Seasonal Affective Disorder

Do you know anyone who loves the winter, the feeling of the cool brisk air on their face and the white sparkling blankets of snow? You know, those people who love to catch snowflakes on their tongues, ride their snowmobiles for miles, make gigantic snowmen, and have a season full of snowball fights and cross-country skiing? Well this may be how some feel about the winter, but it definitely wouldn’t describe me.

I have never been a winter person. I don’t like the cold. I hate the hazardous driving conditions, scraping the ice off my car, and shoveling all that snow off my sidewalk. I feel so cold outside that my bones actually ache and to ask me to help build a snowman is down rite torture. In fact winters for me have grown more discontenting with every passing year.

In the winter, I miss the sunshine and warmth of summer. The dark dreary days of winter leave me feeling as if I have no energy and I struggle to even get out of bed. I crave sweets, eat more, and of course gain weight. I feel gloomy and irritable and it is hard for me to be positive and cheery even for the holidays.

In other seasons I have so much energy, I run around all day, I talk to neighbors and take lots of walks, I have lots of extra energy to take on special projects and do extra work around the house; yard work, gardening, room decorating and so on. In the winter, however, just getting through the day is all I can handle. I laugh and tell others that I wish I could hibernate all winter, but the sad part is that I really do feel that way.
Feeling like this in the winter is so hard for me because it is so different from my normal personality. I don’t want to feel this way and I am not alone. Many other people are suffering through their winters as well. There are many of us that suffer from a form of depression in the winter called Seasonal Affective Disorder.

Seasonal Affective Disorder, also known as the winter blues, is a type of depression that is believed to occur in some due to the lack of sunshine in the fall and winter months; fortunately in light of recent discoveries, there are many options for treating this disorder including something as easy and priceless taking regular walks outside to more technical treatments such as light therapy. Let’s begin by discussing what exactly Seasonal Affective Disorder is, how much of the population it affects, and what some of its symptoms are.

Seasonal Affective Disorder (SAD) is a relatively new disorder that has only been recognized by the American Psychiatric Association as an existing condition since 1987. Norman E. Rosenthal is the Psychiatrist who discovered the disorder and gave it its name (Cooper 54).

Until recently, SAD was often mistaken for other medical conditions with similar symptoms or sometimes ignored altogether. One article explains, “In the past there was a tendency to think that SAD symptoms were just in a person’s head.” Psychiatrist Raymond Lam continues to say that now, “There’s less stigma today about depression, and physicians are more knowledgeable about it” (Seymour 2). Since we now have a greater understanding of SAD, the acceptance and diagnosis of its as a disorder has greatly increased.

Most reports on SAD explain that the decreased daylight hours in the winter months are thought to be the cause of this disorder. Dr. Rosenthal reported while being interviewed about SAD that, “A person who has been diagnosed with SAD has a biological need for more light
Several studies have shown that the period of time where the season is its darkest is when those with SAD feel their worst.

In fact dark days whatever the season are reported to affect the mood of many individuals. Jodi Meisler reports in the Journal of Women’s Health and Gender Based Medicine, “The human spirit seems to soar with the sunshine and to plummet when there is dreary, overcast, or stormy weather”(831). I know that dark cloudy days have an affect on my moods. Even in the spring or summer, if there hasn’t been any sun, you are likely to find me feeling glum. So, what exactly is it in the sunlight that keeps us happy and productive individuals?

A news report article claimed that sunlight has an effect on the body’s cycles called circadian rhythms. This article explains that, “These cycles are bodily functions that occur every 24 hours and include temperature, the body’s need for sleep and activity, and the production of certain hormones like melatonin (“Get rid of winter blues” 1). Researchers have learned much about these biological rhythms by studying the daily activities and seasonal behavior changes in animals, which are actually quite similar to the behavioral patterns in humans.

In their studies, the psychologists have found that the body’s overproduction of this hormone melatonin may be the cause of SAD. One journal more fully describes that melatonin is a hormone produced by the body at night but its production can be suppressed by increased exposure to light (Lam 2). Experts have found that this is why some suffer from SAD in the winter season because its daylight hours are shorter causing the production of melatonin in the body to increase. But just how many of us does this affect?

