

Whole Person Health in Adolescent Education

A Statement by the Educational Guidance Institute

Concern for the whole person is a well established feature of health education programs. The California State Board of Education, for instance, defines health as a “state of complete physical, mental, and social well-being, not merely the absence of disease and infirmity.”¹ According to the New York State Department of Education, the discipline of health “focus[es] on the development of the whole person.”² The Montgomery County, MD School Board offers a more detailed account of the areas with which health education must concern itself: “To effectively address current health problems it is important to overcome the perception of health as being merely physical . . . Students must broaden their perception and view health as being multi-dimensional and dynamic. Health includes five dimensions: physical, intellectual, social, spiritual, and emotional. All five dimensions contribute to the total well-being of the individual.”³ The ambitious goals of health educators around the country have certainly resulted in innumerable benefits for American students in many areas of their formation.

It is the contention of abstinence educators that education in sexuality should be no less ambitious in adhering to a whole person standard. The key to integral sexual health is for students to recognize that the sexual act is not merely a physical act. Rather, it also has implications in the intellectual, social, ethical and emotional realms. In the health classroom, students should have access to the vast body of scholarship which demonstrates the significance which the sexual act has in each of these realms.

The detrimental effect of casual sex on one’s emotional health has been the subject of much recent research. Bonding hormones released during the sexual act, such as oxytocin and vasopressin, cause feelings of deep affection and trust for the other person.⁴ This provides a biological explanation for the emotional turmoil which results from the break-up of a sexual relationship. Evidence on the biological level is substantiated by empirical studies demonstrating a causal connection between teenage sexual activity and depression.⁵ These hormones, in turn, flood the brain and compromise the intellect’s ability to make good decisions in the future regarding sexual activity. There is also some evidence that the brain is affected in other areas. Studies have shown that students who are sexually active do not perform as well academically, regardless of whether they are using contraception.⁶

¹ California Department of Education, *Health Framework for California Public Schools: Kindergarten through Twelfth Grade*, 2003, chp. 1, p.3, www.1busd.k12.ca.us/curriculum/Curriculum%20Services%Health%20Ed/healthframework2003.pdf, date of access 8 March 2007.

² University of the State of New York: State Education Department, *Health, Physical Education, Family and Consumer Resource Guide*, Introduction, p. 2, www.emsc.nysed.gov/guides/health/part11.pdf, date of access 8 March 2007.

³ Montgomery County Public Schools, *Health Education: Philosophy*, www.mcps.k12.md.us/curriculum/health/phil.htm, date of access 7 March 2007.

⁴ See for example Times Online, *Sexual Attraction: the magic formula*, 28 May 2006, www.timesonline.co.uk/article/0,,2104-2190254.html; and Emory Medicine, *Love and Sex: the vole story*, Summer 1998.

⁵ Denise D. Hallfors, et.al., *Which Comes First in Adolescence—Sex and Drugs or Depression?* American Journal of Preventative Medicine, 29.3 (2005): 163-170.

⁶ Robert Rector and Kirk A. Johnson, *Teenage Sexual Abstinence and Academic Achievement*, 27 October 2005, www.heritage.org/Research/Abstinence/whitepaper10272005-1.cfm.

The sexual act, then, has considerable import for the physical, emotional, and intellectual aspects of the self. The body is wired to communicate a message during sexual activity, both to one's self and one's partner: namely, this is someone I can trust and to whom I can make myself radically vulnerable, both emotionally and physically. When this dynamic is coupled with an unstable, rather than a permanent relationship, it should come as no surprise that one's social health is compromised. Indeed, thorough research has verified the detrimental effect that casual sexual encounters have on one's ability to form lasting relationships in the future, particularly within the context of marriage.⁷

Finally, it has long been a concern of the schools, and indeed, seen as an important component of a student's health, to foster character growth and an ethical outlook on life. There is no reason that this aspect of the person should be overlooked in the sex education classroom. A teenager who is engaging in sexual activity with multiple partners could be spreading diseases without even knowing it. A young man engaging in sexual activity with a young woman puts her at risk for a difficult and often traumatic event: namely, dealing with an out-of-wedlock pregnancy. Beyond these more obvious physical effects, the reality of how a casual sexual encounter affects the whole person should be seen as having a deep ethical significance. The young man or woman who invites such an encounter compromises the *total* well-being of both parties. If a student is disposed to compromise another person in this manner, educators should seek to guide him or her to a higher ethical standard.

The debate between "abstinence education" and traditional "sex education" is often framed in this way: should the teacher emphasize the success rates of contraception in order to encourage their use, or the failure rates of contraception in order to discourage risky behavior altogether? The problem with this question is that *it dismisses the innumerable risks of teenage sexual activity for which there is no protection*. The human person is simply not wired for casual sex. The practice of withholding this information from students is a deeply troubling one. Moreover, any honest account of human sexuality will make the student aware of the *positive* effect that the sexual act has on the person within the context of marriage.⁸ Only the whole person understanding of human health provides the framework for such a discussion.

When applied to sex education, the whole person approach to health provides an opportunity for an open, honest, and complete discussion of human sexuality. By communicating a broader and deeper significance to the sexual act, it gives teens a truly compelling justification for abstaining from sexual activity until marriage.

⁷ See for example Jay Teachman, *Premarital Sex, Premarital Cohabitation, and the Risk of Subsequent Marital Dissolution Among Women*, *Journal of Marriage and Family* 65 (May 2003): 444-455; and Tim Heaton, *Factors Contributing to Increasing Marital Stability in the United States*, *Journal of Family Issues*, Vol. 23, No. 3 (2002): 392-409.

⁸ See for example F.S. Christopher & S. Sprecher, *Sexuality in marriage, dating and other relationships: A decade review*, *Journal of Marriage and the Family*, 62.4 (2000): 999-1017.

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