

UPDATE

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Winter 2001

Depression and Seasonal Affective Disorder

What is Seasonal Affective Disorder?

Some people suffer from symptoms of depression during the winter months, with symptoms subsiding during the spring and summer months. This may be a sign of Seasonal Affective Disorder (SAD). SAD is a mood disorder associated with depression episodes and related to seasonal variations of light.

SAD was first noted before 1845, but was not officially named until the early 1980's. As sunlight has affected the seasonal activities of animals (i.e., reproductive cycles and hibernation), SAD may be an effect of this seasonal light variation in humans. As seasons change, there is a shift in our "biological internal clocks" or circadian rhythm, due partly to these changes in sunlight patterns.

This can cause our biological clocks to be out of "step" with our daily schedules. The most difficult months for SAD sufferers are January and February, and younger persons and women are at higher risk.

Symptoms Include

regularly occurring symptoms of depression (excessive eating and sleeping, weight gain) during the fall or winter months.

full remission from depression occurs in the spring and summer months.

symptoms have occurred in the past two years, with no nonseasonal depression episodes.

seasonal episodes substantially outnumber nonseasonal depression episodes.

a craving for sugary and/or starchy foods.

Possible Cause of this Disorder

Melatonin, a sleep-related hormone secreted by the pineal gland in the brain, has been linked to SAD. This hormone, which may cause symptoms of depression, is produced at increased levels in the dark. Therefore, when the days are shorter and darker the production of this hormone increases.

Treatments

Phototherapy or bright light therapy has been shown to suppress the brain's secretion of melatonin. Although, there have been no research findings to definitely link this therapy with an antidepressant effect, many people respond to this treatment. The device most often used today is a bank of white fluorescent lights on a metal reflector and shield with a plastic screen. For mild symptoms, spending time outdoors during the day or arranging homes and workplaces to receive more sunlight may be helpful. One study found that an hour's walk in winter sunlight was as effective as two and a half hours under bright artificial light.



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If phototherapy doesn't work, an antidepressant drug may prove effective in reducing or eliminating SAD symptoms, but there may be unwanted side effects to consider. Discuss your symptoms thoroughly with your family doctor and/or mental health professional.

For More Information: Contact your local Mental Health Association, community mental health center, or:

National Mental Health Association
1021 Prince Street, Alexandria, VA 22314
Phone: (800) 969-NMHA
TTY: (800) 433-5959
<http://www.nmha.org>

Society for Light Treatment and Biological Rhythm
842 Howard Avenue, New Haven CT 06519
www.websciences.org/sltbr

SunBox Company
19217 Orbit Dr., Gaithersburg, MD 20879
Phone: (800) 548-3968
www.sunbox.com

Sources: The Harvard Mental Health Letter February 1993. Reprinted with permission by the National Mental Health Association. Copyrighted and published by the National Mental Health Association, no part of this document may be reproduced without written consent."

Depression Doubles Odds of Employees Missing Work

A recent brief published in the "Exchange" (July/August 2001, Vol. 31, #4, p.36) noted that: "Employees with depression are twice as likely to miss work due to health problems than those without depressive symptoms and seven times more likely to suffer decreased effectiveness at work, according to a study of employees at three corporations."

That information is based on a study in the May 2001 issue of the American Journal of Psychiatry that analyzed health and satisfaction with health care in 1993 and 1995.

Supervisory Survey: Results and Recommendations

The EAP Quality Assurance (QA) Committee was charged with conducting a survey of all supervisors across campus during the fall of the 2000-2001 academic year. The charge was forthcoming from Susan Barbour, Director of EAP in collaboration with the EAP Advisory Board. A survey, constructed by the QA Committee, was sent to campus supervisors, department chairs, team leaders and directors during the Spring of 2001. The survey focused on: campus climate, campus needs, and EAP services so as to provide feedback with information to target more defined campus issues.

The construction of the survey as well as the compilation of results and recommendations was completed by the Quality Assurance Committee for EAP.

Highlights of Supervisory Survey Results

Respondent Data:

Nearly 40% of supervisors returned the survey. (average return rate is usually 20%).

76% of all supervisors indicated that they were satisfied or very satisfied with their supervisory role; 17% were undecided, and 7% indicated that they were dissatisfied with their supervisory role; no respondent indicated that he/she was very dissatisfied.