Actually, most people would be quite surprised to learn that some reports claimed that the fall and winter seasons have at least some affect on the majority of the population. Dr. Rosenthal reports in answer to this question that, “More that 90% of the population experiences some
behavior and mood change as the fall and winter approach” (Meisler 831). Several of us are susceptible to some mild kinds of reactions due to the change in season such as moodiness, but the affects can be quite life altering to some, and there are groups of people that are reported to be at a greater risk.

According to many reports women are more likely to suffer from SAD than men. In the book The Winter Blues, the author says, “The disorder is four times more common among women than among men” (Rosenthal 16). Although this is a common claim in several of the reports, I did find one doctor who didn’t agree with this statement.

Dr. Terman, who is a professor of clinical psychology at Columbia University, does not share in the opinion that women are more inclined to have SAD. He thinks that there are other explanations as to why studies show that women are more likely to get SAD then men. Dr. Terman states, “The thrust of evidence suggests that women are affected more often than men. However I do not believe that SAD should be considered a female problem […] A likely reason for the bias is that women more readily seek medical help for these symptoms and volunteer for clinical studies” (Meisler 833). Terman is wise in making this point, just because the evidence “suggests” that more women are afflicted with SAD doesn’t make it true, he was correct in pointing out factors that others may not have taken into consideration.

Another factor that makes a person more likely to develop SAD is their geographical location. Several reports consistently claimed that, within the United States, the more geographically north a person lives, the greater their chances are for developing SAD. One study reported that, “SAD appears in about 1.5% of Floridians and 9% of the population living in New Hampshire” (Meisler 834). Obviously, SAD is not as likely to affect people who live in the sunnier and warmer environments like the more southern locations in the United States.
Now, having discussed what Seasonal Affective Disorder is, how much of the population it affects, and who is at greatest risk for developing this disorder; it is time to point out what some of the symptoms of SAD are. Many of the symptoms of SAD are similar to the symptoms of depression. The most important difference is that the symptoms of SAD tend to appear in the fall and winter seasons and then completely vanish with the return of spring.

A helpful website called Family Doctor.org describes some of the most thorough explanations of symptoms of SAD that could be found. It reads, “Common symptoms of winter depression include the following: A change in appetite, especially a craving for sweet or starchy foods, weight gain, a heavy feeling in the arms, a drop in energy level, fatigue, a tendency to oversleep, difficulty concentrating, irritability, increased sensitivity to social rejection, avoidance of social situations (Seasonal Affective Disorder 1). This website also mentions that not everyone diagnosed with SAD will have the same symptoms or even the same severity of symptoms. Some may find that their symptoms are annoying, yet overlookable, while others will find it hard to cope with everyday life during the SAD season.

The reading of the personal testimonies of those afflicted with SAD was fundamental in my ability to understand the severity of the disorder’s symptoms in some and how it affected their lives. These testimonies were found in the book The Winter Blues by Norman E. Rosenthal. Rosenthal states, “At the far end of the spectrum are patients with SAD, whose changes in mood and behavior are so powerful that they produce significant problems in their lives” (15). Rosenthal further describes the meaning of this statement very accurately by sharing the personal testimony of one of his patients that he calls “Jenny”. Rosenthal elaborates:

Such changes were well expressed by “Jenny” who suffers from a typical case of SAD. She has observed that she feels like “two different people—a summer
person and a winter person.” Between spring and fall she is energetic, cheerful, and productive. She initiates conversations and social arrangements, and is regarded as a valuable friend, coworker, and employee. She is able to manage everything that is expected of her with time and energy to spare. During the winter, however, her energy level and ability to concentrate are reduced and she finds it difficult to cope with her everyday tasks. She generally just wants to be left alone, “like a hibernating bear.” This state persists until the spring, when her energy, vitality, and zest for life return. (15)

Dr. Rosenthal offers several personal testimonies from quite a few of his patients in his book. This testimony, however, most accurately described how I feel in the winter and included almost all of the symptoms of SAD that were mentioned earlier.

One symptom of SAD that the above testimony didn’t describe was the cravings for carbohydrate rich foods and the weight gain of the person with SAD. Dr. Rosenthal, again, most accurately paints the pictures of what these symptoms are like in everyday life for those afflicted with SAD. Dr. Rosenthal says, “Most people with SAD eat more in the winter. They also report a change in their food preference from the salads, fruits, and other light fare of summer to high-carbohydrate meal: breads, pasta, potatoes, and sugary foods [in the winter]” (48). Dr. Rosenthal describes those suffering from this disorder as becoming carbohydrate addicts in the winter months. I know that I definitely find these statements to be true in my life and the added calories and decreased physical activities ultimately leads to weight gain.

