S.A.D. Survival Kit: A Podcast on Seasonal Affective Disorder

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S.A.D. Survival Kit

A mini podcast series exploring seasonal affective disorder

Transcripts and resources for 5 episodes

Kate Lincoln :)
Advised by Kate Darby

January-March 2024
Abstract

This document explores seasonal affective disorder through the lens of the accompanying mini podcast series S.A.D. Survival Kit. Over the course of five episode transcripts, the audience will gain a better understanding of seasonal affective disorder and its associated interrelations with the surrounding environment and any individual’s internal physical and mental health. The podcast is available on Spotify and SoundCloud. (Links are on page 1.) Seasonal affective disorder is a form of seasonal depression marked by a significant change in one’s behavior or thinking patterns when seasons shift. Episode 1 explains the basics of S.A.D. and concludes that many people experience seasonal changes, whether or not they are formally diagnosed with S.A.D. Episode 2 discusses how the use of light therapy, phototherapy, antidepressants, vitamin supplements, and certain lesser known remedies may alleviate one’s symptoms of S.A.D. Episode 3 explores the unique interactions between S.A.D. and four distinct pre-existing mental conditions: major depressive disorder, bipolar disorder, attention deficit hyperactivity disorder (ADHD), and autism. Episode 4 concludes that our metabolism plays a key role in determining our state of mental health; we can improve our mental health by improving our habits of eating, exercising, and sleeping. Finally, Episode 5 discusses how the mood management theory influences our media consumption while experiencing S.A.D., and how community engagement can be a form of self-care and a powerful tool to overcoming seasonal changes.

Links to the Podcast

Spotify: https://open.spotify.com/show/3IhbgQiBvZ0WAXPLVIU1Db?si=3d866f538bfe4ae8
SoundCloud: https://on.soundcloud.com/CKaH6N6Bs85E5uha8

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Episode 1 What is SAD and how might it affect you?

Organized and recorded by Kate Lincoln
Edited and advised by Kate Darby

Spotify: https://open.spotify.com/show/3IhbgQiBvZ0WAXPLVIUIdb
SoundCloud: https://soundcloud.com/kate-lincoln-867907283

Description: Let's begin our journey by understanding the basics of seasonal affective disorder. What is it? Why does it happen? How do I know whether or not I or a loved one has it? How might it impact my daily life? Curious? Welcome to the club B)

Song: Reflections by Ghost Beatz on Soundstripe

Transcript:
Hello folks! I’m Kate Lincoln, recording live from Bellingham, Washington and welcome the first episode of this exciting new podcast: Seasonal Affective Disorder Survival Kit! This series is designed to help people better understand and alleviate the effects of seasonal affective disorder. Together, we’ll be looking at the basics of SAD, various treatment approaches, the impact that our daily habits have on SAD, and overall concerns regarding seasonal mental health.

— Interlude music —

If you haven’t already noticed, I will often use the acronym S-A-D, or SAD, to refer to seasonal affective disorder. However, don’t confuse SAD with being sad because they are similar, but very distinct states of being.

Today’s episode will focus on the basics of seasonal affective disorder and how it might affect you. We will also begin looking at some of the hypothesized causes of SAD. So, let’s jump right in!

Seasonal affective disorder is a type of depression in which one experiences symptoms of major depressive disorder in response to the change in seasons. Symptoms usually last 4-5 months of the year. Commonly, there are two types of SAD: winter-pattern SAD, or winter depression, and the lesser-known summer-pattern SAD (NIMH Institute, 2024). There is also a variation of winter-pattern SAD for those who experience less severe symptoms. According to Kelly Rohan, author of Coping with the Seasons: A Cognitive-Behavioral Approach to Seasonal Affective Disorder, people who experience moderate changes with the seasons are said to have subsyndromal SAD (or S-SAD) aka the winter blues. Both winter-pattern SAD and S-SAD are especially common in populations who live far from the equator, in rainy or snowy regions
(Rohan, 2009). For the purpose of this episode, we will primarily focus on winter pattern seasonal affective disorder, since it is more common and especially applicable to our local region, the Pacific Northwest of the United States.

A quick side note that my co-editor brought up: isn’t it interesting that this method of symptom identification is specifically designed for the northern hemisphere? With a little digging around online, I soon found an explanation in a report published by the Menzies Institute for Medical Research and the University of Tasmania School of Medicine. Essentially, the northern centrism of these labels is largely due to the fact that seasonal affective disorder is more widely researched and reported across the northern hemisphere. That said, in the Southern hemisphere, people still use the terms “winter and summer pattern seasonal affective disorder”, however the set of symptoms they refer to are simply flipped (Nevarez-Flores et. al, 2023.)

Thank you to my Co-editor for pointing that out. I always love when a question can lead to a mini rabbit hole.

Aside from simply feeling a little down when the clouds roll in, SAD makes you feel depressed most of the day for at least two weeks. According to the National Institute for Mental Health, to be diagnosed, you must experience symptoms at least two years in a row. However, not all people with SAD experience symptoms every year (NIMH, 2024). Because SAD is a strain of depression, many of the symptoms are the same as what you might experience with major depressive disorder. The difference is that while major depressive disorder might occur year-round, SAD symptoms appear or intensify around the same time each year and disappear or become less intense as the certain seasons pass (NIMH, 2024).

So how might it affect you? According to John Hopkins Medicine, if you are experiencing or think you are experiencing Winter pattern SAD, you most likely will experience one or more of the following symptoms:

- Loss of interest in things you normally like to do
- Increased or decreased sleeping habits
- Fatigue or low energy
- Increase in appetite or overeating (especially craving carbs)
- Trouble concentrating or thinking clearly
- Feeling hopeless or worthless
- Withdrawing from other people
- Weight gain
- Headaches
- increased sensitivity to rejection

Many of the symptoms are pretty much opposite for summer pattern SAD. With an emphasis on feeling restless or anxious, having poor appetite, experiencing insomnia, and potentially becoming violent (Johns Hopkins Medicine, 2024). It is important to note that for either variation, individuals may experience polar opposite symptoms than typical, and each individual's symptoms may be different (Rohan, 2009).
Now, at this point, you may be wondering: what causes seasonal affective disorder? And to tell you the truth, scientists don’t completely know! However, there are a series of hypotheses that try to explain this phenomenon. Without going into too much detail, I’ll explain a few of the most common theories which target out of sync circadian rhythms, imbalance in serotonin regulation, vitamin D deficiency, and biological daylight tracking.

The first theory hypothesizes that people experience SAD because our circadian rhythms are out of sync with the natural day-night cycle. Some call this the phase-shift hypothesis. Our circadian rhythms are largely driven by levels of melatonin which naturally rise at night, making us sleepy, and fall in the morning, allowing us to wake up. The phase shift hypothesis proposes that for people who experience SAD, the later dawns in the winter slow down the melatonin cycle in their bodies. This means that by morning, their melatonin levels have not fallen, i.e. their biological clocks are still telling them that it is nighttime. By not being able to wake up regularly, their entire day-night circadian rhythm cycle falls out of sync. This hypothesis predicts that these symptoms would be exacerbated in regions with shorter days. Kelly Rohan compares this to having “Jetlag for months” (Rohan, 2009).

A second hypothesis is that people with SAD experience reduced ability to regulate serotonin levels. Serotonin is a neurotransmitter that is involved in regulating sleep, appetite, and biological rhythms. Because sunlight encourages the production of serotonin, humans naturally have more serotonin in summer than in the winter. However, this theory believes that people with SAD experience fluctuations of serotonin levels that are more extreme, thus lowering their serotonin significantly in the winter months. This shift could be what causes the psychological and behavioral changes associated with seasonal affective disorder, though scientists are still not entirely sure.

Similar to this theory, some people believe that the decrease in sunlight drives a decrease in vitamin D, which promotes serotonin production and activity. Sunlight on one’s skin promotes the production of vitamin D. Simply put: less exposure to sunlight results in less vitamin D production. Less vitamin D production means less serotonin productivity. From there, one can infer that less serotonin productivity, lower states of mental health (NIMH Institute, 2024).

Finally, one of my personal favorite hypotheses is the photoperiodic hypothesis. Essentially the scientists who formulated this hypothesis believe that humans with SAD retain a primitive ability to tell what season it is based on how much daylight there is. They liken this ability to the tendencies of cattle, sheep, rodents. Yes, that’s right, we’re talking about any animal who alters their intuitions and behavioral patterns with the change in season. This hypothesis claims that the daily period of melatonin release in people with SAD is longer in the winter and shorter in the summer. In people without SAD, this release period is the same. Thus, people with SAD track the seasons biologically (Rohan, 2009).

Finally, we’ll take a quick look at some risk factors, which we’ll dive more into in later episodes. According to Mayo Clinic, you are more likely to have SAD if someone in your family has SAD. It is also more likely if you have major depressive disorder, bipolar disorder, or various other mental health concerns. As mentioned earlier, people living far from the equator,
like here in Bellingham, Washington, are more likely to have Winter pattern SAD, (Mayo Clinic, 2021).

I want to end this episode by briefly explaining why I am making this podcast. The initial force which propelled me to make this podcast is the WWU Honors Program, which I am part of. As part of the program, each student is required to complete a senior capstone project, which can be done in any form. But aside from fulfilling a requirement, the heart of this project stems from something much deeper.

The first year when I moved from California to Bellingham, I was brutally hit with a wave of mental instability as the fall and winter seasons deepened. I was taking long naps in the afternoons and evenings, losing motivation, growing increasingly anxious about social gatherings, and generally not feeling myself. What took me about a year to realize is that I had had my first experience with seasonal affective disorder.

I am choosing to shape my work around this topic and use this format because I want to develop an easily accessible toolkit not only for myself but myriad others who experience seasonal affective disorder. Though I can’t solve anyone’s experience with SAD, I hope this podcast will act as a great first resource for identifying SAD, understanding SAD, and developing ways to cope with and reduce the effects of SAD.

So, I hope that you enjoyed this first episode and that you learned a bit more about seasonal affective disorder. For more information on today’s content, feel free to check out the links in the description. In future episodes we will explore some common and not so common treatment methods, the importance of community, how our metabolism affects our mental health, and the impact of media on our SAD.

Thank you so much and have a wonderful day!

—Interlude music—

This podcast was researched, organized, and recorded by Kate Lincoln, with the help of co-editor and advisor Kate Darby.

Special thanks to the Western Washington University Honors program and all the contributors on the researched sources.

