A REFLECTION GUIDE

Not Feeling Like Yourself This Winter?

Understanding Seasonal Depression, Stress, and What Might Help



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Make sense of what has changed



Perhaps you are getting through the day, but everything takes more effort. You sleep longer without feeling rested. Plans you would usually enjoy feel difficult to make, or you feel unusually flat, irritable, or alone.

I want to help you look more closely at those changes. Winter can affect light, sleep, connection, and the demands on your life. Understanding which changes matter for you can help you choose support that fits, rather than adding another list of things you should be doing.

How to use this guide

Read the next two pages, then work through eight questions about your experience. Use what you notice to choose one of three practical pathways. Each teaches a skill, shows an everyday example, and gives you room to try it. Finish with a summary you can use yourself or bring to an appointment.

Allow about 20–30 minutes for reflection, then 10–15 minutes to plan one practice. Return after trying it to note what happened. Write on a printed copy or type in the PDF fields and save a private copy. This guide is for reflection and skills practice, not a diagnostic test.

Find your way through the guide

Understand the possibilities · pages 3–4
Learn how winter, life circumstances, and health can overlap.

Reflect on your own experience · pages 5–8
Use eight questions and concrete examples to notice your pattern.

Practice a useful skill · pages 9–15
Choose activity planning, thought work, or practical problem solving.

Decide what comes next · pages 16–17
Review what you learned and choose further support.

Could depression be part of this?

A brief dip in mood or energy is not automatically depression. But feeling unlike yourself deserves attention, whether the change follows the seasons or not.

Depression that is not seasonal

Depression can begin in any season or continue throughout the year. Winter may make an existing depression harder to manage. Persistent low mood or a loss of interest can come with changes in sleep, appetite, energy, concentration, and how you manage daily life. It may feel less like sadness and more like emptiness, irritability, or being unable to care about things that usually matter.

Low mood or lost interest lasting about two weeks warrants an assessment, especially when daily life is becoming difficult. You can seek help sooner. A clinician considers the whole pattern and other possible causes, not a checklist alone. **Grief, stress, and depression can coexist. Having a reason to feel bad does not rule out depression.**

When depression follows a seasonal pattern

Seasonal depression, also called seasonal affective disorder (SAD), involves depression with a recurring seasonal pattern. Winter-pattern SAD typically begins in fall or winter and improves in spring or summer. A repeated pattern over at least two years is part of assessing SAD. That does not mean you should wait two years to ask for help. Depression that first appears in winter is not automatically SAD.

How light affects your daily rhythm

Light-sensitive cells in the retina send timing information to the brain's central body clock, the **suprachiasmatic nucleus, or SCN**. This clock helps coordinate daily rhythms, including when the body releases melatonin, a hormone that normally rises during the biological night.

Shorter days and changes in when you receive light can alter these timing signals. Daylight and sleep timing are worth noticing, but not every tired person has too much melatonin, and light alone does not explain seasonal depression. The causes of SAD are still being studied.

Learn more: NIMH on depression · NIMH on SAD · NIGMS on circadian rhythms

The next page looks at other experiences that can affect mood or sit alongside depression.

What else may be shaping your mood

Sometimes the season is part of the story, but it is not the whole story. Several pressures can build at once. These possibilities are worth considering alongside seasonal depression, rather than using one to explain away another.

Pressure and relationships

Holiday plans can add money worries, caregiving, travel, and the expectation that you will make things enjoyable for everyone. A strained relationship, conflict with family, or carrying more than your share can leave little energy for anything else. Notice whether you feel worse around particular demands or interactions. That may point toward a smaller commitment, a boundary, a direct conversation, or help sharing the work.

Grief and what feels missing

A tradition or anniversary may bring a loss into sharper focus. You may miss a person, a relationship, or the way life used to feel. Winter can also reduce the everyday contact that usually keeps you connected. Consider whether you need room to remember, companionship without pressure to be cheerful, or support with grief. Grief and depression can occur together; you do not have to choose between those explanations.