Most people do gain a little winter weight, but the person with SAD often gains a substantial amount of weight during the winter. Dr. Rosenthal again explains, “One physician with SAD tells me that his winter trousers are two sizes larger than his summer ones, and this is
not unusual. I have seen people gain up to forty pounds in the winter and lose all of the weight the following summer” (49). This statement is also true in my life, I often find myself gaining 20-25 every winter and losing it all again during the summer months.

Taking into account of what symptoms can be like for those with SAD, what can a person that finds himself or herself feeling like “Jenny” or me in the winter months do to prevent these symptoms from occurring next winter?

Not only did Dr. Rosenthal discover SAD, but also he also soon became aware of something that could help relieve its symptoms. Dr. Rosenthal and his colleagues discovered that being exposed to light seemed to improve the condition of those suffering from this seasonal depression (Rosenthal 12-14). Several reports suggested that in less severe cases, all a person may need to do is expose themselves to more natural light. This can be done by simply moving your work desk closer to a window, opening blinds, taking regular walks outside, or adding sky lights to your home. But, the reoccurring by far treatment suggestion offered in almost every source on the subject was the treatment of light therapy.

Yoram Padeh writes an interesting Journal through the Albert Einstein College on Medicine that thoroughly discusses light treatment from why light treatment is considered a good option for those with SAD, how to properly administer light treatment, its side effects, and beyond. He begins, “The basic theory involved in light treatment is duplication of the intensity of natural light, or which the patient is considered to be deprived during the winter months” (79). This article informs its readers of two common treatment devices, the light box and the light visor.

The light box is placed somewhere in a persons home where they will sit in front of this light source for on average of thirty minutes to two hours a day and receive the benefits of the
much needed light in their life. The sun visor is the same concept; only the visor can be worn while the person walks around the home or office with the person still constantly receiving its therapy. The side effects found to accompany the use of the light devices were headache, eyestrain, and nausea, but overall Padeh believed that light therapy was not found to cause any serious side effects (82).

Both of these devices were found to be proven effective for improving the state of persons with SAD. Padeh explains, “Light therapy has become the treatment of choice, showing marked improvement in two out of three patients with SAD” (82). The article mentions that a person with SAD should start the light therapy within two weeks of the first signs of any symptoms and continue the therapy throughout the entire winter (82).

Padeh, Rosenthal, and many others agree that light therapy is a good choice for people suffering from SAD. But Padeh also admits in his article that exposure to sunlight can be just as effective for those with SAD. He says, “In other words, exposure to “daylight”: regardless of the weather can be just as therapeutic for SAD as any other modality of light treatment” (80). Padeh clearly expresses in his article of the value and effectiveness of light therapy and or exposure to sunlight on a regular basis for those with SAD.

In fact he feels that this exposure to sunlight is so important, he feels that all people should make a point to intake more sunshine into their lives. He ends his article with these words, “Maybe if everyone spend one hour a day in daylight, clinical depression might become a rare disorder”(82). Now that is definitely not a statement that one can ignore.

Finally, it is time to discuss a brand new product that has been developed for those who suffer from sleep disorders, jet lag, and seasonal affective disorder. The invention is a type of
sunglasses that are a Sumnavue product developed by a U.S. company called Enlightened Technologies Associates Inc. These sunglasses are referred to as “high-tech specs” (Mc Kay 1).

The sunglasses use fibre optic light to stimulate sensors in the brain and replicate the effects of the sun. The author says that, “the glasses have the potential to alleviate winter depression” (Mc Kay 1). The invention of these sunglasses could truly be a remarkable step in helping those who suffer from SAD because of its portability and convenience. This product is expected to be on the market by late next year.

In some instances, mere light treatment alone may not be enough to relieve symptoms of SAD in some individuals. Another form of help that is available to the person with intense symptoms of SAD is prescription medication. Author Rhea Seymour explains, “For severe cases of SAD, doctors may prescribe an antidepressant, which helps about two-thirds of sufferers” (Seymour 3). She also mentions that in most cases it is the combination of light therapy and medication that is the key to alleviating the symptoms of SAD in the severe cases.

Now, what are some other ways beyond light therapy that persons with SAD can help themselves through the winter? Several doctors have commented on the health benefits of exercise for the person with SAD.

