LETTER FROM THE DIRECTOR

This spring as you return to classes we hope you reflect on who you are and who you want to be in our ever changing world. We each play a role in sustaining or challenging cultural norms. We in the Counseling Center embrace the diversity of cultures of our students and staff and love the vibrancy it brings to our campus. However, there are times when you may be questioning who you are as a person and who you want to be. Sometimes it can be challenging to self-reflect and sometimes past trauma impacts your ability to be as successful as possible. We are here to support you in those difficult times and want to provide a safe place for you to understand your self and your influences so you can go out and positively influence the world.

Our University is committed to promoting a positive place to learn and work. In the past few years I have had the pleasure to be a part of the Roosevelt University Title IX and Sexual Respect Education Committee, and have worked along some amazing individuals to educate our community on the definitions of sexual misconduct, how to respond, and where to seek help. The largest piece of the mission of this committee is to create an environment that is free of discrimination and one that will not tolerate misconduct of a sexual nature against anyone. However, educating on definitions and resources is just the beginning, as the hope of many of us at Roosevelt is to have our community rethink the way they may have contributed to “Rape Culture.” We all need to join together to understand how slight comments and behaviors are contributing to a society where sexual assault continues to occur and lives of survivors are changed forever. It’s on us as a community to rise above and be a community that supports, looks out, and advocates for each other. Please take time this semester to reflect on who you are and examine how you want to make changes as you continue developing your Rooseveltian identity.

Mary Grigar, PhD
Director, Counseling Center
WHAT CAUSES SAD?

Although a specific cause for SAD is unknown, research suggests that decreased exposure to sunlight may disrupt the body’s internal biological clock (circadian rhythm), leading to feelings of depression. SAD has also been associated with a drop in serotonin levels, which is a brain chemical that affects mood, and with changes in melatonin levels, a hormone that impacts our sleep patterns.

WHAT IS SEASONAL AFFECTIVE DISORDER?

Seasonal Affective Disorder (SAD) is a type of depression related to changes in seasons. SAD typically begins when the amount of daily sunlight decreases in late fall or early winter, continues into the winter months, and subsides when sunlight returns in late spring. Many people with SAD report feeling sad or down for days at a time and/or struggling to feel motivated to do things they typically enjoy. People who should seek help if they have noticed changes in appetite, overeating, decreased sex drive, weight gain, and a heavy feeling in the arms and legs. These symptoms can feel overwhelming and lead to difficulty concentrating, which may negatively impact school performance.

SHOULD I SEEK HELP FOR SAD?

The winter blues may be fairly common among those of us living in Chicago. However, people who should seek help if they are feeling sad or down for days at a time and/or struggling to feel motivated to do things they typically enjoy. People should also seek help if they have noticed changes in appetite, overeating, decreased sex drive, weight gain, and a heavy feeling in the arms and legs. These symptoms can feel overwhelming and lead to difficulty concentrating, which may negatively impact school performance.

WHAT INCREASES MY RISK FOR SAD?

Many people who experience persistent winter sadness believe they are expected to tough it out until spring. However, many people who report struggling with winter blues are actually experiencing a more debilitating form of seasonal depression known as Seasonal Affective Disorder or Major Depressive Disorder with Seasonal Pattern.

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Rape culture is the implicit and subtle cultural practice of excusing or otherwise tolerating sexual violence. It is, unfortunately, something most of us subconsciously engage in, and it impacts survivors and society as a whole. The following are commonly seen in our everyday lives:

1. When media or individuals focus on the behavior of the survivor rather than the perpetrator
2. When the focus of society is on shaming victims instead of educating people about gaining consent for sexual activity
3. When society perpetuates the idea that consent is assumed and you “go until you hear no”
4. When popular music lyrics, such as “you know you want it” because of “blurred lines,” sexually objectify people and glorify nonconsensual sex
5. When students call losing a sports game or doing poorly on an exam “getting raped”
6. When news outlets sympathize with young individuals accused of rape because their “promising lives are destroyed by a youthful mistake” without mentioning how the rape might affect the survivor

The list above is only the tip of the iceberg, but these examples demonstrate that rape culture is present in our society and shames survivors of sexual assault. Rape culture is so common, in fact, that most of us are probably used to it and might even start to expect it in media. In understanding rape culture, what can we do to make changes?