Sleep and routines that have shifted

An earlier sunset may mean losing your after-work walk. A busier schedule may mean later nights, irregular meals, or fewer moments to recover. Poor sleep can affect energy, concentration, and mood, while depression can also disturb sleep. Compare a typical day now with a better month. Look for a routine you miss and could realistically adapt, while mentioning persistent sleep difficulties to a clinician.

Health and hormonal changes

Persistent fatigue or low mood can also overlap with physical illness, medication effects, or hormonal transitions. Pregnancy, the postpartum period, and perimenopause may be relevant for some people. New physical symptoms, a medication change, or mood changes that follow a menstrual pattern are useful information for a primary-care clinician. You do not need to identify a medical cause yourself. Bring the timing and symptoms you have noticed, along with your medication list.

As you reflect, ask what your experience seems to call for: fewer demands, connection, grief support, a change in routine, or a closer clinical look. More than one kind of help may fit.

Sources: SAMHSA on holiday mental health · NIMH on depression and overlapping health factors.

Name the change and its timing

Compare the past few weeks with a time when you felt more like yourself, not with an ideal version of what you think you should accomplish.

1. When you say “I don't feel like myself,” what has actually changed? What takes more effort than it used to?

Think about energy, mood, concentration, appetite, sleep, and connection. Look at the effort behind your day, as well as what gets done.

> *“I still meet my deadlines, but after work I sit for an hour before making dinner. I miss talking with my sister, yet answering her feels like another task.”*

This describes a change someone else might miss. Keeping up with work does not cancel out the strain at home. Choose one or two ordinary moments that show the difference; they will help you explain what you need.

Before, now, and the part that feels hardest

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2. When did you first notice this? When have you felt better, and does a similar pattern appear in earlier years?

> *“This started in November last year and lifted around April. This year I began feeling low in September, just after my mother became ill.”*

The timing raises two useful questions: is there a seasonal pattern, and what else was happening? A repeating seasonal pattern matters, but one difficult winter cannot establish SAD. Low periods outside winter matter too. Use approximate months if exact dates are hard to remember.

When it began, how often it happens, and any earlier pattern

Keep these observations in mind as you look at enjoyment, sleep, and your daily rhythm next.

Understand shifts in interest and sleep

“Tired” can describe several experiences. You might need sleep, struggle to begin something, or find that things you usually enjoy no longer feel rewarding. Noticing the difference can help you ask a better question.

3. Think of something you normally enjoy. Is the difficulty getting started, enjoying it once you are there, or both?

> *“I almost canceled dinner, but I enjoyed being with my friend. On other days, even music and my favorite show feel flat.”*

The distinction helps you describe what is happening; it does not separate depression from ordinary tiredness on its own. A good evening does not rule out depression. If interest or pleasure has faded across much of your life, especially for two weeks or more, bring that change to a clinician.

What I still look forward to, what feels flat, and for how long

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4. Compared with a better month, what has changed about when you sleep, when you wake, and when you get daylight?

> *“I used to walk before work. Now I go from my bedroom to my desk, nap after dinner, and struggle to fall asleep later.”*

This gives you a practical place to explore. Spending longer in bed is not the same as getting restorative sleep. If it fits your circumstances, try a consistent waking time or a brief outdoor daylight break. Notice whether the adjustment helps with waking, energy, or sleep, and bring continuing difficulties to a clinician.

The change I notice and one feasible adjustment

A daylight break is ordinary self-care. Therapeutic light boxes are a separate treatment to discuss with a clinician.

Consider the demands of the season

Your experience includes more than symptoms. Relationships, responsibilities, losses, and the ways you get through a hard day all belong in the picture.

5. What does this season bring into your life, or take away, that matters to you?

> *“December reminds me of my dad. I also feel responsible for making the holidays good for everyone, even though money is tight.”*

Grief and pressure point toward different needs than a disrupted sleep schedule. Naming them can help you choose support: space to remember someone, a smaller gathering, a spending limit, or sharing a responsibility. These circumstances can coexist with depression; they do not make your distress less important.