This podcast is not intended to replace actual medical diagnosis or care. If you or a loved one thinks they are experiencing Seasonal Affect Disorder, contact a medical professional for proper assistance and/or a diagnosis. See a health care provider immediately if you have drastic changes in sleep patterns or appetite, turn to substances for comfort, or contemplate suicide.

This recording was originally published in January 2024.
RESOURCES


Episode 2 Typical Treatments and Uncommon Cures

Organized and recorded by Kate Lincoln
Edited and advised by Kate Darby


Description:
Looking for a tried-and-true treatment for your S.A.D.? Or perhaps an uncommon cure? Look no further! In this episode we explore the wide and weird world of treatment methods for S.A.D.: from vitamin supplements and exercise to St. John’s wort and light visors!

Song: Reflections by Ghost Beatz on Sound Stripe

Transcript:
What if I told you that you could solve your SAD by wearing a funky, light-filled hat? Curious? Me too! We’ll explore that and other “typical” treatments on today’s episode of Seasonal Affective Disorder Survival Kit.

—Interlude music—

Hello, folks! I’m your host, Kate Lincoln, recording live from Bellingham, Washington and welcome to another exciting episode of Seasonal Affective Disorder Survival Kit! For those of you that are new to us, welcome! I want to let you know that I will often use the acronym S-A-D (or SAD) to refer to seasonal affective disorder.

Today’s episode will focus on some of the quote, unquote “typical” treatments for seasonal affective disorder. What are they? How do they work scientifically? Are there any I can try at home? We’ll also dip our toes into the non-traditional SAD cures.

Before diving into today’s content, I want to make a quick disclaimer. As part of today’s episode, we will discuss how certain prescribed medications influence and potentially improve one’s experience with seasonal affective disorder. This podcast solely intends to share experts’ research, without suggestion of what our audience should or should not do. We do not endorse or encourage the consumption of any medication. If you feel that medication may be the right path for you, contact your psychiatrist or trusted medical professional to receive certified treatment and care.
So, with that, let’s get into our content! When someone experiencing SAD wants to alleviate their symptoms, a common first place to go is everyone’s favorite medical professional: Google. A quick search will pull up loads of articles, research papers, and YouTube videos, most of which will point you towards four primary recommendations for treating SAD: light therapy, psychotherapy, antidepressants, and vitamin supplements. Beyond those, you can also find sources that guide you to lesser-known methods such as herbal therapy and exercise.

Let’s take a look at each of these and see how effective and accessible they might be.

By far, the most popular and widely researched treatment for seasonal affective disorder is light therapy. Since the 1950’s light therapy, or phototherapy, has been employed to alleviate the effects of seasonal affective disorder around the globe. The treatment requires an individual to sit in the presence of a bright white or blue light for 30-45 minutes a day, with the intention to make up for the loss of sunshine in winter. Doctors have seen improvements in patient’s SAD symptoms in as little as 3 days, with greater improvement appearing after 1-2 weeks (Meesters Y, Gordijn MCM 2016).

Phototherapy lamps, (or light boxes as they are often known), are incredibly powerful compared to most artificial forms of light. Though early forms of light boxes emitted about 2,500lux and required individuals to sit for 3 hours, modern light boxes require less exposure since they emit light at roughly 10,000 lux, (aka 10,000 units of light intensity) (NIMH). At this intensity, light boxes aim to replicate ambient daylight, which ranges 10-25,000lux. For reference, bright sunshine comes in at 50,000 lux, overcast days reach about 1,000-5,000 lux, and a well-lit room only emits about 500 lux. This means that during the winter, we are sorely lacking our typical dose of light, by anywhere from 9,000 to 45,000lux.

In general, doctors usually advise using light therapy in the morning so as to replicate the presence of a morning sun. This also is partially due to the fact that use of a light box at night or near bedtime may disrupt sleep. Some professionals encourage patients to position it slightly above where they might be sitting so as to mimic the position of the sun. Another way one might position the light above them is by wearing a light visor. Yes, you heard me, a light visor. This is a handy device that does exactly what it sounds like: it emits SAD-approved light on the individual’s eyes from the brim of a visor. (Do a quick google search to see what these look like. I promise you won’t regret it!)

Another option if an individual does not want to sit in front of a lamp, is what we call “dawn simulation.” Rather than starting one’s exposure to a light box after getting up and starting one’s day, an individual can use special light boxes that can illuminate gradually while they are still waking up in bed. Thus, a natural sunrise is replicated as the lamp glows from 0-300 lux over a period of 30 minutes. Some people like this option because it theoretically takes less time out of their day to take effect.

Some regularly reported side effects of light therapy are mild visual complaints, nausea, dizziness and headaches, tired eyes, agitation, sleep disturbances, or, very rarely, (hypo)manic decompensation. There are also various contraindications of light therapy. (Now, if you’re like
me and didn’t know what “contraindication” means before this episode, don’t worry, I’ve got you. According to Ecosia, a contraindication is a condition or circumstance that suggests that a particular technique or drug should not be used in the case in question.) Some contraindications that you may want to watch out for regarding light therapy are preexisting retinal diseases, the use of photosensitizing drugs, and recent eye surgery. I am also going to mention being cautious with certain pre-existing mental health conditions, since light therapy can provoke sleep disturbances and/or hypomanic or manic decompensation. For any of these contraindications, contact your doctor regarding potential use of light therapy

All this said and done, if you don’t have a light box and you feel out of luck, don’t worry. Even if you don’t have a phototherapy lamp, going outside or sitting by a window even when it’s overcast will provide you with far more light than sitting in your office or apartment, and can have similar positive effects.

WOW! Ok, guys, we’ve only discussed one treatment so far, but man! We are on a roll! If you need a stretch break, now’s your chance!

Our second treatment on the common recommendation list is psychotherapy. According to the National Institute for Mental Health, “Psychotherapy (sometimes called talk therapy) refers to a variety of treatments that aim to help a person identify and change troubling emotions, thoughts, and behaviors” (NIMH). Psychotherapy is good for addressing many different mental health disorders. Often, the type of treatment is tailored to the specific disorder. It has often been used to treat non-seasonal depression, seasonal affective disorder and S-SAD.

National Institute for Mental Health’s page on psychotherapy details that elements of psychotherapy may include the following:

- Helping a person become aware of automatic ways of thinking that are inaccurate or harmful and then finding ways to question, understand, and change those thoughts and behaviors. This process falls under the category of Cognitive Behavioral Therapy or CBT.
- Identifying ways to cope with stress and developing specific problem-solving strategies
- Applying mindfulness and relaxation techniques, such as meditation and breathing exercises
- Using supportive counseling to help a person explore troubling issues and receive emotional support

And a few more that I’ll let you explore on their website.

Now, I want us to take a closer look at one of the underlying methods supporting many of these elements and that is: Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) is a type of talk therapy aimed at helping people learn how to cope with difficult situations. NIMH’s page on anxiety states, “CBT teaches people different ways of thinking, behaving, and reacting to situations to help you feel less anxious and fearful.” Beyond just anxiety and fear, I’d say that one can apply CBT’s process to any emotion depending on their disorder. For SAD, it
focuses on replacing negative thoughts related to the winter season”, with more positive thoughts. For example: rewriting one’s conception of “the darkness of winter” with finding ways to find happiness in different aspects of the season. This looks different from person to person.

SAD-sufferers who participate in talk therapy typically do so in either one-on-one or group meetings with a professional. CBT meetings for both individuals and groups generally happen at least twice a week for 6 or more weeks. Part of the process of psychotherapy for SAD and many other disorders is applying “behavioral activation.” This approach helps individuals identify and plan pleasant, engaging indoor and/or outdoor activities during their periods of seasonal affective disorder. This often helps compensate for the loss of interest that they typically experience in that season.

When researchers directly compared CBT with light therapy, both treatments were equally effective in improving SAD symptoms. On one hand, light therapy showed positive results more quickly. But over longer periods of time (multiple winters) CBT proved more effective. Scientists find that a mix of the two methods can provide very positive results.

As we move onto our third recommendation, I just want to gently remind you that this podcast does not endorse or encourage the use of any medication. Refer to a medical professional for assistance with medications. I will also mention that the National Institute for Mental Health has an excellent page on mental health medications, which is a great introduction to understanding them. I’ll put the link for that in the description!

So! Another common treatment for seasonal affective disorder is the prescribed use of medications. Because SAD is a strain of depression, a few of the medications used to treat depression can be used to alleviate SAD symptoms. These medications would fall under the antidepressant classification.

Antidepressant medications, like the name implies, are used to treat depression. There are many different types of antidepressant medications. We will be focusing primarily on selective serotonin reuptake inhibitors (SSRIs), which can be used to treat SAD when symptoms occur. Mayo Clinic explains that SSRIs simply prevent the reuptake of serotonin into neurons. This provides more serotonin to continue making trips between neurons. SSRI’s can significantly enhance patients’ moods. Commonly used SSRIs include fluoxetine, citalopram, sertraline, paroxetine, and escitalopram (NIMH).

As with any medication, Antidepressants can potentially have adverse side effects. Patients should caution with combining medications and only do so with professional guidance. One danger of antidepressants that I had never heard of before researching this episode is serotonin syndrome! The Mayo Clinic sheds a little light on this not so common side-effect. They state:

“Rarely, an antidepressant can cause high levels of serotonin to accumulate in your body. Serotonin syndrome most often occurs when two medications that raise the level of serotonin are combined. These include, for example, other antidepressants, certain pain or headache medications, and the herbal supplement St. John's wort. (Which we’ll take a closer look at later).
Signs and symptoms of serotonin syndrome include anxiety, agitation, high fever, sweating, confusion, tremors, restlessness, lack of coordination, major changes in blood pressure and a rapid heart rate. Seek immediate medical attention if you have any of these signs or symptoms.”

Well, there ya go! Another way that having too much of a good thing can harm you.

A second type of medication that has been found to alleviate the effects of SAD are mood stabilizers. Mood stabilizers are medications that are used to treat various mental health disorders, most commonly bipolar disorder. For context, people with Bipolar disorder experience mood fluctuation in either direction: mania or depression. Mood stabilizers help to balance one’s mood, which for depressive moods means lifting their mood back to neutrality or even positivity. (Psst! In a later episode, we will be looking into how different forms of mental illness influence and interact with seasonal affective disorder”! Tune in later to check that out!) For people with non-seasonal depression, a psychiatrist may prescribe a mood stabilizer along with an antidepressant to treat their symptoms. For people with SAD, a mood stabilizer might also alleviate symptoms, but this depends on the individual’s condition and certain symptoms.