WHAT YOU CAN DO

1. Ask the right questions. When you hear about sexual assault in the news, pay attention to the questions being asked. If they are about the survivor’s sobriety, clothes, or sexuality, ask better questions. Instead of wondering, “What was the survivor doing/wearing/saying when they were raped?” the right question is, “What made the perpetrator think rape is acceptable?”
2. Get enthusiastic about consent. Rape culture relies on the inclination to blame the victim and find excuses for the rapist. Enthusiastic consent—the agreement between partners to participate in a sexual activity—removes those excuses. Before any sexual activity, make sure you hear an active “yes” from your partner. If you adopt enthusiastic consent yourself and teach it to those around you, it can soon become a community value.
3. Get media literate. Media is a product we consume. Understand the ways some media outlets profit off of the objectification of women (and men). Engage with media that portrays people as human beings with bodily autonomy. You’ll not only be healthier yourself, but you’ll be supporting a media ecosystem that will be healthier for everyone.
4. Practice empathy. You may be clear about your own rejections of rape culture, but when someone you know perpetuates rape culture with offensive language or behavior, approach them from a place of empathy. Try telling them that you know they probably meant no harm, but that you’re concerned that they may be doing so. Speak out if you hear someone making an offensive joke or trivializing rape, and explain why. And be patient: Very few of us change our views in an instant. It may take time and repetition for people to change.
5. Lobby your community. Rape culture thrives in passive acceptance, victim-blaming and hyper-masculinity in our communities. Report abuse on Facebook. Lobby college administrators for more safe spaces to discuss sexual assault on campus. One in five women is assaulted during college years, yet many colleges don’t have a system for reporting incidences and punishing perpetrators.

6. Engage bystanders. Cases like the Steubenville rapes remind us there are often times when people see something bad happening and don’t know how to stop it. The National Sexual Violence Resource Center (nsvrc.org) provides information about how to reverse this trend. In addition, if friends say they have been raped, take them seriously and be supportive.

HOW TO FIND HELP

If you or someone you know has experienced rape or other forms of sexual assault, support is available at the Counseling Center. Below are some additional resources.

- Roosevelt Title IX Coordinator
  compliance@roosevelt.edu
- Rape Victim Advocates
  rapevictimadvocates.org
- Chicago Rape Crisis Hotline
  (888) 443-2080
- Illinois Coalition Against Sexual Assault (ICASA)
  icasa.org

Our Center provides free, confidential help.

Consultation Hour at the Counseling Center

Wondering whether you want to start individual therapy? Have concerns about someone close to you?

Use this time to talk briefly with a counselor to assess your needs or that of a student.

WHO: Students, friends, faculty, staff and family members
WHERE: Come by AUD 470 or call (312) 341-3548
WHEN: Feel free to come by or call 3:30–4:30 p.m., Mon.-Thurs.
WHY: Because it’s FREE and confidential
Many misconceptions exist about mental health and mental health treatment, including at college campuses. Messages persist that only people who are “crazy,” fragile, or self-indulgent go to therapy. However, students who decide to attend therapy do so for a wide range of important and justifiable reasons.

They initiate therapy in order to better understand themselves and to cope with serious life challenges. Instead of suffering in silence or equating their struggles with failure, they seek support and improve their lives.

Still, students may be reluctant to engage in therapy because they are unsure what it will be like. This is not surprising considering the misinformation about therapy and the therapeutic process. Just think of all the scenes in television shows or movies that portray therapists as doing nothing but asking, “How does that make you feel?” Or nodding his or her head in silence or equating their struggles with failure, they seek help and encourage others to seek help as well. Check out information regarding the Roosevelt Counseling Center at roosevelt.edu/counseling.