One such doctor who reported on this was Dr. Stuttaford who answers medical questions for the readers of the The Times newspaper. One person writes in that she gets depressed during the dark days of winter and says that a friend told her that exercise would help, she asks Dr. Stuttaford if this was true. He replies, “Exercise does help depressive states. When people exercise, particularly if they work out briskly, they produce chemicals in the body, which affect the mood…” (3). Therefore, this doctor suggest that exercise should be a regular part of our daily lives to live healthier and combat winter depression.
One problem that I find is that although I do exercise regularly in the summer, exercising regularly in the winter is much more difficult for me. Dr. Rosenthal suggests in his book The Winter Blues that it is important that a person finds an activity that they enjoy and a friend who also enjoys this activity so that the two of you can exercise together and encourage and support each other during the dreaded winter season (137).

Another important factor in dealing with SAD according to Dr. Rosenthal is that people take the disorder seriously. He explains that only by taking SAD seriously and attempting to understand the disorder, you can begin to help yourself instead of feeling powerless or guilty. Rosenthal makes it clear that unless those afflicted make an effort to become aware of the disorder and make the changes necessary to help themselves through the changing seasons their condition will not improve and they will continue to suffer through the SAD season (131-4).

The good news is that there are several relatively easy changes that the persons suffering from SAD can make in their lives to help themselves. Rosenthal offers some helpful suggestions of ways that those with SAD can help themselves to get through the winter. One of his first suggestions was for the person with SAD to expose themselves to more natural light. There are several ways that this can be done. Some of the suggested advice included: installing skylights, opening the blinds, moving your desk by or near a window, or taking regular walks outside. Other suggestions that he mentioned were that SAD suffers keep their homes warm by keeping the temperature up and using electric blankets. He also suggest that SAD suffers should try to take winter vacations to sunnier, warmer locations and for the extreme SAD sufferer, he advises that they even relocate to a sunnier location if possible (Rosenthal 134-7).

The importance of a proper diet and exercise regimen for the person who has SAD cannot be ignored. Rosenthal discusses the value of diet and exercise for the person with SAD. He
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Childers says, “Diet and exercise are important considerations in SAD, not only because they can have a valuable effect on mood control, but also because of their beneficial physical effect” (137). It has already been mentioned that incorporating an exercise program could lessen the affects of depression that comes with SAD, but also worth mentioning is some advice that Dr. Rosenthal has for the diet regimen for the person with SAD.

Dr. Rosenthal communicates to his readers that exercise alone will not be enough to keep form gaining unwanted pounds during the winter season. He shares with his readers his suggestions for diet plans for people with SAD. He says:

> Although nobody likes to diet, the good news is that there are now at least three promising dietary approaches that can help you keep your weight gain to a minimum during the hungry winter months […] The three types of diets that I believe offer the most promise are as follows: High-carbohydrate, reduced-calorie diets, The Carbohydrate Addict’s Diet, [and] The Paleolithic Diet: Balancing carbohydrates with protein. (138)

He then discusses these diets in more detail explaining how they can help the person with SAD control the amount of carbohydrates they consume in the winters time. He explains that the person with SAD should take heed to this advice because of the negative affects that weight gain can have to the body (137-144).

While on the topic of diet and exercise, these are a few statements from an interesting article that had quite a different perspective on SAD than any of the other sources. This author challenges his readers to take personal responsibility for their own unhealthy habits in which he apparently feels is the chief cause of seasonal disorders. This author says, “Those who do not exercise, commit to satisfying work, have lots of healthy pleasures, think critically, practice good
nutrition, and so on have year-round seasonal disorders!”(Ardell 1). He later adds that we should encourage anyone who feels glum in any season to “take responsibility for making positive lifestyle changes” (2). His opinion therefore is that it is our own unhealthy choices that make us feel depressed during the winter or any season and that instead of looking for medications and treatments, we should just focus on taking better care of ourselves.

The author is, for certain, correct when he says that we should take better care of ourselves. But at the same time, that could easily be said about countless medical conditions today plaguing millions of people. Many of them could be prevented if we would simply practice better health habits. Ardell is glossing over the fact that there is a mental depression that afflicts the person with SAD; the lack of energy, fatigue, and intense cravings for carbohydrates causes them to practice health habits that they do not otherwise practice in other seasons.

