Saint Luke Institute

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Shining a Light on Seasonal Affective Disorder (SAD)

by Stephen Alexander, Ph.D.

Many of us can identify with the winter blues—a post-Christmas letdown, perhaps exacerbated by cold weather and extended time indoors. But for some people this period of time is especially challenging and can interfere with their ability to manage their normal activities. Seasonal Affective Disorder, or SAD as it is more commonly known, is a category of depression that some people (perhaps as much as 5 percent of the U.S. population) experience recurrently on a seasonal basis. Symptoms usually begin in the fall or winter months in association with shorter days and less sunlight in the northern hemisphere and resolve in the spring. Many people who deal with this issue may begin to feel uneasy or notice mood changes even towards the end of the summer as they sense a shift to cooler weather; certainly, the time change around Daylight Savings Time in the fall can be a common trigger for those who live with SAD. There is also, however, a rare variant of the disorder which can occur seasonally in the summertime, known as Summer Depression.

> An important diagnostic distinction of SAD is the occurrence of depression during a specifc time of year.

While the *DSM-V* (the newest version of the *Diagnostic and Statistical Manual of Mental Disorders*) re-characterized this particular mood disorder in 2016 as Major Depressive Disorder with Seasonal Pattern, for the purposes of this article, we will utilize the colloquial term, SAD. Because approximately 70 percent of depressed people feel worse during colder, darker months of the year than during the summer, an important diagnostic distinction of someone suffering with SAD is that their depression is only present during this one time of the year (again, usually fall or winter) and goes into remission a few months later in the spring. One may suffer with SAD for as much as 40 percent of the year, but this type of depression can range anywhere from two weeks to nearly five months. This pattern must also be present for two consecutive years to be diagnosed as SAD. Likewise, a SAD diagnosis requires no nonseasonal depression (meaning less than two complete weeks of being depressed) during that two-year period, and one's lifetime seasonal depressive episodes must vastly outnumber any nonseasonal depressive episodes.

Women and younger individuals are more likely to suffer with SAD than men or older people. Symptoms may resemble those of general depression, including a loss of interest in normal daily activities or activities which usually bring pleasure, feeling blue or sad for much of each day, irritability or agitation, disrupted sleep (sleeping too much or having difficulty getting to sleep or early wakening), general malaise/fatigue/low energy, and disrupted appetite with weight gain or loss. Trouble concentrating or thinking, trouble making decisions, thoughts of death or self-harm or suicidal ideation, and/or feelings of despair/hopelessness/worthlessness also typify SAD. Of course, if one experiences any of these symptoms intensely or for a significant period (more than a few days), feels particularly distressed beyond coping capacity, or feels actively suicidal, it is critical to seek professional help immediately.

While the nature and severity of SAD varies by individual, the disorder may also manifest more specifically by an increased desire for sleep and increased appetite, especially for comfort foods and carbohydrates, which in turn can cause weight gain. Thus, like some larger mammals such as bears, a recurrent seasonal desire to stock up on food and hibernate or isolate during winter months (with other symptoms of depression) could indicate that an individual suffers from SAD.

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Case Study **Sister Lynn**

For as long as she could remember, Sister Lynn had dreaded the winter months. As a child growing up in Minnesota, she thought it was just because of the length of time each year that it was cold and snowy. She never understood how others in her family and neighborhood seemed to look forward to winter so they could play in the snow, go snowmobiling, or go ice fishing. It seemed like her anticipation of the long winter became worse each year, and she did not feel like herself again until spring, which always signaled the gradual lifting of a huge weight off her shoulders. She also came to wonder if it was just the start of school each year that triggered her moodiness and loss of interest in friends and other sunny day activities like riding her bicycle and playing outside. This was puzzling to her, however, because she did well in school and never struggled academically, even though it was often hard to pull herself through energetically and stay motivated day to day.

> . . . each fall/winter brought several months of the same low mood and even some feelings of despair.

When Sister Lynn went off to college in the Mid-Atlantic region of the country, she looked forward to much less cold and snowy winters. Unfortunately, each fall/winter brought several months of the same low mood and even some feelings of despair. She was still struggling with what she simply thought of as the winter blues. Sister Lynn did, however, notice that she did not feel as bad for as long, since spring seemed to bloom much sooner than in Minnesota.

It was not until her junior year in college that she finally found her way to the campus health center and met with a doctor, who suggested she might have what is commonly known as Seasonal Affective Disorder. She had, of course, heard the term before in passing, but she never made the connection with her own experience. Because Sister Lynn was raised in a family that viewed speaking about one's internal feelings or struggles as complaining, she always tried hard to muscle through the difficult mental and physical lethargy she experienced in winter. Sadly, during college, she overrode the doctor's suggestion that she consider treatment and decided once again to tough it out.

It was not until several years after college, as a later vocation to her religious order, that the puzzle pieces finally began to fit together. A confrere of Sister Lynn's returned from Saint Luke Institute with a new diagnosis of Depressive Disorder with Seasonal Pattern. After successful treatment for this issue at Saint Luke, her friend and fellow community member was eager to tell Sister Lynn what she had discovered about her own type of seasonal depression. Sister Lynn found herself identifying with almost everything she heard!