If you are in need of support or assistance, come to the Counseling Center and see for yourself what therapy can do for you. The Counseling Center at Roosevelt provides individual and group therapy as well as consultation and assistance in finding treatment resources in the community. Although initiating the therapy process is often an intimidating endeavor, the benefits of therapy are worth the initial discomfort. It is important to seek help and encourage others to seek help as well. Check out information regarding the Roosevelt Counseling Center at roosevelt.edu/counseling.

References

THERAPY MISCONCEPTIONS
MICHAEL MCPARTLAND, PSYD

It’s easy for anyone to fall into the latest diet or exercise trend, especially when bombarded with ads or enthusiasts on social media. But are these health trends actually healthy? Are they safe? Are these “ideal” body types really what we should all aim for?

When considering the standards of beauty in today’s society, it is no wonder eating disorders and harmful dieting techniques have become prevalent in recent years. According to the 2014 RU Wellness Survey, 76% of Roosevelt students report a desire to change their body type in some way. Studies have shown that approximately 91% of women are unhappy with their bodies and engage in diets to achieve their ideal body weight, and yet only 5% of women possess the “ideal body type” portrayed in the media. Furthermore, 58% of college-aged women feel pressure to be a certain weight. The rate of eating disorders among men is also steadily increasing.

It may seem normal to want to lose some extra pounds before going on a spring break trip to the beach, but have we really thought about the impact on our well-being? More importantly, have we examined where these thoughts come from or who is putting them into our heads? It is important for us to think about how we perceive our own body, the pressures we face and the treatment that we give ourselves.

Therapy Facts at Roosevelt

54% of Roosevelt students have experienced more than average levels of stress within the past 12 months (from 2014 RU Wellness Survey).

79% of Roosevelt students reported feeling overwhelmed in the past 12 months (from 2014 RU Wellness Survey).

Nearly one in every ten Roosevelt students receive mental health counseling on campus.

Without adequate treatment, young adults who experience a mental health issue are more likely to receive lower GPAs, drop out of college or be unem ployed compared with their peers who do not have a mental health challenge.

More than 25% of college students have been diagnosed or treated by a professional for a mental health condition within the past year.

All Roosevelt students who engage and complete therapy at the Counseling Center report that it has been helpful in bettering their life and relationships. (from Peer Session Survey).

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Ultimately, these perspectives contribute to the false sentiment that boys, and especially men, are untouched and/or undemanding of support when it comes to abuse. The unrealistic gender expectations promoted by our contemporary community devalue all victims of sexual violence, regardless of gender. Yet, male survivors often have concerns that female survivors do not. This is a result of males being socialized to not be vulnerable and not label themselves as victims. The idea that identifying as a victim and identifying as a man are mutually exclusive is demonstrated and inflated in the views our society has about male victims of violence, specifically sexual violence. The myths surrounding male sexual assault breeds an environment particularly unconducive to disclosures and reports, similar to female survivors of sexual assault.

MYTH #2: A MALE ERECTION OR ORGASM FROM ABUSE SIGNALS PLEASURE AND WILLINGNESS TO PARTICIPATE.

Some men may experience an erection and/or ejaculation during a sexual assault, but these responses are involuntary reactions to stimulation regardless of context. Uncontrolled bodily responses (erections, ejaculations, sneezes, yawns, etc.) can still occur under extreme stress and fear. An erection never equals consent, especially not affirmative consent. When aiding a male survivor, it is important to highlight that perpetrators of sexual violence are motivated by power, control, and asserting authority as opposed to sex and sexuality.

MYTH #3: MEN ARE LESS TRAUMATIZED BY THE ABUSE THAN WOMEN AND ARE BETTER ABLE TO PROTECT THEMSELVES.