One thing that is critical to understand is that all medications can have side effects. It is important to talk to your doctor about the possible risk of using these medications for your condition. Further, one may need to try several different antidepressant or mood stabilizing medications before finding one that improves your symptoms without causing problematic side effects.

Finally, one last common recommendation that you might find online or from your doctor is the use of vitamin supplements. Vitamin D and Omega 3 fatty acids are two supplements that can improve one’s symptoms of SAD. As we discussed in the last episode, Vitamin D plays a crucial role in activating serotonin activity in our minds and bodies. Because we typically absorb Vitamin D from rays of sunshine, seasons with less sunlight can often lead to vitamin D-deficiency, which may contribute to SAD. By taking vitamin D supplements, one may relieve some of their SAD symptoms. Some studies show it’s as effective as light therapy, others show no effects at all.

Omega 3 fatty acids can also potentially improve one’s symptoms of SAD. David Mischoulon from Harvard Health Publishing notes that omega 3 fatty acids have anti-inflammatory actions that may help relieve depression. Omega 3’s have also been shown to improve the symptoms of other mood disorders such as postpartum depression or bipolar disorder. A note that both Vitamin D and Omega 3 are often taken alongside a more powerful medication.

Now, here’s a really interesting inquiry. While revising this episode, my co-editor raised the question: is there a connection between the diets of indigenous communities located far from the equator, (for reference, these diets tend to be rich in Omega-3 fatty acids), and the vitamins
potential protective power against SAD? i.e. Do some traditional forms of sustenance naturally accommodate for SAD? To be honest, I didn’t have much time to investigate this one fully, but I did find two reports that shed a bit of light on the subject (links in the description). According to a research paper titled “Diet and mental health in the Arctic: is diet an important risk factor for mental health in circumpolar peoples?” physical and mental health in circumpolar regions has been declining in recent decades. There are many factors which could be contributing to this decline, including changes in diet, away from traditional Omega-3 rich foods towards less nutritious commodified foods. Again, there’s a lot to explore on that topic, so if you're interested, check out the link to this and another article in the description.

Now that we’ve seen the mainstream solutions for SAD, let’s explore two of the less commonly recommended cures.

As hinted before, another treatment method for SAD is herbal therapy. Herbal therapy, also referred to as herbal medicine or herbal remedies, involves the use of herbal supplements to treat and cure various health conditions. John Hopkins Medicine notes that “Herbal supplements come in all forms: dried, chopped, powdered, capsule, or liquid, and can be used in various ways, including:

- Swallowed as pills, powders, or tinctures
- Brewed as tea
- Applied to the skin as gels, lotions, or creams
- Added to bath water

St. John’s Wort, also known as *Hypericum perforatum*, is an herbal supplement that has been used to improve depression, sleep issues, and anxieties. (Healthline). Though it has historic use as a cure for a variety of ailments, there’s been very little modern research done on the matter. According to the National Center for Complementary and Integrative Health, there’s “not enough reliable evidence” to know whether St. John’s wort can improve seasonal affective disorder (NCCIH). But something they are certain of is that “it has been clearly shown that St. John’s wort can interact in dangerous, sometimes life-threatening ways with a variety of medicines” (NCCIH). For example, use of St. John’s wort with certain antidepressants can result in serotonin syndrome, as discussed earlier. It can also dangerously interact with birth control pills and heart medications.

Finally, a less readily recommended, though highly effective treatment strategy is simply doing regular exercise. Now, I don’t want to spoil too much since we’re going to cover this in a future episode. So, I’ll just say that studies have shown that regular exercise in an outdoor or well-lit indoor setting has been shown to improve one’s mental condition for a wide range of mental health disorders including SAD. To get the full story on that, check out the link in the description to a report published by the National Library of Medicine, and/or, tune back in for a near-future episode to hear more!
So, I hope that you enjoyed this episode and that you learned a bit more about seasonal affective disorder. For more information on today’s content, feel free to check out the links in the description. In future episodes we will explore how SAD interacts with other health conditions, the importance of community in ameliorating our SAD, how our metabolism affects our mental health, and the impact of media on our SAD.

One final note: after publishing the first episode, I realized that my last line of the episode “have a wonderful day” might not be quite right for this podcast. For some of us listening, having a wonderful day might currently seem unattainable. So! Please comment if you have any suggestions. In the meantime, let’s try this:

Thank you so much, and take care :)

—Interlude music—

This podcast was researched, organized, and recorded by Kate Lincoln, with the help of co-editor and advisor Kate Darby.

Special thanks to the Western Washington University Honors program and all the contributors on the researched sources.

This podcast is not intended to replace actual medical diagnosis or care. If you or a loved one thinks they are experiencing Seasonal Affect Disorder, contact a medical professional for proper assistance and/or a diagnosis. See a health care provider immediately if you have drastic changes in sleep patterns or appetite, turn to substances for comfort, or contemplate suicide.

This recording was originally published in February 2024.
RESOURCES

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Episode 3 - How does SAD interact with pre-existing mental health concerns?

Organized and recorded by Kate Lincoln
Edited and advised by Kate Darby

**SPOTIFY:** [https://podcasters.spotify.com/pod/show/katykat1417/episodes/EPISODE-3---How-does-SAD-interact-with-pre-existing-mental-health-concerns-e2fv826/a-aaavr56f](https://podcasters.spotify.com/pod/show/katykat1417/episodes/EPISODE-3---How-does-SAD-interact-with-pre-existing-mental-health-concerns-e2fv826/a-aaavr56f)

**SoundCloud:** [https://soundcloud.com/kate-lincoln-867907283/ep-3-pt-10?si=767eeb40fee44b8ba929bf754f4085a6&utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing](https://soundcloud.com/kate-lincoln-867907283/ep-3-pt-10?si=767eeb40fee44b8ba929bf754f4085a6&utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing)

**Description:** Most of us can say that we know at least one person who has a mental health concern. Whether it be depression, bipolar disorder, ADHD, autism, you name it! But what happens when these pre-existing conditions co-occur with seasonal affective disorder? In this episode we’ll be looking at the interactions between and implications of SAD and various pre-existing mental health concerns.

**Song:** *Reflections* by Ghost Beatz on Sound Stripe

**Transcript:**

Now, I don’t want to make unnecessary assumptions, but if you’re listening to this podcast, you probably know at least one person in your life with mental health concerns. Not just seasonal affective disorder, but people who have conditions such as bipolar disorder, ADHD, or autism. But what happens when these disorders get a taste of seasonal shift? Stick around and you’re about to find out!

—Interlude music—

Hello folks! I’m your host, Kate Lincoln, reporting live from Bellingham, Washington and welcome to another exciting episode of Seasonal Affective Disorder Survival Kit! For those of you that are new to us, welcome! I want to let you know that I will often use the acronym S-A-D (or SAD) to refer to seasonal affective disorder.

In the first two episodes of this podcast, we explored the basics of SAD and various treatments to address its symptoms. But what happens when we extend our scope slightly beyond the impacts of seasonal affective disorder on its own? What happens when SAD co-occurs with other mental health concerns? Though there are countless mental disorders we could investigate, in this episode, we will examine the interactions between SAD and four common disorders: Major Depressive Disorder, Bipolar disorder, attention deficit hyperactivity disorder (or ADHD),
and Autism. I will also note that though there is a small link between SAD and anxiety, we will not focus on that in this episode. The two disorders don’t necessarily co-occur because anxiety is a symptom of SAD. That said, from what I could find, it seems that if you have anxiety, the seasonal changes might increase your pre-existing symptoms. So, with that let’s dive in!

The relationship between Major Depressive Disorder and seasonal affective disorder is quite simply that SAD is an extension, or subsection of MDD. Because SAD is a type of depression, many of the symptoms that one might experience with Major Depressive Disorder will also appear if an individual has both disorders. The difference being that SAD symptoms occur seasonally and while MDD is nonseasonal. That said, if an individual that has been diagnosed with MDD also has SAD, the presence of a seasonal shift often results in intensified pre-existing symptoms (Mayo Clinic, 2024). The seasonal shift also may also provoke a slight change in symptoms, with the appearance of new or different symptoms, and/or some symptoms may subside. Regardless of SAD, a person experiencing major depression may naturally notice a shift in intensity or type of symptoms depending on lasting environmental changes.

Another disorder that may naturally experience seasonality is bipolar disorder. Now, because this disorder has personal relevance in my life and the lives of various people I know, I’m going to give you guys a quick lesson in Bipolar 101. Bipolar Disorder is a mood disorder characterized by “unusual shifts in a person’s mood, energy, activity levels, and concentration” (NIMH, 2024). These shifts typically trend toward the two opposite ends of the mood spectrum, resulting in manic, depressive or mixed episodes. Manic episodes are considered states where an individual is “elevated”, irritable, energized, and sometimes delusional. During depressive episodes, an individual experiences “down, sad, indifferent or hopeless periods” (NIMH, 2024). Mixed episodes involve a combination of the two.

There are three types of bipolar disorder. Bipolar I disorder is characterized by full manic episodes that last at least seven days, and depressive episodes of at least two weeks. Bipolar II disorder is characterized by a pattern of depressive episodes and less common hypomanic episodes (NIMH). Hypomanic episodes are less severe than the full manic episodes experienced in Bipolar I disorder. Finally, and I had never heard of this strain until now, there is Cyclothymic disorder, or cyclothymia. This form of bipolar disorder is characterized by recurrent depressive and hypomanic symptoms that are not intense enough or do not last long enough to be considered hypomanic or depressive episodes (NIMH, 2024).

So, in terms of seasonal shifts, even without considering seasonal affective disorder, some people with bipolar disorder naturally experience a seasonality of symptoms. According to Mayo Clinic, “In some people with bipolar disorder, episodes of mania may be linked to a specific season. For example, spring and summer can bring on symptoms of mania or a less intense form of mania (hypomania), anxiety, agitation and irritability. They may also experience depression during the fall and winter months.” Similarly, an article titled “The influence of weather on the course of bipolar disorder: A systematic review,” states “significant correlations were found between temperature and sunlight and clinical outcomes (of episodes) ... higher
temperatures may trigger bipolar disorder relapses that require hospital admission, and higher exposions to sunlight may increase the risk of manic episodes.” All this considered, Mayo Clinic concludes that “People who have bipolar disorder are at increased risk of seasonal affective disorder” (Mayo Clinic 2024).