Perceived Campus Climate issues

Supervisors rate communication, and cooperation/support as higher within their own department than the level of communication and cooperation/support between departments, and the level of communication and cooperation/support on the campus overall.

Supervisors rate the level of conflict within their own department as lower than the level of conflict between departments, and the level of conflict on the campus overall.

Campus Needs assessment

From a list of issues, supervisors reported that they most often encounter job stress, job performance problems, co-worker conflict and career uncertainty, in their supervisory roles. When supervisors address these issues, they do not usually utilize EAP services.

Supervisors most often utilize EAP services for issues such as sexual harassment, alcohol and drug abuse services, and more serious problems experienced by staff members.

EAP Services

Supervisors are more likely to use and/or refer others to services such as personal counseling, crisis intervention, and brown bag seminars.

Supervisors are less likely to use and/or refer others to services such as communication skill development, and team building.

Supervisors are much more likely to refer others to the EAP for personal counseling than they are likely to seek personal counseling via the EAP for themselves.

Recommendations from the QA Committee

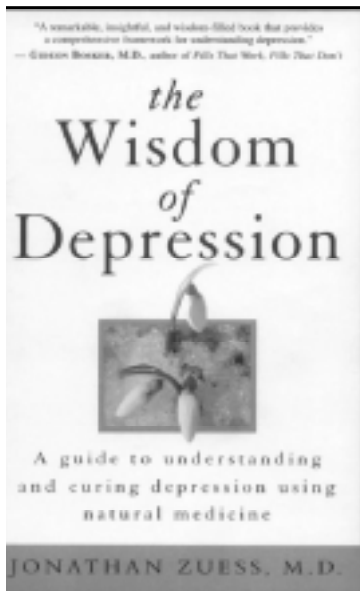
It is possible that supervisors have different perception of campus climate issues (communication, cooperation/support, and conflict) than other employees on campus. A follow-up study of employees would be useful - although a more rigorous survey to administer and tally.

The EAP should focus upon increasing the use of EAP services by supervisors in the following areas: job stress, job performance problems, co-worker conflict, and career uncertainty.

The EAP is encouraged to develop additional mechanisms for supervisors to seek personal counseling via the EAP through outside sources.

The EAP is encouraged to educate supervisors about the wide range of services offered by the EAP.

Note: Do you have a comment on the results or recommendations? If so, contact Nancy Buck-Hynson, QA Committee Chair (#7407) or Susan Barbour, EAP Director (#1078).



The Wisdom of Depression: A Guide to Understanding and Curing Depression Using Natural Medicine

Book Review by William Mermis, Ph.D., Professor, Human Health at Arizona State University East

This is an important book. It is both timely and readable. Its basic premise is that depression reflects an imbalance of “diseased” dynamics in mind-body-spirit. Depression, “as a messenger”, com-

unicates the reality that mental illness and physical illness are duo-directional and “systemic”.

Often times, depressions are a result of hidden causes, and are unknown to the patient. The author, a physician and psychiatrist, discerns that the immune system has strong links with the mind and the emotions, and problems with immunity go hand in hand with depression.

Therefore, assessment, diagnosis, and treatment must be holistic in order to be complete and effective. He refers to this as the “body mind” of health, and states this simple message: It is about trusting the wisdom of your own natural responses, and honoring your own innate capacity in order to grow and flourish.

The author observes that depression is a quest for vision; its essence is transformation. Its true purpose is to provide the opportunity for healing insight, renewal, and reintegration. The patient and doctor are partners and Dr. Zuess emphasizes the patient’s innate healing propensities which is illuminated by Hippocrates’s quote of, “The natural healing force within each of us is the greatest force in getting well”.

The author observes further that the distinction between conventional and alternative (complementary) medicine is becoming increasingly blurred. Dr. Zuess views “holistic” as accepting the whole situation, the whole person. Just as we are beings who think and have a spiritual dimension, we are also beings whose bodies have a biochemical basis, treatable with drugs. The pioneering work of Dr. Gladys Taylor McGarey (1997), and her colleagues, have contributed extensive clinical practice to this position for decades.

The Wisdom of Depression comprehensively covers a number of representative aspects involved in the depression puzzle. These include: conventional antidepressant medications (including side effects), dietary (and food) factors, herbal and nutri-

tional supplements (including St. John’s Wort), and various “connects” with ecological-environmental considerations. Other areas the author covers are migraine headaches, distortions in thought, and chronic stress.

