

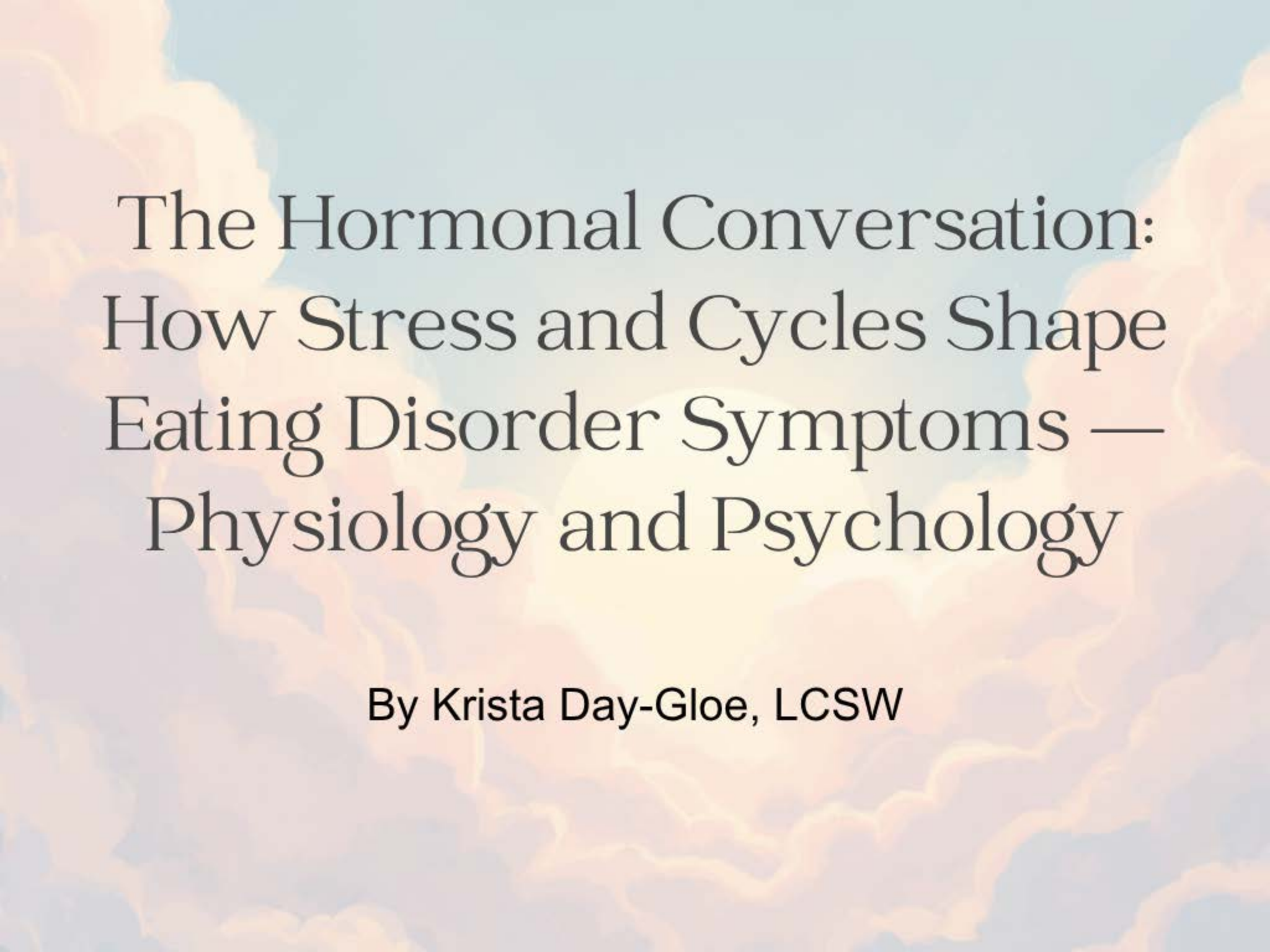


SunCloud Health Continuing Education Series

Transdiagnostic, integrated care for people with complex co-occurring disorders.

The Hormonal Conversation: How Stress and Cycles Shape Eating Disorder Symptoms — Physiology and Psychology

Krista Day-Gloe, LCSW



The Hormonal Conversation: How Stress and Cycles Shape Eating Disorder Symptoms — Physiology and Psychology

By Krista Day-Gloe, LCSW

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...is a licensed clinician, founder of Healing Roots Wellness Center and author of *Mood & Moon: A Body-Led Guide To Cycling Bodies* and writes blogs on substack under [@BodyLedMentalHealth](#) . She bridges the body and mind as one integrated system, helping individuals and clinicians understand how physiology and psychology work together to shape mood, behavior, and healing. Krista speaks on hormones, eating disorders, and nervous system regulation, offering body-led strategies that empower both clinicians and clients. She is the author of *Mood & Moon: A Body-Led Guide for Cycling Bodies* and *Body-Led Mental Health*. Known for her relatable analogies, Krista makes science accessible, practical, and deeply human.

Free Tracker



[Substack Blogs](#)



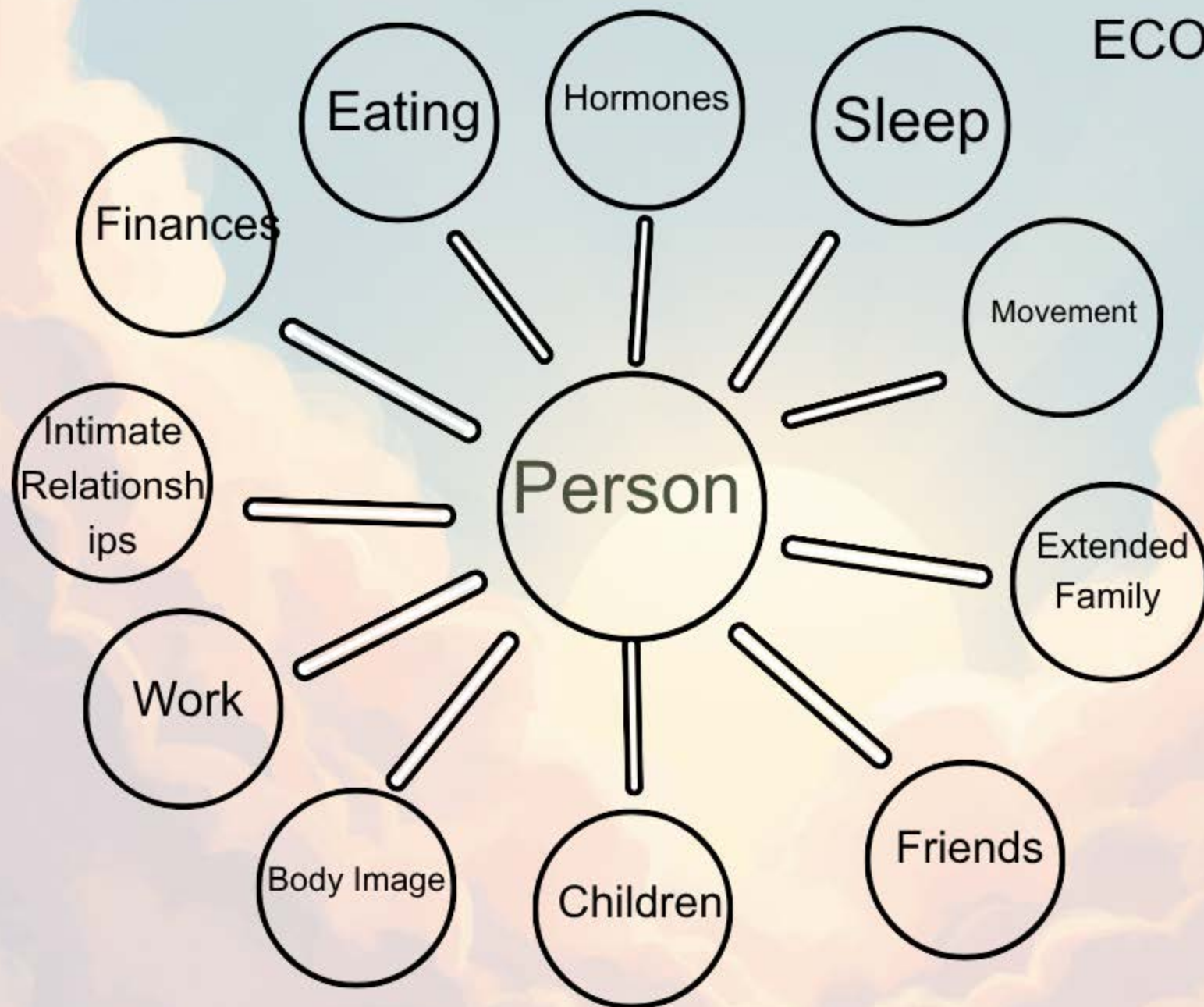
Clinical Examples & Confidentiality

- Clinical examples shared in this training are composite cases.
- No single client is represented unless specifically given permission
- Details have been altered to protect confidentiality.
- Examples are used to illustrate common clinical patterns, not individual outcomes.
- This training uses inclusive, body-based language.
- AFAB / AMAB refer to sex assigned at birth, not gender identity.
- When helpful, bodies are discussed as more estrogen-driven or more testosterone-driven.
- These categories describe hormonal influence—not identity.
- Many bodies do not fit neatly into one category.
- For clarity and teaching purposes, this training will focus on common patterns seen in estrogen-dominant vs testosterone-dominant hormonal profiles.

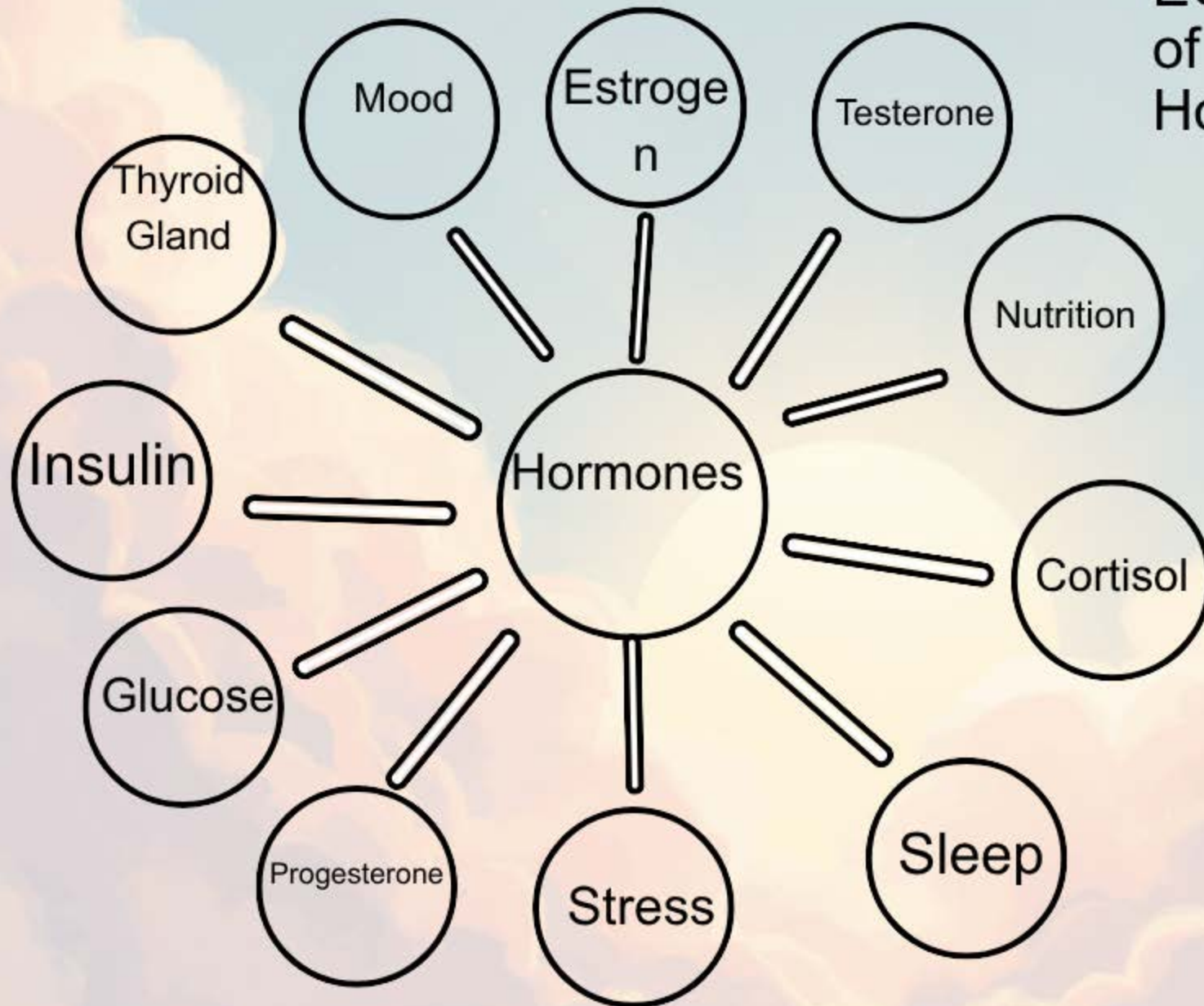
Case Example: “Why Can’t I Control Myself?”

- Jenna, 39, ED history; began cycle psycho-education the previous week on hormones and mood shifts and identified they were approaching Ovulation
 - Discussed that many AFAB will feel best during Ovulation, and we briefly talked about the start of Luteal Phase called “divorce day.”
- Next session: intense shame after eating a sleeve of crackers + PB previous evening, “They were in the pantry all last week. Why was I so weak last night?”
- Everything had felt harder that day—more overwhelmed, less capacity, increased food drive, and even joked that “even my road rage was worse”
- Checked cycle → Day 19; (episode occurred Day 18)
- Psycho education: luteal hormonal shifts can influence
 - appetite (we will discuss later the research suggests the need for about 90-500 calories more during this time),
 - cravings
 - energy needs
 - mood & regulation tolerance
 - balance
 - body image
- Stayed within scope → not prescribing a meal plan
 - She came up with idea of adding crackers + PB alongside regular meals during this more vulnerable phase
- Following week:
- “Oh my gosh. They’re just crackers and peanut butter. I barely even want them anymore.”
- Then I would put a box at the bottom:
- What changed?
- Not the food. Not her willpower.
- The shame decreased when the behavior had context.

ECOMAP



ECOMAP of Hormones



Why Hormones Matter for Mental Health

Invisible Drivers:

Hormones act like messengers, influencing mood, cognition, energy, and behavior — often beneath our awareness.

Across the Lifespan:

From puberty to menopause/andropause, hormonal shifts shape developmental stages, stress responses, and emotional regulation.

Clinical Overlap

Symptoms of hormonal changes (fatigue, irritability, poor concentration, low mood) can mirror or worsen DSM-5 diagnoses.

Mind-Body Connection

Hormones interact with the nervous system, sleep, nutrition, and stress, meaning mood is never just in the mind.

Therapeutic Relevance:

Recognizing hormonal rhythms helps clinicians and clients reduce shame, increase self-understanding, and choose effective interventions.

How hormones impact ED's

- Hormonal shifts may create vulnerability windows for ED symptoms.
- Changes in hormones may influence:
 - **hunger/fullness • food reward/cravings • anxiety • rigidity • fatigue/energy • emotional regulation • body image • sensory sensitivity • interoception**
- This can contribute to changes in:
 - **binge/restrict patterns • emotional eating • food fears/avoidance • restriction • compulsive behaviors/exercise • body checking • ED thoughts/urges**
- When we don't recognize the biology underneath these shifts, clients may interpret changing symptoms as:
 - **"I'm failing." • "I lost control." • "Why was this easy last week?" • "Treatment isn't working."**

Understanding the pattern can replace shame with context – and help us plan for periods of increased vulnerability.

Case example

- Jane- 47 year old women, married, no children
- Hx of IBS, BED, and anxiety
- High shame about BED and IBS. "I'm a professional. I'm educated. Why can't stop myself? I can sometimes, why can't I other time? What's wrong with me?"
- Worked with ARFID tx's to reduce fear foods- several incidents as a child of having GI distress with no "root cause." Lots of "belly aches" as a child.
- Seeing dietitian and all the foods and supplements were in great place but still having intense IBS symptoms and bingeing at night time after late night shifts
- **Started to track cycle**
- Noticed that she felt in tune with hunger/fullness much more in follicular phase, than in luteal phase
- Worked with dietitian to plan for increase in hunger and IBS around luteal phase, *planned* increased foods for luteal phases
- Started eating breakfast, lunch and dinner as symptoms decreased and fear foods went down
- Worked on mind-body connection tools and somatic awareness and understood how much of undiagnosed ADHD influenced IBS differently throughout the month
- Now she's planning vacations, understanding holiday stress more recently, and has little to no symptoms of BED or IBS

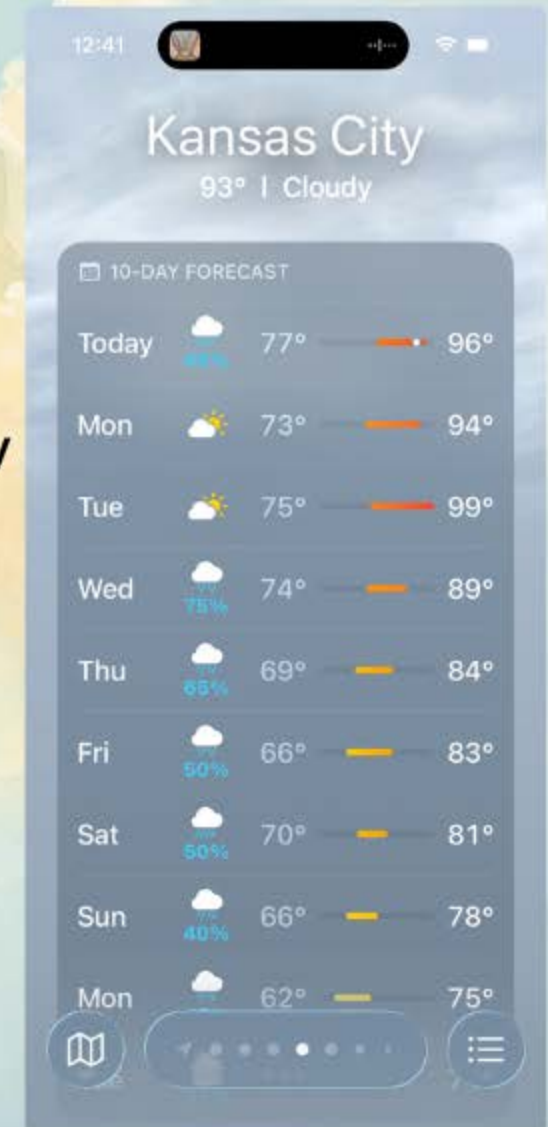
How Hormones Impact EDs: Why Knowing the Pattern Matters

Hormonal literacy can improve clinical accuracy, compassion & recovery.