When preexisting bipolar disorder coexists with SAD, an individual might experience increased intensity of symptoms, largely depressive symptoms during darker seasons, but also summer pattern SAD might trigger or intensify mania. Individuals with Bipolar II disorder are more likely to experience winter-pattern SAD, since their polarity trends more to the depressive end of the mood spectrum.

In terms of treatment, various methods already used for SAD may benefit those with concurrent bipolar disorder and SAD. Light therapy can potentially benefit intensified depressive symptoms associated with winter pattern SAD. However, individuals with bipolar disorder, especially bipolar I may need to caution their use of phototherapy lamps so as not to exceed their neurological limits. Like intense levels of natural sunshine, light boxes have the potential to trigger mania or hypomania symptoms. Thus, individuals should pay extra attention to their minute responses when increasing stimulation.

As we looked at last episode, mood stabilizers may be a beneficial way to improve both bipolar and SAD symptoms. As a common treatment for bipolar disorder and other mood disorders, mood stabilizers aim to bring one’s mood back to near neutrality (pulling in from either side of the mood spectrum). For both winter and summer-pattern SAD, mood stabilizers may beneficially level the mood of individuals with SAD symptoms. During winter, depressive moods can be reduced, and during summer, irritability, insomnia, and overstimulation may decrease. Once again, talk to your trusted medical professional regarding your personal condition if you think medications may help you work through SAD and/or bipolar disorder. For both conditions, Cognitive Behavioral Therapy (or CBT) can help individuals understand and improve their behavioral habits and symptoms. Check out the last episode if you want to learn more about CBT.

Moving along, let’s look into the relationship between SAD and ADHD. Attention Deficit Hyperactivity Disorder (or ADHD) is “marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (NIMH, 2024). “It is widely acknowledged that neurochemical imbalances, along with genetic and environmental factors, play a significant role in its development” and its interactions with other disorders as we are about to explore (Integrative Psych, 2024).

According to an article published in the Journal for Affective Disorders, mood disorders are frequent comorbid disorders with ADHD (Biederman et al., 2002, Biederman et al., 1993, Kooij et al., 2001, Kooij et al., 2004). Looking closer, SAD symptoms are frequently comorbid with ADHD in both children and adults. The report titled “ADHD, Circadian Rhythms and Seasonality” states that SAD “frequently co-occurs with adult ADHD, with a prevalence of up to
SAD and ADHD share many symptoms. Both disorders include poor concentration, sleep problems, forgetfulness, irritability and impulsive eating behavior. When they co-occur, the two disorders might overlap in a range of different ways. For example, the inattentiveness and impulsivity of ADHD might be intensified by low mood, fatigue, and irritability of SAD. Alternately, the school struggles and social difficulties as experienced in ADHD might amplify the feelings of hopelessness and sadness associated with SAD (Integrative Psych, 2024).

According to Integrative Psych, a holistic mental health organization based in New York, there are three main factors that influence the relationship between SAD and ADHD. The first has to do with neurochemical connections: both disorders deal with neurochemical imbalances, particularly surrounding Serotonin. Since people with ADHD already have a delicate neurochemical imbalance, the seasonal drop in serotonin may trigger or exacerbate SAD. Julie Rawe from Understood.org explains “serotonin helps regulate things like mood and sleep. More trouble using serotonin means more trouble stabilizing our moods and falling asleep” (Understood.org, 2024). Second, a clear connection between SAD and ADHD revolves around disrupted circadian rhythms. People with ADHD already have circadian rhythm disruptions which often cause irregular sleep patterns. Reduced daylight can alter sleep patterns as indicative of SAD and may intensify other ADHD symptoms during other months too. The third influence addresses the potential failure to meet heightened sensory sensitivities: Now I’m not an expert in ADHD so please correct me if I misinterpret this, but essentially some people with ADHD have sensory sensitivities which require a certain level and type of stimulation to be met so that restlessness and other symptoms don’t increase. Since the general environment of fall and winter seasons is gloomier and less stimulating, this could potentially exacerbate restlessness and depressive ADHD symptoms. The seasonal shift in what activities now is or are not available also might mean that certain sensory and stimulation needs are not met.

Along the lines of irregular sleep patterns, studies have shown that individuals with ADHD may have comorbid DSPS. Individuals with DSPS, or delayed sleep phase syndrome, “have sleep onset insomnia if they try to go to sleep early: (and) sleep-onset is usually after midnight, with consequent difficulty waking, daytime sleepiness and impaired functioning” (Wynchank, et. al). According again to the report “ADHD, circadian rhythms and seasonality, "ADHD, DSPS and SAD share features which suggest they are all disorders of the biological rhythm.” (E.g. they all deal with imbalances of circadian rhythms.) They continue, “SAD and DSPS appear to be overlapping conditions in terms of clinical presentation and comorbidity (Lewy et al., 2006, Oyane et al., 2008). For most SAD patients, it is argued that a phase shift occurs during winter, when the dawn occurs later. Here, the natural daily rhythms of light are out of phase with the patient’s sleep/wake cycle, and hence, this cycle is delayed” (Wynchank, et. al). With these facts considered, they conclude that the presence of DSPS in ADHD may explain the increases in SAD symptoms.
So! To address and alleviate heightened seasonal symptoms of ADHD and SAD, one can try a myriad of techniques, some of which overlap with the SAD treatments we have talked about in the last episode. Our first comprehensive approach suggests that light therapy might be an effective treatment for both SAD and ADHD due to its potential to regulate serotonin levels and reset circadian rhythms. In an open study, published through Sage Journals, bright light therapy decreased the ADHD symptoms in patients with SAD and ADHD (Bijlenga et. al, 2013). Psychotherapy might also help mitigate symptoms, as professionals work through day-to-day techniques on remediating symptoms of both disorders. Depending on one’s current medication regimen, medication adjustments may be necessary. Once again, consult your healthcare professional for guidance on altering medication intake.

There’s also a range of lifestyle changes that might improve one’s symptoms of ADHD and comorbid SAD. Integrative Psych claims, “Yes, lifestyle modifications such as regular exercise, consistent sleep schedules, and increasing exposure to natural light can complement formal treatments and help manage SAD symptoms” (Integrative Psych). Many of these which we have addressed in earlier episodes or will address in the next episode. Further, it may be wise to let go of unrealistic expectations (i.e. don’t set yourself up for disappointment). With reduced motivation of SAD, it is easy to think you’ve fallen short of all you had planned to do. Instead, respect your seasonally modified boundaries and try to take on fewer responsibilities than you might otherwise when the seasons shift. Another common piece of advice is don’t drink too much, since this can exacerbate feelings of anxiety or depression. We’ll look more into the role food and drink have on SAD next episode.

An exploration of these, other, and a combination of holistic approaches may help alleviate some of one’s symptoms of ADHD and SAD.

As we move into our final co-occurrence, I want to say there has been very little formal research on the relationship between Autism and SAD. While investigating the topic for this episode, I struggled to find peer-reviewed papers, reports, or articles. That said, I did find a bunch of personal accounts on blogs and website pages, which some may consider “less credible sources”. With this in mind, one has to question the systematic classification of validity that our society grants to certain sources over others. In certain situations, would personal accounts prove better than quote, “more formalized” studies? Further, my coworker, Hazel, inquires: would the results be in-fact hindered or otherwise altered if conducted by “professional researchers” vs family and caregivers? In the case of this episode, I consider the compiled and recurring similarities in the experiences of many individuals and families online to constitute valid evidence in and of itself. To support the overarching themes across personal accounts, I did my best to find deeper research on as many points as possible.

Oddly enough, a lot of the blogs I found are based out of the U.K, which I suppose makes sense considering the rainy climate. Aoife from Aisforaoifenotautism.com reports that “weather can have a surprisingly significant effect on autists both psychologically and physiologically.
Coping with the sensory impact of extreme weather conditions, the lack of predictability and issues with change, and routine disruptions surrounding seasonal weather transitions can all be overwhelming” (Aisforaoifenotautism, 2020). Her explanation does a pretty good job of introducing a few of the main factors defining the relationship between SAD and Autism: sensory impact, lack of predictability and issues with change, and disruptions of routine. But the root of the relationship between SAD and Autism, may, in some cases, dip a little further to the relationship between nonseasonal depression and Autism.

In “Prevalence of Depressive Disorders in Individuals with Autism Spectrum Disorder,” a review of 66 studies found that children on the autism spectrum are four times more likely than people not on the autism spectrum to experience depression throughout their lives” (Elemy, 2020). While some symptoms of nonseasonal depression may appear as expected, a new study suggests1 “depression may show up as insomnia and restlessness in children with autism, rather than as the more common feelings of sadness” (Wright, 2019). That said, as of 2020, there are no available studies on the best screening methods to test for comorbid autism and depression (Elemy, 2020). Individuals with Autism who experience nonseasonal depression or SAD may find the condition compounded by communication difficulties and other comorbid mental health issues.

Now, looking at the seasonality of SAD symptoms, there are many personal accounts online which notice seasonal changes in autistic individuals, especially children. Jade from The Autism Page, attributes this idea to the fact that autistic individuals can often be more in tune with nature. She observes how her son has a deep connection with the trees in their neighborhood, greeting them and giving them hugs, even though he rarely acknowledges a human with such affection. On a biological level, it has been observed that some behavioral changes in autists arise under certain weather conditions (Aisforaoifenotautism.com). This could be due to an autist’s particular susceptibility to drops in atmospheric/barometric pressure i.e. the weight of air pressing down on us from the earth’s atmosphere. Aoife once again explains that “when pressure is high, we have dry, sunny weather; when pressure is low, rain and dark clouds. This drop in pressure results in a drop in blood oxygen levels. Consequently, the body adjusts heart rate and blood pressure to adapt to these changes which can interfere with brain activity” She concludes, “This often leads to mood swings, increased impulsivity and autists are more likely to indulge in destructive behaviours (especially for those with ADHD - funny how these neurodivergencies tie together.

Along with the change in pressure, the change in daylight hours can be particularly disruptive to people with autism, spurring SAD symptoms such as disrupted sleep. Like we saw with the co-occurrence of ADHD and SAD, people who exhibit both autism and SAD may be prone to insomnia, a quote “seasonally opposite” symptom if in the context of autumn or winter. As in a case study of one 15-year-old male, autists may also experience “sleep problems, such as delayed sleep onset and intermittent awakening, and behavioral problems such as crying, hyperactivity, excitability, and pounding objects” (Hyashi, 2008). I’ll put the link in the bio if you want to read the full study, it’s fascinating! MayInstitute notes that altered sleep cycles “can
lead to difficulty focusing in school, learning problems, and possibly behavioral issues” during waking hours (Juban, 2024).