Males may be more traumatized by abuse than females because society expects them to deny their victimization and cope with the attack on their own. Many male survivors may feel terrorized by the fact that they were unable to defend or protect themselves from an attack, even when multiple perpetrators were involved (which is often the case). In relation to this concern, many male survivors may feel a haunting sense of guilt for submitting to an act out of fear of injury or death. It is imperative to remind survivors that submission does not equate consent and whatever the survivor did to minimize the duration and brutality of the situation was the right choice.

MYTH #4: GAYNESS AND SEXUAL ASSAULT ARE CLOSELY ASSOCIATED.

Heterosexual male survivors may believe that the assault, despite the gender identification of their perpetrator, means that he or she will become homosexual. When helping a male survivor, emphasize that while sexual assault may confuse an individual about their sexual orientation, it in no form changes or modifies sexual orientation. In conjunction, the majority of molesters who abuse boys do not identify themselves as homosexual or gay, dispelling the claim that those who sexually assault males are primarily gay men.
GAY AND BISEXUAL SURVIVORS

Men who are gay or bisexual are often targets of sexual violence because of who they are. In some instances, attackers target these individuals as a means of “correcting their deviant behavior” often referred to as corrective rape. In addition to being classified as a sexual assault, such attacks are also categorized as hate crimes. Gay and bisexual men suffer many of the same anguish and face many similar obstacles that straight men do, with a few important differences.

The survivor may feel as though he is to blame for the assault solely because of his sexual orientation. A gay or bisexual male survivor may feel additionally traumatized if a woman sexually assaults him or if the assault includes acts that he is unfamiliar with. Additionally, he may express concern that the LGBT+ (Lesbian, Gay, Bisexual, Transgender and other non-binary gender identities) community will question or speculate his queer identity after exposure to a heterosexual act. Along with gender identities, he may express concerns about his LGBT+ identity after being attacked by an attacker who does not know his sexual orientation. The survivor may feel as though he is to blame for the assault because of who they are. In some instances, attackers target these individuals as a means of “correcting their deviant behavior,” often referred to as corrective rape. In addition to being categorized as a sexual assault, such attacks are also categorized as hate crimes.

Many of the specific obstacles that male survivors of sexual assault face are a direct result of the way our world socializes and stereotypes men to be dominant, emotionless individuals. Combating these false ideas of manhood and recognizing that diversity among men should be celebrated is imperative if we wish to diminish the damaging culture that prevents male victims of abuse from seeking beneficial support during difficult times. This process can be engaged in everyday life by refraining from stereotypes, avoiding jokes that reinforce such gender stereotypes, and empowering survivors to seek support. If you have survived an assault, know that you are not alone and that there is support. The process of empowerment can begin by asking for help.

The Counseling Center offers individual therapy and consultation hour Monday through Thursday, 3:30-4:30 p.m.

References

NEW FACES AT THE COUNSELING CENTER

ANDREA SEEFEIDT, PSYD
OUTREACH COORDINATOR

Dr. Andrea Seeffeldt received a doctorate in clinical psychology from Adler University. She holds a bachelor’s degree in psychology from the University of Wisconsin. Dr. Seeffeldt’s clinical training and interest in working with young adults has led her to several university counseling centers where she actively engages with the campus through outreach and advocacy efforts. She completed an APA accredited internship at Indiana University Counseling and Psychological Services, and a postdoctoral fellowship at the University of Chicago Student Counseling Services. She enjoys reaching the student body at large through outreach programs as well as working with students individually in therapy. Dr. Seeffeldt’s clinical interests include identity development, relationship issues, and eating and body image concerns. Dr. Seeffeldt is a member of the American Psychological Association (APA), American College Counseling Association (ACCA), Academy for Eating Disorders (AED), and is the Communications Chair for the Early Career Psychologists division of the Illinois Psychological Association (IPA).

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AMBER HEGEWALD
PEER ADVOCATE

Amber is a senior psychology major, with a minor in sociology. She serves as a violence prevention intern with UCAN Chicago, a facility that serves youth in care of the state child welfare system, and youth who have been removed from their homes for reasons of abuse or neglect. Amber plans to pursue a MA in clinical psychology (counseling practice) to prepare for work with at-risk youth in inner cities. She enjoys cooking, traveling, and networking.