Recognizing hormonal patterns can help clinicians and clients:

- **Distinguish treatment resistance from periods of increased biological or nervous-system vulnerability**
- Replace shame and **self-blame with context and curiosity**
- **Build self-trust by understanding** why capacity and symptoms may change
- Anticipate vulnerable windows and **plan support proactively rather than reactively**
- Validate the experience without dismissing it as “just hormones”

We can't control the weather — but knowing the forecast helps us know when we might need a raincoat.



Breakdown of Hormones

Adrenaline
(Epinephrine)
Emergency
Responder

- Activates immediate fight-or-flight
- Prolonged activation reinforces urgency, rigidity, and hypervigilance

Cortisol
Stress Operations
Manager

- Sustains stress and mobilizes energy
- Chronic elevation suppresses thyroid and reproductive hormones

Insulin
Energy Delivery
Coordinator

- Moves glucose into cells for use
- Disruption drives energy crashes and food fear cycles

Glucose
Primary Fuel
Source

- Fuels the brain and nervous system
- Low or unstable levels mimic emotional dysregulation

Melatonin
Night Shift
Supervisor

- Regulates sleep and circadian rhythm
- Disrupted by stress and under-fueling

Breakdown of Hormones Cont.

Thyroid Hormones (T3/T4) Metabolic Pace Setters	Prostaglandins Interoffice Messengers	Estrogen Communications & Morale Lead	Progesterone Safety & Regulation Officer	Testosterone Drive & Initiative Manager
• Set energy, metabolism, and cognitive speed • Downregulated in scarcity and chronic stress	• Regulate pain, inflammation, and digestion • Heightened sensitivity during stress and depletion	• Supports mood, cognition, and motivation • Low levels reduce resilience and emotional stability	• Promotes calm and sleep via GABA • Low levels increase anxiety and irritability	• Supports motivation, energy, and assertiveness • Suppressed by chronic stress and under-fueling

If Hormones Had a Celebrity Personality...

Estrogen

Progesterone

Testosterone



Breakdown of Hormones Cont.

Luteinizing
Hormone (LH)
Launch Signal

- Triggers ovulation and cycle timing
- Often suppressed in hypothalamic shutdown

Follicle-Stimulating
Hormone (FSH)
Project Development
Lead

- Supports follicle growth and estrogen
- Sensitive to energy availability

Ghrelin & Leptin
Hunger &
Inventory Signals

- Signal hunger and energy sufficiency
- Become unreliable with restriction

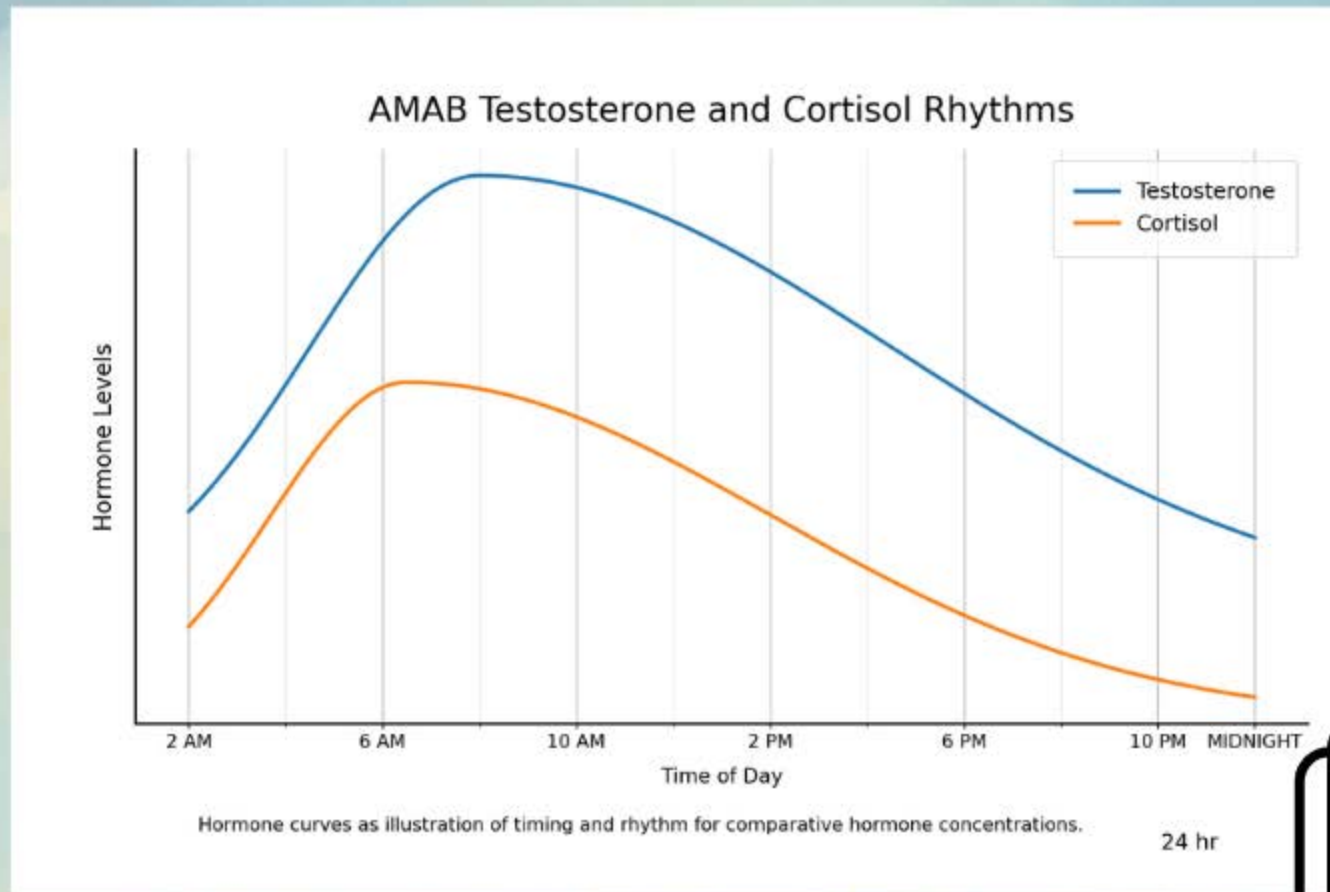
Each hormone has its own job description, but none work in isolation. Just like coworkers in an office, they constantly influence, support, and sometimes compete with one another. When one hormone is out of balance, it can shift the entire “workplace culture” — affecting mood, energy, hunger, sleep, and relationships.

A.F.A.B

Vs.

A.M.A.B

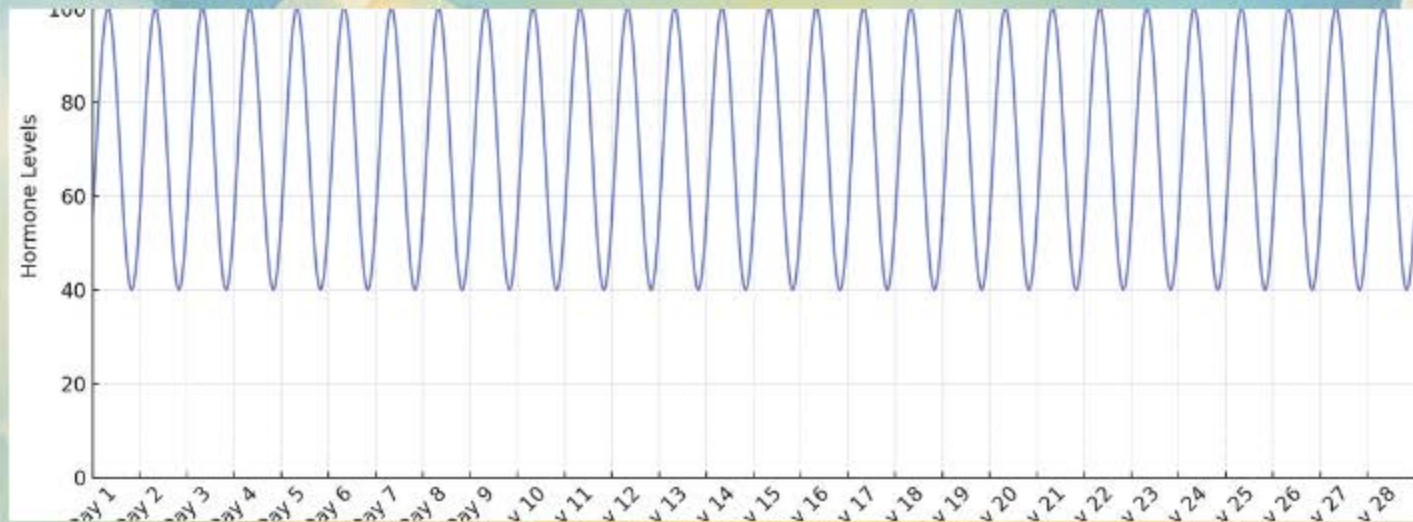
A.M.A.B Assigned Male at Birth



This is the template we've been using

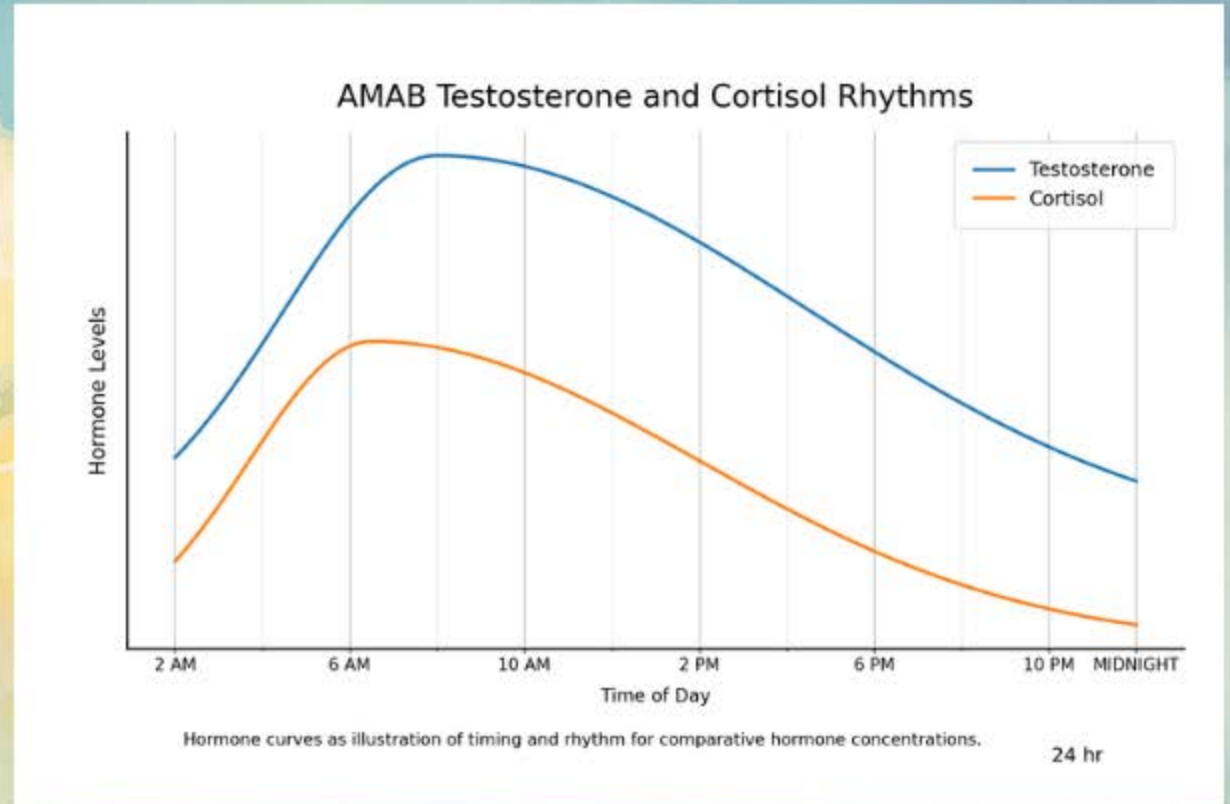


A.M.A.B Assigned Male at Birth



- This is what a AMAB cycle would look like if we graphed for 28 days.

A.M.A.B Assigned Male at Birth



- 24 hour cycle
- Slow rise in Testosterone in the morning and then slow decline in the afternoon
- Restart the same cycle the next day

A.F.A.B Assigned Female at Birth

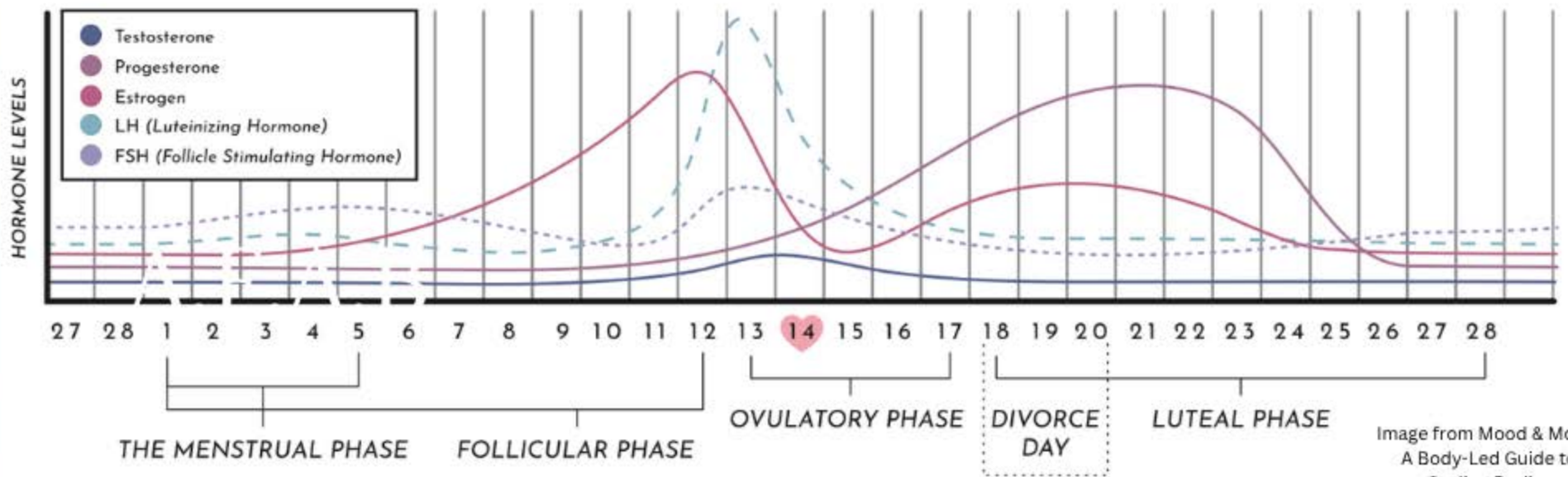
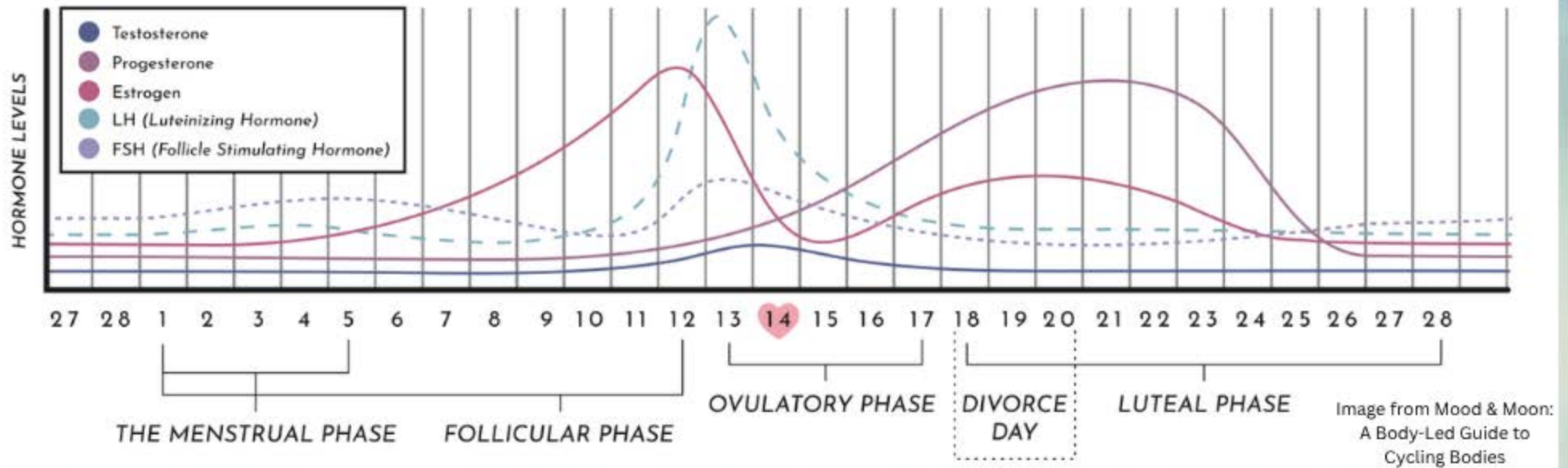


