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John Moe: Hey, before we dive in, just a quick reminder that the end of the year is upon us, and there is still time to make your donation to *Depresh Mode*. It's easy to do. Just go to MaximumFun.org/join, find a level that works for you, and then select *Depresh Mode* from the list of shows. It helps out the show. It helps get the show out into the world where it can help people. Do this before the end of the year. Go to MaximumFun.org/join. Thanks.

There are plenty of Christmas carols, and they're fine. But the winter months are about more than just Christmas, you know? They're also about grey skies and bitter cold. They're about shorter amounts of daylight, especially for those who live in the more northern parts of the United States, or the all over everywhere parts of Canada—or, hell, Scandinavia. Hello, Scandinavian listeners. I think we need carols specifically for Seasonal Affective Disorder, or SAD. Or as the condition is now known in some circles, Major Depressive Disorder with a Seasonal Pattern. The mental health phenomenon where the season kicks you into a depression.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: Let's talk about SAD carols. As in S-A-D, Seasonal Affective Disorder, carols. Like, I don't know—what could we come up with? “God Rest All Day Long, Ye Not-So-Merry Gentlemen”? Mm. “Ennui to the World”? “Silent Night, Except for All My Heavy Sighing”? “O Constant Night”? “Jingle Hells”? Okay, yeah, I'm not sure those will catch on. Maybe, though. I don't know.

In any case, let's take a look at Seasonal Affective Disorder, or Major Depressive Disorder with a Seasonal Pattern, this week so we can understand what we're up against. What it is, how it works, what you can do about it, why it isn't just a winter thing, and generally, how to navigate through the whole deal. We'll leave the singing out, for now. Dr. Ken Duckworth is the Chief Medical Officer for the National Alliance on Mental Illness, or NAMI. Full disclosure, I have worked with Ken and NAMI on a variety of podcast projects.

Transition: Spirited acoustic guitar.

John Moe: Dr. Ken Duckworth, welcome back to *Depresh Mode*.

Ken Duckworth: Ah, nice to see you again, John.

John Moe: Nice to see you. So, the skies were getting darker. The temperature was getting colder, and I figured it was about time to talk about Seasonal Affective Disorder. It's something that has come up a lot in conversations with our listeners. So, I go to NAMI.org to check up on this thing, because it's a wonderful resource, and I visit it regularly. And I find that it's now referred to as Major Depressive Disorder with a Seasonal Pattern. So, have we been calling it the wrong thing all this time?

Ken Duckworth: Well, SAD—Seasonal Affective Disorder—is a very handy acronym.

John Moe: It's catchy.

Ken Duckworth: It's very easy to remember. But my limited understanding of this is, you know, it's defined as a subtype of depression, and they just made a decision to make it kind of depression with a seasonal element. So, it lacks that SAD acronym. But other than that, I think it's describing the same phenomena, which is that some people—you know, particularly in Northern latitudes. So, we're talking Boston for me and Minnesota for you—run out of sunlight and notice that they have many of the symptoms of major depression.

John Moe: Okay. So, then am I slicing the onion too thin here to say so then they have depression? Or then they—” Or do they have something that resembles depression?

Ken Duckworth: Oh, it's a type of depression. I think that's the change in the framing. This is a type of depression that has unusual features, which is that you can anticipate it will come again, you know, at a high rate of probability. If you live in Northern latitudes and you're subject to this, it's something you can plan for and anticipate. And that's different than most depression. Typically, a person who has one episode of major depression, John, has a 50% chance of having recurrences and a 50% chance that the one episode will be their only episode.

But due to questions around unknown things—loss, stress, grief, right?—the second episode is harder to predict. So, Depression with a seasonal component, the artist formerly referred to as SAD—right?—you know, is the idea that it's specific.