The author adds interesting and practical chapters on sleep, dreams, thoughts, motion/relaxation, and light (remember SAE). In each of these areas Dr. Zuess covers various implications and relationships with depression as a symptom, and depression as a clinical illness.

In each scenario, “wisdom” is the bridge to recovery.

A special feature of the Zuess book is that it provides credible information for both the patient and the doctor to ask the “right questions”. The author gives the reader a personal resource and a vehicle for consumer empowerment. Dr. Zuess’s analysis leaves very few hours, days, years unaccounted for in life, and offers a strategy for “creative solutions”.

A fundamental overlap between Dr. Zuess and Dr. McGarey’s books in regard to the health-mental health equation is represented in Dr. McGarey’s “Ten Commandments of Wholeness”:

- Be positive.
- Love yourself, without being indulgent.
- Be forgiving.
- Keep your life balanced.
- Take time to meditate and pray.
- Listen closely to whatever message your body is telling you.
- Look for humor and joy in every situation.
- Breathe deeply.
- Dream yourself to health.
- Know that healing comes from within.

In my opinion, Dr. Zuess and Dr. McGarey’s books are wonderful companion volumes for professional, student, patient or public consumption. Upon reading them, one can experience the “mosaic” of life and develop a “tool chest” for health. The case for integrated medicine is soundly made (McGarey, 2000).

McGarey, G. T. (1997) The Physician Within You. Deerfield Beach, Florida: Health Communications.

McGarey, G. T. Medicine’s Evolution. Blending the Best of Two Worlds. Complimentary Health Practice Review, 2000, 6(1): 7-10.

Special thanks to Dr. Mermis for permission to print his book review in the EAP Update.

UPCOMING

EAP Brown Bag Seminars: Spring 2002

"S/He said WHAT? Gender and Communication at Work"

Helen Bannan, Ph.D., Interim Associate Director of Women's Studies
 Thursday, February 21, 2002.
 11:30AM - 1:00PM
 Reeve Union 306

View and discuss Deborah Tannen's (author of "You Just Don't Understand: Women and Men in Communication") video entitled "Talking Nine to Five." This video considers the different ways men and women communicate at work. Discuss how these patterns resonate with your experience and ways to "translate" gendered speech patterns to be more effective at work.

Sports Psychology for the Recreational Athlete

Ann Malain, Ph.D., Senior Psychologist University Counseling Center
 Friday, March 29, 2002
 Noon-1:00PM
 Reeve Union 306

An introduction to some sport psychology skills that can help you prepare for competition, manage pre-competition butterflies, and maximize your physical skills. Skills that will be outlined include imagery for relaxation and skill building, and developing a pre-competition routine. Handouts and resources for further learning will be provided.

Violence and How it Affects the Workplace

Vicki Moss, RN, DNSc, Associate Professor of Nursing
 Wednesday, April 24, 2002
 Noon - 1:00PM.
 Reeve Union 306

Violence in the workplace and at home affects us all. This seminar will focus on the cycle of violence, signs, safety, intervention, the effects on co-workers and colleagues and what you as friend or supervisor can do.

Coming Attractions: Spring 2002

Gender and Communication at Work

Are their general gender-specific communication styles? What are the differences and how are they perceived?

"In the workplace, the style that are more common among men are the norm. The style women espouse often leads to their not getting the recognition they deserve," says Deborah Tannen, Ph.D., author of Talking from 9-5: Women and Men in the Workplace: Language, Sex and Power (Avon, 1995) and the New York Times best-seller, You Just Don't Understand: Women and Men in Conversation (Ballentine, 1990).

("Talking Points" by Dana Asher, Executive Female, July-August 2001, p. 20)

Letters to the Editor

EAP Update invites comments related to EAP articles of interest to employees, or relevant to the University community. Space limitations may prevent all letters from being published, however, every effort will be made to accommodate submissions. Letters must be constructive, civil, and present a serious discussion of your point of view and suggestions. EAP staff retain the sole right to edit provocative, inflammatory, and devaluing usage or refuse publication that would fuel controversy in a counterproductive manner. Submit letters of 250 words or less in Microsoft Word to

Barbour@uwosh.edu
 or by campus mail to 201 Dempsey Hall. Anonymous letters will not be published.

EAP Update Staff:

For further information contact
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 at 920-424-1078

Susan E. Barbour, Ed.D., EAP Director

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