Danny’s Story

testicular cancer

stand up carolina

travel wise

carolina beautiful

stand up carolina

group counseling
As a college student, simple choices you make every day can end up changing your life. Others decisions can impact what happens to your friends, roommates and classmates, or even strangers.

In this issue of Gamecock Health, we address making choices that impact the outcome of your personal health and safety. The Stand Up Carolina initiative, which is managed by our Sexual Assault and Violence Intervention & Prevention department, has gained campus-wide recognition and praise for engaging students in becoming accountable bystanders.

On another level altogether, we introduce you to Carolina Beautiful: Celebrate Your Body Week, our Campus Wellness department’s initiative developed to generate awareness about eating disorders, which are deadly in ten percent of all cases.

We introduce you to faculty members Dr. James and Mrs. Beatriz Kellogg and tell the story of their son, a former Virginia Tech student. They were kind enough to share the painful experience of the loss of their beloved son to testicular cancer and provide us with a wealth of knowledge about how critical it is for college-age men to know about testicular cancer risk factors and the importance of performing self-exams.

We also address risk taking from a different angle than we usually do—that of actually taking risks—but in a safe environment, which we provide in our Counseling & Human Development Center for students interested in becoming stronger, more self-confident, and ultimately, safer.

College is a time of personal challenge, exploration and growth. Take advantage of the programs offered by Student Health Services and those throughout campus that seek to teach you life skills, help you become a responsible citizen, and provide for your personal health and safety.

Yours in health,

Deborah Beck, RRT, MPA, Ed.D.

Executive Director, Student Health Services
University of South Carolina
Gamecock Health

Spring/Summer 2012

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Danny’s Story

Student Health Services
Executive Director
Deborah Beck, RRT, MPA, Ed.D.

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Gamecock Health is published twice annually for the University of South Carolina campus community.

Student Health Services is committed to improving student success through healthy learning.
As the magazine of the University of South Carolina’s Student Health Services, Gamecock Health is always interested in hearing about your success with a provider, program, service, department or initiative we offer the students, faculty and staff that make up the campus community. Feedback about your experiences, great or small, that have really affected your life—academic or otherwise—is always welcome.

Experiences may include:

- A passion you’ve developed for health or wellness through one of our programs
- Something you learned from our staff that has helped you manage a disease or condition
- How a service we offer identified a potential threat to your health
- Weight loss or exercise goal achievement
- A relationship you’ve developed with a counselor, advocate or other staff member
- How a presentation we gave opened your eyes to an issue or something new
- What healthy habits we’ve helped you adopt and how they affected your life
- How a doctor or other healthcare provider helped you get well
- Good advice or care you’ve gotten from any of our staff
- How you’ve gotten involved in one of our initiatives like Stand Up Carolina

- Emotional or spiritual strength you’ve gained through our Counseling Center
- How something you learned at one of our events changed your outlook
- How you avoided an unsafe situation
- ...or anything else that’s rocked your world that Student Health Services was a part of!

No experience is too small when we’re talking about your success as a student.

Tell us about it at

- facebook.com/UofSCshs
- carrico@sc.edu or
- (803) 777-4199

We look forward to hearing from you! GH
Offered through “Stand Up Carolina,” a campus-wide initiative to foster bystander accountability and prevent interpersonal violence.

**WOMEN’S SELF-DEFENSE CLASS**

**free**
open to students, faculty & staff

**march 30 & april 9**
1 to 5 pm
strom wellness & fitness center
room 116

registration is required
**call 803.777.8248**

**sa.sc.edu/shs/savip**

Uttered through “Stand Up Carolina,” a campus-wide initiative to foster bystander accountability and prevent interpersonal violence.
If you answered no, you're not alone. Living up to what we think society expects us to look like leads to the inevitable—poor body image. After all, who in the world was really born looking like a Photoshopped image in a magazine? No one!

The majority of people in the US, men and women, young and old, feel the incredible pressure society places on us to "measure up" to a certain social and cultural ideal of beauty.

A recent study done by the National Eating Disorders Association suggests that more than 18 percent of college students engage in compulsive exercise, and more than seven percent engage in compulsive eating behaviors. Furthermore, 91 percent of women on college campuses surveyed had attempted to control their weight through dieting, and 22 percent diet “often” or “always.” Eight million Americans have an eating disorder—seven million of whom are women.

To combat these attitudes and behaviors, for the past two years USC has hosted Carolina Beautiful: Celebrate Your Body Week, the university’s version of International Body Image Awareness Week. Spearheaded by Student Health Services Campus Wellness, the week of events has been co-sponsored each year...
Campus Wellness registered dietitian Kristen Tice manages Carolina Beautiful. "It’s all about celebrating ourselves and our individuality," she explained. “Our overarching goal is to help people celebrate their bodies and their differences, but ultimately, it’s also to generate awareness about eating disorders and help people recognize potentially deadly behaviors in themselves, their friends or family members.”

Kristen noted that one out of every ten people with an eating disorder will ultimately die from it. “The best line of defense is prevention,” she explained.

Women are constantly bombarded with a wide range of images in the media that portray an “ideal” body type. World-famous models are stick thin, but centerfolds are unrealistically curvy. For men, the high fashion world offers the same image—thin is in—but billboards and TV advertising would have us believe that women prefer a big, bulky muscle man the size of a doorframe.

It’s no accident that youth is increasingly promoted, along with thinness, as an essential criteria of beauty. It’s pretty easy to understand that we can’t change our genetics, and we certainly can’t stop the aging process, so these are the two primary areas of focus of the health and beauty industry. The more we’re bombarded with messages about how far we are from “ideal,” the more products we buy trying get there—a losing battle.