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And the advantage to that is you can learn from your prior experiences. So, you know, what is your social connections matrix in the winter? Are you having people over for board games? Are you ice skating? Are you doing things with people? Are you engaging with treatment? Some people get lightboxes. These lightboxes have nothing to do with the lights in your kitchen. They are many, many, many times more powerful. And you don't shine them right in your eyes, but you—you know, you put them at your feet while you're eating your breakfast and getting working. So, you're kind of tricking your pineal gland, deep in your brain, that there's a little more sun than there is. So, those are treatments. Antidepressants, psychotherapy.

In that way, you know, it reads more like a traditional depressive episode, in that the stuff that works for depression works. But it does have this very unusual feature of being seasonal. And most people—again, short days, little light—you know, have features of depression. There are some people who have alternative versions of this. So, in the summer, heat and humidity, they get depression. That's depression—

John Moe: Right, right. I was going to ask about that.

Ken Duckworth: Yeah. That's less common, less well understood. But I think as the world gets warmer, I think we may see more research on that, because I think more people will be subjected to—you know—those kind of climate conditions.

John Moe: I was reading about how the winter variety of this disorder has something to do with the melatonin that your body produces. It sees that it's darker outside. It figures it might be time to go to bed. It's going to get you ready to go to sleep. It's going to start producing more melatonin in your body. What is it about a summer or springtime Seasonal Affective Disorder, or MDD with a Seasonal Pattern, that's triggering it?

Ken Duckworth: I think we don't know. I think it's not just that I don't know—because I don't know.

(John chuckles.)

But I think there's very little research done on this, because it's relatively uncommon. You know, Depression with a seasonal component, formerly referred to as SAD—about 5%, plus or minus, of people have this condition. More as you go north. So, it's more in Alaska than it is in Key West, right? It's more in Key West than it would be on the equator, right? More in Tierra del Fuego, way down south, than it would be, you know, in Aruba.

So, I think the idea is it's a, you know, exposure to light phenomenon. I don't think we understand enough the alternate version. But I think the key to this—and this is now, you know, me as the psychiatrist from an empowerment angle—is know thyself. If you have a seasonal component to your depression, you can plan for it, anticipate it, and attend to it. This may be the only advantage of a seasonal component. Because if you've had a depressive episode, you have a 50% chance, as I mentioned, of having another one. And they're hard to predict! Loss, stress, something happens in your life that's profound. Then you're at risk. But even that isn't clearly predictive.

So, the piece about Seasonal Affective Disorder, Depression with a seasonal component, is its predictability. And this is one of the creators of it, Dr. Rosenthal in the 1980s. He identified this really right from the beginning—was this idea that this is a predictable pattern that you can attend to.

John Moe: Hmm. Okay. Now, something I know about depression is that it can manifest in different ways with different people. Like, maybe you've got the no energy, can't get out of bed thing. Maybe somebody else can get out of bed just fine, but they feel numb to the world. Somebody else is really irritable. And it's just—it's manifesting in different ways. Is that the same with this condition that we're talking about? Or is it a narrower set of symptoms that recur with almost everybody?

Ken Duckworth: John! You continue to go farther than the research tells us!

(John chortles.)

Some people sleep too little and eat too little, right? Some people sleep too much and eat too much. Those people are more likely—the people who sleep too much and eat too much are more likely—this is also called atypical depression, but this is not in the DSM. This is kind of what clinicians know. People with Bipolar Disorder or a lot of Bipolar Disorder in their family are more likely to have that kind of depression. But again, these are broad strokes. The key is to know for you. If you're sleeping 3 hours or 13 hours, that should—you know, a lightbulb should go off in your mind.

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And if it doesn't go in yours, it should go off in someone who loves you, who says gently, “Now, Ken,”—or in your case, John—“You know, I'm wondering if this is a recurrence of the thing you had three years ago.”

And me, in my most collaborative self, would not get defensive and say, “Are you kidding me?!” I would say, “Thank you! I think you might be right. I guess, you know, I stopped my meds a year ago with the doc and I on board. I stopped going to psychotherapy, because my coverage ended.” Whatever your narrative is, the idea is a predictable pattern. Which is, you know, we're talking in December. This would be your classic seasonal component for mood disorders. That we have the holidays is an interesting and complicating confound.

