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Bookshelf / By Danielle Crittenden

Bad for the Health, but No One Dare Say So

“My patients were hurting, they looked to me and what could I do?” So confesses an anonymous campus physician in the beginning of her startling memoir. Over the course of 200 pages, she tells story after story about suffering young women. If these women were ailing from eating disorders, or substance abuse, or almost any other medical or psychological problem, their university health departments would spring to their aid. “Cardiologists hound patients about fatty diets and insufficient exercise. Pediatricians encourage healthy snacks, helmets and discussion of drugs and alcohol. Everyone condemns smoking and tanning beds.”

UNPROTECTED

By Anonymous, M.D.
(Sentinel, 200 pages, \$23.95)

Unfortunately, the young women described in “Unprotected” have fallen victim to one of the few personal troubles that our caring professions refuse to treat or even acknowledge: They have been made miserable by their “sexual choices.” And on that subject, few modern doctors dare express a word of judgment.

Thus the danger of sexually transmitted diseases is too often overlooked in the lifestyle choices of the young women at the unnamed college where the author works. But the dangers go far beyond the biological. A girl named Heather, for instance, has succumbed to an intense bout of depression. The doctor presses her to think of possible causes. She can’t think of anything. Then she says: “Well, I can think of one thing: since Thanksgiving, I’ve had a ‘friend with benefits.’ And actually I’m kind of confused about that.”

Heather continues: “I want to spend more time with him, and do stuff like go shopping or see a movie. That would make it a friendship for me. But he says no, because if we do those things, then in his opinion we’d have a relationship—and that’s more than he wants. And I’m confused, because it seems like I don’t get the ‘friend’ part, but he still gets the ‘benefits.’” It finally dawns on her: “I’m really unhappy about that. It’s hard to be with him and then go home and be alone.”

Heather is not an unrepresentative case. The author meets patients who cannot sleep, who mutilate themselves, who exhibit every symptom of psychic distress. Often they don’t even know why they feel the way they do. As these girls see it, they are acting like sensible, responsible adults: They practice “safe sex” and limit their partners to a mere two or three per year.

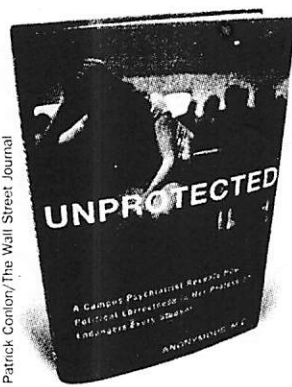
They are following the best advice that modern psychology can offer. They are enjoying their sexual freedom, experimenting, discovering themselves. They

can’t understand what might be wrong. And yet something is wrong. As the author observes, surveys have found that “sexually active teenage girls were more than three times as likely to be depressed, and nearly three times as likely to have had a suicide attempt, than girls who were not sexually active.”

And should all this joyous experimentation end in externally verifiable effects—should girls find themselves afflicted with a disease or an unwanted pregnancy—then (and only then) do their campus “women’s health” departments go to work for them. They will book the abortion, hand out a condom or prescribe a course of antibiotic treatment. And then they will pat their young patients on the shoulder and send them back into the world, without an admonishing word about the conduct that got them into trouble in the first place.

“Look at how different health decisions are valued,” the author advises. “When Stacey avoids fatty foods she is being health conscious....When she stays away from alcohol, she is being responsible and resisting her impulses. For all these she is endorsed for keeping long-term goals in mind instead of giving in to peer pressure and immediate gratification. But if she makes a conscious decision to delay sexual activity, she’s simply ‘not sexually active’—given no praise or endorsement.”

If anything, the more “transgressive” the behavior, the greater the reluctance to judge. On a University of Michigan Web site, “external water sports” is described as a type of “safer sex.” (The



Patrick Conroy/The Wall Street Journal

Sexual freedom on campus damages many students. But health professionals must not judge.

phrase has nothing to do with a swimming pool.) At Virginia Commonwealth University, “cross-dressing is called a ‘recreational activity.’” The sexual advice blog “Go Ask Alice,” sponsored by Columbia University, provides helpful hints to students on *ménages à trois* (“Nothing wrong with giving it a try, so long as you’re all practicing safer sex”), swing-club etiquette and phone sex (“Getting Started”).

When the author treats Brian, a young homosexual man who is en-

gaged in “high-risk behavior with multiple people,” she discovers that, by policy, she cannot insist that he be tested for HIV. And if he were to submit to voluntary testing, and the tests were to prove positive, she would not be allowed to report this information to the local department of health—although of course she would be required to do so if he had contracted any other communicable disease. Isn’t promoting health, even saving lives, “worth the risk of feeling judged?” Apparently not.

And yet, not all judgments are to be avoided. The author of this vivid and urgent book has published it anonymously precisely because she fears that if her employers and colleagues heard her unwelcome views, they would judge her negatively—and punish her, personally and professionally. The anonymity, however understandable, is a shame: Her cause could use a visible and vocal crusader.

Ms. Crittenden is the author of “What our Mothers Didn’t Tell Us: Why Happiness Eludes The Modern Woman.”