In addition to being downright frustrating, this obsession with how we look is unhealthy emotionally, spiritually and physically. Body image is comprised of two things—how you actually feel and how you imagine other people see you. How you feel about your...
body and all of its parts—your legs, nose, stomach, the color of your skin and the color or texture of your hair, for example—plays a role in your body image. How you envision others seeing you is much more complicated, and often a much more psychologically powerful force.

Body image may be something you’ve heard about all your life, from the time you were very young. You’ve been told to accept who you are—be healthy, don’t listen to what others say and so on. That’s just about an impossible task. Everyone is self-conscious about how others see them—and the consequences of that can turn into eating disorders, unhealthy behavior and even death.

Our emotional state also influences our body image. When work or relationships become stressful, many people notice that their body image can be affected. Having a long-lasting negative body image can affect both your mental and physical health. People who have a long-lasting negative body image are more likely than people with a positive body image to:

• Have anxiety, depression, low self-esteem, shame and trouble concentrating
• Take risks with their sexual health
• Cut themselves off from being with other people socially
• Stop doing healthy activities that require them to show their bodies such as exercising, having sex, going to the doctor or swimming
• Suffer from serious mental health problems such as anorexia, bulimia, over-exercising or overeating

It is very difficult to deal with an eating or exercise disorder on your own—but the staff at Student Health Services can help. From medical doctors and mental health counselors to registered dietitians, the department offers a multi-faceted approach to addressing and helping resolve eating disorders.

If you think you’ve got unhealthy eating habits, anorexia, bulimia or disordered eating behavior of another origin, do not hesitate to get help as soon as possible.

Remember that disordered eating is deadly, and you might not realize how critical your condition is. If you feel that you have a weight issue or are overweight or obese, make the call that can change your life. Start by calling Campus Wellness at (803) 576-9393. Our staff will assist you in your journey to becoming whole, healthy and liking what you see when you look in the mirror. **GH**
Ten Steps to Positive Body Image

One list cannot automatically tell you how to turn negative body thoughts into positive body image, but it can help you think about new ways of looking more healthfully and happily at yourself and your body. The more you do that, the more likely you are to feel good about who you are and the body you naturally have.

1. Appreciate all that your body can do. Every day your body carries you closer to your dreams. Celebrate all of the amazing things your body does for you—running, dancing, breathing, laughing and dreaming.

2. Keep a top 10 list of things you like about yourself—things that aren’t related to how much you weigh or what you look like. Read your list often. Add to it as you become aware of more things to like about you.

3. Remind yourself that “true beauty” is not simply skin deep. When you feel good about yourself and who you are, you carry yourself with a sense of confidence, self-acceptance and openness that makes you beautiful, regardless of whether you physically look like a supermodel or not. Beauty is a state of mind, not a state of your body.

4. Look at yourself as a whole person. When you see yourself in a mirror or in your mind, choose not to focus on specific body parts. See yourself as you want others to see you—as a whole person.

5. Surround yourself with positive people. It is easier to feel good about yourself and your body when you are around others who are supportive and who recognize the importance of liking yourself just as you naturally are.

6. Shut down those voices in your head that tell you your body is not “right” or that you are a “bad” person. You can overpower those negative thoughts with positive ones. The next time you start to tear yourself down, build yourself back up with a few quick affirmations that work for you.

7. Wear clothes that are comfortable and that make you feel good about your body. Work with your body, not against it.

8. Become a critical viewer of social and media messages. Pay attention to images, slogans, or attitudes that make you feel bad about yourself or your body. Protest these messages. Write a letter to the advertiser or talk back to the image or message.

9. Do something nice for yourself—something that lets your body know you appreciate it. Take a bubble bath, make time for a nap or find a peaceful place outside to relax.

10. Use the time and energy that you might have spent worrying about food, calories and your weight to do something to help others. Sometimes reaching out to other people can help you feel better about yourself and can make a positive change in our world.

Reprinted with permission of the National Eating Disorders Association.
Whether it’s spring, summer or winter break, or just a long weekend, we know you’re thinking about getting away!

While you may be making plans for good times on an upcoming trip, it’s also important to plan on staying safe.

Everyday decisions you make while out of town can ultimately affect your academic performance, or even derail a promising future. It’s important you take precautions to ensure you make it home with nothing but great memories to share!

Travel Wise!
Put these ten items on your travel agenda. You’ll have a better time, stay safe and come home well-rested and ready to jump back into your studies!

**HANGING OUT** No matter what you do or where you go, do it in a group! Not only are you going to have more fun, but you can keep an eye on each other, too. If your group splits up, remember to always check where everyone else is going and ask how long they plan to stay there.

**ROAD TRIPS** If you’re taking a road trip, take turns driving, and have one other person in the car stay awake with the driver. Drive the speed limit, and make sure you bring your license, vehicle registration and proof of insurance. Remember to bring a first aid kit. Don’t forget to buckle up!

**HOTELS** Don’t stay on the first floor! First floor rooms are easier to break into. If there’s a safe in the room, put your money, plane tickets, passport and other valuables in it. Leave your good jewelry at home! It can make you a target for theft or even assault. Wearing expensive-looking jewelry—whether it’s real or not—can endanger your life. When you go out, make sure all the doors and window are locked.

**PARTYING** Although trips during breaks are generally full of fun and parties, be smart about it. Obey the drinking age laws. Avoid high alcohol content drinks. Drinking in the hot sun and getting dehydrated can mean a trip to the local ER. Always have a plan for getting back to your hotel. If one friend becomes intoxicated, or you feel that they may be in an unsafe situation, make sure to get that friend to safety as soon as possible. Seek medical care if necessary, and never hesitate to call 911.