John Moe: Yes!

Transition: Spirited acoustic guitar.

John Moe: Ah, the holidays. It can be a tricky time for those affected by the season and the darkness. Christmas comes right around the winter solstice, after all. More with Dr. Ken Duckworth in just a moment.

Transition: Soothing, relaxed guitar.

John Moe: Back with Dr. Ken Duckworth from NAMI, talking about Seasonal Affective Disorder or Major Depressive Disorder with a Seasonal Pattern. And we're talking about how the winter version of that can intersect with the holidays.

Ken Duckworth: Hallmark creates these idealized families, and I've yet to meet one, nor do I live in one. You know?

(John chuckles.)

I mean, it's just—you know, they're so Madison Avenue! They're not even married to each other! They're actors! Right? So, they're presenting you with this idealized version of what a happy life is. Most of us, from a cognitive behavioral point of view, fall well short of that. Right? Oh, god, you know, my jeans—you know, I stained my lunch on them today. Like, that wouldn't happen in, you know, Madison Avenue. You know. Many people are divorced. Some kids aren't home for the holidays, for good reason! Some kids are in the service. Like,

it's just not, you know, a Madison Avenue creation. I think can add to the seasonal dynamic, which is not the same as saying it causes, you know, the seasonal dimension of depression.

But I think if you talk to people, many people find the holidays not to be their favorite time of the year. I know the song says it's the most wonderful time of the year. I think the asterisk would then be “your mileage may vary”. And some people don't particularly care for this. I happen to have lost two siblings whose birthdays were both in November. The holidays are a source of heartache for me. Not only heartache. There are many beautiful things, right? Many beautiful things. But! You know, I think of the people that aren't with me during the holidays. And I look at those Hallmark-style ads. And I think, gee, they all have their siblings. So, again, not a depressive episode, but it's a cognitive thing that I have battled with pretty much every year.

Both of them were born in November, so I think about them a lot in November. And then we run out of sunshine. Then you turn on the TV, and there's all these really happy families. And so, again, You know, I have a set of strategies to attend to that. This is not a depressive episode, but I think the holidays are a confound for many people. But of course, it does usually bring people together, which tends to be good for mental health and an antidepressant itself.

John Moe: Right. Depending on the family dynamic, it might be really wonderful, (*chuckling*) or it might be compounding things, as you said.

Ken Duckworth: That's true.

John Moe: Do you—have you dealt with Seasonal Affective Disorder yourself, up there in Massachusetts?

Ken Duckworth: No, I got into one of the grey areas of “what is grief and what is depression” after my brother Joe died. And I had all the features of depression, but if you looked at me through the *Diagnostic Statistical Manual* lens, at different points they had an exception. You couldn't have a major depression if you were grieving. Then they said, well, there is an exception after six months, right? Now, after a year, there's a prolonged grief disorder, if you're still a wreck about this. And so, this is an interesting controversy that we have in the field. My one episode of depression was straight up in the dimension of, you know, the death of my brother, who was my best friend.

And so, was that grief? Was it depression? And I think this is where we get to the end of what the field can opine about sensibly. Right? Grief is a universal human experience. We all go through some variations on this kind of loss. And feeling sad, unable to concentrate, recurrently thinking about the person, struggle performing your role—that sounds a lot like depression. It also sounds like grief. Right? And so, I would say I haven't really had a seasonal component to my mood experience.

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My dad had Bipolar Disorder, so I would theoretically be at a higher risk. So, we don't understand seasonal components to depression, but we do know if depression runs in your family or Bipolar Disorder runs in your family, you have a higher risk. So, I think it's pretty well established that this is a phenomenon. And you know, unlike grief, the goal sticks haven't moved that much other than to change the name. SAD was an acronym that most people understood, right? Tidy, very tidy acronym. But this is basically the way that the framing is. This is an episode of depression. It just happens for you, you know, in the dead of winter.