What feels missing or demanding, and what kind of support would fit

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6. After you try to feel better, how do you feel a few hours later or the next morning? What genuinely restores you?

> *“Canceling everything brings relief at first, but by Sunday I feel more alone. A quiet evening with a book helps me rest. A short walk with my sister usually helps too.”*

Rest and withdrawal can look similar from the outside. Your experience afterward offers useful information. Notice which choices help you recover and which repeatedly leave you more isolated or sleep-disrupted. Use what you notice to make a restorative choice easier, while being honest about the support you still need.

What helps over time, and what I might make easier to repeat

If you notice feeling keyed up, overwhelmed, or disconnected, Understanding Your Window of Tolerance offers language for those experiences. It is a framework for reflection, not a diagnosis of the cause.

Decide what deserves more support

By now you may see several possible contributors. You do not need to decide which one explains everything before you seek support.

7. What else changed around the same time, including your health, medicines, appetite, or physical symptoms?

> *“The tiredness started before autumn. I am also unusually cold and constipated. I assumed it was all because I felt low.”*

Some physical conditions, including an underactive thyroid, can overlap with low mood and fatigue. These symptoms do not identify the cause, but they are worth mentioning. A recent illness, medication change, or major change in sleep may also matter. Arrange primary-care review for persistent or unexplained changes, and bring your medication list. Do not change prescribed medicines based on this guide.

Other changes I want to mention or ask about

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8. What feels hardest to manage alone, and what would useful help look like this week?

> *“I need help explaining this to my doctor, not another list of habits. I would like my partner to handle dinner the night before the appointment.”*

A specific request is easier to act on than “I need to take better care of myself.” Help might mean an appointment, company, practical assistance, or space to talk about a loss. Choose what responds to the difficulty you actually named. You can make daily life easier while also getting an assessment.

The help I want, who I could ask, and when

More on overlapping symptoms: NIDDK on underactive thyroid and NIMH on depression.

Choose the kind of help that fits

Your answers may point to several needs. Begin with the difficulty that is having the greatest effect on your day. The next pages teach three skills, with worked examples and room to try them yourself.

When you are withdrawing or cannot get started

If you miss things that used to support you, or a useful task feels too large to begin, start with **Rebuild one supportive activity, pages 10–11**. You will choose a meaningful action, make the starting point manageable, and learn from what actually happens.

When a discouraging thought is making the decision

If “nothing will help,” “I will ruin it,” or another harsh prediction keeps deciding what you do, try **Give a thought a fair hearing, pages 12–13**. You will separate what happened from what you concluded, look at the evidence, and try a small, safe way to learn more.

When a real burden needs a plan

If the difficulty is a demand, expense, schedule, or responsibility, turn to **Work on one solvable piece, pages 14–15**. You will compare options, decide what can change, and make a specific request or plan. A realistic problem deserves practical help, not pressure to think positively.

These paths can overlap. For example, you might need help sharing a responsibility before you have room for a restorative activity. If thinking through a worksheet feels exhausting, begin with one supported action rather than the thought exercise.

When grief or health concerns are central

Grief may call for companionship, remembrance, or space to feel what you feel. An activity can support you without taking the grief away. Persistent physical symptoms, marked sleep changes, or difficulty managing daily care deserve a clinical conversation alongside any practice you choose.

An optional pause before you begin: look at an ordinary object nearby or notice your hand resting on a surface. Briefly name what is here: “I feel discouraged,” or “I am having the thought that this will not help.” Then choose one next action. You can keep your eyes open, move, or skip this pause. If focusing inward increases distress or disconnection, return to your surroundings rather than pushing through.

The pause draws on Wolf and Serpa, *A Clinician’s Guide to Teaching Mindfulness* (2015), pp. 89–91 and 114–115. The practices that follow are original exercises informed by CBT methods; they are not a complete treatment program.