**SUN** A “golden glow” can lead to sun poisoning or a hospital visit if you’re unfamiliar with the strength of the rays where you’re going. Twenty minutes in Cabo is VERY different from 20 minutes in Columbia. Use a sunscreen with at least an SPF 15 and reapply it frequently. Avoid the sun between 10 a.m. and 2 p.m. If it’s cloudy, you can still burn. If you’re fair-skinned, wear sunglasses, a hat and a T-shirt over your swimsuit. Remember, sunburn can take weeks to recover from if severe enough!

**ATMs** Only visit ATM machines in broad daylight, and take someone with you. Cover the keypad when entering your PIN number, and have your friend keep a watchful eye on your surroundings. It’s a good idea to bring just enough cash with you on trips so you don’t have to frequent ATMs. It’s also safer to exchange currency at domestic airports if you’re leaving the country.

**WATER** Although the light blue ocean may be calm and welcoming, it hides dangerous risks like undertow, jellyfish, spiny urchins and sharks. If you are not an experienced swimmer, let your friends know! If you can’t swim, now is NOT the time to learn. Play a game on the beach like volleyball or Frisbee, and invite others to join. It’s a great way to make new friends!

**HOOKING UP** You must have a serious talk with your friends about your boundaries before taking a trip. A new, exciting environment and new, exciting people plus alcohol is a recipe for sexual assault, violence or even worse, seriously. Even if you meet someone that you really like, or your friends are hooking up, it doesn’t mean you have to. Remember that safe sex always involves communicating, consenting and using condoms. And in case you need a reminder—abstinence is the ONLY way to completely protect yourself from sexually transmitted diseases.

**PASSPORTS** Passports are more valuable than your jewelry or money in some countries! Lock your passport in your hotel safe, or carry it on your body in a passport pouch designed to be worn under your shirt. Never carry your passport in a purse, your luggage, backpack or back pocket. It’s also a good idea to carry your money along with your passport in your passport pouch.

**CRUZN’** Even if you’re on a huge cruise ship, make sure you stay with your friends. Always be aware of your surroundings. Secure your valuables in your cabin. There can be thousands of people on board with you. Just because they’re on a cruise doesn’t mean they’re harmless. Never invite people back to your cabin—meet them in an open, public area.

Breaks from school should be full of memories, fun and friends. If you keep safety in mind when planning your trip and while at your destination, the better your well-deserved break will be! GH
It’s an unfortunate fact that college communities—just like all communities around the country—experience interpersonal violence and sexual assault. While many factors that affect safety are understood and addressed by communities, developing a culture of accountable bystanders is often ignored.

This environment of accountability and engagement is what Student Health Services Sexual Assault and Violence Intervention & Prevention has initiated through its Stand Up Carolina initiative.

Stand Up Carolina is something different on campus—something new to students, faculty and staff alike. The people behind Stand Up Carolina are out meeting people, giving presentations and spreading the word about how to “stand up” when you see someone who could be in harm’s way.

While they don’t advocate you putting yourself in danger, they’re teaching the campus community how to be on alert and act when the situation calls for it. This is why you’ve seen Stand Up Carolina information all over campus—in your residence hall, in the Daily Gamecock, on your ticket stub for the game, on Facebook, at a table in the Russell House and on the evening news.

Stand Up Carolina staff are doing all they can to create a culture of heightened awareness and accountability here at USC, and it’s all in the name of safety. They figure that if they get enough information out there about stepping up, that our campus will become a safer place to live, work and study.

What’s the need for Stand Up Carolina? USC is a small community of about 40,000 living, breathing people moving around and about campus every day.
While we don’t always hear about crimes that happen on campus, that doesn’t mean crimes don’t happen. Our staff thinks one crime, one violent act or one sexual assault is one too many.

Here’s the real data behind the Stand Up Carolina initiative:

According to the American College Health Association’s spring 2010 National College Health Assessment at USC, college students reported they had experienced the following within the past 12 months:

<table>
<thead>
<tr>
<th>Event</th>
<th>Male %</th>
<th>Female %</th>
<th>Total %</th>
<th>Student # Equivalency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical fight</td>
<td>9.4</td>
<td>2.7</td>
<td>4.7</td>
<td>1,391</td>
</tr>
<tr>
<td>A physical assault (not sexual assault)</td>
<td>6.1</td>
<td>2.7</td>
<td>3.7</td>
<td>1,095</td>
</tr>
<tr>
<td>A verbal threat</td>
<td>27.5</td>
<td>12.8</td>
<td>17.2</td>
<td>5,091</td>
</tr>
<tr>
<td>Sexual touching without consent</td>
<td>2.0</td>
<td>5.3</td>
<td>4.3</td>
<td>1,273</td>
</tr>
<tr>
<td>Sexual penetration attempt without consent</td>
<td>.4</td>
<td>2.5</td>
<td>1.8</td>
<td>533</td>
</tr>
<tr>
<td>Sexual penetration without consent</td>
<td>.4</td>
<td>1.4</td>
<td>1.1</td>
<td>326</td>
</tr>
<tr>
<td>Stalking</td>
<td>5.8</td>
<td>6.1</td>
<td>5.9</td>
<td>1,746</td>
</tr>
<tr>
<td>An emotionally abusive interpersonal relationship</td>
<td>7.8</td>
<td>10.7</td>
<td>9.7</td>
<td>2,871</td>
</tr>
<tr>
<td>A physically abusive intimate relationship</td>
<td>2.5</td>
<td>1.4</td>
<td>1.7</td>
<td>503</td>
</tr>
<tr>
<td>A sexually abusive intimate relationship</td>
<td>.8</td>
<td>1.2</td>
<td>1.1</td>
<td>326</td>
</tr>
</tbody>
</table>

This data is consistent with that found among students in colleges nationwide in the study.