John Moe: You know, Seasonal Affective Disorder—SAD—is a handy acronym, but I've been looking at Major Depressive Disorder with a Seasonal Pattern, or MDDWASP, and we could call this mud wasp.

Ken Duckworth: (*Giggles.*) John, you're always thinking!

(*John laughs.*)

And you know, psychiatrists like acronyms, right? There's nine criteria to depression. SIGECAPS: suicidal ideation, loss of interest, guilt, lack of energy. SIG-E-CAPS—concentration, appetite, psychomotor retardation, and sleep trouble. Siggy-caps.

John Moe: Siggy-caps.

Ken Duckworth: And so, you know, if you go into an emergency room and you're describing the elements of depression, the person would say, “Alright, let me—” They write down the word SIGECAPS. “Okay, positive, negative, positive, negative, positive, negative,” and they might develop it more. They say, “Oh, you've got so many out of these; you have a Major Depressive Disorder.”

So, mud wasp!

John Moe: Mud wasp!

Ken Duckworth: John, I'm thinking you should contact the American Psychiatric Association and say, “Alright, SAD was pretty good. But! I have an upgrade for you.”

John Moe: Yes. Yes. Well, somebody in the comments in our Facebook group pointed out that a mud wasp is really nasty biting insect, and it can be really difficult to deal with. So, I think we're onto something here.

Ken Duckworth: Wow! Might be onto something! Wow. It doesn't conjure a happy experience, yes.

John Moe: No, no. Well, here's what I wonder too, about this disorder or about, you know, whatever we want to call this thing. Is it, for some people, a way of distancing themselves from something that they are having a hard time processing? By calling it a Seasonal

Affective Disorder or even calling it a Major Depressive Disorder with a Seasonal Pattern, is it a way of just holding—of blaming the time of year, whether that's winter or summer, for something that they need to get to the bottom of through their own process?

Ken Duckworth: Well, that's "your mileage may vary". You know, each individual—I do think Major Depressive Disorder is real.

John Moe: Yes.

Ken Duckworth: I've seen people get better with psychotherapy, medications, love, and community. I've seen that. I believe it's real. I've seen seasonal patterns. A lot of life and a lot of medicine is pattern recognition. Alright, I'm anticipating I'm going to have trouble this December, so I'm not going to quit therapy now. I'm not going to quit my—stop my meds. If I have resources, I'm going to go to the Caribbean for a week to get a big dose of sun. Do some people medicalize things that are human experience? I think that was the kind of the controversy around grief that I was sharing with you.

John Moe: Sure.

Ken Duckworth: That's pretty dang universal. Is it belittling it to medicalize it, right? It's a good question. But some people, of course, you know, will benefit from psychotherapy and thinking about things, as opposed to saying, "Uh, this is a MDDWASP problem."

John Moe: Right, right. Well, here in the Twin Cities where it gets very, very cold in the winter—I don't know if people knew that it gets cold here, but it does.

Ken Duckworth: It still does!

John Moe: It still does! It still does. They have all these outdoor festivals, I think, for this time of year. And it strikes me that it's a pretty good medicinal move. We have the—we have Winter Carnival, we have Holidazzle, we have all these events that are focused on getting people outside to soak up some of the sunshine—even if it's zero degrees and there's still sunshine—of getting that vitamin D into the system.

Ken Duckworth: Well, my answer to that is you betcha!

(John chuckles.)

It's a great Minnesota strategy! Getting outside is great. Now the light isn't strong enough up North, way up North up here—right?—to make a difference in your pineal gland. Like, your melatonin is not moving much. But getting outside and being with people is great for us. It's great for us!

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And I do my best, you know, when it's sunny in Boston. You know what they say, there's no bad weather; there's only bad gear. So, you know, you put on your hat, you put on your gloves, and you stumble through the park. And you know, I'm catching rays. They're just small R rays in Massachusetts, they're not capital R. You know, as they might be in Austin.