Rebuild one supportive activity

Low mood can make starting harder and reduce the contact, enjoyment, or sense of capability you get from daily life. Behavioral activation works with that pattern by planning specific, worthwhile actions and noticing their effects. The aim here is to find a useful starting point, not to fill your schedule.

You will need: this guide or a notebook and a calendar. Allow about 10 minutes to plan and 2 minutes to review afterward. Choose an activity length that fits your health, energy, and circumstances.

Make the activity specific and manageable

1. Name what is missing. Is it connection, enjoyment, a sense of getting something done, or contact with something you value? Choose an activity for that purpose. If your days are already overloaded, making room for rest or asking someone to share a task may come first.

2. Choose the starting version. Break the activity into visible steps. “Deal with the mail” could begin with gathering the envelopes, then opening one, then noting what it requires. Choose the part you will attempt today and a stopping point you will honor. Finishing that part does not obligate you to do the rest.

3. Put it somewhere in your day. Write when and where you will begin, what you need ready, and who could help. Anticipate one obstacle. Plan a smaller or different version if the weather, timing, energy, or another person’s availability changes.

4. Make a prediction, then notice the result. Beforehand, write what you expect. Afterward, note what you did and whether it offered any connection, interest, relief, or accomplishment. Your mood may not improve immediately. The result helps you decide what to repeat or adjust.

An example: a brief call instead of another isolated evening

> *“I miss talking with my sister. On Thursday at 5:30, I will ask whether she has ten minutes for a call. I expect to feel too tired to enjoy it. If she is unavailable, I will send a voice message and suggest another time. I can end the call after ten minutes.”*

Afterward: “I was still tired, but I laughed once and felt less alone. Ten minutes was manageable. I will try another short call next week.” If the call had felt draining, the next experiment might be a different time, a shorter call, or another form of connection.

Practice sources: Padesky with Greenberger, *The Clinician’s Guide to CBT Using Mind Over Mood* (2020), pp. 211–213, 222–225; Korb, *The Upward Spiral Workbook* (2019), pp. 27–30, 37; McKay, Davis, and Fanning, *Helping Your Clients with Depression Get Mobilized*, pp. 2–3, 7–8.

Plan it, try it, learn from it

Use a recent answer from questions 3, 4, 5, or 6. Choose one part of your day that you would like to support. If enjoyment feels out of reach, an activity can still offer a moment of interest, contact with someone, or care for an ordinary need.

1. What is missing, and what activity might offer it? Include why it matters to you.

List the visible steps, then choose today's starting version. Example: gather the mail → open one envelope → note the next action. Today's agreement might be only the first two steps.

2. My steps, the part I will try today, and the point where I may stop

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3. When and where; what I need ready; who could help; my fallback if something gets in the way

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4. Before: what I expect. After: what I did, what I noticed, and whether to repeat or change it.

If you did not begin, identify the obstacle rather than judging the entire plan. Was the step still too large, the timing unworkable, the activity unappealing, or support missing? Change that part. If little feels rewarding across your life or basic care is becoming difficult, seek professional support rather than simply adding more activities.

Give a thought a fair hearing

When you feel low, a prediction can sound like a settled fact. Slowing down one difficult moment can help you see what you know, what you are assuming, and what would be worth trying. You are looking for an accurate, believable response, not a cheerful statement you do not trust.

You will need: this guide or a notebook and about 10–15 minutes. Choose one recent, manageable situation rather than your whole life or the most distressing experience you have ever had.

Separate the parts of the moment

Describe what happened as an observer might. Then identify the thought, an emotion word such as lonely or discouraged, any relevant body sensations, and what you did next. “I feel unwanted” contains an interpretation; “I feel sad, and I am thinking that I am unwanted” separates the feeling from a conclusion you can examine.

Situation: *It is dark at 5:15, and my sister has asked whether I want to talk.*
Thought: *“Nothing will feel worthwhile tonight.”*
Feeling and body: *Discouraged and lonely; heavy and tired.*
Action: *I leave the message unanswered and keep scrolling.*

Look at the facts on both sides

Start with what makes the thought understandable. Then look for facts that do not fit the whole conclusion. Stay with specific observations rather than another judgment. In this example: “I have felt flat for several evenings” supports concern. “I enjoyed part of a call last week, and I have not tried talking tonight” leaves room for another possibility.