9 Beyond sleep patterns, change in season results in a change in all sorts of different daily patterns. For many autistic individuals, the sudden change in routines and customs may prove detrimental to their mental wellbeing and communicative ability. Ilse Kilian-Ross from Amazing-K notes that “change is something most autistic children struggle with, so parents need to be prepared for possible behavioral changes” (Kilian-Ross). She directs her claim towards children and parents, but this rule also applies to adults with autism and their respective support community. She and other sources go on to identify a few areas individuals with autism might experience challenges with seasonal changes:

- Clothing routines: the transition to different clothes than what an individual might wear depending on the season may be disruptive if the clothes conflict with or fail to meet certain sensory needs.
- Shoe changes: especially for children, the transition to wearing different shoes (or in some cases, wearing shoes at all as opposed to bare feet), may be difficult for everyone involved, children, parents, or individuals with autism.
- School schedule: “Inclement weather often results in delays, early dismissal, or snow days. These unexpected schedule changes can be very disruptive for routine-oriented children” (Kilian-Ross). Furthermore, the prevalence of autumn and winter breaks and days off may provoke disturbance.
- Allergies: Blue Balloon ABA states, “New seasons bring new allergens, especially as cold and stormy weather make immune systems more susceptible. Spring and summer can also bring allergens and hot weather into the equation. Any combination of these can make it uncomfortable for (autistic individuals), which then affects their ability to be dynamic in other situations (Blue Balloon ABA, 2022).
- Sensory disturbances: beyond the sensory changes attributable to clothing, changes like more or less daylight, warm or cold temperatures, and different weather may disrupt sensory sensitivities.

Treatment for individuals with co-occurring autism and mood disorders can be complex. Elemy details that “the presence of autism can render standard methods of pharmacology or psychotherapy ineffective or actively harmful (Elemy, 2020). For instance, “psychiatrists fear that (antidepressants) may cause unpredictable side effects and complicate the process for managing autism, (since) antidepressants have been known to disrupt the sleep patterns of (individuals) with autism and make them even more impulsive” (Elemy, 2020). This relates to a study conducted by the Evidence-Based Child Health journal that concludes autistic children are more likely to experience aggression, hyperactivity, and agitation when they take antidepressants.

On the other hand, treatments such as light therapy have been found to have potential success in alleviating depressive or seasonally depressive symptoms in individuals with autism.
Dr. D K Rai from Web Autism explains that when used with careful attention to the individual’s response, light therapy can aid autistic individuals that also experience SAD, OCD, anxiety, insomnia, ADHD, or learning delay. Light therapy can help reset or balance an individual’s sleep-wake cycle, which has direct benefits for insomnia, and indirect improvements for day-to-day functioning. (WebAutism, 2022).

Another treatment option could be an adapted form of psychotherapy, such as CBT, to “help patients reconfigure negative thought patterns” (Elemy, 2020). Cognitive Behavioral Therapy, or CBT, as we discussed in the last episode can help an individual identify, address, and change troubling behaviors. In the case of co-occurrence of SAD and autism, CBT can help embrace the power of routine to bring more stability into the individual’s life. Elemy mentions that “therapists can also emphasize emotion recognition in their sessions, perhaps by incorporating mindfulness training to help autistic clients focus on and improve their emotional awareness (Elemy, 2020). Similarly, individuals or families can strive to incorporate applied behavioral analysis (ABA) in their lives. Essentially, ABA, sometimes referred to as “behavioral engineering”, aims to understand and promote behaviors that are helpful and decrease behaviors that are harmful or affect learning (Autismspeaks.org, 2024). Elements of this include: pre-teaching: for example, explain to the individual what they can expect with the changing of the seasons; practicing smaller steps to what the larger changes coming might be like; and plan: Schedule interesting indoor activities when it is too cold to play outside and/or spend extra time outside when it’s nice enough to be outside.

A final note that I want to address, is one brought up by YouTuber Autistic Allie. They bring up a concept that applies to all members of our society, not just autistic individuals. In her video, “Autism and Seasonal Changes,” she challenges the idea that our current “westernized society” expects everyone to quote “go with the flow” and charge through seasons like nothing is changing. While some people may be able to do it, sometimes it is downright impossible to go about your year without feeling the effects of the shifting seasons. Since they are changing, she argues, we should change our society’s perception of “acceptable” year-round behavior. And I totally agree! The first step to any change is to raise awareness. So, as we come to a conclusion from this episode, I want you to think about the people in your life, those in your community, even yourself. How can we share with each other our stories of seasonal shifts, based on seasonal affective disorder or beyond? And how might growing awareness around these often-ignored issues alleviate the stress posed by expectations to unaffectedly “push through”?

With that, I hope that you enjoyed this episode and that you learned a bit more about seasonal affective disorder. For more information on today’s content, feel free to check out the links in the description. In future episodes we will explore how our metabolism affects our mental health, the impact of media on our SAD, and the importance of community in ameliorating our seasonal affective disorder.

Thank you so much, and take care :)
—Interlude music—

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This podcast is not intended to replace actual medical diagnosis or care. If you or a loved one thinks they are experiencing Seasonal Affect Disorder, contact a medical professional for proper assistance and/or a diagnosis. See a health care provider immediately if you have drastic changes in sleep patterns or appetite, turn to substances for comfort, or contemplate suicide.

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RESOURCES by category

MAJOR DEPRESSIVE DISORDER


BIPOLAR DISORDER


ADHD


AUTISM


“Seasonal Affective Disorder (SAD).” This Is Me Agency, 6 Dec. 2022, www.thisismeagency.co.uk/seasonal-affective-disorder-sad/.

Episode 4 - Metabolism and Mental health: Food, Exercise, and Sleep’s effect on SAD

Organized and recorded by Kate Lincoln
Edited and advised by Kate Darby

Spotify: https://podcasters.spotify.com/pod/show/katykat1417/episodes/Episode-4---Metabolism-and-Mental-Health-Food--Exercise--and-Sleeps-effect-on-SAD-e2gima7

Song: Reflections by Ghost Beatz on Sound Stripe

Transcript:

Are my mental states physically determined? Or is this all just in my head? I’m going to go with my gut instincts and say they’re definitely linked. Stick around for this episode you don’t want to sleep on: metabolism and mental health!

—Interlude music—

Hello folks! I’m your host, Kate Lincoln, reporting live from Bellingham, Washington and welcome to another exciting episode of Seasonal Affective Disorder Survival Kit! For those of you that are new to us, welcome! I want to let you know that I will often use the acronym S-A-D (or SAD) to refer to seasonal affective disorder.

In today’s episode we are going to explore a vastly versatile topic: metabolism and mental health. Now, without further specification, the influence of our metabolism stretches across a wide range of mental states or disorders, various of which may require diagnosis and others not. For the purpose of our time, we’ll be examining three broad cross sections of our metabolic system— food, exercise, and sleep— and will be looking at how each of them interacts with seasonal affective disorder. At various points in our first few episodes, we’ve briefly hinted
at each of these topics, but today, we’ll dive deeper into each one and gain a greater understanding of their roles in seasonal mental shifts. Let’s jump in!

We’ll start by exploring how food impacts and is affected by seasonal affective disorder. How does what we eat influence our train of thought? How does food’s influence change with the shifting seasons and our sliding diets? And how might our seasonal mindset influence our relationship with food?

This topic partially points back to something we discovered during our second episode, Typical Treatments and Uncommon Cures, and that is: the idea that food might have the potential to mitigate our SAD symptoms. We briefly looked at an article titled, “Diet and mental health in the Arctic: is diet an important risk factor for mental health in circumpolar peoples?” which wagered that the traditional diets of indigenous nations in circumpolar regions, diets which were naturally high in Omega-3 Fatty acids, naturally minimized or prevented the symptoms of SAD in their populations. (Again, I’ll put a link to that in the description.) What they found was generally true, i.e. what you eat does greatly impact your mental wellbeing. But first we need to understand the “Why” of this relationship between diet and food before we can understand the “how” to construct a diet best suited to stave off SAD.

Now, some studies may indicate that “Overall, there is lacking evidence that diet, eating behavior, and nutrition intervention influence the development of SAD” (Yang et. al 2020). However, it is widely accepted by many professionals and common folk alike that one’s diet does in fact have a profound effect on one’s mental state.

When it comes to how SAD might change one’s relationship with food, there are two main routes it can take. On one hand, SAD might reduce one’s desire/ ability to eat, while on the other, it can cause one to feel an increased desire to eat. In general, “SAD patients tended to consume significantly larger dinners and more evening snacks during weekdays and weekends and exhibit a higher frequency of binge eating, external eating, and emotional eating” states the paper titled “The Role of Diet, Eating Behavior, and Nutrition Intervention in Seasonal Affective Disorder: A Systematic Review” (Yang 2020). Expanding on this, SAD patients were found to be more likely to eat based on external vs. internal stimuli. When one externally eats, they consume food, quote “under the situations of external stimuli: (such as) the sight, smell, amount, and availability of food; the time-of-day signal or the lack of clearly recognized internal signals of hunger and satiation” (Nisbett, 1968; Schachter and Gross, 1968; Nisbett and Kanouse, 1969). Researchers often use the example that patients with SAD will often eat food simply because it is there or because other people are eating, as opposed to eating in response to internal stimuli such as hunger or other biological or psychological indicators.

Beyond these initial parameters, the relationship of food and SAD revolves around 4 common themes: carb consumption, vegetarianism, alcoholism, and ways to combat SAD via your diet.

“Conventional wisdom from the early days of SAD-awareness in the 1990s was that people with SAD should eat a high-carbohydrate diet to increase levels of serotonin” (Dennett,
This thinking may have changed slightly today as we will explore how to improve SAD symptoms with diet, however it plays upon a preexisting principle. Many researchers have observed that “when encountering depression, anxiety, and loneliness, SAD subjects had a higher tendency to consume carbs and sweets than normal controls” (Yang et al. 2020). By increasing simple carbohydrates, patients experience a quick rush of serotonin followed by a disappointing crash, thus leading to a vicious craving cycle. For this reason, it is important to limit sugar and eat healthy balanced meals with complex carbohydrates.

