

# Winter can bring depression

■ An estimated 1 to 3 percent of the general population in Oregon suffers from seasonal affective disorder

By Jessica Blanchard  
for the Emerald

It's normal to feel a little blue during this time of year — after all, the days are getting shorter, the leaves are falling and once the rain begins, it makes spring seem far away.

But for some students, the shorter days and longer nights signal more than the changing seasons — they mean the beginning of a season of depression.

Each winter, people with seasonal affective disorder (SAD) experience the typical symptoms of depression, such as fatigue, weight gain or a lack of motivation, but to a degree that makes them unable to function normally.

David Quale, a medical social worker at Sacred Heart Medical Center, said he's known people who have even lost jobs in winter because of SAD.

"Our modern lifestyle doesn't really acknowledge these seasonal changes," he said. "Your class starts, and you have to be there — nobody really cares how you feel."

While many people experience what Quale calls the "winter doldrums," SAD sufferers experience a clear seasonal pattern of depression.

"Having symptoms once is sit-

uational," he said. "But if you're having symptoms for two or more years consecutively, it's likely to be seasonal affective disorder."

Researchers believe that the shorter winter days with less exposure to sunlight are one of the main causes of SAD.

"If you take a person in Eugene with SAD and plop them down in California or Arizona, they'll feel better in a few days," Quale said.

According to information from the Columbia-Presbyterian Medical Center in New York, populations closer to the Earth's poles tend to have higher rates of SAD sufferers because the winter day is shorter in those locations. In Oregon, an estimated 1 to 3 percent of the general population has SAD, while farther north, in Alaska, the rate is estimated to jump to around 10 percent.

While the only "cure" for SAD is to move to a sunny locale like California or Florida, many SAD sufferers have found relief in anti-depressants or light therapy — exposure to special bright lights for about an hour per day.

"We know light therapy works, but we're not quite sure why," Quale said. "Most people have a good response to light therapy. They're so happy to have found a

way to manage in the winter."

The lights are a popular way to treat SAD because they have relatively few side effects compared to many anti-depressants. The lights must be a specific power and must be placed a certain distance from the person. Other forms of light, such as tanning beds, may have a temporary effect, Quale said, but they are not safe for everyday use and are not a substitute for regular exposure to one of the specially designed lights.

But Gayle Frunz, supervisor of Area A of the University Health Center, said light therapy isn't for everyone.

"A lot of people think it's a quick cure-all," Frunz said. "But it requires commitment on the part of the individual."

For University students who think they may have SAD, Sacred Heart Hospital and the health center offer SAD screening.

Both Quale and Frunz caution against attempting a self-diagnosis of SAD.

"We strongly urge students who feel they might have [SAD] to be screened for appropriateness of light therapy," Frunz said. "A big factor in [treating SAD] is education and instruction of the patient on how to use the light to minimize side effects and optimize treatment."

## Kip Kinkel

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ziger, a private investigator hired to research mental illness in Kinkel's extended family.

Naffziger discovered a history of mental illness on both the maternal and paternal sides of Kinkel's family. She began with Kinkel's maternal great-grandfather, who suffered from alcoholism and his great-grandmother, who was mentally ill.

Naffziger said almost the entire family of Faith Kinkel, Kinkel's mother, suffered from depression and even Faith Kinkel herself took depression medication.

The family of Bill Kinkel, Kip's father, also had problems with mental illness, depression and alcoholism, Naffziger said. Kinkel's great uncles both suffered from mental illness.

Kinkel himself also suffered from depression. Child psychologist Dr. Jeffrey Hicks testified Kinkel began taking an anti-depressant in June 1997. Hicks began treating Kinkel in January 1997 because of his fascination with guns, knives and explosives. He said Kinkel would sometimes relieve his stress and anger by setting off explosives.

"He'd go to a local quarry and detonate explosives," Hicks said. "That would make him feel better."

Kinkel's mother told Hicks that since Kinkel began taking the

drug, his mood had improved. Kinkel then stopped going to the psychologist, Hicks said.

"At that point, Kip's mom thought that they could deal with it on their own," he said. Kinkel remained composed throughout the day's testimony, but he blushed when childhood friend Casey Guianen took the stand.

Kinkel and Guianen met when Kinkel was six or seven, she said, and the two spent many hours together. Guianen even lived at Kinkel's house when her family moved out of the school district.

She said she was "very surprised" when Kinkel was taken into custody. She said Kinkel, when he started the shooting spree on May 21, 1998, in the Thurston High School cafeteria, was not the boy she had known.

Kinkel killed two students and wounded 25 others. He killed his parents the night before.

Kinkel pleaded guilty to four counts of murder and 26 counts of attempted murder on Sept. 24. Lane County Circuit Judge Jack Mattison will decide whether Kinkel should serve 25 or 220 years.

Earlier Thursday, Kinkel's fifth-grade teacher, Sherri Warthen, testified that Kinkel received high grades in her class, but he was very rude and teased some of his fellow students. She said he would sometimes lose his

temper in recess, especially if he got hit in dodge ball.

"He would be so upset that he would just nail the kids in the face with the ball," said Warthen, who is the wife of Springfield Detective Al Warthen, whom Kinkel attempted to stab with a concealed knife during his arrest.

In other testimony, Richard Sherman, mental health supervisor at the Lane County Jail, said he had never seen any indication that Kinkel had a formal thought disorder but said, "I think the reason why we're in court today is because this is a very troubled young man."

Sherman said he had kept Kinkel up to date about the media coverage his crime received as well as other school shootings in the nation. He said Kinkel was upset to hear about the April 20 shootings at Columbine High School in Littleton, Colo.

"He became very anxious," Sherman said. "I absolutely took it as a genuine response ... it saddened him."


Sherman said he doesn't believe that Kinkel "fits the profile of someone I would want to leave in prison forever."

"But I also think the diagnostic picture is not complete," he said. "We really don't know what's going on with Kip Kinkel diagnostically."



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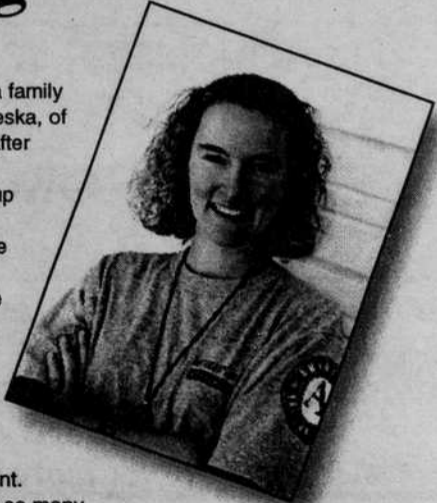
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