

Seasonal Affective Disorder: More Than The Winter Blues

Many people feel more sluggish and down during the winter months, and Seasonal Affective Disorder (SAD) mirrors many depressive symptoms such as trouble concentrating, fatigue, feelings of guilt, worthlessness, and helplessness, insomnia, early-morning wakefulness, or sleeping too much. The difference with SAD is that the pattern must continue for at least 2 years, with more episodes of seasonal depression than seasons without depression over the course of a lifetime. This is important to keep in mind as more clients are self-diagnosing with SAD even though their symptoms do not show the required loss of regular functioning in their daily activities. SAD can begin at any age but typically affects people between 18 and 30, and appears to lessen with age.

Treating SAD

SAD, as with any mood disorder, responds well to:

- Good sleep hygiene
- Exercise (especially outdoors in sunlight)
- Balanced nutrition
- Appropriate social interactions with family and friends

While symptoms generally improve on their own, a combination of the following treatments help those with the condition achieve a higher level of functioning and life satisfaction:

- Light therapy which involves sitting in front of a light therapy box that emits a very bright light, usually for 20 minutes typically first thing in the morning.
- Antidepressant medications (usually SSRIs such as Wellbutrin, Prozac and Zoloft).
- Talk therapy, especially cognitive behavioral therapy (CBT).

Since SAD is a biological response, if you think someone you counsel has the disorder, make sure to refer them to a professional therapist that could determine a diagnosis and treatment plan.

Nurturing spirituality

Since symptoms of SAD generate feelings of despair, people you counsel might also struggle with questions of meaning and purpose. Wrestling with hopelessness can bring up their past hurts and underlying patterns of negative views of self and God, which they may feel ashamed to share with anyone. Isolation and a tendency to avoid social interactions might also exacerbate the feeling that

God is not present and not answering their prayers. Therefore, along with engaging their spiritual concerns, it is important to:

- Help clients understand how their identity is found in Christ and not how they are feeling.
- Suggest they remain connected to family and friends who can support them and pray for them.
- Help them work through their lack of motivation toward everyday activities (tool below) which could alleviate feelings of isolation and shame.

Staying connected and motivated

A key component in learning CBT skills is to break activities down into doable actions that will allow a sense of accomplishment and success. To practice this, have your clients fill out the following chart to help them push through inertia. For example, imagine a typical scenario in which your client was invited to a party. Experiencing SAD, your client might have a lack of motivation for going. Have your client stop for a moment and rate his or her expected level of enjoyment before the event on a scale of 0-10, with “0” indicating “absolutely hated” and “10” indicating “fabulous time.” Encourage your client to push through the inertia and think of a grace statement such as, “I will stay for just 30 minutes and then leave.” After the event, have your client rate his or her actual enjoyment level from the event on a scale of 0-10, with “0” indicating “absolutely hated” and “10” indicating “fabulous time.”

Activity	Obstacle	Pre-Activity Rating 1-10 1= Neutral 10 = Will Hate	Grace Statement	Post-Activity Rating 1-10 1= Hated 10 = Do Again
Party	<i>Just don't feel like it</i>	9	<i>I will stay for 30 minutes than leave</i>	8

Research has shown that depressed people actually enjoy activities more than they assume they will and are pleased they pushed through the inertia. This, in turn, makes it easier to say yes to future activities as a connection has been made between behavioral action and enjoyment.