John Moe: So, does the lightbox that you can buy—does that do enough in terms of light to fire up the pineal gland and suppress the melatonin?

Ken Duckworth: It does. Also, your health plan might pay for it. So, instead of shelling out hundreds of dollars, figure out if you can get a diagnosis of Major Depression with a seasonal component, formerly known as SAD, and submit it to your health plan. Because that's a treatment! It's an intervention. It's an actual, evidence-based, scientifically proven treatment. And if you hang out in Alaska, you'll see a lot of them. Right? If you visit Alaska, people have them. It's not—you know, there's no shame associated with having a lightbox, you know, as you get really far away from the equator.

So, I encourage people, if you think that you have a seasonal pattern of this, talk to a practitioner. See if that is a pattern that they agree with. And if you get that diagnosis, submit it to your health plan. It could save you a couple hundred dollars, in terms of getting a lightbox. Interestingly, John, there have been reports that if you have a Bipolar Disorder risk, lightboxes can activate mania. So, this is a little bit like an antidepressant for a person with Bipolar Disorder, right? If you give a person with Bipolar Disorder an antidepressant, you may activate them.

So, all this speaks to the fact that this is an active intervention. You should know a bit about your family history and do these things with somebody. With a caregiver, with a doc, you know, with a primary care doctor, psychiatrist. Don't do too many of these tricks unsupervised. You know, work with people, get help, get feedback. Your local NAMI. NAMI Minnesota is a very strong group. You know, they'll have a resource for you, a place to go.

John Moe: It's good advice. Go see somebody, get some help, do something about this, take care of your MDDWASP as best you can.

Ken Duckworth: And get outside! You know, embrace the fact that you've chosen to live in Minnesota, which has all those lakes, and there's a very polite culture, right?

John Moe: Much of the time, yes. (*Chuckles.*)

Ken Duckworth: Embrace it! Embrace it, right? So, you know, I live in Boston, and the Patriots are terrible now! Well, that just frees up Sunday afternoons to go for walks in the woods, and the—they're terrible! John, it just happened. It was like a plague of mud wasps arrived and took care of, you know, everything that happens in Foxborough, Massachusetts. So, that's now freed up four hours for New Englanders to walk outside, get outside, be active, exercise. Which, again, is often not enough. But being inside is a risk for both isolation and the seasonal dimension. So, isolation is not good for people. And that's why the the gear comes in handy.

John Moe: Nice. And this holiday season, you've got your Michigan football team to be hopeful with as well.

Ken Duckworth: John, I want to thank you for texting me. I realized, you know, I had about 30 people who know that I'm a University of Michigan fan.

(John laughs.)

So, all greatly appreciated. When miracles happen, you've got to celebrate.

John Moe: Absolutely. Dr. Ken Duckworth is the Chief Medical Officer for the National Alliance on Mental Illness or NAMI. Ken, thanks as always.

Ken Duckworth: Thank you, John. All good.

Transition: Spirited acoustic guitar.

John Moe: So, that's an informative look at SAD, or MDDWASP, from a medical expert. How about the experts of lived experience? We hear from the Preshies after the break.

Transition: Gentle, relaxed guitar.

John Moe: Welcome back. We're talking about the phenomenon of Seasonal Affective Disorder, or Major Depressive Disorder with a Seasonal Pattern. This has been a topic in our Preshies group on Facebook lately. A lot of good conversation happening there. Preshies is a group we run for the show where people talk about the show and then talk about all kinds of mental health topics, including this one.

Joy Doan is a listener in the Upper Midwest. Joy Doan, welcome to *Depresh Mode*.

Joy Doan: Thanks, John. It's good to be here!

John Moe: So, you have some experience. You're a veteran of Seasonal Affective Disorder. How far back does it go for you?

