

# SAD at work?

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As the days grow shorter, **Nicola Banning** considers ways that clients, counsellors and organisations can manage the impact of Seasonal Affective Disorder

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Life cycles, transitions and changes are so often at the heart of the work between client and counsellor. As a workplace counsellor, I have observed how the cycle of the seasons impacts on the demand for counselling. When the clocks go back in October, there is usually an increase in the number of clients seeking counselling support, with this tailing off in the spring and summer. This is no doubt a familiar story to many who work in our field.

Every year, Seasonal Affective Disorder, or SAD, as it is known, is thought to affect two million people in the UK and Ireland and 12 million people across Northern Europe. It is best understood as a winter depression brought on by the lack of sunlight in winter and shortened daylight hours that occur between September and April, and particularly during December, January and February. Symptoms will lift with the onset of spring.

Being held hostage to the seasons was inevitable, or so I thought, for those of us affected by the winter months. The American essayist, Charles Dudley Warner, famously remarked, 'Everybody talks about the weather; but nobody does anything about it.'<sup>2</sup> Mindful of my own response to the 'winter blues' and aware as I am of the forces of nature which I am powerless to influence, I've set out in this article to consider what might be useful to the workplace counsellor in responding to the demands of our client work during the winter months, and have addressed the following questions:

- What does the workplace counsellor need to know to support clients experiencing SAD?
- What help might workplace counsellors and therapists need to work through the winter months if we experience SAD?
- What role can workplace counsellors have in organisations to educate about the impact of SAD?

**Why do we suffer in the UK?**

SAD.org.uk<sup>3</sup>, a small voluntary organisation set up to support those who suffer from SAD, suggests that changes in how we live and work play a huge role. They report that, just 200 years ago, 75 per cent of us worked outdoors. Now, less than 10 per cent of us work outdoors in natural light. In many workplaces staff have no access to natural light, and during the winter months they arrive and leave in the dark. An ever growing 24-hour society has reduced the body's natural ability to regulate the body clock, and this change in our working lives has resulted in a dramatic increase in light deficiency symptoms, says SAD.org.uk.

Along with plants, animals and fungi, the human body depends on light, provided by the sun, to regulate important functions. The regularly timed patterns of when we sleep, when we wake, our appetite, digestion and energy are all governed by light. 'These daily internal rhythms are known as "Circadian rhythms" and when they fall out of time, for example, when there is less daylight, this leads to an unregulated body clock, resulting in the symptoms of SAD', reports Sad.org.uk<sup>1</sup>.

For some, SAD can be a serious and debilitating condition, whilst for others it may be mild but nevertheless unwelcome. Women are three times more likely than men

to experience SAD, and although it's not yet fully understood why, it is suspected that this may be related to the cyclical secretion of the female sex hormones, oestrogen and progesterone<sup>2</sup>. Younger people, particularly between the ages of 18 and 40 are most likely to suffer from SAD and it is thought that there may be genetic factors involved also<sup>4</sup>.

**What are the symptoms of SAD?**

Sad.org.uk<sup>3</sup> reports the following as the broad symptoms that SAD sufferers will experience to varying degrees:

- Lethargy, lack of energy and a struggle to complete tasks
- Sleep – sufferers need to sleep more but may have disturbed sleep at night
- Anxiety – feeling unable to cope
- Loss of libido – lack of sex drive or desire for physical contact
- Withdrawing – increased isolation and not wanting to socialise
- Depression – increased feelings of gloom without apparent reason
- Cravings for carbohydrates, sweet foods and weight gain.

**The history of SAD**

Expert in the subject, Norman Rosenthal, is a clinical professor of psychiatry at Georgetown University, and author of *Winter Blues: everything you need to know to beat Seasonal Affective Disorder*<sup>2</sup>. The early years of research into the discovery of SAD began in the 1980s in America at the National Institute of Mental Health (NIMH). Norman Rosenthal was at the start of his career and beginning a piece of research into the condition of one man. That man was Herb Kern and he sparked a whole new area of medical investigation.