Surprisingly, even to herself, given that she had resisted getting help for many years now, Sister Lynn began to feel a wave of relief at the thought of not having to tough everything out anymore. She heard from her confrere how Saint Luke staff had determined during her evaluation week that her depression was likely a specific subtype, known as Seasonal Affective Disorder, given that it almost always occurred exclusively in winter and resolved with spring. Although her friend had previously been told she had low level depression (dysthymia) and had tried an anti-depressant several times, she did not start to feel a true sense of relief until she added cognitive behavioral therapy,

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Sister Lynn *continued*

focusing initially on some education and rethinking about this type of depression, and the use of a light box at the encouragement of the team at Saint Luke Institute.

Sister Lynn was especially interested in hearing about the light box and the next day consulted the psychiatrist used by the community. After several follow-up appointments with the psychiatrist in which Sister Lynn thoroughly reviewed her medical and mental health history and described her own pattern of depression, the psychiatrist put her on a low dose anti-depressant and recommended the use of a light box for 30 minutes a day in the morning. After only one week, Sister Lynn experienced a noticeable improvement in her mood. The psychiatrist attributed this to both the medication and the light box but suggested that the light box was likely having the greater impact, since medication usually takes several weeks to be fully effective.

With the continued encouragement of her confrere, Sister Lynn also increased her daily exercise, started eating healthier foods, and even decided to try talk therapy. Sister Lynn continues to benefit from the use of the light box during the winter months and now feels doubly blessed: not only does she no longer need to tough out the pernicious effects of SAD on her own, but she also can share the recovery path with a friend in her very own community. Sister Lynn was also grateful to realize that had it not been for her confrere's agreement to go to treatment at Saint Luke Institute, each of them may have continued to suffer in a parallel manner, quietly and in isolation. Now, with her burden lifted, they can continue to share recovery notes and strategies, and together let a little more light shine into their own and each other's lives.

For confidentiality, reasons, names, identifying data, and other details of treatment have been altered.

Seasonal Affective Disorder *(continued from page 1)*

Effective Treatments for SAD

Treatment for SAD is similar to treatment for other forms of depression, with a few caveats. In general, SAD responds well to relevant psychiatric medications such as anti-depressants. Similarly, exercise—especially aerobic in nature—is helpful to increase endorphins and serotonin levels in our brains, which function to soothe and aid our feeling of well-being. Socialization and enhancing purpose, often through spirituality, is also crucial to reducing the effects of SAD, as in the case of other types of depression. Likewise, practicing good sleep hygiene and an appropriate nutritional eating program (cutting out added sugar and junk foods, taking Vitamin D if you are deficient) may help mitigate the effects of SAD. Significantly reducing or eliminating alcohol (which is a depressant), illegal drugs and other substances, or addictive habits that might fuel shame or lower self-esteem is also an important consideration. Finally, engaging in or returning to psychotherapy with a trusted counselor is always a good idea when confronting SAD, as with any form of depression.

The one additional treatment caveat that is especially germane to SAD is the use of a light box or light therapy of some type. This is because SAD specifically involves our body/brain's response to decreased daylight and sunshine. Research suggests that daily exposure to phototherapy for about 30 minutes upon waking via a light box (a specialized box of lamps producing up to 10,000 lux of florescent light) that mimics sunlight and is about 20 times brighter than normal indoor light can alleviate SAD by helping your brain produce serotonin, a mood-enhancing hormone. One can also try to intentionally increase daylight exposure and possibly take a trip to a sunnier clime to enhance exposure to direct sunlight. Of course, during our current limitations with the pandemic, this last option is not as easy as purchasing a light box, but there is always "light at the end of the tunnel!"

[Note: it is critical to closely consult a physician or psychiatrist before using a light box, just as with any other medical treatment for depression, but especially if someone has been diagnosed with bipolar disorder, since phototherapy or certain medications can potentially trigger mania in some instances of bipolar disorder.]

Steven Alexander, Ph.D., is a licensed psychologist and therapist in the Halfway House program at Saint Luke Institute.

Mental Health Matters Conference Pivots to Online

We have made the difficult decision to cancel the in-person Conference for Human Formation, "Mental Health Matters," which was scheduled for April 19-22, 2021. We regret having to cancel, but we are confident this is best for the health and safety of all our participants and speakers.

In place of the in-person gathering, beginning March 16, we are offering “Mental Health Matters," an eight-hour, online professional training series addressing mental health concerns that arise among men and women pursuing priesthood and religious life.

Dealing with psychological concerns can be one of the most challenging aspects of formation, vocations, and personnel work. This online series will help participants acquire the knowledge and skills for managing and intervening when mental health concerns arise in diocesan settings and religious life.

This professional training series is cosponsored by Saint Luke Institute and Saint Meinrad Archabbey and Seminary.

Learn More or Register
sliconnect.org/mental-health-matters

Questions?
Contact Beth Davis
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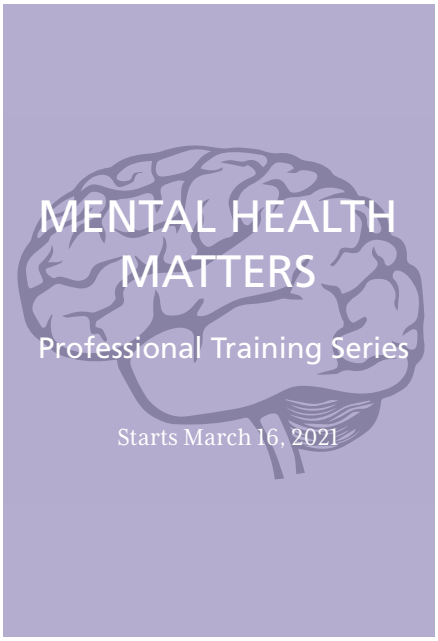

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