There’s more:

According to RAINN, the Rape, Abuse & Incest National Network, assault and violence are prevalent and underreported as follows:
- Every two minutes, someone is the US is sexually assaulted.
- Each year there are about 213,000 victims of sexual assault.
- 17.7 million American women have been victims of attempted or completed rape.
- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime.
- 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime.
- 60 percent of sexual assaults are not reported to police.
- 15 of 16 rapists will never spend a day in jail.
- 44% of victims are under age 18.
- 80% are under age 30.

Domestic violence is the leading cause of injuries to women age fifteen to forty-four—more common than auto accidents, mugging and cancer combined.

The National Domestic Violence Resource Center reports the following concerning domestic, dating and interpersonal violence and stalking:
- One in four women (25%) has experienced domestic violence in her lifetime.
- Estimates range from 960,000 incidents of violence against a current or former spouse, boyfriend or girlfriend to 3 million women who are physically abused by their husband or boyfriend per year.
- Between 600,000 and 6 million women are victims of domestic violence each year, and between 100,000 and 1 million men.
- One in five teens in a serious relationship reports having been hit, slapped or pushed by a partner.
- 14% of teens report their boyfriend or girlfriend threatened to harm them or themselves to avoid a breakup.
- Forty percent of girls age 14 to 17 report knowing someone their age who has been hit or beaten by a boyfriend.
- One in 12 women and one in 45 men will be stalked in their lifetime for an average duration of almost two years.
April is Sexual Assault Awareness Month...
...and a great time to get actively involved with Stand Up Carolina!
Visit www.sa.sc.edu/shs/savip/events for full details.

Walk a Mile in Her Shoes
Every year Sexual Assault and Violence Intervention & Prevention promotes and participates in Walk a Mile in Her Shoes, a community-wide event at which men are invited to show support for prevention of sexual assault and violence by walking one mile in high-heeled shoes.

This event is organized by Sexual Trauma Services of the Midlands, whose goal is to generate awareness about violence and inform the community of resources and services available to survivors. All members of the campus community are invited to participate in the event, which takes place April 12.

Clothesline Project
As part of Sexual Assault Awareness Month, Sexual Assault and Violence Intervention & Prevention engages the campus community in the Clothesline Project, which provides an opportunity for survivors of interpersonal violence to paint a T-shirt expressing their inner sorrows and triumphs. These T-shirts are displayed on Greene Street so that others can bear witness to survivors’ experience.

Students, faculty and staff are welcome to paint a T-shirt for themselves or on behalf of a loved one at one of the sessions held on campus. Students can also visit or volunteer to staff the display that will be held on Greene Street April 16 from 10 a.m. to 2 p.m.

Denim Day
Sexual Assault and Violence Intervention & Prevention promotes Denim Day every year, which will be observed April 25 this year. Denim Day began in Italy in 1992 after an 18 year-old female was forcefully raped by a 45 year-old driving instructor. The assailant was arrested, convicted and sentenced to jail. He appealed to the Italian Supreme Court.

The court released the perpetrator and dismissed all charges based on the fact that the victim was wearing tight jeans at the time of the assault, which, the judge concluded, she would have had to remove herself—implying consensual sex. Women in the Italian parliament wore jeans in protest, and Denim Day was born.

We can change this. Ready to Stand Up, Carolina?

Domestic Violence Assistance of South Carolina reports the same:
• In 2010, South Carolina ranked seventh in the nation for men who murder women.
• In 2010, 5,104 primary victims of sexual assault received services from the 16 direct service sexual assault centers across the state.
• Of those victims, 4,188 were female, 768 were male, and 148 were unidentified.
• In the same year, 1,439 cases of forcible rape were reported to law enforcement.
• Only 4.8% of those victims were assaulted by someone they did not know.
• In 2010, 7,207 emergency hotline calls were answered by centers state wide.
• In 2010, 37 known women were killed by their intimate partners.
The *Stand Up Carolina* website is a great place to get information about how to stand up safely, what to do in the event of emergencies, and for flyers, posters and information sheets you can download or share online. All resources are free. Visit the site at www.sa.sc.edu/shs/savip/stand-up.

Make sure you connect online with *Stand Up Carolina* through your favorite social media site. When you friend, follow or subscribe, we’ll keep you up-to-date on the latest opportunities to come out and stand up, show your support and more! *GH*
Did You Know??

You can fill your birth control prescriptions at the pharmacy ON CAMPUS at the Thomson Student Health Center Pharmacy?

Why pay more when you can pay less?
Loestrin 24Fe is available for just $15 – whether you use insurance to pay for it or not!

Pay by cash, credit card, check, or even your Carolina Card...
maintaining your prescription has never been
SO EASY!

Want your refills fast?
Visit www.sa.sc.edu/myrxspace to place refills online, or call (803) 777-4890 and get them in a few hours!

For more information, or to learn how to transfer your prescription to the pharmacy on campus, visit www.sa.sc.edu/shs.
want your prescriptions fast? use MyRxSpace

transfer your prescriptions & order refills before coming to the Thomson Student Health Center Pharmacy!

Call (803) 777-4890 to transfer prescriptions  
MyRxSpace is at www.sc.edu/myrxspace

make appointments anywhere, any time with MyHealthSpace

Thomson Student Health Center  
MyHealthSpace is at www.sc.edu/myhealthspace
Everyone’s seen it on TV or in the movies—a large, dreary room with nothing but a circle of seated, anxious people holding steaming cups of coffee, staring at the floor, nervously waiting their turn to say, “Hi, my name is (make up fake name), and I’m a (fill in the blank with name of addiction).”