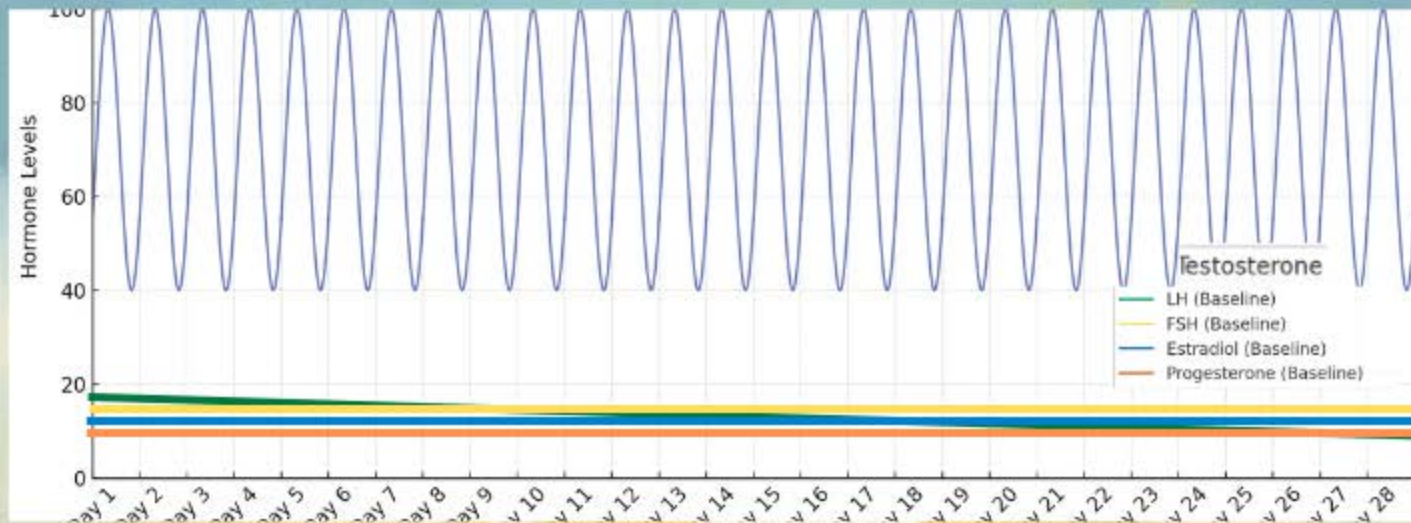
Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

A.F.A.B Assigned Female at Birth



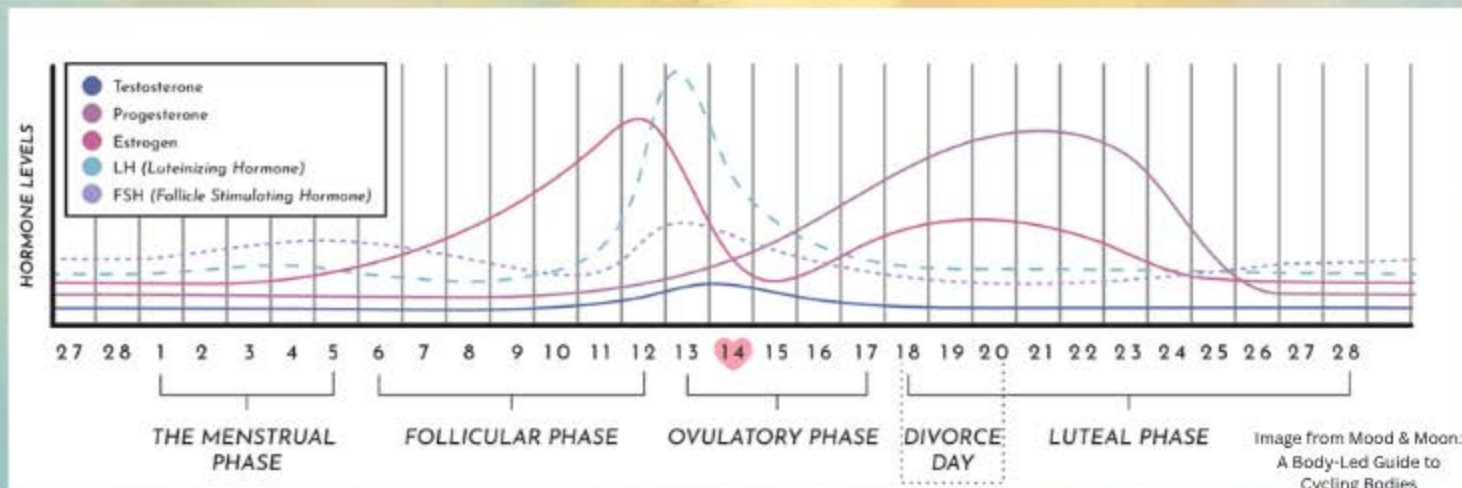
- Average 28 day cycle
- Each day/week can bring a new internal experience
- Mood, appetite, sleep, hunger/fullness, can change with the changing cycles

A.M.A.B Assigned Male at Birth



VS.

A.F.A.B Assigned Female at Birth



Case example

- Couples session
- Sarah and Brad
- Brad- “I don’t understand. I leave my problems in my sleep each night. I can wake up and just let yesterdays fight go. But she just wakes up feeling exactly the same and is still just as mad at me!”
- Showed them these two different charts
- Made sense of why it might be easier for him to do this vs her
- Increased empathy
- Knowledge
 - unknown = unsafe
 - known = safe

Hormonal Shifts Across The Lifespan AMAB

1. Adolescence

- Surge in testosterone, rapid growth, and peer pressure
- Heightened emotional reactivity, risk-taking, and sensitivity to social status
- Body image concerns, compulsive exercise, or restriction under cultural “bulk up” pressure
- Increased vulnerability to anxiety, mood swings, and emerging mental health conditions

2. Young Adulthood

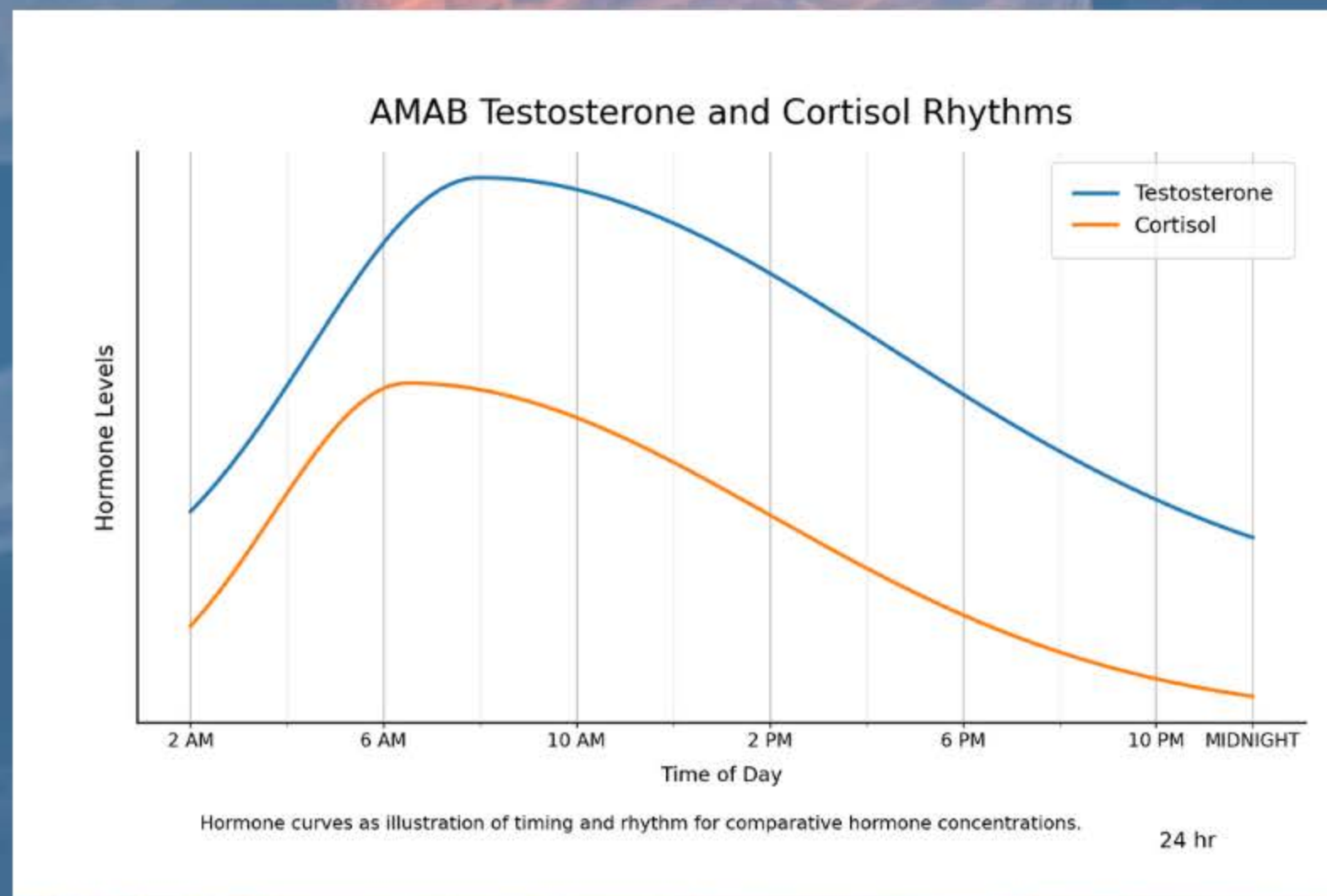
- Social competition, dating, and fitness culture intensify performance pressure
- Testosterone fluctuations linked to aggression, competitiveness, and impulsivity
- Can contribute to muscle dysmorphia, orthorexia, or overtraining
- Stress around academic/career achievement may exacerbate depression or anxiety

3. Fatherhood or Major Life Stress

- Natural dip in testosterone supports bonding and caregiving but may bring fatigue, lowered motivation, and emotional sensitivity
- Shifts in sleep, stress response, and libido can affect relationships
- Greater risk of depression, irritability, or neglect of self-care when combined with cultural stigma against men’s mental health needs

4. Midlife (Andropause)

- Gradual testosterone decline (often beginning in the 30s–40s, more noticeable in 50s–60s)
- Mood changes, fatigue, weight gain, and lowered drive can resemble depression or anxiety
- Heightened risk for cardiovascular and metabolic health issues
- Can trigger shame spirals, social withdrawal, or identity struggles as strength/virility are culturally tied to masculinity



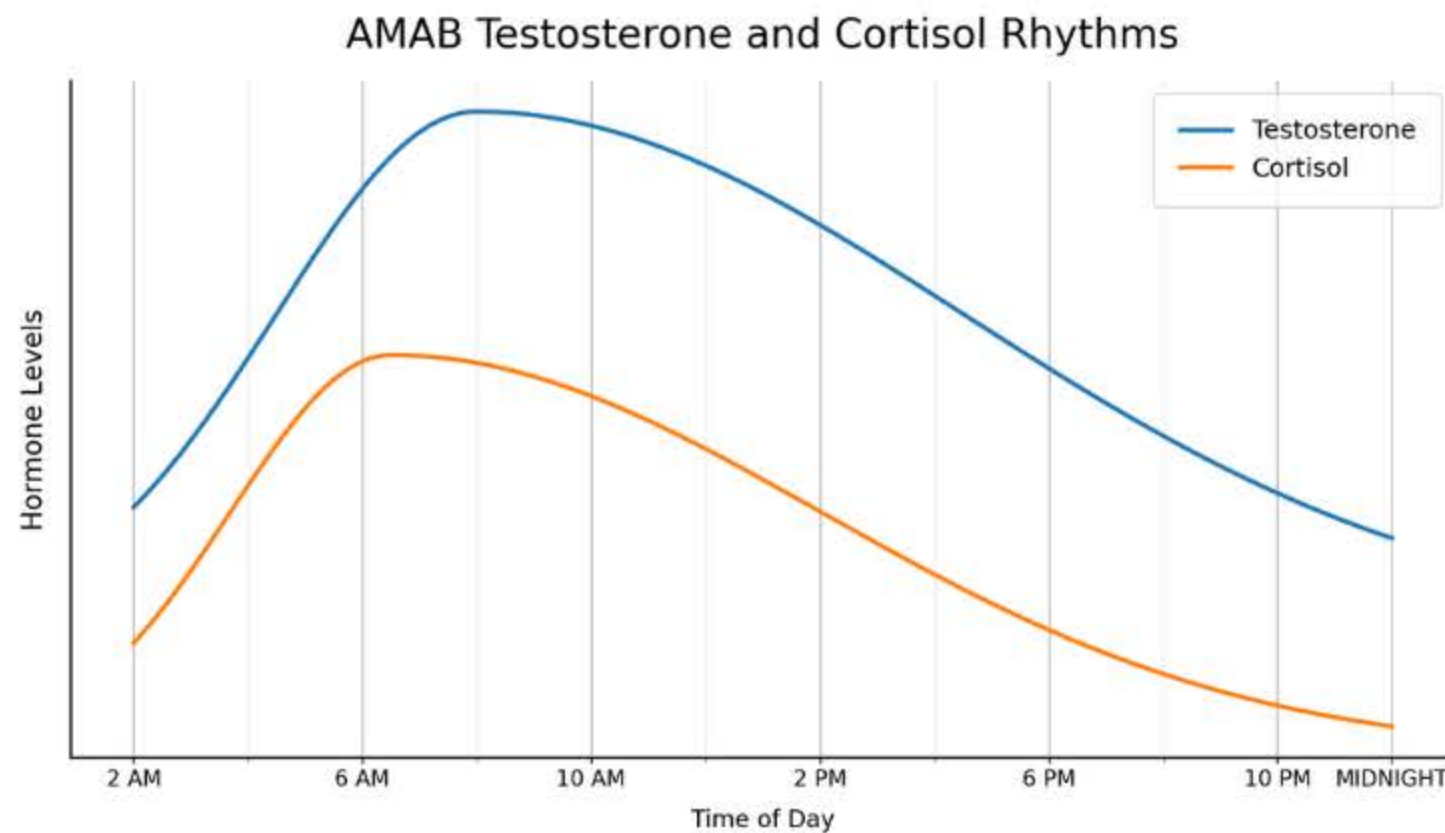
TESTOSTERONE 24 CYCLE IMPACT

- ✓ Hunger/Fullness
- ✓ Libido
- ✓ Sleep and Energy
- ✓ Stress
- ✓ Mood

✓ Hunger/Fullness

- **Testosterone helps regulate metabolism, muscle mass, and satiety signals.**
- **Peaks in the morning may support appetite regulation, while natural declines through the day can influence late-day fatigue or overeating.**
- **Low testosterone is linked with increased body fat and reduced satiety, sometimes mimicking stress-eating or emotional eating patterns.**

Source: Rubinow & Schmidt, 2019



Hormone curves as illustration of timing and rhythm for comparative hormone concentrations.

24 hr

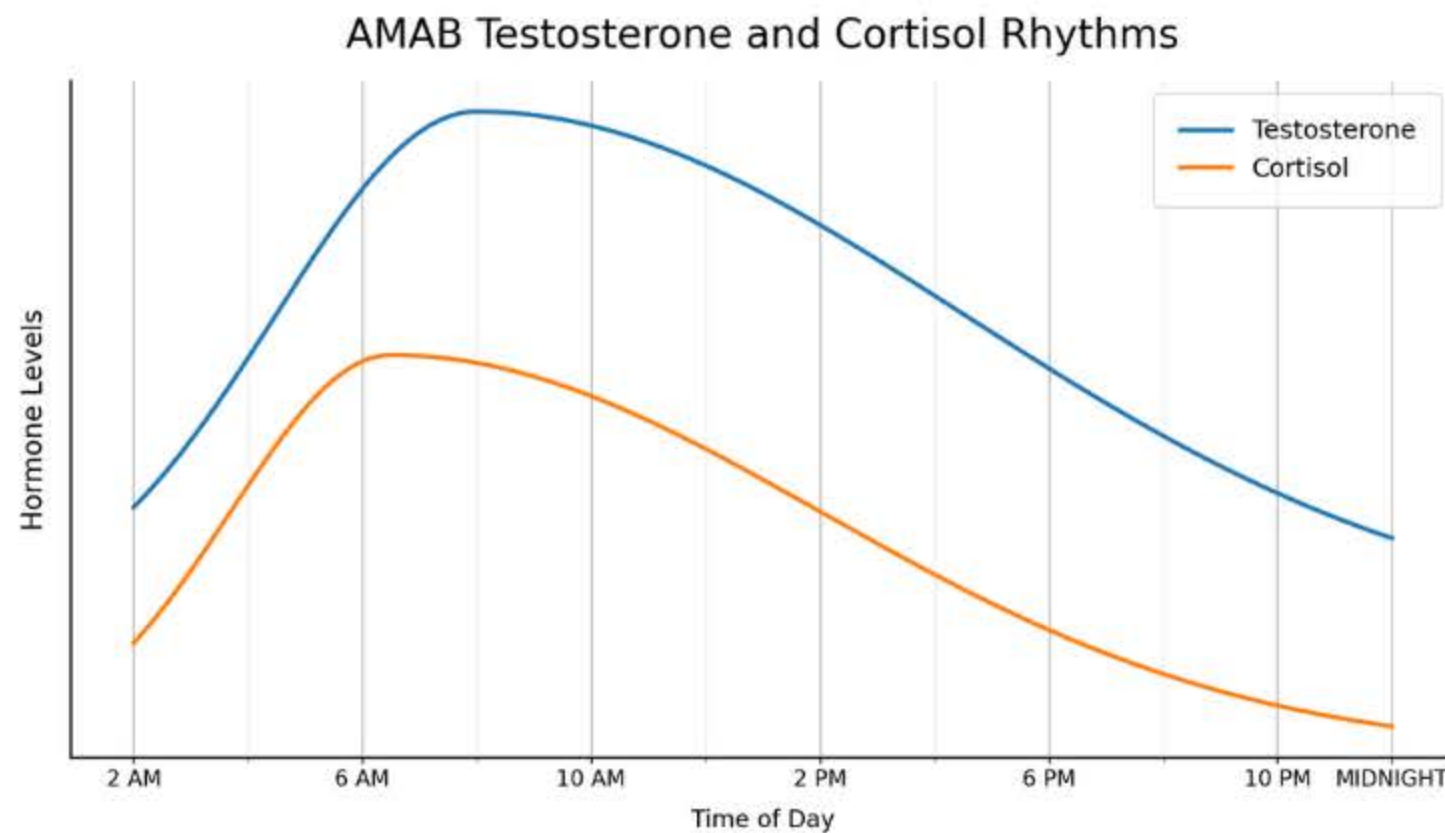
TESTOSTERONE 24 CYCLE IMPACT

- ✓ Libido
- ✓ Sleep and Energy
- ✓ Stress
- ✓ Mood

✓ Libido

- **Testosterone strongly drives sexual desire and arousal.**
- **Sex drive is often highest in the mornings when testosterone peaks, declining gradually throughout the day.**
- **Declines with age, chronic stress, or poor sleep can reduce libido and confidence in sexual functioning.**

Source: Rubinow & Schmidt, 2019



Hormone curves as illustration of timing and rhythm for comparative hormone concentrations.