Now, disclaimer to all the vegetarians out there, I am not saying you have SAD or that you’re sure to get it, but it has been observed that there is “a significant relationship between seasonal loss of energy and vegetarianism” (Yang et al. 2020). The Finnish national study FINRISK from 2012 reports that 14.6% of the population that claimed themselves as “vegetarians” suffered from SAD, while among the non-vegetarian participants, only 3.4% of them were SAD patients (Yang et al. 2020). Essentially, SAD occurs roughly four times higher in vegetarian pop vs general pop. But this goes beyond merely a lack of protein. Scientists have found that there are different nutrients provided by animal products that aren’t often found in vegetarian diets. “L-tryptophan, for example, is abundant in animal-sourced protein and is a vital nutrient for serotonin synthesis in the brain” (Lambert et al., 2002).

The next topic we are going to address has less to do with the metabolic response of consuming alcohol as it does with the psychological response. As we mentioned in our second episode, it is important to caution the drinking of alcohol in the fall and winter seasons as it can intensify feelings of anxiety or depression. Beyond general alcohol consumption, there is a mutual relationship between alcoholism intensifying SAD and SAD intensifying alcoholism. It’s been observed that “people with SAD showed greater possibilities of having alcohol dependence in their lifetime, represented by a higher prevalence of alcohol dependence disorder in their lifetime and alcohol use disorder (AUD)” (Yang et al., 2020).

Now, looking at all these findings, how can we combat SAD with our diets? Dr Stevie Smith from The Inside Tracker states, “the foods we eat can’t prevent or cure depression or seasonal affective disorder, but it can help to improve or maintain your mental health” (Smith, 2020). Diets with high fibers, probiotics, healthy fats, and certain brain-benefiting nutrients have been shown to improve depressive symptoms.

She explains, “The gut, AKA our ‘second brain’ is largely responsible for mood and sleep regulation. The gut is referred to as the “second brain,” as it produces many of the same neurochemicals the brain uses to regulate mood and cognition” (Smith 2020). The gut is also a space for various forms of bacteria, many of which correlate to brain activity. In the context of SAD, the gut importantly plays a role in one’s mood because “95% of serotonin is produced by our gut bacteria” (Smith 2020). When looking at individuals with SAD, an imbalanced gut biome can lead to an imbalanced mind.

To combat this, Jessica Migala from Everyday Health notes that “High-fiber foods are key in producing a healthy gut microbiome, and research suggests that a balance of good “gut bugs” is important for mental health” (EverydayHealth.com, 2023). She continues “a low-fiber
diet can lead to imbalances in the gut, creating a pro-inflammatory state… which has been connected to the development of depression and anxiety in both human and animal studies.[5]” (EverydayHealth.com, 2023). Highly fibrous foods include fruit, complex carbohydrates such as yams and oats, vegetables, and more.

Beyond fibrous foods, another way to promote healthy gut biomes is by consuming food containing probiotics. According to Darcie Hill, Wellness Administrator and Registered Dietitian Nutritionist at Western Washington University, “Fermented foods with probiotics like yogurt, kefir, sauerkraut, and kombucha can balance the bacteria in your gut, which produces the ‘happy hormone’ serotonin and ‘calming hormone’ gamma-aminobutyric acid (GABA). Low GABA levels have been linked with higher levels of anxiety and stress” (Hill, Feb 28, 2024).

Healthy fats in the form of fish and nuts are crucial in providing nutrients such as Omega-3 fatty acids. As explored in our second episode, “low omega-3 levels are associated with altered mood states, anger, and depression. In addition, higher fish and seafood consumption is associated with lower rates of depressive conditions including depression, seasonal affective disorder, bipolar depression, and postpartum depression.” (Smith, 2020).

When it comes to mood-protecting nutrients, “Omega-3 fatty acids, selenium, folate, zinc, vitamin B6, and vitamin D all play a role in preventing negative mental health symptoms and the onset of certain mental health disorders like depression” (Smith, 2020). “Reports show that the deficiency of these nutrients may result in altered memory function, cognitive impairment, and the development of a major depressive disorder (Sarris et al., 2015; Mikkelsen et al., 2016). Vitamin B was found to make a difference in lowering levels of stress and reducing symptoms of depression. Nuts provide critical nutrients such as selenium that help our brains function. Even a few nuts such as walnuts or Brazil nuts per day can keep those levels up. Zinc deficiency can increase the risk of an individual developing depression.[16] To increase your zinc intake, one might try increasing their intake of “oysters, red meat, poultry, beans, nuts, whole grains, fortified cereals, and dairy products” (Smith, 2020). There is some scientific dispute as to whether or not increased intake of vitamin B or D actually improves one’s mental wellbeing; but patients on an individual basis have found sometimes either to work.

Conclusively, one report suggests that a “a healthy diet and dietary patterns, such as the traditional Mediterranean-style diet and the Dietary Approach to Stop Hypertension diet, may lower the risk for depression” (Opie et al., 2017, 2018; Khayyatzadeh et al., 2018). Either of these diets support the concept of a high fiber, high healthy fat, low simple carbs approach.

Now, when it comes to exercise and mental health, proper exercise can improve myriad mental health conditions, including SAD’s base predisposition: nonseasonal depression. According to Alan Steed, from AllinaHealth.org “Exercise is beneficial for anyone who is suffering from depression. Exercise releases endorphins, which are hormones that reduce pain and increase feelings of well-being. In addition, exercise increases the functioning of your metabolism, which helps improve your energy levels. Plus, fatigue from well-used muscles is a healthier type of fatigue than that of depression” (AllinaHealth.org, 2018).

On top of that, Darcie Hill explains, “Exercise and practicing mindfulness also relieves stress and helps us sleep better at night. This in turn, helps better regulate cortisol (the stress
hormone), helps provide more energy to exercise, move, practice mindfulness, make healthful food choices, and manage stress more effectively” (Hill, Feb 28, 2024). Further, supportive exercise can increase self-esteem, reduce anxiety and cope in a healthy way. It can also be helpful in taking your mind off worries. Thinking about something else instead of worrying can get you away from the cycle of negative thoughts that feed depression and anxiety (MayoClinic, 2024).

Because its healing properties are beneficial to nonseasonal depression, individuals who experience SAD can also reap the benefits of regular exercise. According to a report titled, “Mood and energy regulation in seasonal and non-seasonal depression before and after midday treatment with physical exercise or bright light,” “In the pioneer study of Koehler et al. (1993), a 50% improvement of mood was reported following 2 weeks of training on a stationary bicycle, that is [there was a] 50% reduction on depressive scales in subjects with SAD and a milder (subsyndromal) form of SAD after [a] 12-day aerobic treatment (Pinchasov, 2000).

In general, low-impact aerobics activities, including walking and dancing, are recommended for people with SAD. These types of exercises are preferred as they allow a gradual warm-up of the senses and an easy welcome to people who may be struggling with motivation. Similar recommendations include gentle stretching, yoga, tai chi, swimming, running, and strength training. In addition, exercising outdoors is an added bonus to any physical activity. The fresh air and natural stimulation have been proven to be very beneficial and healing for most mental health conditions. According to a report titled “The great outdoors: how a green exercise environment can benefit all”, “outdoor activity which is conducted in a natural or green environment causes greater feelings of revitalization and positive engagement [9]. [Further], all types of green exercise activities also improve self-esteem and negative mood subscales, such as tension, anger and depression [42,43]” (Gladwell, et. al, 2013).

Mayo clinic makes the important distinction that Physical activity and exercise are not the same thing, but both are good for your health. “Physical activity is any activity that works your muscles and requires energy, which can include work, housework, or leisure activities. Exercise is a planned, structured and repetitive body movement. [Both, but particularly] exercise can help people get physically fit or to stay fit” (MayoClinic 2024).

To curb feelings of low motivation or social isolation, one may be inclined to work out with a friend or family member. By doing this, exercise can be easier and more attainable for those with SAD. Exercise is a good way to build community, social interaction, and strength from others. On the flipside, some researchers may say that individuals who work out with others may experience less mental stability since being with others may reduce commitment and focus to the activity at hand (Drew et. al). According to a report titled “Seasonal affective disorder and engagement among adults in Alaska,” one theory is that “if the independent exercisers are more serious, such as following a more regular schedule or rigorous exercise regimen throughout the
seasons, they might also experience greater benefits in terms of mood and behaviour stability” (Drew et. al).

Physicians encourage that even as little as 10 minutes of exercise a day can have drastic improvement in one’s symptoms. Again, individual cases may vary. According to a study by Peiser published in 2009 “physical exercise caused a 50% decrease in depressive symptoms” (Utah State University). Studies have also found that “a combination of exposure to sunlight and physical exercise are good ways to combat seasonal depression” (Peiser, 2009). Further, “Physical exercise both in normal indoor illumination and in bright light was effective at alleviating depressive symptoms. The exercise was significantly more effective at alleviating so-called atypical depressive symptoms when combined with bright-light exposure” (Leppamaki, 2002).

According once again to the paper “Mood and energy regulation in seasonal and non-seasonal depression before and after midday treatment with physical exercise or bright light,” both PET (Physical Exercise Therapy) and BLT (Bright Light Therapy) are effective non-pharmacological treatments for winter depression, while PET rather than BLT is a promising treatment for non-seasonal depression (Pinchasov, 2000). One finding that various studies have observed is that exercising may show effects that are similar to and in some cases better than those provided by antidepressants. In general, this might only be observed in people with mild or moderate depression. One study, conducted by lead Dr. Ben Singh, found that “physical activity is 1.5 times more effective at reducing mild-to-moderate symptoms of depression, psychological stress, and anxiety than medication or cognitive behavior therapy (MedicalNewsToday.com, 2023). While this may not work for everyone, exercise as a seriously considered treatment (rather than afterthought or add-on) may improve the conditions of many people. Singh and his associates encourage doctors to more readily consider the prescription of exercise to patients with depression and SAD.

Like any treatment for SAD, talk with a trusted health care provider to see what methods or routines might be best for you and your life. Additionally, set reasonable goals that you think you can attain and be ready to accept and overcome obstacles as they arise.

Another important part of our metabolic and mental functions is sleep. As we discussed in prior episodes, SAD is usually accompanied by a shift in sleep patterns, whether that’s hypersomnia (most frequently experienced in Winter-pattern SAD), or insomnia (most frequently identified with Summer-pattern SAD). Either symptom could occur in one, both, or neither seasonality of SAD. Further, we’ve discovered that sleep is really important in regulating your circadian rhythms. If these are out of whack, so will a lot of your metabolism and ability to function regularly.
In general, people with Winter pattern SAD often feel excessively sleepy during the day and sleep longer than usual at night, and experience difficulty waking from a long sleep (AASM, 2024). That said, some individuals may experience opposite symptoms in which someone with winter-pattern SAD would experience insomnia and greater sleep disturbances. Regardless of pattern, it has been noted that “nightmares are common among people with SAD. One study found that 16% of participants with SAD had frequent nightmares compared with 2.4% of participants without SAD” (AASM, 2024).