While this portrayal may help us, the viewer out in TV land, understand the desperation that “hitting rock bottom” truly entails, it’s not doing the therapy method known as “group counseling” any favors. It’s certainly not convincing anyone with emotional issues or a problematic past to seek out group counseling either.

For now, we’d like you to forget about all those movie images you have in your head, because they’re not right anyway, and replace them with that of a laboratory—the kind with glass beakers and smoky potions—and you’re the person in the white coat in charge of the whole thing.

In reality, group counseling, frequently referred to just as “group,” at the Counseling & Human Development Center at USC, is nothing like what you see in the movies. For starters, it’s not recommended that you wait until you hit “rock bottom” before you look for help, although it’s absolutely critical that you take action NOW if you’re already there.

Second, group isn’t just for drug and alcohol addiction. In addition to general group counseling, the Counseling Center offers groups especially for issues that college students face today, including:

- Those related to food, eating and body image
- Family problems you may have experienced growing up like alcoholism, drug abuse, anger, control, divorce, abandonment or neglect
- Those facing African-American students
- Bereavement and loss
- The long-lasting effects of a sexual assault, rape or interpersonal violence
- Sexuality and self-esteem
- Gender and identity and those facing gay, lesbian, bisexual, transgender or questioning students
- Anxiety, including social anxiety, obsessive and compulsive behaviors, excessive worry, tension or panic attacks
- Stress management, concentration or memory

Group at the Counseling Center also includes sessions for graduate and professional students only, sessions for men only, and sessions that use writing as a healing tool.

Finally, there’s nothing cold, depressing or anxiety-provoking about it. You walk into a room of people who are your peers in so many ways. Yes, they share your pain, frustration, anxiety and embarrassment, but they also listen to you, understand you, share your joy,
hug you in triumph, and celebrate your successes. Group is an incredibly powerful tool that’s been used by people for decades to understand what they’re going through and learn how to deal with it. If you Google “group counseling,” you get millions of hits for a reason—it works. Most students, though somewhat apprehensive at first, report that group is helpful far beyond their expectations in helping them with their issues.

How does group work at USC? The Counseling Center offers different groups year round—even in the summer. Groups are usually made up of eight to twelve students and two counselors. Each group generally meets weekly and lasts 90 minutes. You can see a description of all the groups offered, learn when they meet and which counselors facilitate them at www.sa.sc.edu/shs/chdc/schedule. You can learn a little about each of our counselors and support staff and see their pictures at www.sa.sc.edu/shs/aboutus/staff/chdc.

If you’re interested in joining a group, call the Counseling Center at (803) 777-5223. You’ll be scheduled to meet with a counselor who will listen to you and get you scheduled for the type of therapy that best meets your needs, which can include one-on-one therapy or other options in addition to group counseling.

Group is recommended when your counselor believes it is the best way to address your concerns. They don’t put people into group counseling to save space or time. They recommend it when they determine it’s a good fit for you. Our counselors know that everyone is different, so they make sure they put you on the right path for you toward getting and feeling better.

Why group instead of individual counseling? Groups can be more effective and produce quicker results than individual counseling. While you are indeed unique, group works well because you learn from each other and have the opportunity to work through problems with other people who share similar concerns. After all, you can’t actually practice how you relate to others in a one-on-one counseling environment.

You can also benefit from group during sessions when you don’t say a lot and just listen to others. When they work on their concerns, you’ll learn about yourself. And when others bring up their issues, you may realize you have that same issue, but you’d just never thought about it before.

Group environments also offer trust and safety.
This can help you build the skills you need to create the same kind of trust and safety in your life—in class and work, at home and in your residence hall, and with your friends, family and in relationships.

No one will force you to do or say anything in group counseling. You control what, how much and when you share with the group. You do not have to share what you are not ready to disclose. You can listen to others and think about how what they say might apply to you. When you feel safe enough to share what is troubling you, a group will likely be very helpful.

Most people are anxious about speaking in group to start out with. But after a few sessions, even the most nervous people will feel comfortable talking about themselves. The counselors who direct the group are there to provide an environment that you will feel safe speaking up in. You’ll find that group participants who are not brand new to a group will work to make you feel welcome and support you in your process of healing.

What can you really learn in group?
Dr. Candice Vinson, a counselor and therapist, oversees the group counseling program at the Counseling Center at USC. Dr. Vinson explains that group can be used to “try on” different personalities, communication styles and behaviors without the repercussions you’d get in a real-world scenario.

The purpose of these “experiments,” she said, is to try out things that you don’t feel comfortable with—because you won’t grow if you continue to use familiar ways to communicate with people. New behaviors, although difficult at first, become easier with practice and in time. Then, she said, the new behavior may be added to your repertoire—your total range of options—and they’re available whenever you need them.

Dr. Vinson offers the following information about what you can learn about yourself in group counseling when you approach it as your own personal experiment:

**Being present**
You will learn to identify and communicate in the “here and now.” Most of the time we live in the past or the future—or our thoughts are somewhere else, perhaps tied up in a problem or worry. In group, there’s an opportunity to focus on what’s going on NOW, so you regain the real, immediate contact you once had with yourself and your environment.

**Seeking emotions**
You will make contact with and explore the world of inner feelings including boredom, guilt, anger, hurt, joy, sexuality, playfulness, affection, resentment, sorrow, love and excitement. Children frequently learn to insulate themselves from a feeling world. Through disclosing ourselves to others in the group—and expressing our feelings toward them—we get an opportunity to get back in touch with this creative, gutsy level of living and experience ourselves more fully.

**Getting feedback**
In group, it’s possible to get honest feedback about how you come across to others. You’ll find out what impressions they have of you and how they see you. You may discover you have mannerisms, habits or styles of relating to and communicating with people that you weren’t aware of.