24 hr

TESTOSTERONE 24 CYCLE IMPACT

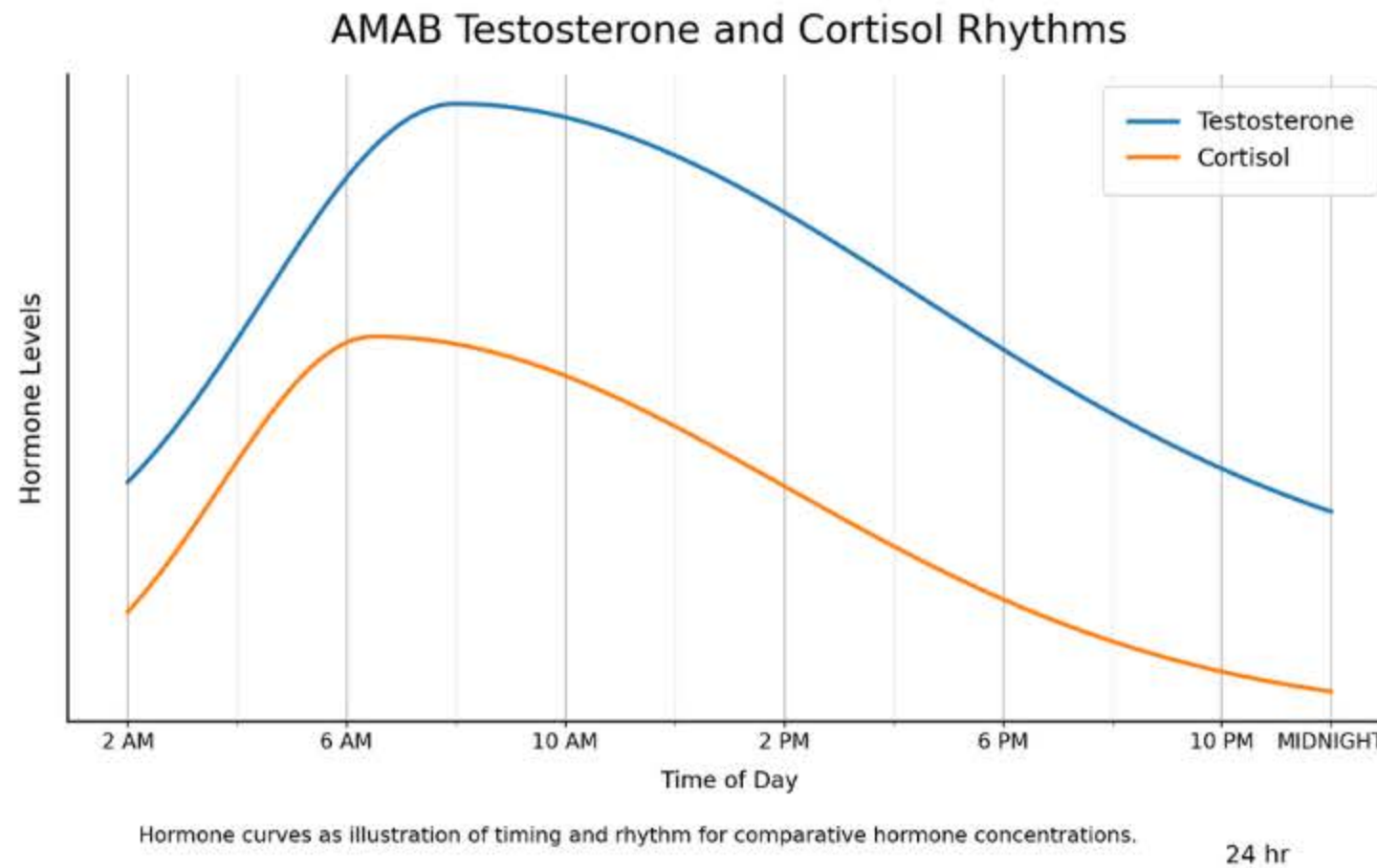
- ✓ Sleep and Energy
- ✓ Stress
- ✓ Mood

✓ Sleep and Energy.

- **Testosterone production peaks during deep sleep, making quality rest essential for healthy levels.**
- **Morning peak supports alertness and drive; afternoon/evening decline aligns with natural energy dips.**
- **Poor sleep lowers testosterone, creating a feedback loop that worsens fatigue and mood.**

Source: Rubinow & Schmidt, 2019

TESTOSTERONE 24 CYCLE IMPACT



Stress



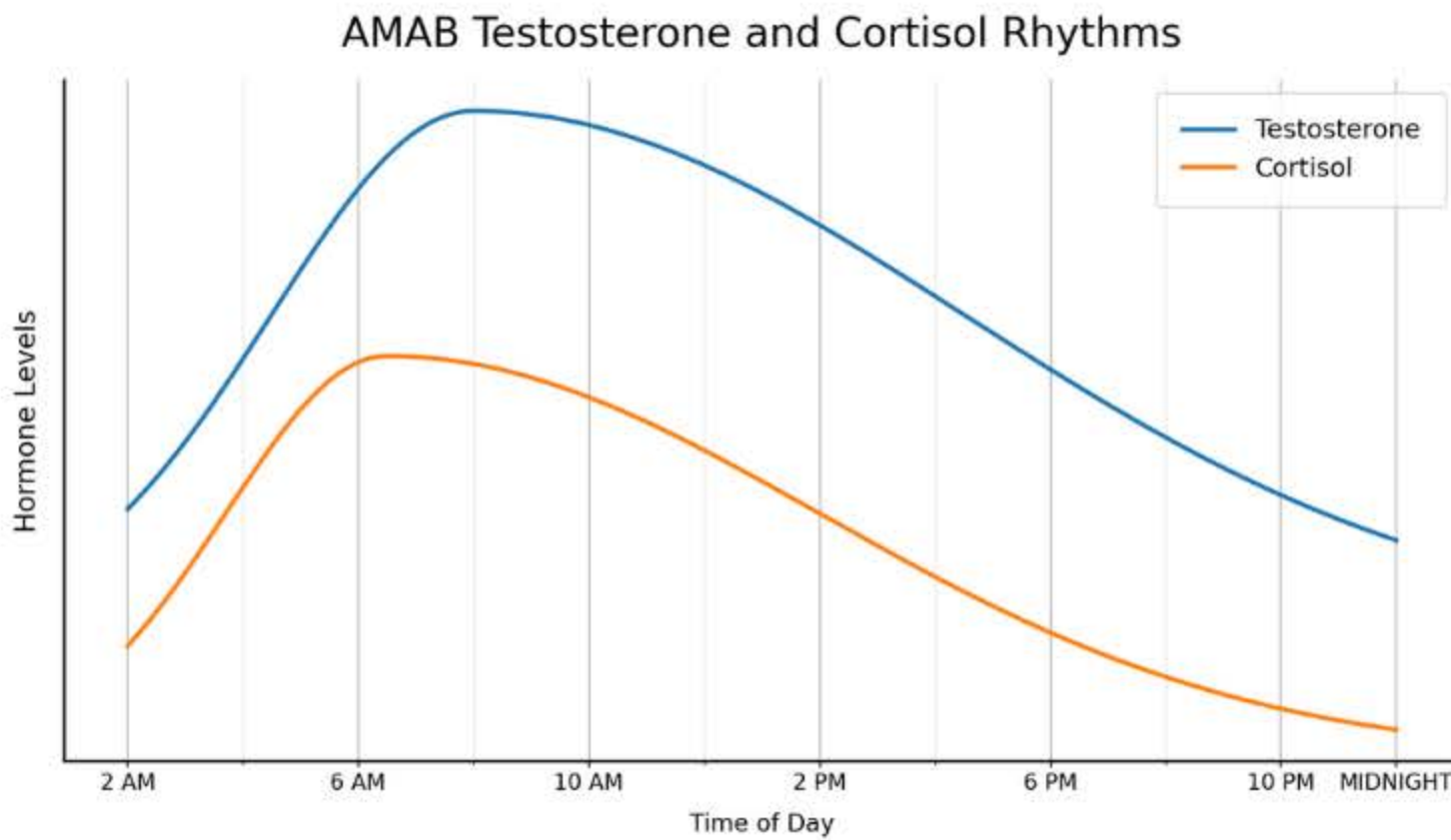
Mood



Stress

- **Chronic stress and high cortisol suppress testosterone production.**
- **This can blunt libido, increase fatigue, and heighten mood volatility.**
- **Balancing stress hormones helps maintain stable testosterone, supporting both physical and mental health.**

Source: Rubinow & Schmidt, 2019



TESTOSTERONE 24 CYCLE IMPACT

Source: Rubinow & Schmidt, 2019



Mood & DSM Diagnosis

Depression

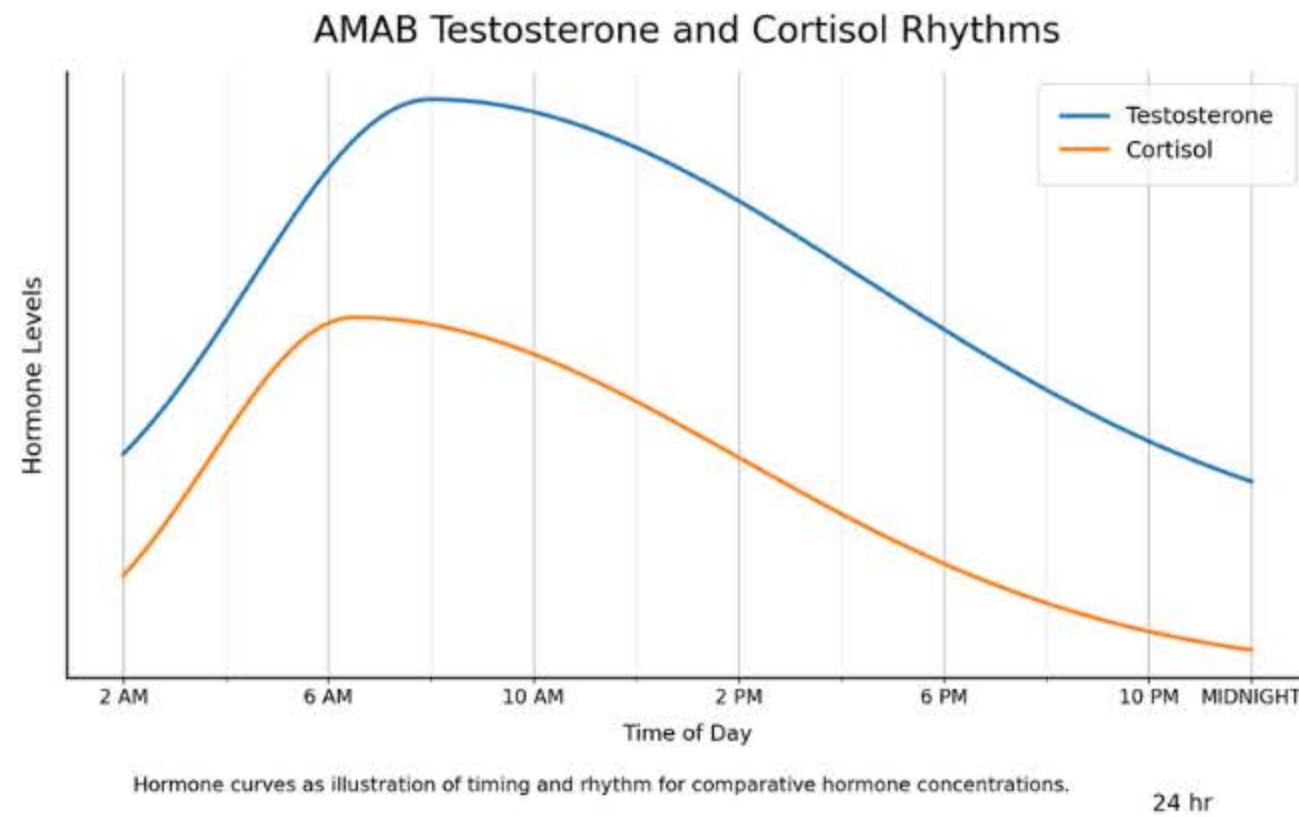
- Low testosterone is linked to major depressive symptoms, including low energy, poor concentration, and anhedonia.
- Studies show men with low testosterone report higher rates of depressive episodes; treatment can sometimes improve mood.

Anxiety

- Testosterone has an anxiolytic (calming) effect in many individuals by modulating the amygdala and stress response.
- Low levels are associated with increased social anxiety, irritability, and stress reactivity.

Emotional Regulation

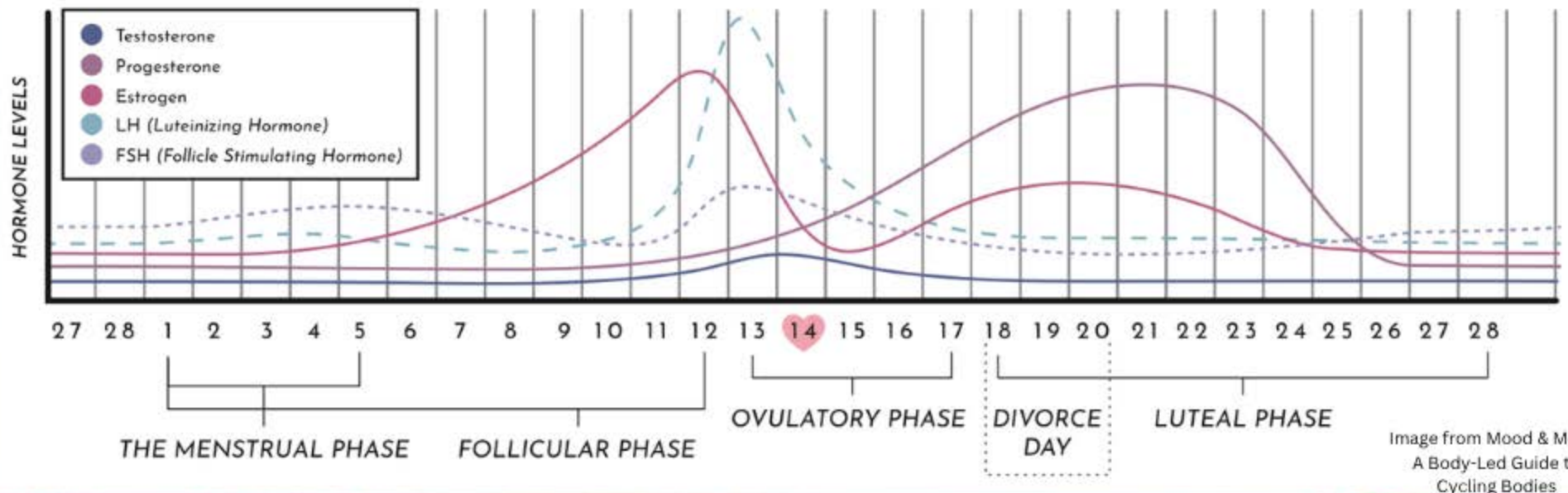
- Adequate testosterone supports confidence, resilience, and assertiveness.
- Fluctuations (daily or age-related decline) may increase vulnerability to emotional volatility, withdrawal, or fatigue.