Write a response you can genuinely believe

> *“I have little energy, and tonight may still be difficult. I do not yet know how a short conversation will feel. I can try ten minutes without expecting it to change the whole evening.”*

Choose a safe, modest action that helps you find out. Here, the person tries the short call and notices whether there is any interest or connection. “Still tired, but less alone” is different from the prediction that nothing could be worthwhile. An unchanged mood is also information, not a failed exercise.

When the facts show a real problem, use the problem-solving practice on pages 14–15. Loss, discrimination, financial strain, and unsafe situations should not be argued away. If this exercise becomes repetitive self-criticism or increases distress, pause and work through it with a qualified professional.

Practice source: Padesky with Greenberger, *The Clinician’s Guide to CBT Using Mind Over Mood* (2020), pp. 69–72, 92, 115–117, and 142–144. This is an original brief practice, not a reproduction of the book’s thought-record worksheets.

From a prediction to a fairer response

Choose one moment when a thought changed how you felt or what you did. Complete as much as is useful. You can stop after naming the parts and return later, or bring the page to a therapy appointment.

1. What happened? What did I think? What emotion and body sensations did I notice? What did I do next?

Choose one thought. Include specific facts on both sides: what makes it understandable, and what does not fit the whole conclusion.

2. The thought I am examining; facts that support it; facts that complicate or do not support it

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Include the difficulty and the possibility. If the thought is largely accurate, name the action or support the situation calls for.

3. A response I can believe, based on the facts rather than pressure to be positive

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Use an everyday, low-risk action with an observable result. You do not need to test a situation that feels unsafe or overwhelming.

4. My action and prediction; what actually happened; what I learned or still do not know

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Afterward, notice whether the thought feels as convincing or the emotion has shifted. One attempt may not settle the question. A therapist can help you examine a recurring painful pattern.

Work on one solvable piece

Sometimes your mood is telling you that life is asking too much. Problem solving helps turn a broad burden into a decision you can act on. It can include reducing a demand, sharing responsibility, finding resources, or asking for a different arrangement.

You will need: this guide or a notebook, your calendar, and about 15 minutes. A trusted person can help you think through options. Choose a current, concrete problem rather than a judgment about yourself.

Define the problem and a realistic outcome

“I cannot cope with winter” is too broad to plan around. “I agreed to cook for twelve people next Saturday, and I cannot manage the preparation after work” gives you something specific to work on. A useful outcome might be sharing a meal without doing all the preparation alone.

Separate your options from what you cannot control

You may be able to change the menu, length of the visit, amount you prepare, or request for help. You cannot guarantee someone else’s reaction. List two or three options before choosing, including asking for assistance or declining a demand when appropriate.

Compare the options, then choose the first action

Consider the likely benefit, effort, cost, and support each option needs. Choose a workable option for now, rather than waiting for a perfect solution. Specify the first action, when you will take it, and what you will do if the plan cannot happen.

> **Options:** *make a much simpler meal; ask two people to bring dishes; ask someone else to host.*
> **Choice:** *share the cooking. On Tuesday I will message: “I can host a shorter meal and make one dish. Could you bring the salad, and could Sam bring the main dish?”*
> **Fallback:** *if the help is unavailable, I will offer a simpler gathering or explain that I cannot host this time.*

Review the actual burden, not just the completed task

In this example, the person checks on Friday: “Is the cooking really shared? Is the preparation now manageable?” If not, they change the plan before the event. Sending the request is a step; a workable arrangement is the outcome they are trying to reach.

Some circumstances cannot be fixed by one person or by a worksheet. Grief, illness, caregiving, and financial strain may require ongoing support or practical resources. It is useful to identify that need, even when you cannot resolve the whole situation today.