Joy Doan: It goes back about as far as I have memory. Yeah. *(Chuckles.)* I know I've always had lower energy in the winter, but what really cued me in was moving from the Midwest to Colorado, where there was a ton of sunshine. And I worked in a great lab that had windows galore.

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And when we moved back, it was abundantly apparent that the Midwest weather patterns were causing some issues for me.

John Moe: So, you moved back to the upper Midwest, to Minnesota.

Joy Doan: Yes, indeed.

John Moe: Okay. What happened then?

Joy Doan: So, when we moved back here—it's been about 20 years. Within the first couple of years, I noticed a pattern where right about the time we go from daylight time to standard time my energy would get really frantic for a few weeks. I'd have a hard time focusing. I'd have a hard time getting tasks done. I'd try to do 30 things at once, none of them well. And then after about two weeks of that really frantic energy, I would crash. I would catch up on all the lost sleep, and then my batteries just would never come back to a normal level. So, it was like my charger would only go to about maybe 75% on a good day.

John Moe: And this has been going on for 20 years now?

Joy Doan: Uh, at least, yeah.

John Moe: Okay. Have you done anything about it? Do you have a lightbox, or do you get treatment?

Joy Doan: So, I do work with a therapist, and we are attuned to my seasonal cycles now. Yeah, you know, I've tried light therapy. My career does not allow me to have a consistent time of every day to sit in front of a lightbox. So, you know, I tried that early on. And the lack of consistency made it pretty ineffective for me. I couldn't get to it every day. I couldn't get to it at the same time.

I do my best to work near windows. So, I try to get as much natural light as I can. My therapist has recommended that I stay connected with my close friends and keep them informed of what's happening with me, and that I also engage in regular creative practice, whatever that looks like. Because those two things tend to be life-giving.

John Moe: So, you talk about how this has affected you. How has it affected your life? Like, what happens in your life as a result of when this depressive period kicks in?

Joy Doan: So, it really depends on how quickly I catch it and how well I'm managing it. You know, if I'm managing it well, I remember to set extra alarms and calendar notifications for myself so that I don't miss events and deadlines. I also remember that I should say “no” more frequently, when I'm asked for various extra commitments, either at work or socially. If I'm not managing it well, I don't always notice that that's happening until things have piled up a little bit. So, if I'm not managing it well, I am dropping various balls that seem to be less important.

As an example, it's final exam week at the college where I teach, and I have two exams for the same class that remain ungraded.

(John “oof”s.)

Yep! And that's an example of something that happens when I kind of lose all the things and don't pick them up effectively.

John Moe: Yeah. So, we've been talking on this show and on Facebook about how Seasonal Affective Disorder is now in some circles being retitled Major Depressive Disorder with a Seasonal Pattern. Have you experienced depression—Major Depressive Disorder—before, outside of this seasonal pattern?

Joy Doan: I have.

John Moe: Okay. And what has that been like?

Joy Doan: Ugh. That's—you know, that's sometimes a good question. Sometimes—that's also been a companion of mine since adolescence. Most of the time as an adult, it manifests less as sadness and more as numbness or a lack of will. I think. And so, a lot of the symptoms that I get with the seasonal depression are really similar to what I have with typical major depressive symptoms. It's just not tied to the weather. So, if I'm having a typical major depressive episode, I could—you know, I could go up to Alaska in the middle of the summer and have daylight for 23 hours a day, and it wouldn't make a lick of difference.

John Moe: Hmm. Okay. The depression you experience with this particular disorder and the depression that you would you experience otherwise are pretty similar then?

Joy Doan: Yeah, once I'm in the seasonal depression, they're fairly similar. I would say the major difference is the getting in and out of what feels like typical depression symptoms. You know, the seasonal depression is always preceded and followed by just a period of really frantic activity, insomnia, racing thoughts.

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And my typical depression is just a slowing down. You know, kind of like going uphill and taking your foot off the gas.

John Moe: Okay. Careening backwards down the hill again?