Main Takeaway for AMAB Eating Disorders

- AMAB hormones follow a daily (circadian) rhythm
- Regulation is often strongest earlier in the day
- Late-day hormone decline increases vulnerability
- Afternoon/evening shifts can affect hunger, impulse control, and mood
- Consistent structure works because rhythms are predictable day to day
 - Source: Rubinow & Schmidt, 2019

A.F.A.B Assigned Female at Birth



06

Phases of the Cycle

Hormonal Shifts Across the A.F.A.B. Lifetime

1. Adolescence

- Onset of estrogen and progesterone cycling; rapid physical changes and peer pressure
- Emotional intensity, mood swings, and heightened sensitivity to rejection or belonging
- Body image concerns amplified by cultural focus on thinness and sexualization
- Increased risk for anxiety, depression, and disordered eating during this vulnerable window

2. Young Adulthood

- Hormones influence libido, mood stability, and motivation during the menstrual cycle
- Pressures around dating, fertility, body appearance, and fitness culture
- PMS/PMDD can impact concentration, academic/career performance, and relationships
- Higher risk for anxiety and depressive episodes linked to hormonal fluctuations

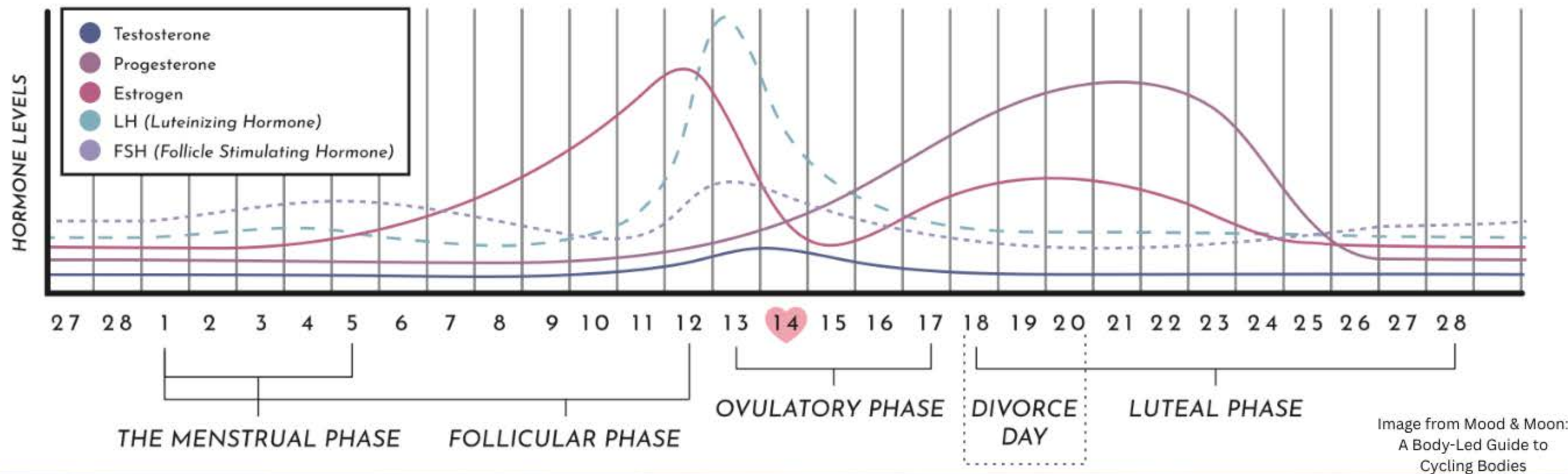
3. Motherhood or Major Life Stress

- Pregnancy, postpartum, and breastfeeding bring dramatic hormonal shifts (estrogen, progesterone, prolactin, oxytocin, cortisol)
- Vulnerability to postpartum depression, anxiety, intrusive thoughts, and sleep disruption
- Hormone-related fatigue and emotional reactivity compounded by caregiving demands
- Self-care often neglected, increasing risk of chronic stress and physical depletion

4. Midlife (Perimenopause & Menopause)

- Gradual decline of estrogen and progesterone leads to irregular cycles, hot flashes, and sleep disruption
- Cognitive changes include “brain fog,” concentration difficulties, and memory lapses
- Mood instability, irritability, and depression may emerge as hormone support for neurotransmitters declines
- Physical changes (weight, libido, metabolism) affect self-image and relationships, though this stage can also bring new freedom and empowerment

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.



✓ Hunger/Fullness

- Appetite is not static — it rises and falls with estrogen and progesterone.
- Estrogen (follicular/ovulation) often suppresses hunger and helps regulate cravings through serotonin and dopamine support.
- Progesterone (luteal) increases hunger and cravings, particularly for carbohydrate-rich foods, as metabolic needs rise.
- Research shows energy intake often increases in the luteal phase, with studies ranging from ~90 to 500+ additional calories/day — though individual needs vary (Rogan & Black, 2023).
- These shifts are biological, not willpower failures — the body is responding to real changes in metabolic demand.
- Meeting these needs with compassion helps reduce shame and ED symptom escalation.

✓ **Hunger/Fullness**

✓ **Divorce Day**

✓ **Sleep**

✓ **Energy**

✓ **Sex drive and Libido**

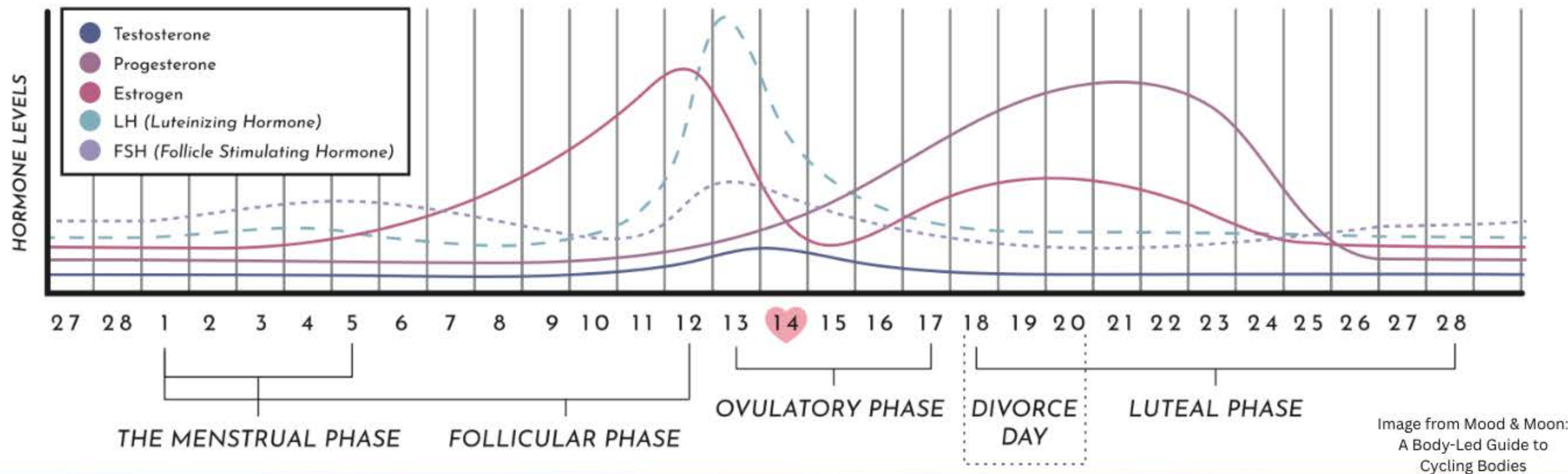
✓ **Mood**

Source: Klump et al., 2024;
Rogan & Black, 2023

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.

- ✓ Divorce Day
- ✓ Sleep
- ✓ Energy
- ✓ Sex drive and Libido
- ✓ Mood

Source: Rubinow & Schmidt, 2019



✓ Divorce Day

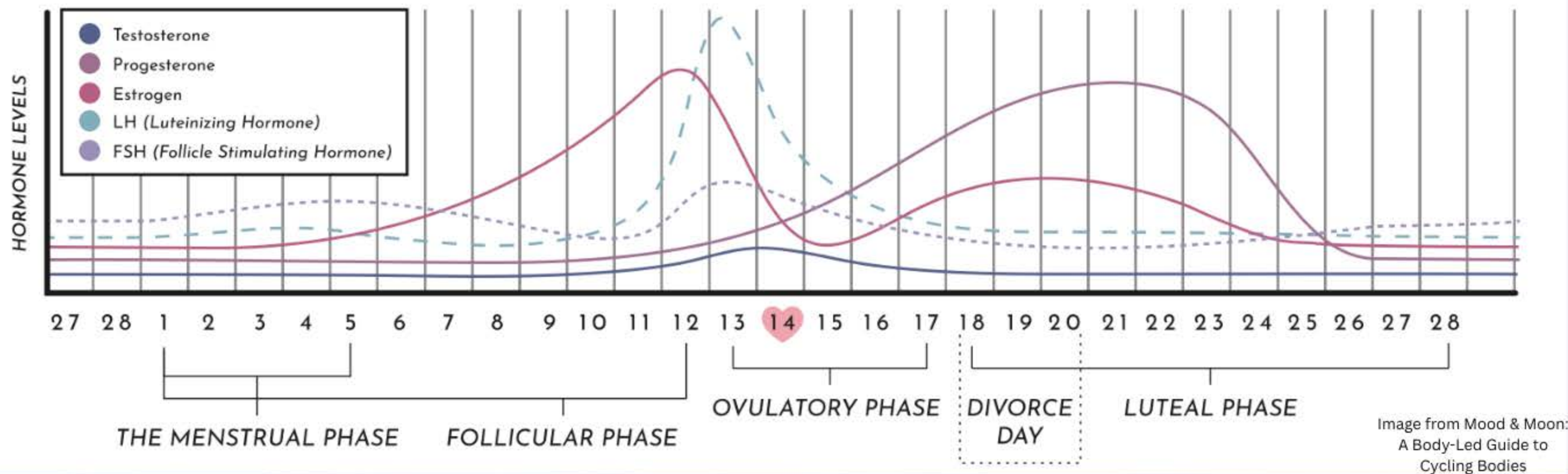
- Around Day 18, estrogen drops while progesterone rises, creating a “hormonal X-switch” that changes brain chemistry.
- This shift reduces serotonin and dopamine support, while increasing GABA sensitivity, leading to mood volatility.
- Many experience irritability, anger, or emotional reactivity that feels “out of proportion,” often showing up in relationships as conflict.
- Naming this predictable window “divorce day” normalizes the experience, reduces shame, and helps create space for compassion and proactive care

Clinical examples

Jefferson

- AFAB- client around extreme agoraphobia of leaving home after SA
- PTSD, ADHD, anxiety, agoraphobia
- Had hysterectomy
- Transitioned to testosterone driven body
- Agoraphobia decreased significantly
- Started being able to say “no” more easily
- T can make him feel more "capable of protecting myself, but with less fear of consequences. When I was estrogen dominated I was more responsible with my feelings, but they would take over me and shut me down at times."
- Still has “divorce day” even though not cycling

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.



✓ Sleep

- Rising estrogen in the follicular phase smooths sleep and improves rest quality.
- Progesterone is mildly sedating mid-luteal, but its sharp premenstrual drop can disrupt sleep or cause restless nights.
- Post-ovulatory increases in body temperature contribute to lighter, less restorative sleep.
- Recognizing these shifts helps replace self-blame with understanding that sleep challenges are hormonally influenced.



Sleep



Energy



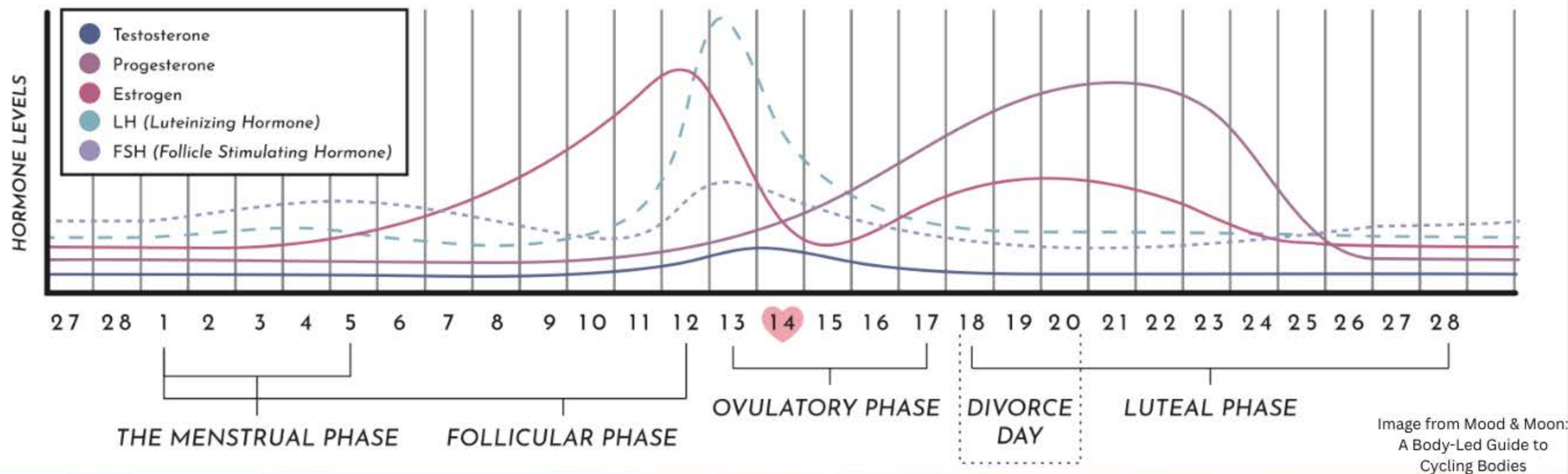
Sex drive and Libido



Mood

Source: Rugvedh, Gundreddy, & Wandile, 2023

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.



✓ Energy.

- Estrogen boosts serotonin and dopamine, lifting energy, motivation, and cognitive clarity in the follicular and ovulatory phases.
- Progesterone slows things down — often increasing fatigue, lowering stamina, and reducing recovery capacity in the luteal phase.
- These changes can look like “loss of motivation,” but they’re predictable rhythms, not character flaws.
- Honoring energy dips with pacing and rest can prevent burnout.
- Exercise can feel different across the cycle—energy, perceived effort, performance, and recovery needs may shift with hormonal changes.

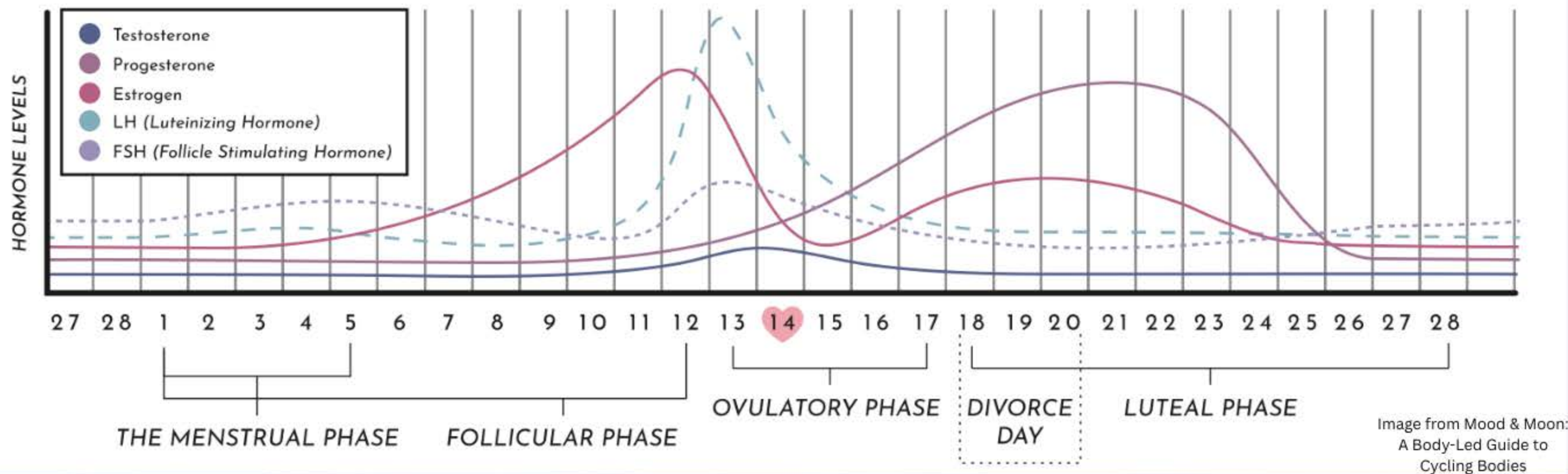
✓ Energy

✓ Sex drive and Libido

✓ Mood

Source: Rubinow & Schmidt, 2019

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.



☑ Sex drive and Libido

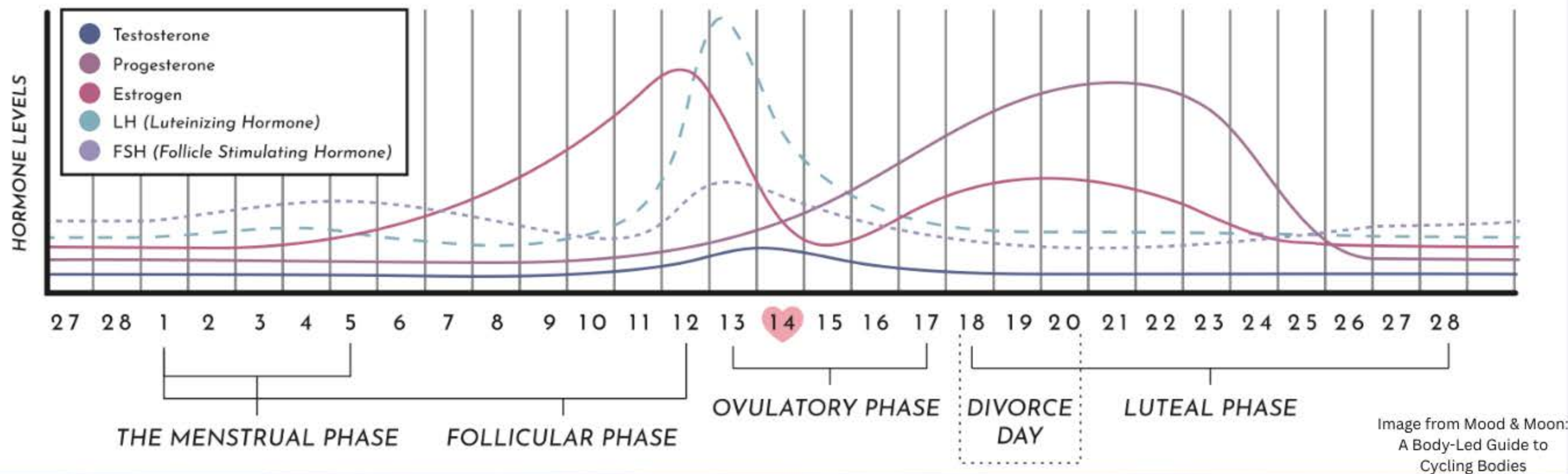
- Estrogen and testosterone rise around ovulation, boosting libido, energy, and sexual receptivity.
- Progesterone in the luteal phase often lowers desire, with many reporting less interest in intimacy as the body shifts toward rest.
- Recognizing these natural cycles of desire helps reduce shame, normalize differences between partners, and foster more compassionate communication.