**Learning to initiate things**
You will get an opportunity to learn how to get things going on your own, without depending on someone else to do it for you. You can learn to express your own wishes and to act on impulses instead of continually being “tuned in” to the expectations and pressures of others.

**Being honest with others**
Most of our life is spent playing social games and pastimes, being polite, not hurting others’ feelings. In group there’s an opportunity to “come on straight,” to be yourself, to let submerged parts of yourself come to the surface, to discard the masks and shields of everyday life.
Becoming more sensitive to the ways people communicate
People generally communicate much more than the bare intellectual content of what they say. In group it’s possible to listen to the “music” instead of just the “words” and become aware of the subtle but powerful messages being transmitted by facial expression, posture, tone of voice, gestures, etc.

Learning about closeness and intimacy
What often blocks people from being close is the fear of being pushed around by other people’s feelings, demands and expectations. When they begin to get close, they get tangled up on the “feeling” level. In group there’s the opportunity to learn how to disentangle problems that arise in relationships so you can be close and still retain freedom, autonomy and self-assertiveness.

Experimenting with new ways of relating to the world
Most of us rely on only one or two fixed relation styles when encountering others. Group is a kind of laboratory where all kinds of experiments can be tried out, where new ways of relating and communicating can be risked, and where a certain percentage of failures can be accepted, as with any experimental situation.

Dr. Vinson notes that this list of opportunities is not meant to be complete. She says that as a group progresses, you may see new possibilities and set new goals for yourself.

IF YOU NORMALLY RELATE TO PEOPLE BY:
Complying, giving in, being self-effacing
Resisting suggestions, holding back
Always talking; filling silence with words
Waiting for someone to say something, then reacting
Always smiling, even when annoyed or angry
Explaining
Trying to get people to stop feeling a certain way
Being polite, not showing anger or judgment
Expressing anger easily
Deflecting praise
Feeling bored but being too polite to say anything
When attacked, defending yourself
Being afraid—and hiding your fear
Always complimenting others
Trying to get everybody to approve of you
Giving advice
Always helping other people
Always asking for help
Controlling your feelings and suppressing them
Keeping things secret
Playing it safe

YOU MIGHT EXPERIMENT WITH:
Saying “No”
Taking a risk; trying something new
Being silent for a moment, talking about those feelings
Initiating something yourself,
Talking without smiling
Simply responding with what you feel
Simply accepting the way they feel
Being judgmental and angry, frankly and outrageously
Checking to see what feelings are underneath the anger
Accepting praise and agreeing enthusiastically with it
Talking about your feeling of boredom
Not saying anything in rebuttal
Being openly afraid; letting everybody know it
Telling others exactly how you feel about them
Being what you are and not caring what they think
Reporting “I feel like giving your advice” but not doing it
Asking for help; letting yourself be helped
Helping someone else
Experiencing your feelings and exploring them
Disclosing something about yourself that’s hard to say
Taking a few risks

Regardless of how lightly you may be taking an issue you have, you can probably benefit from group counseling at the Counseling Center. If you’re in need of psychological help, call the Counseling Center. If you or a friend is in critical need of psychological, psychiatric or medical help, always call 911 first. If you’re been carrying around emotional issues for some time now, you should consider experimenting with your hidden strength in our campus “lab.” GH
A framed photo of Danny Kellogg, young, shirtless and tan, sits atop a file cabinet in his mother Beatriz Kellogg’s office in the Humanities building. The vivid blue plaid shorts Danny wore that day while in Beatriz’ home of Bogota, Colombia attracted a curious, winged visitor that lit in Danny’s outstretched hand—a large, vibrant blue butterfly.

Dr. James Kellogg, Danny’s father and a professor at USC’s Department of Earth and Ocean Sciences, explained that in Colombia, butterflies are seen as the departed souls of our ancestors, and that the metamorphosis of a caterpillar to a butterfly symbolizes our struggle to transform our lives and the eternal freedom of the human spirit.

This struggle of transformation became real for the Kelloggs in December 2009 when Danny was diagnosed with a rare form of stage four testicular cancer, which ultimately took his life, but not his spirit.

Danny was a 20-year-old student at Virginia Tech in 2009, home for winter break and among his friends and Dreher High School teammates, when he found out he had cancer. He’d been sick at school off and on—sometimes coughing up blood.

When he got home, his parents checked him into a hospital and had x-rays performed. Danny and his family learned he had cancer, and that it had already spread across his lungs, liver, lymph nodes and possibly his brain. They were told it was a rare, aggressive form of cancer, choriocarcinoma, similar to what Lance Armstrong had.

While testicular cancer accounts for only around one percent of all cancer in men, it is the most common form of cancer in men ages 15 to 35. It is one of the most treatable cancers, but catching it early is the key to surviving it. According to the National Cancer Institute (NCI), if testicular cancer is detected at an early stage when it is localized and confined to a primary site, the overall survival rate is 99 percent. If detected after the cancer metastasizes (spreads to another site in the body), the rate drops to 72 percent.

The NCI estimated that in the US in 2011, 8,290 men would be diagnosed with testicular cancer and 350 would die from it. Data shows that approximately one in 268 men, or .37 percent, of those born in 2011 will be diagnosed with testicular cancer at some point in their lifetime.

After being diagnosed with testicular cancer, Danny immediately told his friends, posted his status on Facebook and began researching his condition and options. Danny’s friends built websites and Facebook pages to tell his story, post inspirational photos and videos, and ultimately, raise funds for alternative
treatment after it was clear that traditional medicine wasn’t going to work.

Danny remained positive and optimistic throughout his battle with cancer. “Danny really wanted to help other people quickly after being diagnosed,” Beatriz explained. “The entire time he was in treatment he was very hopeful, we all were.”