Joy Doan: Sometimes. Yeah. Sometimes it's that bad.

(They chuckle.)

John Moe: Okay. Does knowing a lot about this disorder help?

Joy Doan: Sometimes. I think it definitely helps in my social circles, where my friends who know me well understand if I tell them that my mental health is suffering and I need to change plans, cancel plans, reschedule. It's not very helpful professionally, because a lot of

what I do just doesn't have flexible deadlines. It's helpful to me, in that I can sometimes manage my own expectations and manage my calendar in a way that helps me deal with the reduction of energy. And sometimes it's just the capacity to be gentle with myself in the midst of it, even while I am not succeeding very well in the ways that are conventionally associated with succeeding.

John Moe: Well, good luck with your Major Depressive Disorder with a Seasonal Pattern, or MDDWASP, Joy. And good luck to your students on hearing back from you on some of those exams, and thanks for being with us.

Joy Doan: Thanks, John.

Transition: Gentle, relaxed guitar.

John Moe: Christina Santiago is another member of our Preshies group on Facebook. Christina Santiago, welcome to *Depresh Mode*.

Christina Santiago: Thanks for having me.

John Moe: So, tell me about your experiences with what we once called Seasonal Affective Disorder, what we now call Major Depressive Disorder with a Seasonal Pattern.

Christina Santiago: So, my official diagnosis is Bipolar Disorder, Bipolar 1 with a seasonal component, which means my moods are often impacted by the seasons. And I think I experience the traditional seasonal impacts. So, fall and winter tend to feel more low. Spring and summer tend to feel more up.

John Moe: How long has this been going on?

Christina Santiago: I was diagnosed at 24, and I'm 30 now. I think there were signs as young as middle school, but it does run in the family. My dad's grandpa had Seasonal Affective Disorder, or what it's now called. So, I earned this honestly.

John Moe: (*Chuckles.*) Did it skip a generation? Is your dad in the same situation?

Christina Santiago: He's not. Neither of my parents have a diagnosed mental illness. But then grandparents and great grandparents, some of them do. Aunts and uncles do. So, I was the lucky one on the spin of that bottle.

John Moe: So, tell me how it feels when it starts coming on. Like, fall is there, the leaves are falling off the trees, it's getting more overcast. What happens to you?

Christina Santiago: I feel great in the beginning of fall, when the leaves are changing, when you can go out to a pumpkin patch and drink your pumpkin spice latte.

John Moe: Have some cider. Sure.

Christina Santiago: Exactly a cider at a cider mill. It's when things get dark early. It's when the sun starts to set between four and five that I start to feel it. The help of sunshine, that's real for me. I have a light lamp that helps with mood during fall and winter. But yeah, even just this past month in November, when it started getting darker sooner and I couldn't do those fun fall things, because it was getting too cold and getting too dark too soon—it kind of just sucks the life out of me. Everything becomes muted, and I feel grey like the sky. And that's not my healthy mode of being. So, I can definitely sense it, I would say, once November comes around.

John Moe: Yeah. Does it have an impact on how physically active you are too?

Christina Santiago: Oh, yeah. I joined a gym in August, which makes sense! Because I'm feeling the energy and going outside, and it's beautiful! So, why not exercise? Group fitness classes are fun. And then once it's dark early, after I get off work, I might as well just go home and go to bed. Like, who is doing active things like Zumba when it's dark outside at five o'clock?

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That's how it feels for me. I know other people are making it to the gym. But other than walking the dog, it's hard to do anything active.

John Moe: What part of the country do you live in?

Christina Santiago: I'm in the Midwest.

John Moe: Okay. Alright. Upper Midwest, where it's really short days or down below?

Christina Santiago: Kansas City, Missouri currently. So.

John Moe: Okay. So, right there in the middle. Yeah. You mentioned being Bipolar 1. How often are those high and low cycles cycling for you during a fall and winter?