☑ Sex drive and Libido

☑ Mood

Source: Rubinow & Schmidt, 2019

HORMONAL CHANGES THROUGHOUT THE MENSTRUAL CYCLE INFLUENCE MOOD, ENERGY, APPETITE, AND COGNITION.

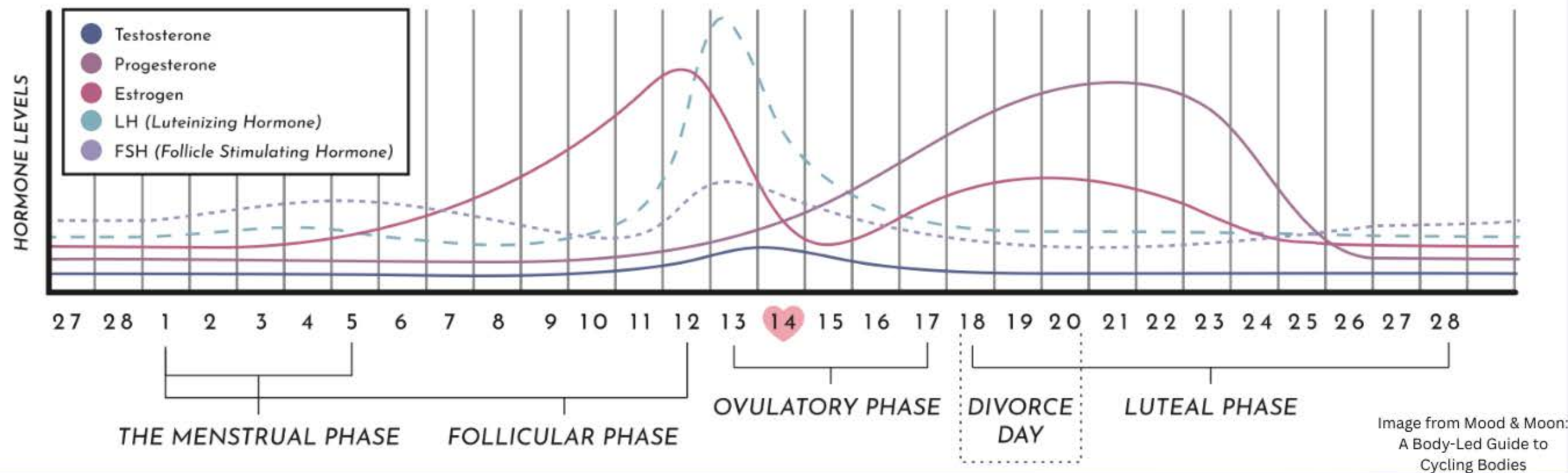


✓ Mood

- Estrogen is strongly linked to mood stabilization through serotonin and dopamine support; moods often feel lighter mid-cycle.
- Progesterone and its metabolites can heighten sensitivity, irritability, or anxiety in the late luteal phase.
- Premenstrual dips in both hormones may trigger brain fog, sadness, or reactivity — what many call PMS or PMDD.
- Recognizing cyclical mood patterns reduces shame and allows for proactive self-care strategies.

✓ Mood

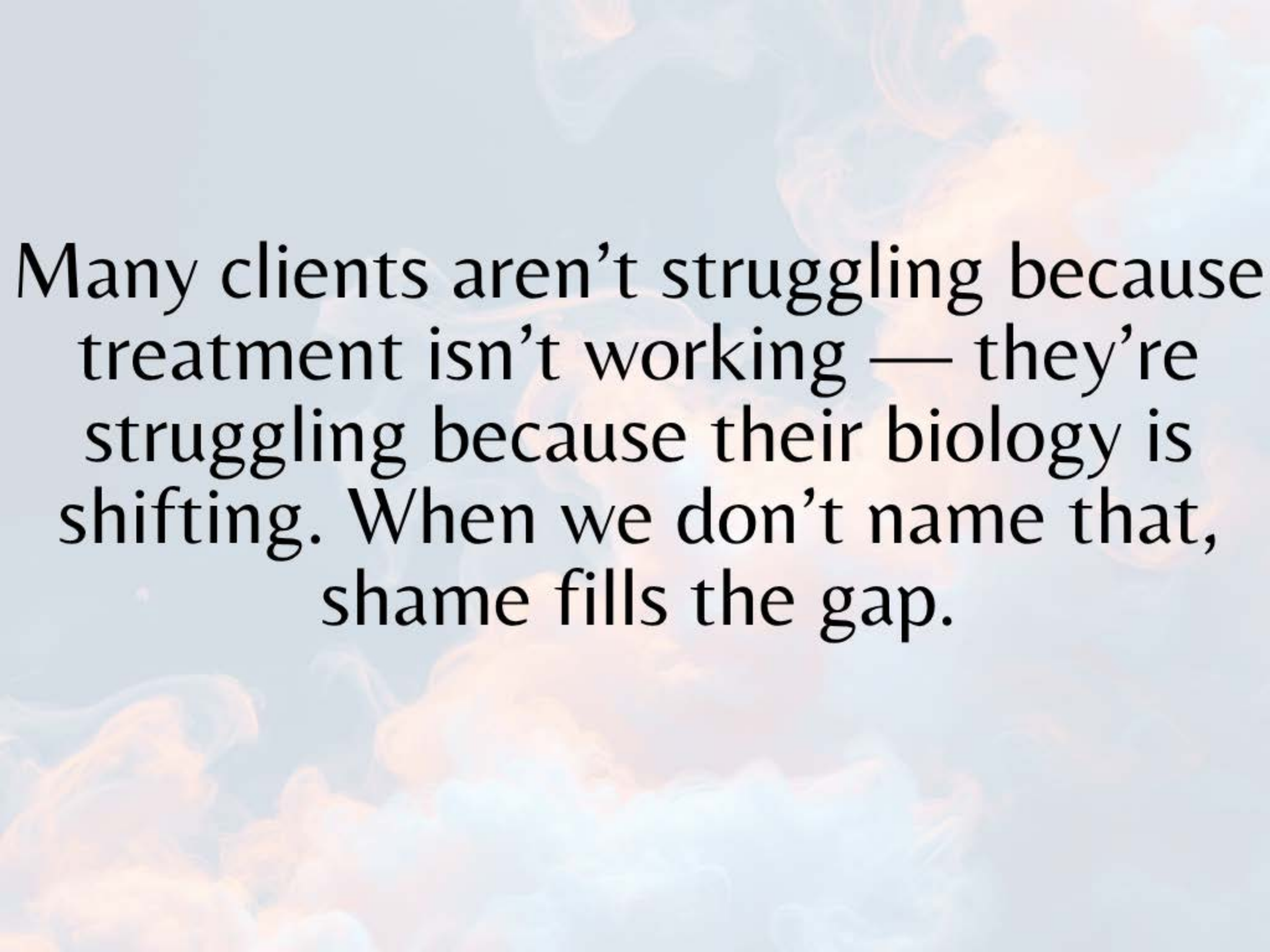
Source: Rubinow & Schmidt, 2019



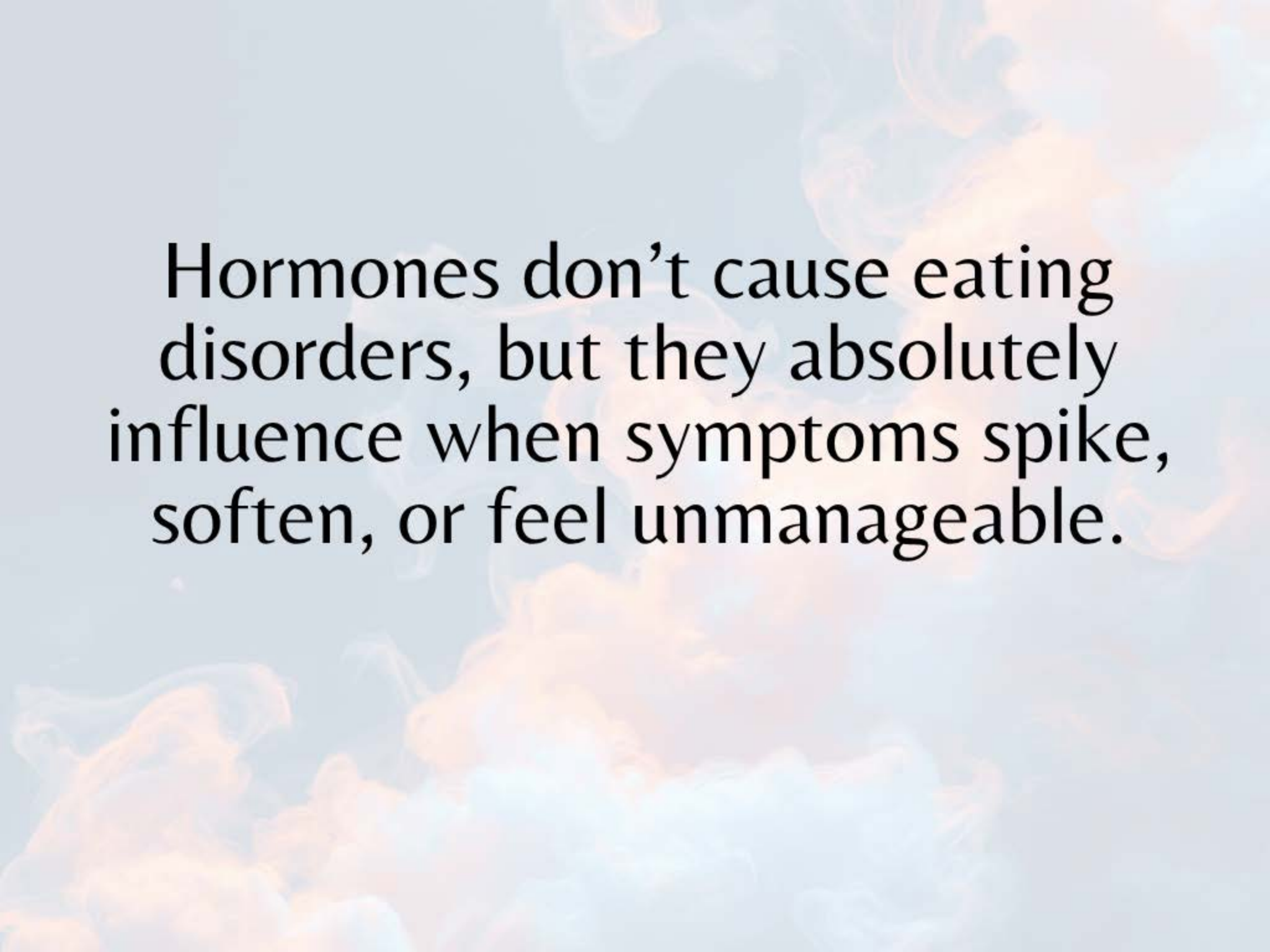
MAIN TAKEAWAY FOR AFAB EATING DISORDERS

Source: Klump et al., 2024

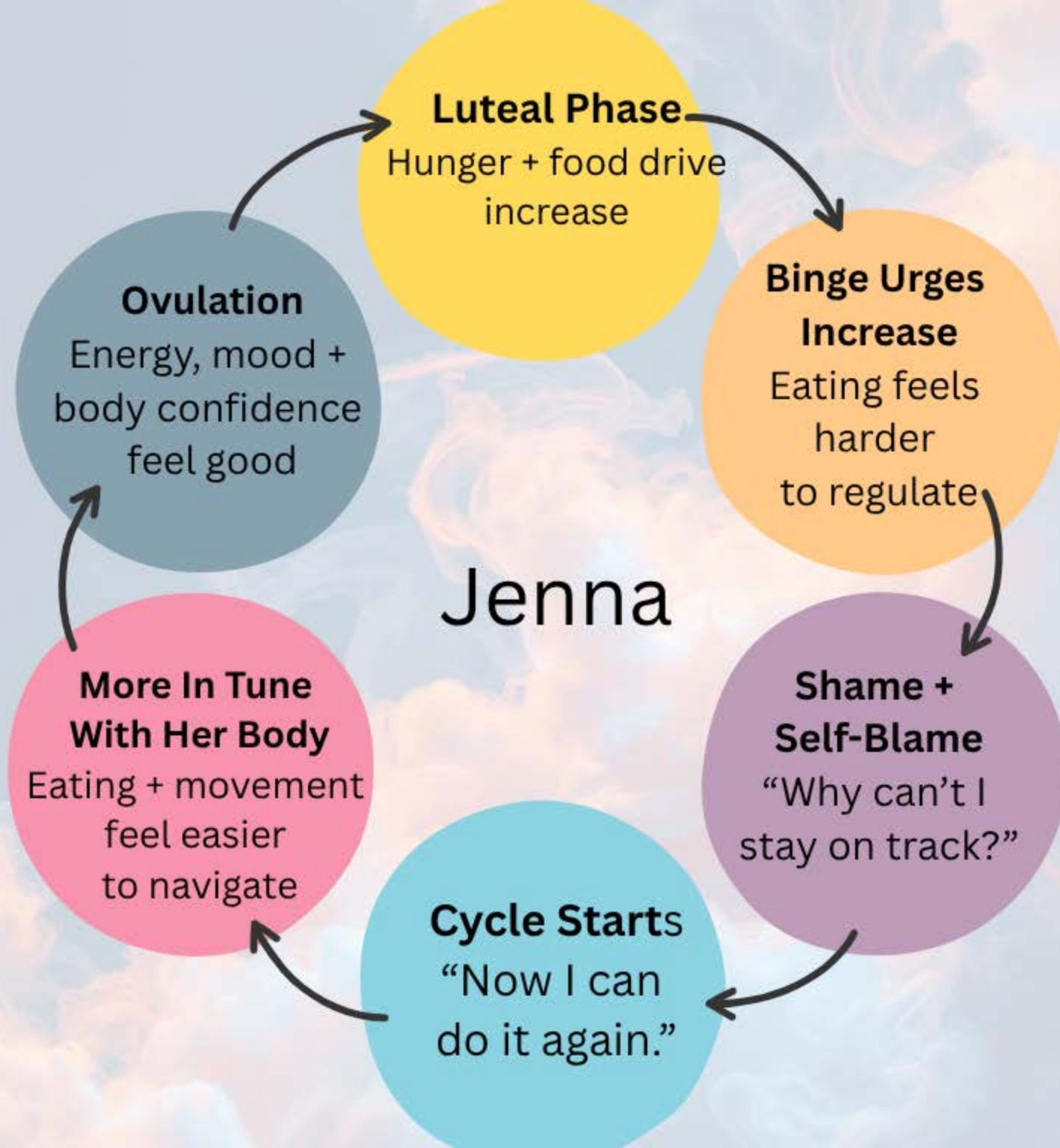
- Hormonal shifts across the menstrual cycle directly influence appetite, reward sensitivity, and emotional regulation.
- Estrogen supports serotonin and dopamine, often reducing cravings and improving cognitive flexibility earlier in the cycle.
- Progesterone rise and withdrawal increase energy needs and vulnerability to emotional or loss-of-control eating.
- Symptom fluctuations reflect predictable hormonal patterns, not lack of motivation or treatment failure.
- Treatment is most effective when nutrition, coping skills, and expectations are phase-adjusted rather than rigid.
- Changes in estrogen and progesterone interact to shape emotional eating patterns across the menstrual cycle.

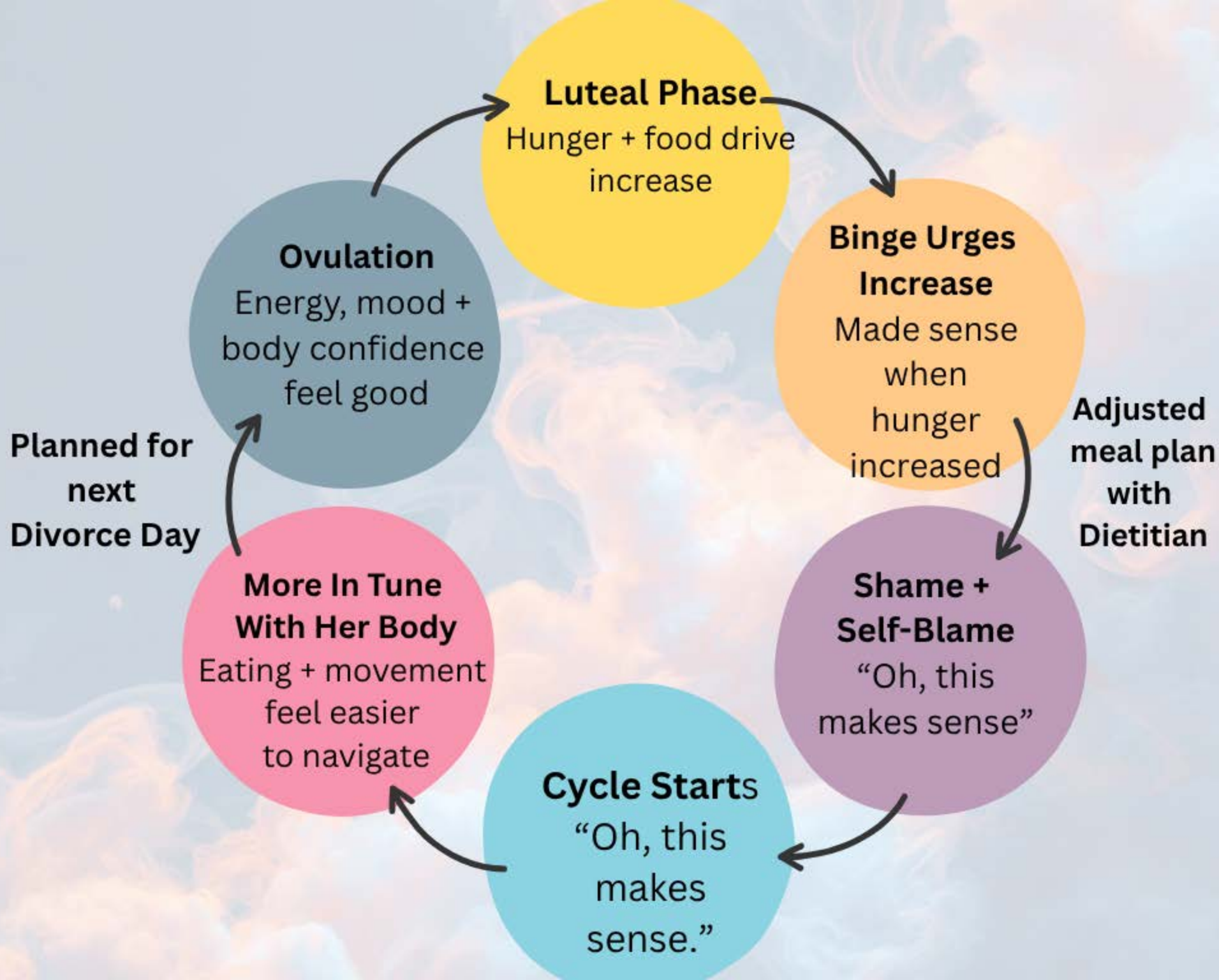


Many clients aren't struggling because treatment isn't working — they're struggling because their biology is shifting. When we don't name that, shame fills the gap.