A meticulous scientist and research engineer, Herb Kern regularly documented his mood and behaviour changes over a 15-year period in a series of notebooks. His findings are enough to make anyone who is interested in our performance at work, sit up and take note. Each year, he observed a cyclical pattern of losing energy, struggling to get to work in the morning, and with simple tasks like responding to a ringing phone at work, and an increased need for social isolation. Of far greater concern to Herb was the difficulty he experienced in his productivity levels. He lost his creative edge, found a need to procrastinate and had a sense that everything seemed like a mountain to him. He also experienced disrupted sleep and a loss of libido.

**Introducing light therapy**

Herb's notebook research revealed that his mood improved as the days lengthened and declined as they shortened. It was suggested that Herb's winter day be artificially lengthened to simulate a summer day. As bright light is necessary for melatonin suppression in humans, it was thought that it might similarly be necessary for altering mood and behaviour. Herb was treated with light therapy, sitting in front of a metal light box (which has evolved into a widely recognised treatment

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for SAD). Within three days, he began to feel better. The change was both dramatic and remarkable and the research has continued and unfolded over the last 25 years, much of it documented in Rosenthal's book.

**Living with SAD – what can help?**

Alongside talking therapies, the following may support you to manage the impact of SAD:

**Use of light therapy**

Light therapy comes in the form of a specially produced light box and there are many on the market. It is recommended that you need to use the light box daily for approximately 30 minutes per day or more during the early part of the day. Start to use the light box early in the season before the clocks change or when they change to get the most out of it through the winter. Symptoms can start to lift after between three and five days. For further information, see [www.sad.org.uk](http://www.sad.org.uk).

**Get outside**

Make every attempt to get as much daylight as possible, whatever the weather and however grey. Clients may be encouraged to take a walk at lunchtime as part of their self-care for the winter months. Ditto counsellors!

**Medication**

Talk to your GP about your symptoms. An antidepressant taken only during the winter months can help many people whose serotonin and melatonin levels are considerably disrupted by lack of sunlight.

**Exercise**

Regular exercise is important. Lack of daylight and winter weather may make exercise less appealing, but some SAD sufferers report exercising indoors in front of their light boxes eg on exercise bikes.

**Diet**

In terms of SAD, the important thing to remember is that the desire for carbohydrates usually accompanies the reduction in daylight. Try to resist, as this can lead to weight gain, lethargy and irritability.

**Acceptance**

Accept how the seasons impact on you and that you are entering a different phase in your annual cycle. Plan to resource yourself in order to cope with the adjustments you might need to make.

**Alter your expectations of yourself**

If you experience SAD you are unlikely to embrace life in

the same way as during the spring and summer. Respect this difference and allow yourself to perform differently during the winter months.

**Let others know what you need and ask for support**

Talk to friends and family and let them know what you need or that you may withdraw. Arrange connections and accept invitations that work for you and your energy levels.

**Have a winter project**

SAD sufferers talk about the benefits of using the dormant time of winter to be creative, start a project or try something new, such as painting, woodwork, crafts or photographic work.

**How do you know if clients are experiencing SAD?**

It's not uncommon to hear depressed clients say; 'I always struggle in the winter', 'I can't seem to wake up' or 'I'm tired all the time'. But how can you distinguish between depression and SAD?

Workplace counselling usually takes place in the context of a short-term or time-sensitive contract. Even so, it may help to be mindful of the seasons and consider exploring the client's experience of their relationship with these. Rosenthal suggests that a pattern of at least three recurring winters of depression, with symptoms lifting each spring, could indicate the presence of SAD<sup>2</sup>.

You may find it helpful to consider the following (both for yourself and for clients):

- Be mindful of the impact of the seasons on the peaks and troughs of your health
- What was last winter like for you?
- What do those closest to you say about your winter self?
- What are your symptoms?
- When did they start?
- When do they typically end?
- Keep a journal of the seasons and note your levels of wellbeing each month.

You might also consider the following support to help you in your client work during winter months:

- Increase your supervision during the winter months
- Let your supervisor know if you think you might be experiencing SAD
- Be open to explore in supervision how SAD might impact on your client work and the therapeutic relationship
- Reduce client work if you need to in order to work safely and ethically.