Finally Rosenthal comments on stress management as a device to help those with SAD to better cope with their disorder. His ideas for stress management basically dealt with planning ahead. Since a person with SAD knows that they have a reduced energy level during the later winter months, Rosenthal suggest that the person do any tasks that can be done ahead of time earlier in the fall or late in the summer to help reduce the workload later. Such tasks that he suggest could be done ahead of time could be tasks like Christmas shopping and cooking meals ahead and freezing them for coming winter months (145-6). These were definitely helpful ideas that no other sources had covered.

Taking into consideration the commonness of the disorder, what can a person that does not suffer from SAD can do to help a friend or family member who is suffering from this disorder? Dr. Rosenthal has a chapter dedicated to this topic in his book, The Winter Blues. Again Rosenthal makes it clear to his readers that the key to helping someone cope with the
disorder is by understanding it. He says, “Once you understand the mood and energy problems of SAD, you will be able to handle them better” (185). It is only by understanding the symptoms and causes of the disorder that a person can even begin to help and support those suffering from SAD.

Once you have a greater understanding of the disorder Rosenthal suggests that one of the most helpful things you can do for the person with SAD is simply just being there for them. Sit with them and do things with them even if they aren’t their cheery self. Encourage them that this difficult season for them will pass and ask them what you can do to help or take it upon yourself to help with simple chores like dishes or grocery shopping that may seem especially burdensome to them at the time (Rosenthal 185-6).

Beyond understanding the disorder and being supportive to those with SAD, there are also a few things that the person dealing with a loved one with SAD should avoid. These things would include refraining from verbally judging or criticizing the person for example, not calling them lazy. Also he advises not taking the social withdrawal of the person with SAD personally. He explains that low energy and social withdrawal are just symptoms of this disorder and that a friend or loved one can help by being supportive rather than taking offense (Rosenthal 187-9).

If you feel that you or someone you know has SAD there are a few resources that are worth reading that are very informative on the topic. The first of these is the book, The Winter Blues by Norman E. Rosenthal.

Other sources that have helpful information available are websites like www.cet.org. This website was suggested in a journal written by Jodi Godfrey Meisler. The journal recommended the site for its readers to have access to its Personal Inventory for Depression and SAD, which is a doctor’s office questionnaire provided for its patients to determine the severity
of their disorder. Beyond this questionnaire, however, there is a lot of other interesting and useful information about SAD as well.

Seasonal Affective Disorder (SAD) is a fairly common form of depression occurring in the fall and winter months. SAD is thought to be caused in part by the increased darkness of the winter season. The discovery and acceptance of SAD is relatively new.

SAD can affect as many as one in four individuals. People that are thought to be at greater risk are those in the United States that live in the Northern regions of the country where winters are darker and colder than most other parts of the country. Some also believe that women are at greater risk than men.

SAD has many symptoms that often differ in form and intensities in individuals with the disorder. Some of the symptoms include extreme fatigue, irritability, a tendency to overeat carbohydrates, weight gain, avoidance of social situations, and depression.

There are many ways that people with SAD can help themselves to deal with the disorder. Of the most important aspects according to Psychiatrist Norman E. Rosenthal is that the person take the disorder seriously, learn about it, and make the necessary changes in their lives in order to help themselves.

Since the person with SAD is thought to be light deprived, one of the most suggested treatments for SAD is light therapy. Many different forms of light therapy are now on the market including the light box, the light visor, and new to be available this year is the “high-tech specs”.

Other ways that a person can help themselves cope with SAD is regular exercise, (which is stated to help fight depression), a healthy diet, designing your environment to expose you to more natural light, taking regular walks outdoors, keeping your home warm, taking winter
vacations, and practicing personal stress management solution scum as doing high stress activities like Christmas shopping before the fall and winter season approach.

Tips on helping friends and loved ones with this disorder include understanding the disorder yourself so that you know don’t wrongly judge the person with SAD or take their lack of social involvement personally. Also just being there for them even if they aren’t in a friendly mood, encourage them, make a point to help them by relieving some of their workload.

Again, if you feel that you or someone that you know has SAD, look into the sources suggested in this paper. Take it upon yourself to gain information on this topic from credible sources. Take the necessary steps to help yourself, start with small inexpensive changes like diet, exercise, taking walks, getting more natural light. If that doesn’t seem to help be sure to share your concerns with your doctor and look into more technical solutions such as light therapy and for severe cases possibly even medication. Remember, the key to helping yourself or someone you know with this disorder is understanding the disorder and taking it seriously.
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