Sleep education.org makes it clear that “healthy sleep is essential to your overall health because it helps you balance your mood and emotions. Without healthy sleep, you’re more likely to struggle with feelings of depression and anxiety” Because of this, it’s important that anyone, but especially those with mental challenges such as SAD, practice good sleep hygiene. Understood.org states: “Sleep hygiene may sound like a funny term. But just like a good hand washing routine can help protect against germs, following good sleep routines can help protect your physical and mental health.” They suggest the following sleep-hygiene tips to help manage seasonal affective disorder:

- Go to bed at the same time every night.
- Allow plenty of time to relax before you try to go to sleep.
- Avoid looking at screens for at least an hour before bedtime.
- Try listening to a podcast to help you drift off to sleep.
- Make your bedroom cooler at night. Open a window or turn down your thermostat.

Dr. Michael Breus also recommends trying relaxation techniques such as yoga, meditation, breathing exercises, to wind down before bedtime. He explains that getting a good night's rest can help provide an improved mood, reduce aches or muscle tension, reduce blood pressure, and better digestive health (SleepDoctor.org 2024).

Whether you have SAD or you don’t, improving your sleep hygiene can do a world of wonders for your physical and mental health. That said, if you are trying these techniques, but still struggling to fall asleep, seek medical support. Though it might sound unattainable to simply get a good night's sleep, practicing good sleep hygiene etiquette can put you one step closer to catching some quality zzz’s.

As a concluding note, I want to remind you that the majority of today’s recommendations come as lifestyle changes that one can use in addition to more thorough support and or psychiatric care. Talk with your medical provider before making any major adjustments to your diet, exercise regimen, and/or sleep routine.

With that, I hope that you enjoyed this episode and that you learned a bit more about seasonal affective disorder. For more information on today’s content, feel free to check out the links in the description. In our fifth and final episode, we will explore the relationship between media and SAD, and the importance of community in ameliorating our seasonal affective disorder.
Thank you so much, and take care :)

—Interlude music—

This podcast was researched, organized, and recorded by Kate Lincoln, with the help of co-editor and advisor Kate Darby.

Special thanks to the Western Washington University Honors program and all the contributors on the researched sources.

This podcast is not intended to replace actual medical diagnosis or care. If you or a loved one thinks they are experiencing Seasonal Affect Disorder, contact a medical professional for proper assistance and/or a diagnosis. See a health care provider immediately if you have drastic changes in sleep patterns or appetite, turn to substances for comfort, or contemplate suicide.

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Episode 5 - Media’s Relationship with SAD and Care through Building Community

Organized and recorded by Kate Lincoln
Edited and advised by Kate Darby

SPOTIFY: https://spotifyanchor-web.app.link/e/0FwCUQeh3Hb
SoundCloud: https://on.soundcloud.com/K3RzY

Description: How does our experience with seasonal affective disorder impact the type of media that we consume? How does the type of media we consume influence our seasonal affective disorder? Movies, TV shows, music, and more—media plays a huge role in determining our mental state. Something else that impacts our mental wellbeing immensely: our community. Let’s look at how building a support system and engaging ourselves in our community can ease our seasonal shifts.

Song: Reflections by Ghost Beatz on Sound Stripe

Transcript:

Flashback: It is November 2013 and the world has just been introduced to the newest Disney cinematic sensation: Frozen. As you shuffle out of the theater, humming the ever-catchy hit “Let it Go”, there is only one thought on your mind: “How did Elsa deal with seasonal affective disorder?” Stick around and you’re about to find out!

—Interlude music—

Hello folks! I’m your host, Kate Lincoln, reporting live from Bellingham, Washington and welcome to another exciting episode of Seasonal Affective Disorder Survival Kit! For those of you that are new to us, welcome! I want to let you know that I will often use the acronym S-A-D (or SAD) to refer to seasonal affective disorder.

In today’s episode we are going to be exploring the relationship between media and SAD. How does SAD impact our use of media and how does our use of media impact our experience with SAD? Further, how does the media portray SAD? We’ll also discuss how our community can be a powerful resource for support when experiencing SAD, and if you stick around until the end, you’ll get to hear from a special guest interviewee! So let’s jump in!

Whether it be via movies, music, tv shows, etc., when seasonal depression hits, we increasingly tend to crave effortless stimulation and instant gratification. Though we won’t focus on it extensively, one important link between media and mental health lies in our use of social
media. Quote, “heavy social media use is correlated with higher rates of anxiety and depression, especially among young people” (Psychology Today, 2020). There is an excellent report on this relationship published by the Royal Society for Public Health, I’ll put the link in the description.

With any form of media, but especially movies and tv shows, it has been observed that people are generally more inclined to choose visual media that reflects or intensifies their current state of mind. This is commonly referred to as the “mood management theory.” Originally investigated by researchers Zillman and Bryant in 1985, the mood management theory posits that an individual’s mood plays an important role in determining what media to consume, and reversely, the media which one consumes intensifies or prolongs their existing mental states (Communication Theory, 2024). It is important to note that mood management has been studied extensively, but primarily in the context of mentally healthy adults. That said, individuals who are experiencing mood disorders such as SAD or nonseasonal depression, often turn to media that reflects more somber themes. Professor Maureen Templeman from Missouri state university states “Watching films and shows with… characters that portray these universal experiences allows us to see that we are not alone and reflect on how we might navigate these scenarios ourselves as they come up in our lives” (TheStandard.org, 2023). Furthermore, a report titled “Sad Kids, Sad Media? Applying Mood Management Theory to Depressed Adolescents’ Use of Media” notes that “consuming negatively valanced media leads to some level of gratification. Negatively valanced media, for example, might help the consumer cope with a negative experience or state of life (Mares & Cantor, 1992; Nabi et al., 2006)” (Taylor and Francis LLC, 2008).

Beyond prolonging negative mental states, many people redirect the concepts in the mood management theory to opt for media that lifts or improves their mood if they are currently feeling down. Some studies have found that people who feel anxious might choose calming media and sad individuals might choose empowering or rewarding entertainment content (Taylor and Francis LLC, 2008). During fall and winter months especially, individuals lean on comfort shows for emotional support and stability. An article published in the magazine The Standard defines comfort movies and television shows as “pieces of entertainment that individuals use as a sort of security blanket, rewatching them repeatedly in times of turbulence and dismay” (TheStandard.org, 2023). Many people, especially those experiencing nonseasonal or seasonal depression and anxiety, turn to comfort shows as a means of consistency in periods of unpredictable change. As most likely everyone listening to this podcast can remember, the COVID-19 lockdown of 2020 threw most of the world for a spin. Friends, Family, the world alike, everyone seemed to dive into their world of comfort media whether it was Binging shows on Netflix, downing Disney plus, or finding new artists on Spotify to melt our worries away.

Now that we better understand the internal relationship between movies and our moods, let’s take a look at how SAD is portrayed in the media.

Media often portrays seasonal or nonseasonal depression in ways that intensify the stereotypical symptoms of either condition, namely fatigue and excessive sadness or downed moods. While these symptoms are critical to understanding the condition, the media often fails to
represent other characteristics of these conditions that might be equally as important. For seasonal affective disorder, in particular, media portrayal often bypasses possible symptoms such as changes in appetite, uncommon insomnia, or inability to focus. It is also important to note that media represents nonseasonal depression more commonly than it portrays seasonal affective disorder directly. Movies and TV shows might show characters experiencing a more colloquial form of seasonal affective disorders such as “the winter blues”, whether this be verbally by name or simply by showing characters altering their mood as colder weather sets in.

Now, hang with me for this next part because I discovered this train of thought might be more than purely my own insight. As an almost perfect example of how weather interacts with mood, Disney’s Frozen highlights a metaphorical link between the coldness of winter and the negative emotions of various characters, namely Elsa. This led me on a deep dive into the world of Disney’s ever analytical fandom, hopping between countless personal stories and the occasional mini study, examining Frozen as a dynamic dialogue regarding mental health. As many people note, Elsa exhibits many common symptoms of depression and anxiety. As Morgan McAfee from AnxietyInTeens.org states, she isolates herself by never leaving her room, pushes people away, represses emotions, and hides her true identity (AnxietyInTeens.org, 2024). In a sense, her ice powers represent her intense challenges with mental health, something that sets her apart from the majority of other characters. Simultaneously, the worsening weather and her darkest emotions intensify throughout the movie, taking a brief pause for self-positive exploration with “Let It Go” and later in resolution. By the end, the characters are metaphorically and literally out of the weather. This is largely in part to the fact that Elsa has reconnected with a community that loves her and provides support for her struggles with mental health.

As Elsa demonstrates, another powerful form of media intake and outlet for our shifting mental states is music. Zilman’s mood management theory applies to music in the sense that what music we choose to listen to can often intensify our moods. Sometimes, especially when it comes to music, we purposefully choose songs that embrace our current mental state. Media professor Holly Holladay explains “We can choose things that improve our moods, or if you’ve ever been in a break-up and really leaned into sad songs, we can choose things that heighten or emphasize our moods in particular ways” (TheStandard.org, 2023). I think we have all been in the same boat at least once when you get the feeling and all you can bear to do is sing your favorite sad song from that one Disney movie you loved as a kid. Or was that just me? Whoops? At any rate, my advisor and editor, Kate Darby, also notes the gratifying feeling of listening to angry music while feeling uptight. I can relate to that.

Purposeful and particular use of music can also be used as a way of remediating some of the effects of seasonal affective disorder. Methods such as music therapy tie into the concept of media as a way of overcoming SAD. Within Zillman’s mood management theory, leisure activities fall under the umbrella of the media, in the sense that the activities we choose to do
have physiological impacts on our state of mind. Therefore, choosing certain activities can personally benefit the individual.

For example, music therapy is considered the intentional incorporation of music into our lives for the improvement and upholding of one’s mental health. Music therapy comes in a wide range of forms such as practicing an instrument, actively creating original music, participating in music groups, listening to peaceful or positive artists, watching live music, or attending immersive music sessions. Essentially, any purposeful exposure to music that encourages a more positive (or at least neutral) mindset, can help one heal their mental health. Further, one’s relationship with and way they benefit from the music is completely unique from others and variable throughout their life or different genres. Some people may find that the instrumentation of music rather than the words may speak to them more strongly, or vice versa. Sometimes a particular instrument or type of sound might calm their minds or touch a part that soothes them more than other tones.