Practice source: Padesky with Greenberger, *The Clinician’s Guide to CBT Using Mind Over Mood* (2020), pp. 126–129. The comparison of options and review steps also reflect NHS self-help problem-solving guidance.

Make a plan for the part you can influence

Use a burden you named in question 5, 7, or 8. Choose one piece that would make the coming week more manageable. You can include a request for help at any point.

1. The specific problem; what a realistic improvement would look like; what is outside my control

List two or three possibilities, including simplifying, postponing, sharing, or seeking resources where those are appropriate. Beside each, note likely benefit, effort, cost, and help needed.

2. My options and the tradeoffs that matter in my circumstances

Name what you will do first, when, and any person you need to contact. If you are asking for help, write the request in words you would actually use.

3. My choice, first action, timing, and specific request for help

4. When I will check; how I will know the burden changed; what I could try if the plan does not happen

If the issue involves danger, coercion, housing or food insecurity, or an urgent health concern, the next step may be specialized help rather than a self-directed experiment. You do not need to solve those circumstances alone or make them sound less serious.

Use what you learn to choose what comes next

Look back at your reflections and any practice you tried. What seems clearer now? What remains hard? Your experience can guide the next step, including a conversation with a professional. You do not need to complete every exercise before asking for help.

A summary you could bring to an appointment

> *“For about three weeks, I have felt unusually flat and tired most days. Work gets done, but meals and seeing people take much more effort. I stopped my morning walk when the weather changed, and I am grieving my dad. I felt low last winter too, but I am not sure when it lifted. I would like help understanding whether sleep, depression, or something physical may be involved.”*

My main changes, their timing, what I tried, and what I want help understanding

Choose whether to repeat, adjust, or ask for help

If a practice helped, repeat a manageable version. If it was too demanding, reduce the step or add support. If it did not fit the problem, change the approach. If little is helping or daily life is getting harder, arrange an assessment rather than treating the workbook as a test you must pass.

What I will repeat or change, or the support I will ask for, and when

Look for a pattern, not a single good day

Over several attempts, notice whether connection, interest, sleep, or daily care becomes more manageable. Keep the observations specific, including no change. A small benefit can be worth keeping, while persistent or worsening symptoms still deserve professional attention.

When I will review again, what I will notice, and when I will seek more support

For examples of reducing or sharing a demand, read When Everything Feels Like Too Much: How to Choose the Next Step.

Find the support you need

You do not need to be certain that you have seasonal depression to ask for help. Your notes can make the conversation more specific, but you can make an appointment even if you have not completed them.

Contact a clinician when changes persist or interfere

Reach out when low mood, lost interest, or other changes persist, worsen, recur each winter, or affect work, relationships, sleep, or daily care. Low mood or loss of interest lasting about two weeks deserves attention. Seek help sooner if the distress or disruption is significant; two weeks is not a waiting requirement.

A primary-care clinician can consider physical symptoms and medication effects alongside mood. A mental health professional can help assess depression, grief, stress, and the patterns that are making daily life harder. Mention any past periods of unusually high energy or irritability with much less need for sleep, as well as low periods.

Ask about treatment that fits your situation

Treatment for seasonal depression may include psychotherapy, medication, or light therapy. A clinician can help you weigh the options and timing. Before using a therapeutic light box, discuss your health history, especially bipolar disorder, eye conditions, and medicines that increase light sensitivity. An ordinary lamp or an outdoor break is not a prescribed light-therapy plan.

If you would like to talk with me

I offer therapy in Pleasant Hill and online in California. We can talk about what you are experiencing and whether working together would be a good fit.

Schedule a free consultation · 925-322-1681
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If you are in emotional crisis or thinking about suicide or self-harm: in the United States and its territories, call 988 or text 988. If you cannot stay safe or have a medical emergency, call 911 or go to the nearest emergency department. Consultation requests are not emergency care.

Further reading: NHS seasonal affective disorder guidance · NICE depression assessment and treatment guidance. This educational guide does not provide a diagnosis or replace individualized care. Sources reviewed October 23, 2026.