Hormones don't cause eating disorders, but they absolutely influence when symptoms spike, soften, or feel unmanageable.

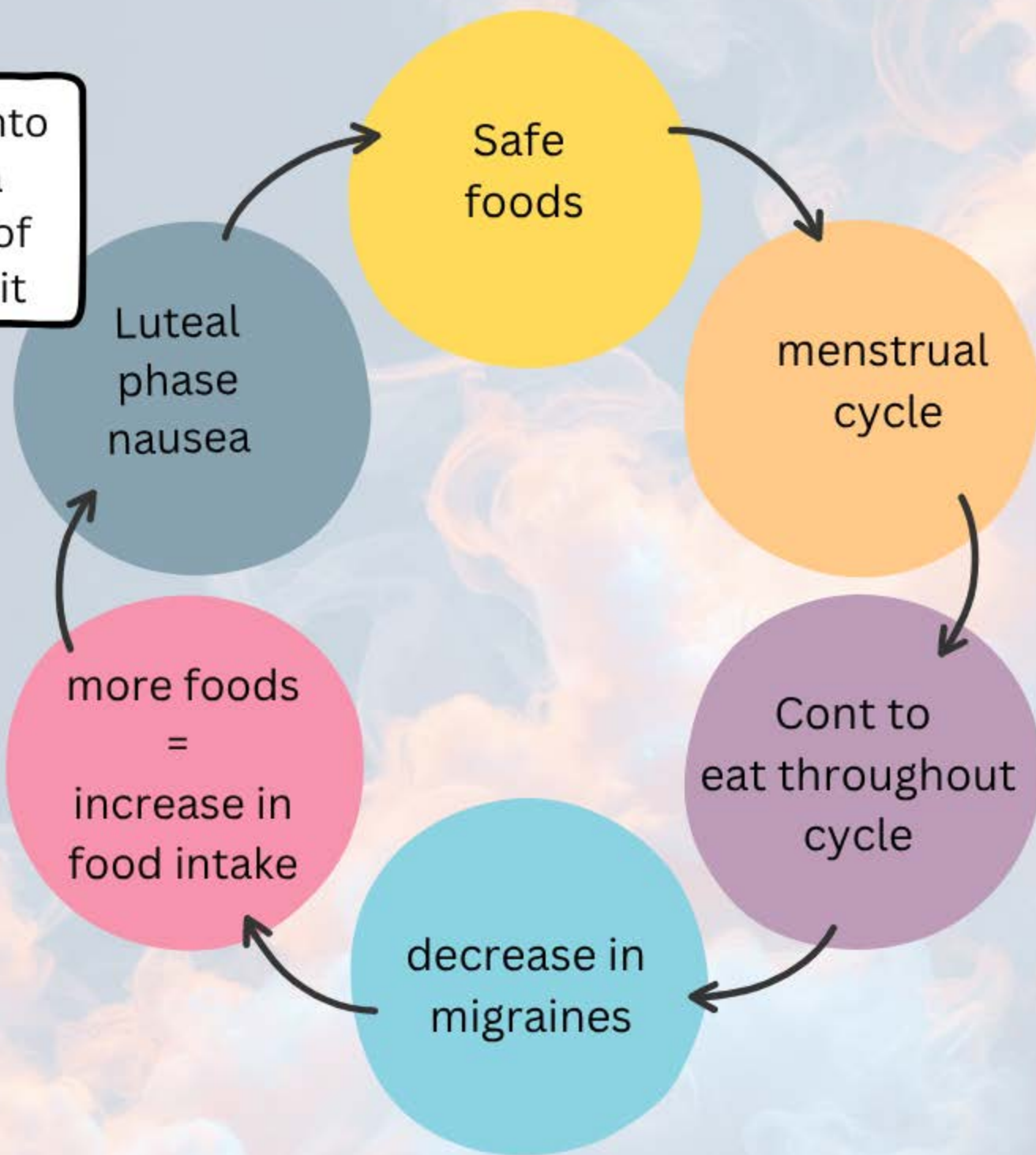




Case example

- Jane, 18 year old AFAB
- Profile: ADHD, ARFID, POTS, hEDS, MCAS, SIBO
- Severe ARFID - limited foods to about 10 food choices
- Unable to make much change to foods with significant trauma around food with undiagnosed SIBO/MCAS
- Couldn't figure out what was still triggering migraines and constipation flares
- Started teasing apart trauma and food with ARFID techniques
- Started tracking cycle
- Identified Late Luteal phases nausea

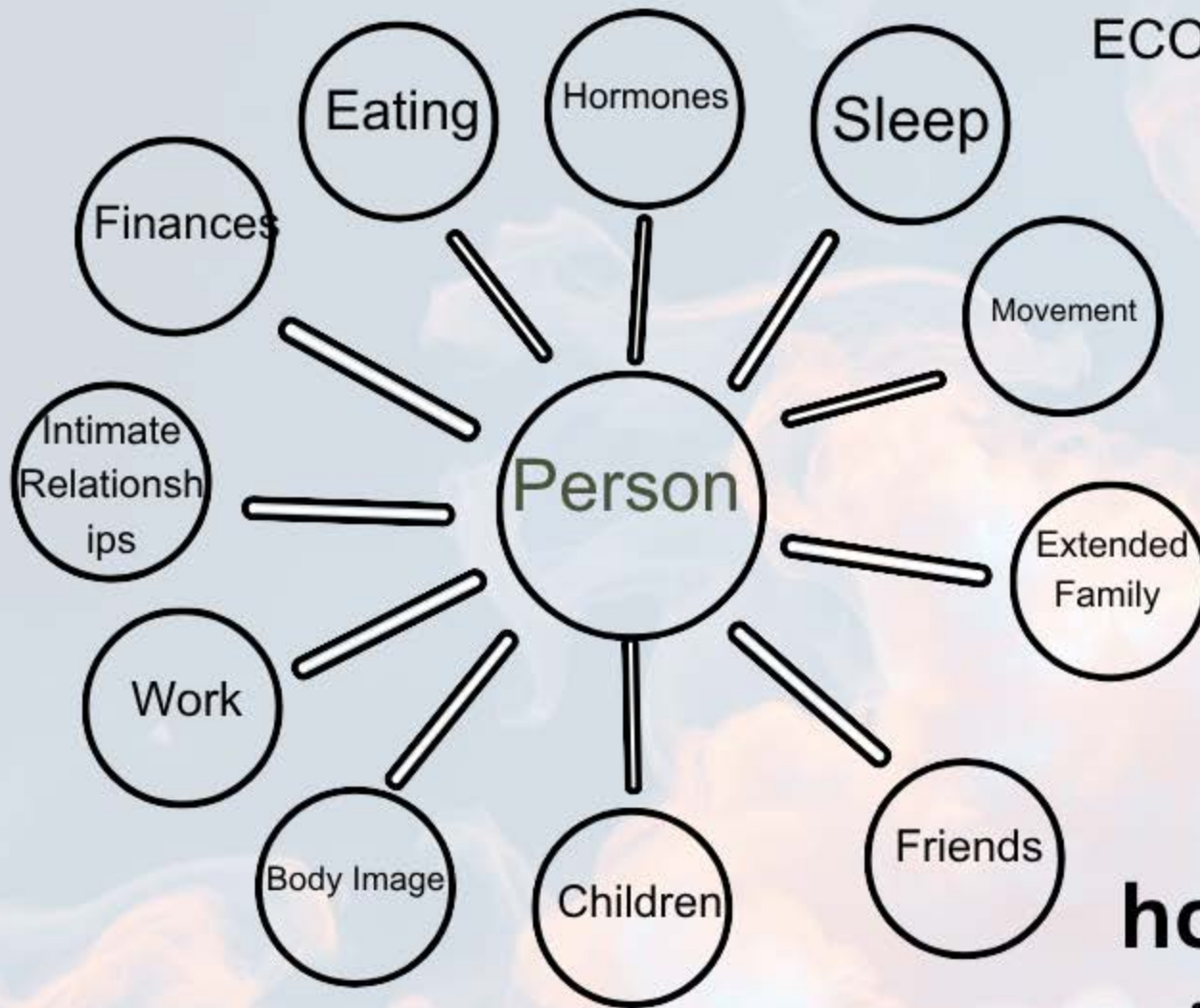
Leaned into
nausea
instead of
fighting it



**We eliminated
the unknown
and made it
known!**

**We leaned into
the nausea
instead of trying
to “fix it.”**

ECOMAP



**Remember,
hormones don't
exist in a vacuum**

Polyvagal Framework

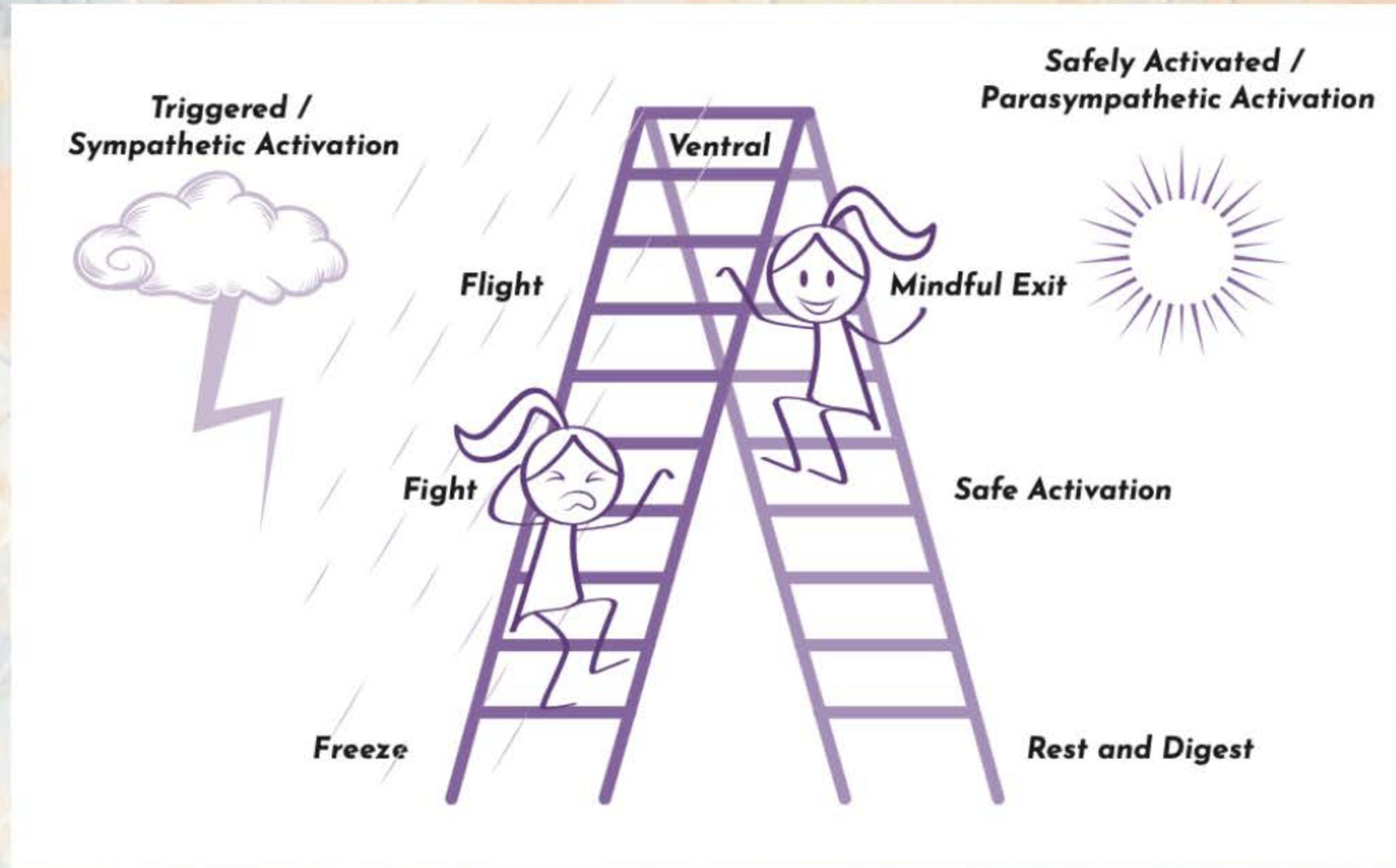


Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

Image from Mood & Moon: A Body-Led Guide to Cycling Bodies

Polyvagal Framework AFAB

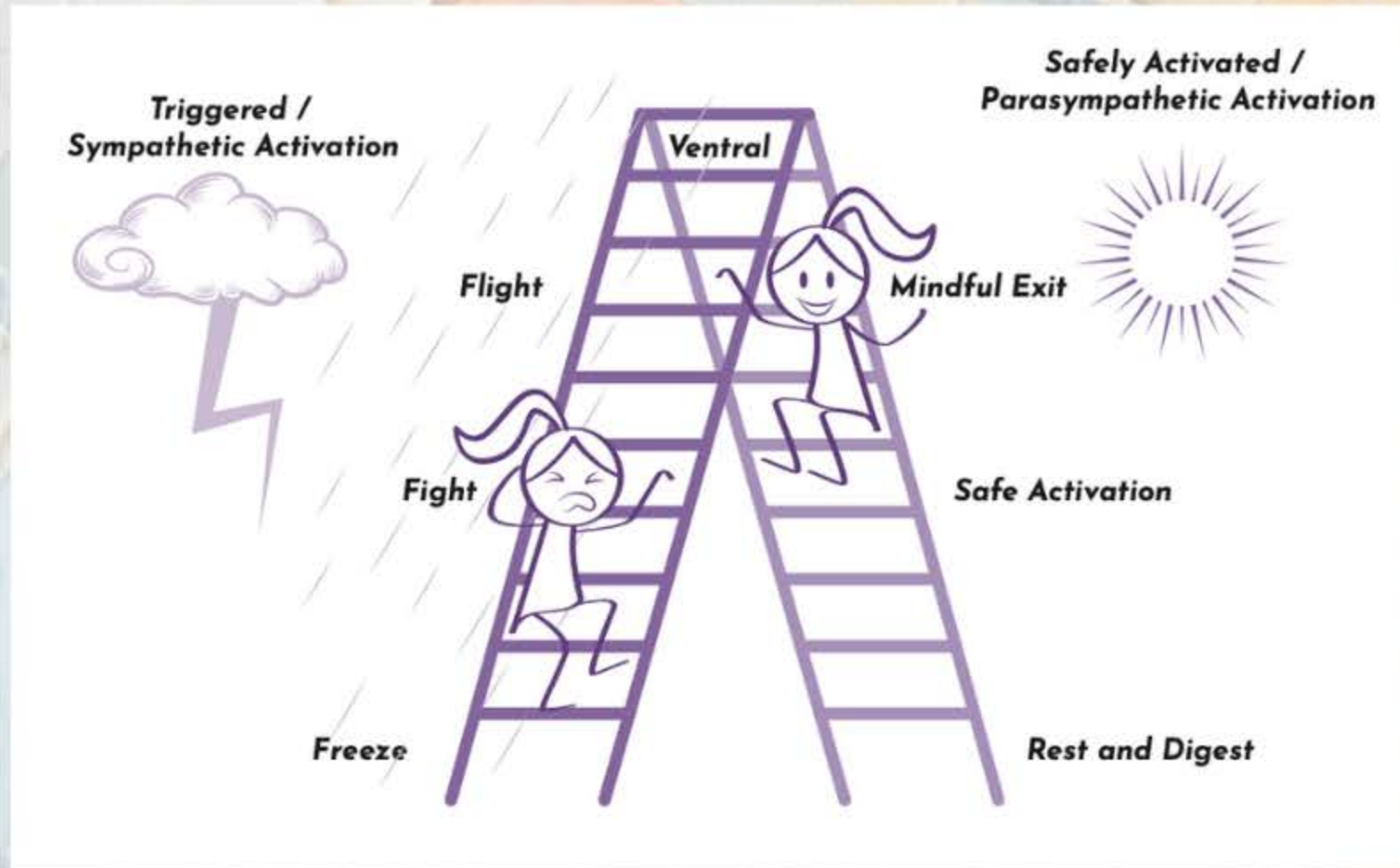


Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

Overview

- Tend to move through the ladder on a monthly, cycle-based rhythm
- Mid-cycle hormonal support often widens ventral vagal access
- Late luteal hormone withdrawal increases sympathetic or dorsal vulnerability
- Nervous system shifts can happen even without external stress

Clinical lens:

- Distress may present as anxiety, emotional reactivity, or overwhelm
- Internal cues are often misinterpreted as “overreacting”

Key teaching:

- AFAB nervous system shifts may be impacted differently throughout the month

Image from Mood & Moon: A Body-Led Guide to Cycling Bodies

Polyvagal Framework AMAB

Overview

- Tend to move through the ladder on a daily rhythm
- Morning activation often supports ventral engagement and task initiation
- Stress accumulation across the day can increase sympathetic activation
- Prolonged stress may lead to dorsal withdrawal, numbness, or disengagement

Clinical lens:

- Distress often presents as irritability, shutdown, or reduced motivation
- Emotional expression may decrease before regulation fully collapses

Key teaching:

- AMAB distress often shows on a daily pattern



Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

Image from Mood & Moon: A Body-Led Guide to Cycling Bodies

The Window of Tolerance

Another helpful concept is your **Window of Tolerance**—your body's natural zone for stress resilience.