One important thing to note about music therapy is that actively participating in music will have a more profound impact than passively partaking. The Brain Injury group explains “The individual must make an effort to become involved with the music – the melody, the rhythm, and the message in the lyrics, as it is only then that these songs are at their most effective. Research shows that passive music listening will typically not change or intensify mood” (Braininjurygroup.org, 2018). So, active participation doesn’t necessarily mean actively playing the music, it is more about paying attention to and finding details of the music that speak to you.

Another activity which can relieve the pressures of seasonal affective disorder is making stuff with your hands.

Jeffery Davis from Psychology Today states “effort, multi-sensory engagement, repetitive actions, and anticipatory satisfaction involved in making something all correlate with the release of neurotransmitters that promote pleasure” He goes on to encourage people to do stuff that feels innate to you, things you were interested in as a kid. He ties this back to “Plato and Aristotle, who believed that we are each born with a distinct force of character called a daimon or “genius.” If we regularly honor and recognize this force of character, they believe it would lead us to our most excellent and fulfilling life” (Psychology Today, 2020).

Something else that you might be intrigued to know is that intentionally communicating without the internet has been shown to improve one's mental health. Talking on the phone, face to face, or over face time rather than via text may help people with mental health challenges feel more whole. Compiling his own research along with research out of the University of Rochester, Davis again states “I advise my clients to make regular Good News Calls with a friend or colleague. The intent here is for you to encourage a friend to share good news and then to actively listen, to be genuinely encouraging, and to ask good questions. [By doing this, one] feels more generous, and they feel more hopeful” (Psychology Today, 2020.)
Ultimately, any kind of media use or leisurely pursuit requires a level of balance in our day-to-day lives and vice versa. Maureen Templeman encourages that especially in times of seasonal change, “In addition to focusing on academics, students need to engage in activities that make them happy and bring them joy” as a means of promoting good mental health (TheStandard.org, 2023).

Whether one has SAD or doesn’t, our relationship with our surrounding communities plays a huge role in our lives. Especially impactful for people with mood disorders, “The environment and the support of individuals around those affected by seasonal affective disorder (SAD)...play a crucial role in overcoming these conditions” (Integrative Psych, 2024). Integrative Psych notes that “The encouragement and understanding of friends and family are essential in providing emotional support and helping individuals stay engaged in activities” (Integrative Psych, 2024). Strengthening our community can come in many forms such as bonding closer with friends, being open with loved ones about your current experiences, finding support in coworkers or classmates, involving yourself in your local community, or making the most of mental health resources in your region.

Though this varies from region to region, most communities can offer similar mental health resources for addressing SAD, nonseasonal depression, and other mood disorders. Most commonly, access to therapists and psychiatrists can provide critical support for those experiencing mood disorders. Further, these two services can often be conducted remotely, making them more accessible to regions with less direct healthcare opportunities. Some communities may also offer resources such as group counseling for individuals with SAD and or nonseasonal depression.

I encourage you to look into the available resources in your region, regardless of if you or a friend may need them now or not. For those who are just starting down this path for yourself or a loved one, I will recommend that you search for therapists in your area, or one that works via telehealth if that is easier for you. Primary doctors may be able to point you in the right direction as well. Further, a therapist or doctor might be able to recommend other resources in the region relating to mental health and community engagement. If you are a student, talk with your school’s health department to see if there are counseling and or psychiatric services. Many jobs will have an Employee Assistance Program or EAP, where you can go to receive support. Community centers would be an excellent place to look for community building opportunities and they may also be able to point you in the direction of further mental health resources. With any of these recommendations, I say look into it sooner than later because it’s always good to be prepared. It is also important to know that you can call 988, which is the national suicide and crisis hotline. Beyond addressing suicide, this phone number can be a great support to anyone in a position of crisis or mental health despair. Calling this number for yourself or a loved one may be a good option depending on the circumstances.

Beyond direct services for SAD, getting involved in your community is an excellent way to combat the winter blues. One might consider joining a class at a community center, making an
increased effort to visit with friends, working out with friends, or simply getting out of the house and going into public. Though it may initially seem hard to do, putting ourselves out there and actively getting involved with community or social groups can help foster a sense of purpose and wellbeing during difficult seasons.

And today, as a special treat, I have brought in an interview with someone who can speak to the importance of building community as a means of overcoming seasonal shifts. Ladies and Gentlemen, I present to you, my sister!

Say Hello!

“Hello there! It is so nice to be here”

So, my sister and I share a fairly similar experience when it comes to encountering seasonal affective disorder. Three years ago, we both moved out of sunny California and into regions with darker, gloomier weather. I moved to Washington State, while she moved to Chicago, where she studies musical theatre. Though she is not technically diagnosed with seasonal affective disorder, she still experiences many symptoms and other significant seasonal shifts every year. We discussed how sometimes people might use the phrase “seasonal affective disorder” colloquially just to refer to a period of seasonal behavioral changes, rather than holding a formal diagnosis.

Alrighty, interview with Kendra: take one, only one. Alright! How has building a support system and finding resources impacted your seasonal changes?

“Well, as you know, every year it is different. I personally have found that in the two out of the three winters that I spent here in Chicago, the two best winters, or I should say the two better winters, were when I was involved in a show, in rehearsal processes, when I was doing something that uplifted me, and made me feel, like I have purpose. The one winter that I was first here and lacked community of any sort, and lacked any sort of engagement I was in such a dark space. So, finding a community with like-minded individuals changed the whole game for me.”

Like she said, every year is different, and every person experiences a unique set of conditions. However, the consistent factor which supports her mental health is her engagement in and support from her community? But who makes up this community and who specifically does she turn to in times of SAD?

“I personally reach out a lot more to friends back home, friends that I have known for a long time, friends that I feel comfortable sharing every part of me with. I reach out to family members. I reach out to my roommate, who lives with me.

I wanted to clarify what she meant by her earlier comment of finding “like-minded” individuals. What does that even mean?

“Specifically, specifically people who share similar values. It had a lot less to do with people who shared similar interests and a lot more to do with the people who made me feel like I could be my absolute lowest, and my absolute highest. People who I felt like I could be my full range of emotions with. Because I would say, in summer months, in warmer months, my sense of self and my personality, and my overall happiness feels very leveled out. And during winter
months as I mentioned earlier, I start to feel very introspective, I question a lot of myself. So, I go through a wide range of emotions during winter months. And so being around people who I feel comfortable with expressing those wide range of emotions, those are the people who uplift me and bring me back to normalcy when it gets dreary.”

And as her sister, but more generally, as someone who also experiences the weight of seasonal changes, I understand the need to find a community that understands you in order to make it through any season. As she mentions, it is really important to find people who you can be around and show your full range of emotions. It can be nearly impossible to moderate one’s emotions entirely because as humans, we need support at our highest highs and our lowest lows. More importantly, we need to help our society embrace emotional honesty. Kendra shared with me a personal experience that attests to how being open with others can be the first step to building community.

“Something that happened about a week ago, no, it must have been two weeks. One of my classmates came up to me and said, ‘I’m having a really hard time because quite frankly when the weather gets like this, I get really depressed, and sad, and anxious.’ And it was so nice to hear someone say that out loud because that was so real. And so, from that moment onwards, I felt an increased level of comfortability with this classmate. Because whether I realize it or not, that same situation does happen to me. I get more depressed, more anxious, more in my head.”

I think that’s awesome! That she and a classmate were able to be open about their experiences with the seasons changing and bonding over the fact that it’s not as easy or seamless as our society expects it to be.

Kendra also brought up a wonderful point that engaging yourself in our community can be a form of self-care! She notes that while the stereotypical idea of self care (i.e. staying in, doing face masks, watching Netflix etc.) is good, sometimes excessive “stay-in-self-care” can lead to isolation.

“Sometimes self-care is staying inside and having personal time. I love my personal time but sometimes self-care is getting myself out the door and making myself show up to plans that I made. Because it reminds me that I am loved, that I am wanted in my community, and it gets me out of my shell.”

Simply put, sometimes self-care is getting yourself outside of your comfort zone. She brought up a fascinating difference between self-care and self-coddling (i.e. the negative effects of too much self-care). There must be a balance between your internal and external self. I highly recommend looking into the concept of self-cuddling on your own time.

Alright Kendra, do you have any last thoughts?

“I simply think finding yourself in a good welcoming, engaging community for you, for your interest, is the most important thing to find during these months, especially. Because that’s the community that is going to carry you through and distract you from the winter!”

Haha alright, well thank you to Kendra Lincoln, my sister, for joining us on this part of today’s episode. I hope you all enjoyed her insight and perhaps found your own experiences relating to some of hers.
Integrative Psych makes a concluding note that “ultimately, a nurturing and accommodating environment, coupled with the compassion and support of loved ones, can be instrumental in effectively managing and mitigating the challenges posed by SAD” (Integrative Psych, 2024).

With that, I hope that you enjoyed this episode and that you learned a bit more about seasonal affective disorder. For more information on today’s content, feel free to check out the links in the description. Guys, today’s ending is a bittersweet farewell. This episode marks our fifth and final episode in this podcast mini-series. I want to thank each and every one of you for tuning in! Whether it was for one episode, a few, the whole series or even just an earful here or there. Your support means the world to me.

But more importantly, I hope that this podcast has provided support to you and your loved ones. We started our journey, acquainting ourselves with the basics of SAD and potential causes. From light boxes to St. John’s wort, we contemplated tried and true treatments and uncommon cures. What was originally a side curiosity, soon became an entire episode where we explored the interactions between SAD and pre-existing mental conditions. Most recently, we ventured down the road of how metabolism affects our mental health. And finally, we conclude our journey today, looking at the relationship between media and SAD and how we can build a community of care. Whether you have SAD, a friend or family member does, or you were just curious, learning more about seasonal affective disorder is a step in the right direction to supporting those impacted directly or indirectly by seasonal mental illness.

So, if this is your first step on the path to exploring seasonal or non-seasonal mental health, I encourage you to keep going! This mini podcast series may have been short in its existence, but I hope the sense of compassion and curiosity that it sparked will be long lived.

For the fifth and final time, thank you so much, and take care :)

——Interlude music——

This podcast was researched, organized, and recorded by Kate Lincoln, with the help of co-editor and advisor Kate Darby.

Special thanks to the Western Washington University Honors program and all the contributors on the researched sources. A sincere thank you to Kendra Lincoln for making a guest appearance on today’s episode.

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RESOURCES


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