Danny was curious about the natural world, his father explained at the Care for Danny website, and it was no surprise when Danny jumped into researching his condition. James recalled how Danny was “fascinated with the world and life in all its variety and sizes—butterflies, lizards and even the tiniest insects.” That as a child, “If Danny found a spider in the house, he would gently catch it and release it unharmed outside.” Even on his last day of consciousness in the Philippines, James explained that Danny spotted a small, green praying mantis that he carefully caught and let walk up his arm.

Danny’s father also reflects at Care for Danny that his son “loved to travel and learn about the world—from the high mountains of his mother’s home and Danny’s second home in the Colombian Andes—to exploring Costa Rican tidal pools, trying exotic foods and drinks in Bulgaria, and finally making new friends with other cancer patients around the world.” James noted that Danny planned to travel the world, helping to keep it a beautiful place.

Throughout 2010, Danny underwent four series of chemotherapy, tandem high-dose chemotherapy with stem cell transplants, and several surgeries, including a dissection of multiple lymph node tumors. However, after all the chemotherapy and surgery, Danny’s blood tumor markers began to rise again in September. He began salvage chemotherapy. After he completed that treatment, Danny’s family realized chemotherapy was not working, and that it was time to explore non-traditional medicine.

“We’re a pretty informed group of people... but it doesn’t matter how educated you are,” Beatriz explained.

“Non-traditional treatment is expensive because insurance doesn’t cover it,” Beatriz explained. “That’s when Danny’s friends started raising money through Care for Danny to pay for trips to Germany and the Philippines for treatment.”

Danny’s friends and soccer, swimming and cross country teammates also created Team Danny, an initiative to generate awareness about Danny’s condition and testicular cancer. They made bracelets that bear the name in bold capital letters. Beatriz wears two, one yellow and one blue, today.

Later that year, Danny began immunophoresis treatment at a clinic in Prien, Germany, his father explained. The treatment used a modified dialysis machine that removed the protein “mask” from cancer cells, allowing Danny’s immune system to attack the cancer. The treatment was developed in the US and has European Union approval, but was still awaiting FDA approval. The family later sought treatment in the Philippines.

In addition to knowing that testicular cancer is a threat to college-age men and knowing how and when to do a self-exam, the Kelloggs want all men to know about the cancer risks associated with the condition called “undescended testicle,” because Danny was born with it.

Undescended testicle occurs when one or both testicles fail to move into the scrotum of a developing baby before it is born. It has been documented that men with undescended testicle have a higher than expected incidence of testicular germ cell cancers.
“We’re a pretty informed group of people, but it doesn’t matter how educated you are,” explained Beatriz. She has degrees in economics and education and teaches Spanish at the university. James has a doctorate and teaches. “We had lots of warning signs, but information about undescended testicle and testicular cancer just wasn’t given to us. Nobody mentioned it. No one knew anything.”

In fact, the Kelloggs had another family member experience testicular cancer prior to Danny. James’ brother discovered an abnormality in his testicles very early on, had surgery and radiation and has since gone on to have a family. He has had no recurrence of cancer.

“Had Danny just known to check himself. If he did see something wrong...if he had just told someone,” James noted. Danny told his parents that he had noticed some hardness in his testicle, but he just didn’t think to tell them or anyone else about it.

“He didn’t think it was important,” Beatriz explained. “It wasn’t painful, it was just different.” She said that it was also an intimate, sensitive subject for a son to discuss with his parents. “This is the reason why we want to start the conversation about testicular cancer. Let’s talk about it. Men need to know they can get testicular cancer very early in life. If they don’t catch it early, it can be fatal.”

On May 10, 2011, Danny’s parents reported on the Care for Danny website, “Danny seems to maintain a dignity and grace that has marked his battle with this disease over the last 16 months.”

Three days later, their son passed, transformed as the butterfly, gaining eternal freedom of the human spirit. GH

Please vist these websites:
http://carefordanny.bbnow.org
www.caringbridge.org/visit/danielkellogg
http://testicularcancerawarenessfoundation.org/signs-and-symptoms
www.mayoclinic.com/health/testicular-cancer/DS00046
http://tcrc.acor.org/celeb.html

How Common is Testicular Cancer?
The National Cancer Institute reports the following concerning incidence of testicular cancer and mortality rates:

- Based on diagnosis rates between 2006 and 2008, 0.37% of men born in 2011 will be diagnosed with testicular cancer at some time during their lifetime. This can also be expressed as 1 in 268 men will be diagnosed with testicular cancer during their lifetime.
- It is estimated that 8,290 men will be diagnosed with and 350 men will die from testicular cancer in 2011.
- From 2004 to 2008, the median age at diagnosis for testicular cancer was 33. Approximately 6.1% were diagnosed under age 20, and 47.6% between 20 and 34.
- Approximately 2.8% of men diagnosed with testicular cancer died under age 20, and 33.1 percent died between ages 20 and 34.

Certain conditions such as undescended testicle, abnormal testicular development and a family history of testicular cancer may increase the odds of developing testicular cancer.

What Are the Signs?
Men themselves, not their doctors, find most testicular cancers as a painless lump or an enlargement or hardening of the testicle. If you do notice any lumps or changes, it is important to see a doctor immediately. Many men with testicular cancer do not feel ill, and frequently there is no pain involved. Signs to watch out for and talk to your doctor about include:

- Any enlargement of a testicle
- A significant loss of size in one of the testicles
- A feeling of heaviness in the scrotum
- A dull ache in the lower abdomen, back or in the groin
- A sudden collection of fluid in the scrotum
- Pain or discomfort in a testicle or in the scrotum
- Enlargement or tenderness of the breasts

What Should I Do?
A monthly self-exam of the testicles is an effective way of becoming familiar with this area of the body, enabling the detection of testicular cancer at an early and often curable stage.

