help with her mood: every so often she had episodes of feeling down, crying easily, and hating herself. Normally, she was social and outgoing; these days she was spending hours alone in her room. Heather didn't know where this was coming from. Everything seemed to be going so well: she liked school, had plenty of friends, and got along well with her family.

Sometimes people have these symptoms and no event or situation can be identified as a cause: they “came out of the blue.” Other times there is what we call a “precipitant.” I listened to Heather speak about her life and tried to identify some recent stress or loss.

No, she insisted, nothing has happened. I'm not homesick, and I've adjusted to life on campus. I'm not worried about finances. No one close to me is sick or has passed away, and my dog is fine. I was never abused or molested.

She paused at my next question: did

you recently begin or end any relationship? Well, yes ... I can think of one thing. I recently got a “friend with benefits,” and actually ... I'm confused about that.

I met him at a party, she explained, and I really like him. I'd like to go out together and go shopping or see a movie. That would make it a friendship. But he says no, because if we do those things, then we'd have a *relationship*—and that's more than he wants. It's so hard to be with him, Heather told me, and then go back to my room alone. I'm confused, because it seems to me like he's getting the benefits, but I'm not getting the friendship.

She spoke more about her frustration and unhappiness. Do you think, I ventured, that your mood changes may be related to this? I don't know, she answered ... maybe ...

Little does Heather know that she is thrice a victim: of the young man enjoying “benefits,” of a fraudulent social ideology that preaches sex without consequences, and of the health profession,

“Heather is thrice a victim: of a young man enjoying “benefits,” of a fraudulent social ideology that preaches sex without consequences, and of a health profession that fails to warn of all this lifestyle’s dangers.”

which not only fails to warn Heather of all the dangers of this lifestyle, but also gives her a false sense of security.

Heather’s heard about Safe Sex since childhood, and no one ever challenged it. In middle school she gained expertise in the use of condoms and other contraceptives; in high school she became sexually active, like most of her friends, and did homework watching *Friends* and *Sex in the City*. She’s been led to believe by these and countless other influences that casual encounters with different people is the norm, and that sexuality is a recreational activity, one in which the proper use of condoms confers “protection.”

“Protect” yourself, she’s been warned by well-intentioned educators and health providers, against pregnancy and STDs. That’s being responsible and smart. Also, they advise, limit your partners and get tested frequently.

Well, Heather did those things, and she’s still confused and hurting. She followed the advice, but here she is, for the first time in her life, speaking with a psychiatrist. Everyone else seems to be hooking up without a problem; maybe, she asks, there’s something wrong with *her*?

“Friends with benefits” and “hooking up” are the norm on most campuses. Forty to eighty percent of college students have had a sexual encounter in which there was no expectation of seeing one another again, and ten percent of women have done so six or more times. There must be many women on our campuses like Heather, and I wonder whether we in the campus health care profession are doing all we can for them?

Consider some information that didn’t make it into Heather’s sex ed curriculum. One subject Heather hasn’t heard about, despite its discovery when she was in pre-school, is “the biochem-

istry of bonding.” Neuroscientists have discovered that specific brain cells and chemicals promote feelings of attachment and trust. One hormone, oxytocin, is released in a woman during labor and nursing to promote bonding with her infant. A female rat injected with oxytocin will bond with and protect another female’s young as if they were her own.

This hormone is also released during sexual activity. It’s as if the brain senses, *now I’m with someone I care for and trust*, so it releases chemicals that foster those feelings. Intercourse is not necessary for this to occur.

Remember Pavlov’s “classical conditioning” from high school biology? He discovered that if he rang a bell before feeding a dog, eventually the dog would salivate from hearing a bell, even in the absence of food. There is research suggesting that the release of oxytocin can be classically conditioned: after a while, all it takes for it to be released is catching sight of someone.

You could say that we are designed to bond. Neuroendocrinology is suggesting that Heather’s feelings about her “friend” are based in her biology and that inadvertently she has attached in a powerful way with someone whose last intention is to bond.

In all her years of sex education, Heather never heard of oxytocin. When she logs on to Planned Parenthood or the popular health Q&A site GoAskAlice.com, she finds a celebration of sexuality—as long as it includes latex, of course. She’s led to believe that, when it comes to sexual urges and desires, experimentation and exploration will only increase her self knowledge and well-being.

This approach is not based on hard science. Instead it reflects the presence of social agendas in the fields of health

and counseling. These social agendas promote the ideology that anything goes between consenting adults, that latex protects, that men and women are the same, and that abortion is basically a benign medical procedure. It's not PC to challenge the hooking-up culture or to demonstrate that we may be hard-wired to attach.

The existence of oxytocin challenges this culture by suggesting that sexual behavior is more complex and profound than, say, working out. It's also not PC, of course, to suggest women may be more vulnerable than men, and it's downright incendiary to question the dogma of "safer sex."

I want to emphasize that this is a complex area of study. Men also release chemicals during sexual activity that promote attachment. On the other hand, however, young men have elevated levels of testosterone, which has the opposite effect. But in my ten years as a campus psychiatrist, I can't recall one man who experienced distress due to a "friends with benefits" or "hooking up" arrangement. When a man has heartache it tends to follow a long term, serious relationship. I therefore focus on the harm of casual sex to *women*, because I have seen many Heathers in my career.

Supporting the notion of young women's sensitivity (and another example of research missing from Heather's education) is a report that looked at data on 8000 teens. It concluded that "females experience a larger increase in depression than males in response to romantic involvement" and "females' greater vulnerability to romantic involvement may explain the higher rates of depression in female teens."

Regarding abortion, Heather's been told repeatedly that most women suffer no long term emotional consequences.

That may be so, but the same studies indicate that two years following the termination of their pregnancies, twenty percent of women feel it did more harm than good. There is also research indicating many men suffer silently with the pain of an abortion ... but who ever heard of that?

Emotional vulnerability is just half the story. Now we turn to physical concerns.

Compared to the young man in her life, Heather is more liable to suffer the consequences of a sexually transmitted infection, both short and long term. Often, men are unaware of their infections; they unknowingly transmit the bacteria or virus, then the woman develops symptoms: pain, discharge, warts or blisters. Even with "protection"—and bear in mind that over half of young people did not use a condom during their last encounter—she can end up with herpes or HPV. And of course, she's the one who could find herself pregnant, too.

There's more. Heather wasn't taught that at the age of eighteen, her cervix is likely still going through a process of maturation. It has an area called the transformation zone, where the cells are more vulnerable to infection. With each year, the cervix matures, and the T-zone shrinks.

Speaking strictly from a medical perspective, it's better for one's psychological and physical health to wait. In real life, multiple casual partners carry significant health-related risks. "Hooking up" is as risky as smoking and binge-drinking, activities which many college health professionals are actively waging war against.

In real life, infections acquired through sexual behavior are a serious matter: Phoebe would have herpes, and Joey would have warts. Yet many,

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people have avoided them by waiting, finding someone else who waited, and then being faithful. Yes, they've done so, and lived to talk about it. Since when, by the way, is healthy self-discipline confined to the gym and the cafeteria?

Women are the ones paying the higher price in a culture that glorifies

casual, attachment-free sexuality and ignores reputable information about the immature cervix, the limits of "protection," and the biochemistry of bonding. The college health care profession does young women no favor by allowing this sort of social ideology to infect its health care advice. ■

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Resources

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