Christina Santiago: So, being in therapy and on medication—as long as I stick with those things, it's not too often. Maybe one lower than usual drop in the winter and one higher than usual high in the summer. Again, I don't know what it is about the dark, but when it gets dark outside and—you know, I had a recent move and hadn't changed my pharmacy yet. So, when I was running low on my meds, it was like, “Ugh. I'm too tired to go pick up the new ones. I'll be fine for a couple of days.” And then a couple of days becomes a week and two weeks, and then you feel the difference, and it doesn't help. Right? That certainly doesn't help, when the help helps and you abandon it, you're going to fall offtrack.

John Moe: You mentioned talk therapy. Are you getting talk therapy for the Seasonal Affective Disorder, as well as for the Bipolar?

Christina Santiago: Yes, we have started talking about that as the fall has rolled into winter. I go every other week, and my last session was two weeks ago. And this is a new therapist, and she noticed. She said, “You do seem muted,” when I used that word, muted. And it makes me feel like a shell of myself and not the full, fleshed out, vibrant me that I consider myself to be when I'm in a better headspace. So.

John Moe: You mentioned a lightbox. Are there other techniques or other—I don't want to say tricks, but ideas that you've tried that have helped you in this kind of situation?

Christina Santiago: I mentioned walking the dog. Being responsible for something else or someone else helps. And he needs to get outside and go to the bathroom multiple times a day. Yes, we have a backyard that's fenced in, so I can just let him out that way. But at least once a day we try to go for a walk. And that helps even when it's cold outside, even if it's a little dark outside. That fresh air and that brisk air in the Midwest can actually feel a little rejuvenating and liven me up a bit. Otherwise, it's kind of the basics. Like, have I eaten recently? (*Chuckles.*) Do I need a bottle of water? Those things are so simple. But even like taking a hot shower, it's like a wake up. It's a refresher. And it makes me feel more human somehow.

John Moe: Do you have a hope of kicking this thing one day, or is it just a matter of “I'm going to be managing this thing from here on out”?

Christina Santiago: I think I'll probably just be managing it, but the hope is that I don't struggle with it. I know a lot of people say, “I struggle with mental illness. I suffer from mental illness, and my goal is to manage it.” And if I can do that and be mostly okay most of the time, that's a win in my book.

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: Well, we're speaking in mid-December, and there's still plenty of winter left to go, but spring is on its way. And Christina Santiago, thank you for joining us.

Christina Santiago: Thank you so much.

John Moe: If you are on Facebook, you can join the Preshies group, join some of these conversations. We'd love to have you. Just go to Facebook and find Preshies and ask to be invited in, and we'll invite you in. The Maximum Fun merch store is open for business. We have all sorts of *Depresh Mode* products there, all sorts of “I'm glad you're here” merchandise that you can choose from. And we got shirts and mugs and all kinds of things. We got *Depresh Mode* sweatpants. That's all at [MaxFunStore.com](https://www.maxfunstore.com). Just go to [MaxFunStore.com](https://www.maxfunstore.com) and you can find all that we have available. Be sure to hit subscribe, give us five stars, write rave reviews. All of that helps get the show out into the world.

The 988 Suicide and Crisis Lifeline can be reached in the United States by calling or texting 988. It's free, it's available 24/7.

[00:40:00]

Our Instagram and Twitter are both @DepreshPod. Our *Depresh Mode* newsletter is available on Substack, search that up. I'm on Twitter and Instagram @JohnMoe. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners! The house next door to mine sold recently. Oh, I hope the family that moves in has a dad my age! *Depresh Mode* is made possible by your contributions. Our production team includes Raghu Manavalan, Gabe Mara, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, "Building Wings". *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now!

Music: "Building Wings" by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

Jenny: This is Jenny from Cincinnati, and I like to remember what Ella Montgomery's Anne Shirley from *Anne of Green Gables* would say: "It's nice to remember that tomorrow is a new day with no mistakes in it yet."

(Music fades out.)

Sound Effect: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!