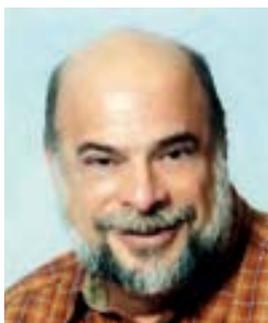


# Challenging those Winter Blues

Every March, when I'm tempted to admire my therapeutic prowess after noticing the improved mood of many in my practice, I instead consider the effect of seasonal change.

BY GARY FISHBEIN

## About the author:



Gary Fishbein is originally from New York City, where he spent most of his life. He took up his graduate studies at New York University, and received post-graduate psychoanalytic training at the Institute for Contemporary Psychotherapy, also located in New York City. He has lived in The Hague since 2007. Gary Fishbein is a member of the ACCESS Counselling Services Network: [www.garyfishbein.com](http://www.garyfishbein.com)

Studies indicate that most northern European residents experience seasonal mood and behavioural changes, known as seasonality. A more pronounced form of seasonality, dubbed 'the winter blues', affects about one-tenth of us. Although having the winter blues rarely requires medical attention, people who suffer from it feel less happy, social, and energetic during the darkest months of the year. Its extreme form, *seasonal affective disorder* (SAD) affects an estimated two percent of northern-European adults. SAD causes great distress, including problems functioning at work and in personal life, and can require the intervention of a doctor. Seasonality, in any of its forms, is not an illness. It is a normal physiological response to one's environment that can become problematic for those of us who are most sensitive to it. Research shows that geographic location, genetics, gender, and cultural factors can affect sensitivity to the change of seasons.

As winter approaches, is it difficult to wake up? Are you eating more? Do you struggle to concentrate or to socialise? Are you feeling down, or worse yet, truly depressed? Seasonality may be the culprit. Many of us become testy and withdrawn commuting to and from work in winter darkness. My personal experience with seasonality includes an overriding sense of dissatisfaction, almost like holding my breath, waiting to exhale in spring. I also develop a very strong desire for carbohydrates.

Like animals who either hibernate or migrate according to seasonal changes in the quantity and quality of sunlight, we're affected by the pronounced difference between northern European summer and winter light. Until the advent of electric lighting, most people woke at dawn and retired at dusk. They slept longer and were less active in winter. Although technology now allows us to override our natural rhythms to facilitate modern life, our physiology hasn't caught up. Like jet-lagged travellers or night-shift workers, our body clocks are disrupted. For those relocating from sunnier climes, the effect can be extreme.

## Identifying SAD

Seasonality symptoms can be misunderstood. A Brazilian in my practice (I'll call him Marco) came to me about family problems during his third year in the Netherlands. He described a pattern of depression, irritability, and anxiety, during which he argued frequently with his family and became withdrawn. This was followed abruptly by a period of unusually high spirits and hyperactivity. Marco began to wonder if he was bipolar. As his low periods began in late-autumn and changed to elation in early-spring, I suggested that seasonality might be an issue for him.

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There are several treatments available for SAD. It's best to first discuss options with your huisarts (doctor) before choosing one.

### Treatments

Bright light therapy helps about 80% of SAD sufferers, usually within a few days. It requires daily exposure to light ten times the intensity of domestic lighting.

Suntanning lamps should not be used, as they emit carcinogenic, eye-damaging UV light. There are many light equipment choices, including light boxes, portable light visors, and dawn simulators. 'Talking treatments' like psychotherapy or counselling help people cope with SAD symptoms, and assist in resolving issues contributing to them. Talking treatments help people discover what they can do differently to function better with seasonality. SSRI antidepressants, which increase production of serotonin, are sometimes prescribed for severe cases of SAD, and can be used with bright light therapy and talking treatments.

We have additional options to combat the winter blues:

- Make the most of winter sunlight: Go outdoors at midday and on bright days. Sit at a window whenever possible.
- Avoid stress: When your body says, "hibernate", simplify. Plan significant tasks like home renovation for the summer. When possible, avoid important changes like switching jobs or moving to a new home during the winter. For those with SAD who are planning a family, summer is the best time to have a child.
- Stay active: Physical activity improves mental well-being.
- Eat healthy foods: Counter your seasonal carbohydrate-lust with vegetables and fresh fruit.
- Pamper yourself: Have a massage; go skiing and benefit from snow-reflected sunlight, or vacation somewhere sunny. However, SAD symptoms can worsen for some people returning from extremely sunny destinations. If you

have concerns about this, consult your doctor before making plans.

- Reach out: Share your experience with family and friends so they learn what to expect, and how they can be supportive.

After consulting his huisarts, Marco purchased a light visor to wear while reading, watching television, relaxing, and during meals at home. He discussed his seasonality problems with his family who became allies in his struggle with SAD. Marco soon felt happier, more relaxed, and argued less. This past spring, he experienced no confusing mood swing.

There's much to appreciate about winter in the Netherlands: ice skating, the *gezelligheid* of relaxing indoors with family and friends while the Dutch wind shrieks outside. With planning and understanding, we can make our winters here more productive and enjoyable. For further information: <http://sada.org.uk> «