How to Conduct a Testicular Self-Exam

It’s best to do a testicular self-exam during or right after a hot shower or bath. The scrotum (skin that covers the testicles) is most relaxed then, which makes it easier to examine the testicles.

Examine one testicle at a time. Use both hands to gently roll each testicle (with slight pressure) between your fingers. Place your thumbs over the top of your testicle, with the index and middle fingers of each hand behind the testicle, and then roll it between your fingers.

You should be able to feel the epididymis (the sperm-carrying tube), which feels soft, rope-like and slightly tender to pressure, and is located at the top of the back part of each testicle. This is a normal lump.

Remember that one testicle (usually the right one) is slightly larger than the other for most men. This is also normal.

When examining each testicle, feel for any lumps or bumps along the front and sides. Lumps may be as small as a piece of rice or a pea.

If you notice any swelling, lumps or changes in the size or color of a testicle, or if you have any pain or achy areas in your groin, let your doctor know right away.

Lumps or swelling may not be cancer, but they should be checked by your doctor as soon as possible. Testicular cancer is almost always curable if it is caught and treated early.
Suicide Prevention
Spring Gatekeeper Training

USC has a powerful new ally in the battle to recognize students in distress and prevent suicide, and her name is Jennifer Myers. Jennifer is the new Suicide Prevention Coordinator in the Counseling & Human Development Center at USC.

You may wonder why you should learn about suicide. The numbers will surprise you. According to the 2010 National College Health Assessment, USC students answered as follows:

When asked if they had felt so depressed that it was difficult to function in the past 12 months, 26.4 percent answered “yes”

When asked if they’d ever seriously considered suicide, 4.6 percent answered “yes”

This is why it’s important for you to become a suicide prevention gatekeeper.

When you go through training, you will:

• Enhance your awareness, knowledge and skills concerning college student suicide
• Learn the signs to identify students at risk and how to connect a student with the appropriate service
• Improve your skills and gain confidence in your ability to intervene
• Stay informed about mental health resources on campus

Why get trained?
• You are more likely to interact with a student in emotional distress or experiencing a suicidal crisis than a student in cardiac arrest or choking.
• Suicide is a leading cause of death in the college student population.
• 8 out of 10 people considering suicide give some sign of their intentions. There is opportunity to intervene.
• Join the USC community in creating an atmosphere of caring and responsiveness.

Spring 2012 trainings:
April 3, 12 pm-2 pm
April 25, 11 am-1 pm

All training will take place in the Russell House. To sign up for a training, e-mail Jennifer at jenmyers@mailbox.sc.edu. To schedule a training for your staff or group, contact Jennifer at 803-777-5223 or e-mail her. Interested in summer or fall training? Visit www.sa.sc.edu/shs/chdc/training.
In the Event of an Emergency...

When you take this issue of Gamecock Health home, tear the back cover off and put it on the back of your dorm door, on your refrigerator or someplace you and your roommates will see in the event that you have an emergency.

IN THE EVENT OF AN EMERGENCY, ALWAYS CALL 911!

**Emergency Rooms:**
- Palmetto Health Baptist Hospital (.9 miles from the Russell House)
  - Taylor at Marion St.
  - (803) 295-5010
- Providene Hospital (2 miles)
  - 2435 Forest Dr.
  - (803) 256-5300
- Palmetto Health Richland Hospital (2.75 miles)
  - 5 Richland Medical Park Dr.
  - (803) 434-7000

**Urgent Care Clinics:**
- Doctor’s Care (2.6 miles)
  - 977 Knox Abbott Drive
  - Cayce SC 29033
  - (803) 794-0476
- Doctor’s Care (3.2 miles)
  - 511 Beltline Blvd.
  - Columbia SC 29205
  - (803) 782-4051
- Doctor’s Care (4 miles)
  - 4500 Forest Drive, Suite A
  - Columbia SC 29206
  - (803) 738-9522

NOTE: The student health fee does not cover services received at any off-campus facility.

**On-Campus Urgent Medical Calls:**
When you dial 911 from a campus land line, the USC Police Department receives your call. They dispatch the USC Police, Richland County Police and the Student Health Services Emergency Medical Technician on call.

Our Emergency Medical Technicians are on call 24/7 and respond to the scene of all campus 911 calls.

If you need to contact USC Police with a non-emergency issue, call (803) 777-3954.

**24/7 Sexual Assault/Violence & Psychological Counselors On Call:**

**24/7 Sexual Assault/Violence On-Call Counselor**
If you experience sexual assault or violent situation and need the assistance of the Student Health Services on-call counselor after hours, call the USC Police Department at (803) 777-4215. They will connect you with them.

**24/7 Urgent Care Psychological/Counseling Advocates**
If you have an urgent need to speak with a behavioral health professional, or are in need of weekend assessment, call 911 or the Richland Springs Hospital help line at (803) 434-4813. If you are unable to call, go to the nearest emergency room.
Student Health Services
Improving Student Success through Healthy Learning

Campus Wellness
(803) 576-9393 (students)
(803) 777-6518 (faculty/staff)

Counseling & Human Development Center
(803) 777-5223

General Medicine Center
(803) 777-3175

Allergy/Immunization & Travel Clinic
(803) 777-9511

Pharmacy
(803) 777-4890

Psychiatric Services
(803) 777-5223

Sexual Assault and Violence Intervention & Prevention
(803) 777-8248

Women’s Care
(803) 777-3175

www.sa.sc.edu/shs

Student Health Services
Division of Student Affairs and Academic Support
The University of South Carolina is an equal opportunity institution.