Wellness Programming

The Counseling Center offers Wellness Programming to raise mental health awareness and provide psychoeducation on a variety of topics related to mental health and well-being. If you are interested in requesting a program for your class or organized group, contact our Outreach Coordinator, Andrea Seeffeldt, PsyD and check out our Wellness Programming page on our website.

What to have prepared when requesting a program:

• Your name, organization, and contact information
• Brief description of reason for request and goals of program
• Estimated # of attendees, location, and preferred dates/times

BARRICADING THE CURRENT: WHAT WE CAN DO

Anthony is a psychology major with a minor in women’s and gender studies. His extracurricular endeavors include serving on the University’s Title IX: Sexual Respect Committee and volunteering as a medical advocate for Rape Victim Advocates (RVA), a local sexual assault crisis center. Anthony wishes to pursue a graduate degree in psychology that will equip him to counsel survivors of sexual violence or empirically research rape culture on the social level. Anthony also is an assistant to Dr. Jill Coleman, PhD, and her research team, aiding in data collection and recording. He is an avid follower of pop culture and enjoys watching 90s movies and TV shows in his free time.

ELYSIA SORIA, BS
PEER ADVOCATE

Elysia is a graduate student in the MA Clinical Psychology program at Roosevelt. Having graduated from Illinois State University with a bachelor’s in psychology, Elysia went on to serve as a registered behavior technician in Bloomington, IL, where she provided therapy to children, adolescents, and adults with learning disabilities, primarily non-verbal individuals with Autism in both the clinic and in-home settings. Elysia’s clinical interests include cultural psychology and child psychology, including neurodevelopmental disorders. Upon completion of her master’s program, Elysia intends on obtaining a doctorate in clinical child psychology to research and serve under-represented populations coping with intellectual and developmental disabilities while teaching at an institution of higher learning. When Elysia isn’t studying, you can find her traveling, reading, running, exploring new foods, or—as a St. Louis-area native—cheering on her St. Louis Cardinals.
RESOURCES FOR ROOSEVELT STUDENTS

Roosevelt has many resources to help students achieve their goals. Check out roosevelt.edu/currentstudents for a comprehensive list.

UNDERGRADUATE ACADEMIC ADVISING
roosevelt.edu/advising
Chicago Campus, WB 1M11
(312) 341-4340
Schaumburg Campus, Room 125
(847) 619-7930

ACADEMIC SUCCESS CENTER
roosevelt.edu/asc
Chicago Campus, AUD 124/128
(312) 341-3818
Schaumburg Campus, Room 125
(847) 619-7978

CAREER DEVELOPMENT
roosevelt.edu/career
Chicago Campus, WB 1M10
(312) 341-3560
Schaumburg Campus, Room 125
(847) 617-7921

COUNSELING CENTER
roosevelt.edu/counseling
Chicago Campus, AUD 470
Schaumburg Campus, Room 114
(312) 341-3548

FIRST-GENERATION STUDENT SUPPORT SERVICES
firstgeneration@roosevelt.edu
Chicago Campus, AUD Room 104
312-341-3875

OFFICE OF STUDENT CONDUCT AND CONFLICT RESOLUTION
osccr@roosevelt.edu
Chicago Campus, AUD 358-B
(312) 341-2004

REGISTRAR
roosevelt.edu/registrar
Chicago Campus, WB 1M14
(312) 341-3535
Schaumburg Campus, Room 125
(847) 619-7950

RESIDENCE LIFE
roosevelt.edu/reslife
Chicago Campus, WB 1413
(312) 341-2005

STUDENT SUCCESS
roosevelt.edu/studentsuccess
Chicago Campus, AUD Room 204
312-341-3899

TITLE IX COMMITTEE
compliance@roosevelt.edu

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