

Don't Bother Me: Can't You See I'm Hibernating!?

The Winter Blues: What They Are And What You Can Do About Them

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I must be descended from the black bears that frequent the Appalachian Mountains. I believe this to be true despite my genealogy program telling me that it's more likely that my ancestors were humans living in Switzerland and Scotland. The reason I maintain a belief that might seem irrational to you is that, like the black bears, I want to go into hibernation. And I would, if only my circumstances would permit it.

Each year, around the middle of October I begin to develop an even more exaggerated fondness for carbohydrates than usual. Chocolates, pasta, potatoes... bring 'em on! Starting then I begin to pack on what will become 10 to 15 extra pounds unless I'm very mindful, in which case it will be only 10 pounds, but in that case I'll be really irritated that I have to watch my weight. That irritation can increase from mid-October also. My fuse can be shorter. Smaller provocations can elicit a larger response.

Increasingly through the winter, all I want to do is sleep in a little longer, take more frequent naps. I have little energy for the pursuits I usually enjoy. Join you for coffee? A party? A really good retreat? No thanks. People and festivities drain me right now. My brain doesn't have a spark to jump the synapse. Can I go back to bed now?

If what I've written about me rings true to your own experience, maybe you're a black bear too! All seriousness aside, I'd be willing to bet that your ancestors were most likely from latitudes closer to the poles than the equator. And you just might be struggling with Seasonal Affective Disorder (SAD). SAD is a form of depression that is environmental/organic in nature. "Talking therapy" won't fix it, though it might help you in managing your life with it. It is a condition in which your body really tries to go into hibernation! (And, I'm personally happy to report, there are things you can do to reduce or eliminate the symptoms!)

Presumably, as the daylight hours shorten in the fall, the pineal gland in the middle of the brain is alerted to this fact and signals the body to produce more *melatonin*. You've probably heard of that chemical. You can buy it over the counter for jet lag and as an aid to sleep. And, it's found in elevated levels in the blood of hibernating animals! With the production of more melatonin, the body is preparing to go to sleep. Again, presumably, some peoples over many thousands of years living at the higher latitudes evolved in ways that would help them to "hole up" for the winter, thus reducing their expenditure of scarce food supplies and keeping them warm until the return of spring, new life and

longer daylight hours. (Hmmm, perhaps I'm descended from *both* the black bears *and* my Swiss and Scottish ancestors!)

There are some important treatments for SAD. First and foremost, try to get as much sunlight as possible. Keep your exercise levels up and take walks on your lunch hour, particularly if the sun is out. You might also put more sunlight into your life by purchasing special fluorescent lights for use in your home (like your ceiling kitchen lights perhaps), or by purchasing a light box utilizing these special bulbs. These bulbs produce the wavelengths of sunlight, unlike ordinary bulbs, and their use can trick the pineal gland into thinking there is still adequate sunlight. All you have to do is read your morning paper in front of the light for a half hour or so each morning, glancing at the light every minute or so. (Don't be surprised if your house pets are attracted to the light and exhibit increased energy!)

One supplier of such lights is The Sun Box Company in Gaithersburg, Md. They are the supplier of light boxes to the National Institutes of Mental Health for their research projects into SAD. They can be reached at (301) 869-5980.

Often it is necessary to augment the light treatment with a class of certain antidepressants which include Prozac, Paxil, Zoloft and Celexa... not for year 'round use, but from October through March or thereabouts.

(For those who want to know more about these drugs, the reason these antidepressants often work well in treating SAD, is that they permit *serotonin* to better do its job in the brain.

Serotonin is a chemical the body makes which functions in an opposite way to melatonin. Serotonin is associated with alertness, well-being and energy. Serotonin is one of a number of chemicals called neurotransmitters whose function is to carry a message from one brain cell to another across the tiny space separating the brain cells, a space called the *synapse*. The brain cell which wishes to pass a message along to the next cell, "squirts out" a tiny bit of serotonin into the synapse where it can travel to the receiving cell and thus pass along the message. But for this system to work well, the excess serotonin needs to be removed from the synapse to clear it for the next message. So the same cell that squirts it out also "Hoovers" it back up into itself shortly after it has discharged it. The problem is that sometimes the serotonin doesn't linger long enough in the synapse to pass its message along. The result can be symptoms associated with depression, including those of SAD. The class of antidepressants which work solely on serotonin and which delay this "Hoovering" effect are called SSRI's. That's short for "selective serotonin reuptake inhibitors". They select out the serotonin from all the other neurotransmitters and inhibit the sending cell from taking the excess serotonin back up into itself.)

With light therapy and/or the appropriate medication, the majority of people with SAD experience remarkable relief.

You can learn more about SAD by reading *Winter Blues* by Norman Rosenthal, the researcher at NIMH who pioneered the studies of SAD.

If you would like to discuss SAD or any other life situation with a pastoral counselor, give us a call at (703) 449-1944.

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