## SAD: an organisational response

What can organisations do to support employees who are experiencing SAD?

Cindi Bedor is Head of Staff Counselling and EAP Manager at the Royal United Hospital Bath NHS Trust. Aware that clients spoke about 'the winter' sometimes as early in the year as July or August, her team recognised that staff needed extra support during these months. 'In an acute hospital setting, wintertime brings added pressure on staff with an increase in patient admissions due to accidents and flu,' Cindi said. 'We wondered what our staff counselling service could offer to give our clients extra support during these months.'

Below, Cindi outlines the plan that she and her team of counsellors have put in place to support hospital staff to cope with SAD:

**Information** – We wrote and distributed a leaflet about SAD for all staff.

**Light box** – A colleague was successful in getting a light box on loan, which we put in our counselling service waiting area. We were very interested in the responses that this generated from our clients, and we found that both the leaflet and the light box got people talking and making connections with their own experiences of winter.

**Education** – We ran a 'Beating the Winter Blues' workshop, which lasted half a day and had a body-mind approach to coping with low mood and other symptoms that accompany low levels of sunlight. The success of that workshop led to participants continuing to support each other through the ensuing months, and we created a 'Beating the Winter Blues' information pack that was available to all staff.

**Awareness-raising** – This year, our focus will be more on timing and raising staff awareness earlier in the year. We all know the impact of the clocks changing in late October, and for many people that single event can trigger a noticeable decline in mood and energy.

**Having a winter plan** – We will be encouraging staff to start developing their own plan of goals and activities to see them through the winter. The sooner they have a plan in place, the more successful they are likely to be. It is much more challenging to summon physical and psychological energy when the winter blues have taken hold! A good winter survival plan usually contains all the healthy wellbeing components: connecting with loved ones, exercising (especially outside, despite low levels of sunlight), avoiding too much comfort eating and alcohol, relaxing and sleeping well, and maintaining curiosity and stimulation.

**Changing expectations** – The way we think about winter makes a significant difference to how we experience it. Winter is not summer, yet we expect to have the same energy levels and ease of movement as during the long, light, warm days of spring and summer. By allowing ourselves the opportunity to move with the seasons, to welcome winter for what it might offer us, such as permission to take more time out to rest and recharge, or to get started on the creative project we've never found time to do, we lift some of the harsh expectations we place upon ourselves and can emerge from the darkness less exhausted, possibly more physically fit or having learned/done something new. Fishermen mending their nets during the winter, to prepare them for the fishing seasons ahead – resting, mending and preparing – might be a helpful image to hold onto this winter.'

### Conclusion

Research into SAD is ongoing and, having led the development of light therapy as a form of treatment, Norman Rosenthal suggests that 'within the next 25 years we will understand SAD as clearly and completely as we currently do, say, heart attacks<sup>2</sup>.' In tackling SAD, he recommends that for those of us who are in a position to play a role to educate and awareness-raise, we should get on and do exactly that: 'Coordinate your efforts and develop support and research to provide comfort and support to people with the condition<sup>2</sup>.'

This sentiment is echoed by Cindi Bedor, who told me: 'In our role as therapists we may be able to pick up on our clients' experiences of winter and pass on to them some of what we know. We can also model good self-care by the way in which we greet and relate to winter ourselves.'

The research and writing of this article is part of my plan for preparing for the winter months. It is my hope that it will have shed some light on this cyclical and seasonal condition and play some part in supporting workplace counsellors, our clients and our organisations, to deepen our capacity to respond to SAD this winter, and beyond.

### References

- 1 [www.sad.org.uk/factsheet](http://www.sad.org.uk/factsheet)
- 2 Rosenthal N. *Winter blues: everything you need to know to beat seasonal affective disorder*. New York: The Guilford Press; 2006.
- 3 [www.sad.org.uk](http://www.sad.org.uk)
- 4 [www.bbc.co.uk/health/disorders/sad](http://www.bbc.co.uk/health/disorders/sad)

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