When you're inside this window, you can stay grounded, present, and flexible—even with challenges.

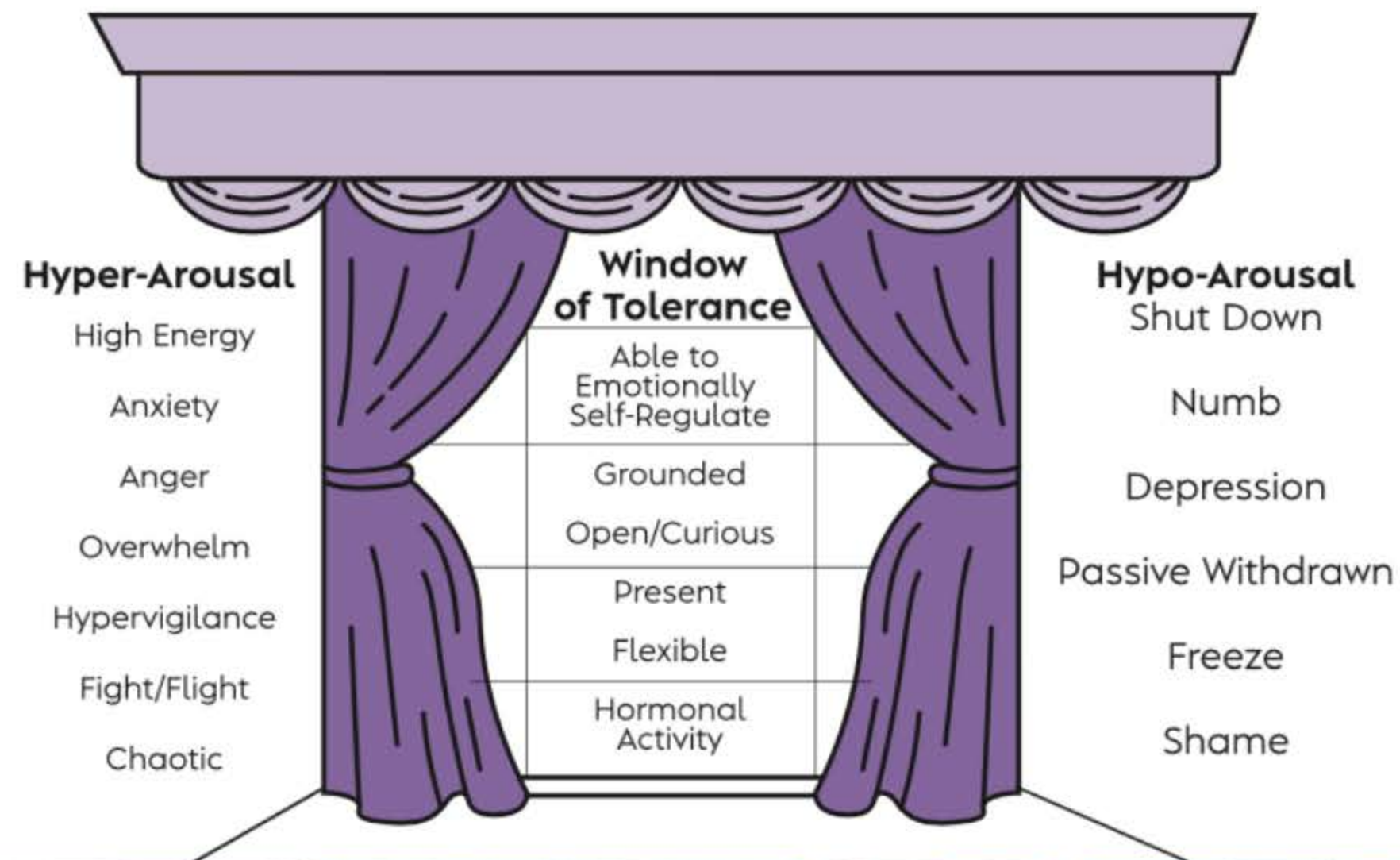
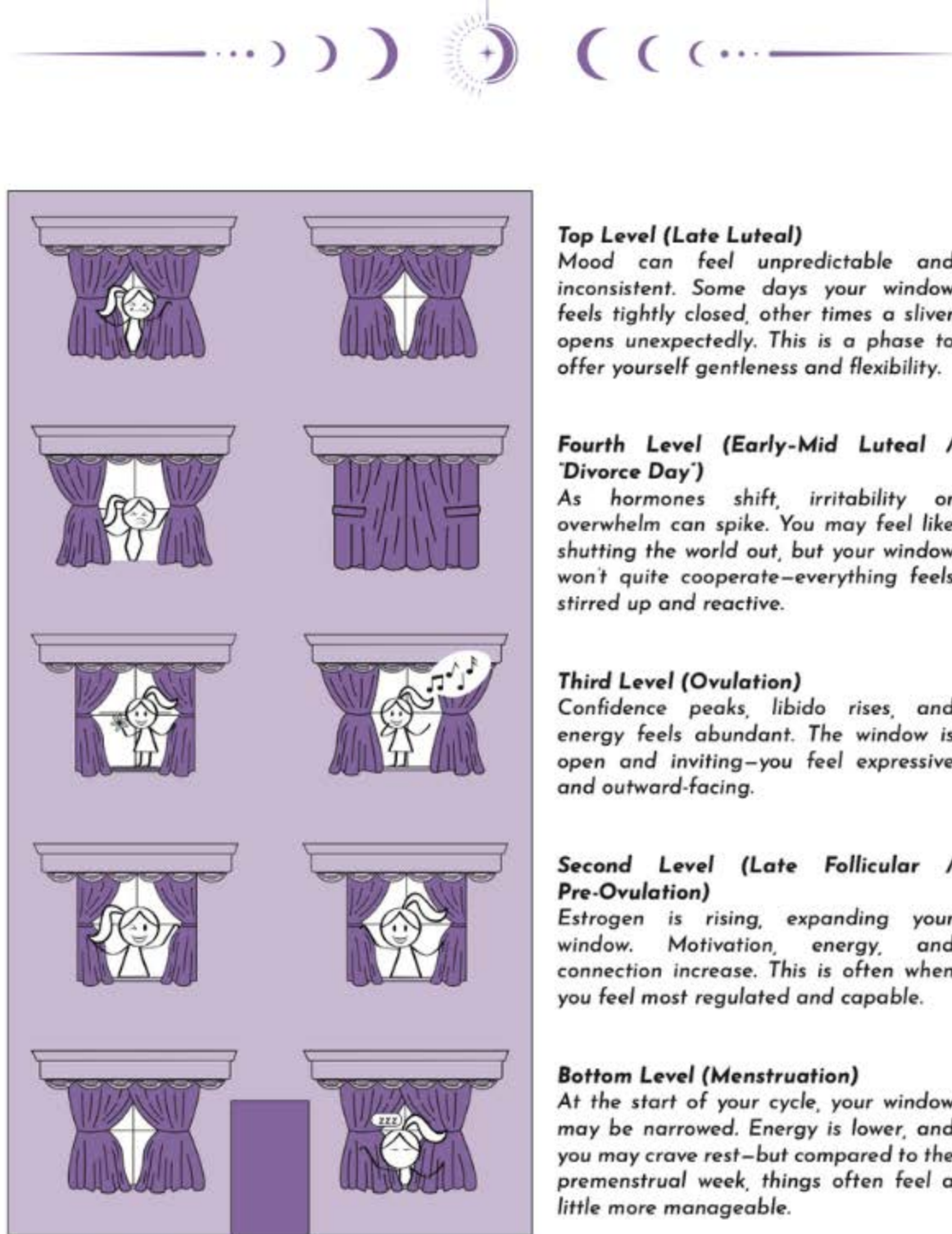


Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies



AFAB Bodies & the Window of Tolerance

- Window may shift noticeably across the menstrual cycle
- Late luteal phase often narrows tolerance even with good coping
- Sensory sensitivity and emotional reactivity increase near withdrawal
- Regulation often requires anticipation, not reaction

Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

Window of Tolerance AMAB

The Window of Tolerance

Another helpful concept is your **Window of Tolerance**—your body's natural zone for stress resilience.

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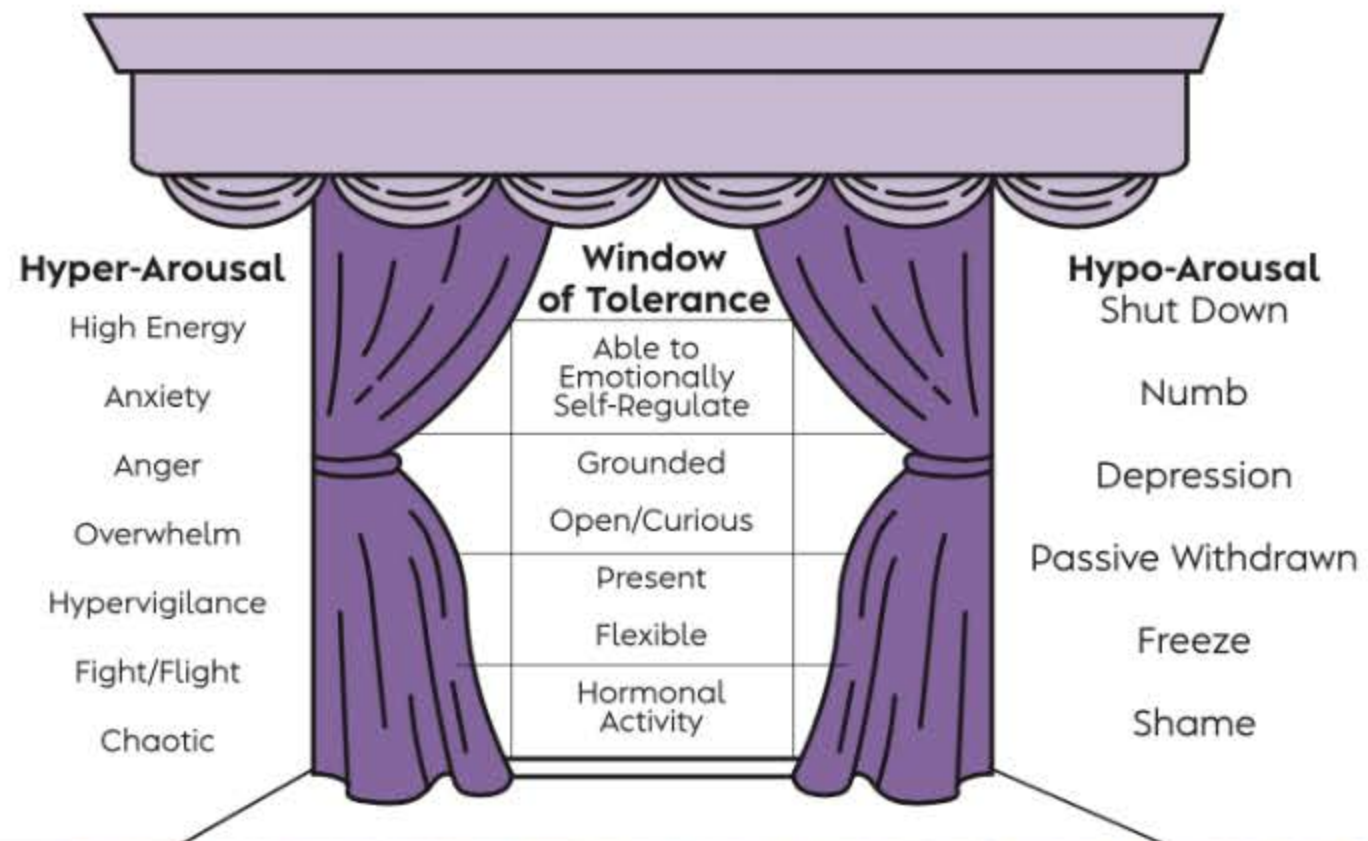
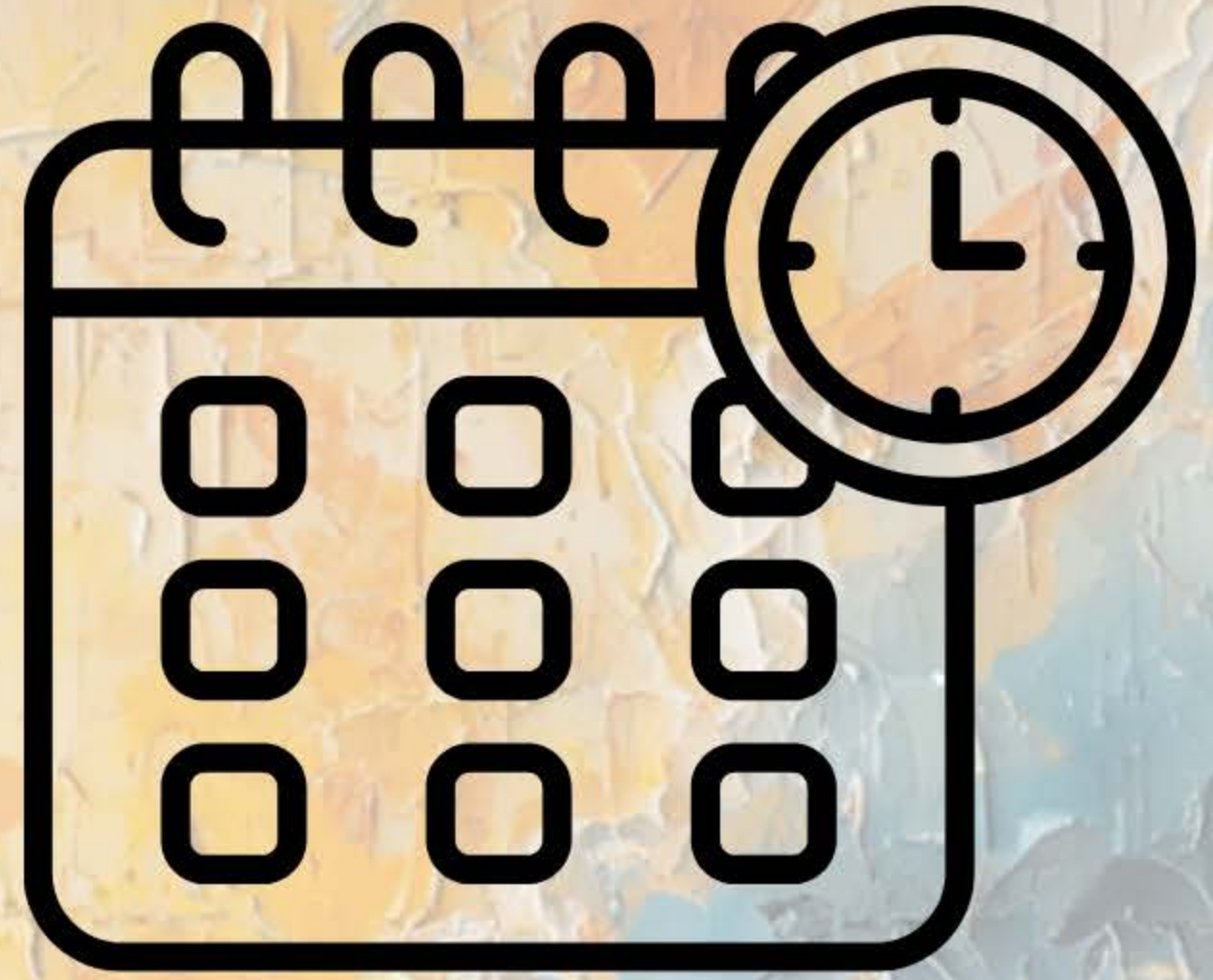


Image from Mood & Moon:
A Body-Led Guide to
Cycling Bodies

- May be more open in the am/May struggle more in the evenings
- Changes with hormones throughout the lifetime

Cycle Aware Interventions



Introducing Tracking in Clinical Practice

Why track?

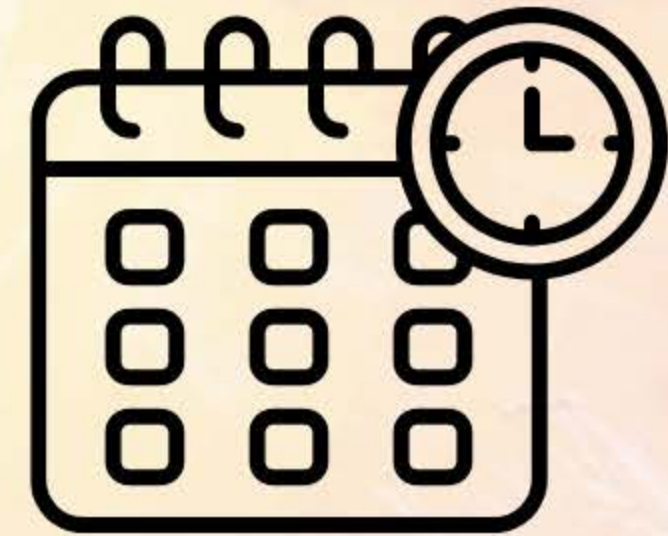
- Recognize patterns
- Increase insight + agency
- Plan support proactively

Keep it simple

- Apps • journals • charts
- Cycle/rhythm + mood/energy
- Consistency over perfection

The goal:

Pattern recognition — not perfect prediction.



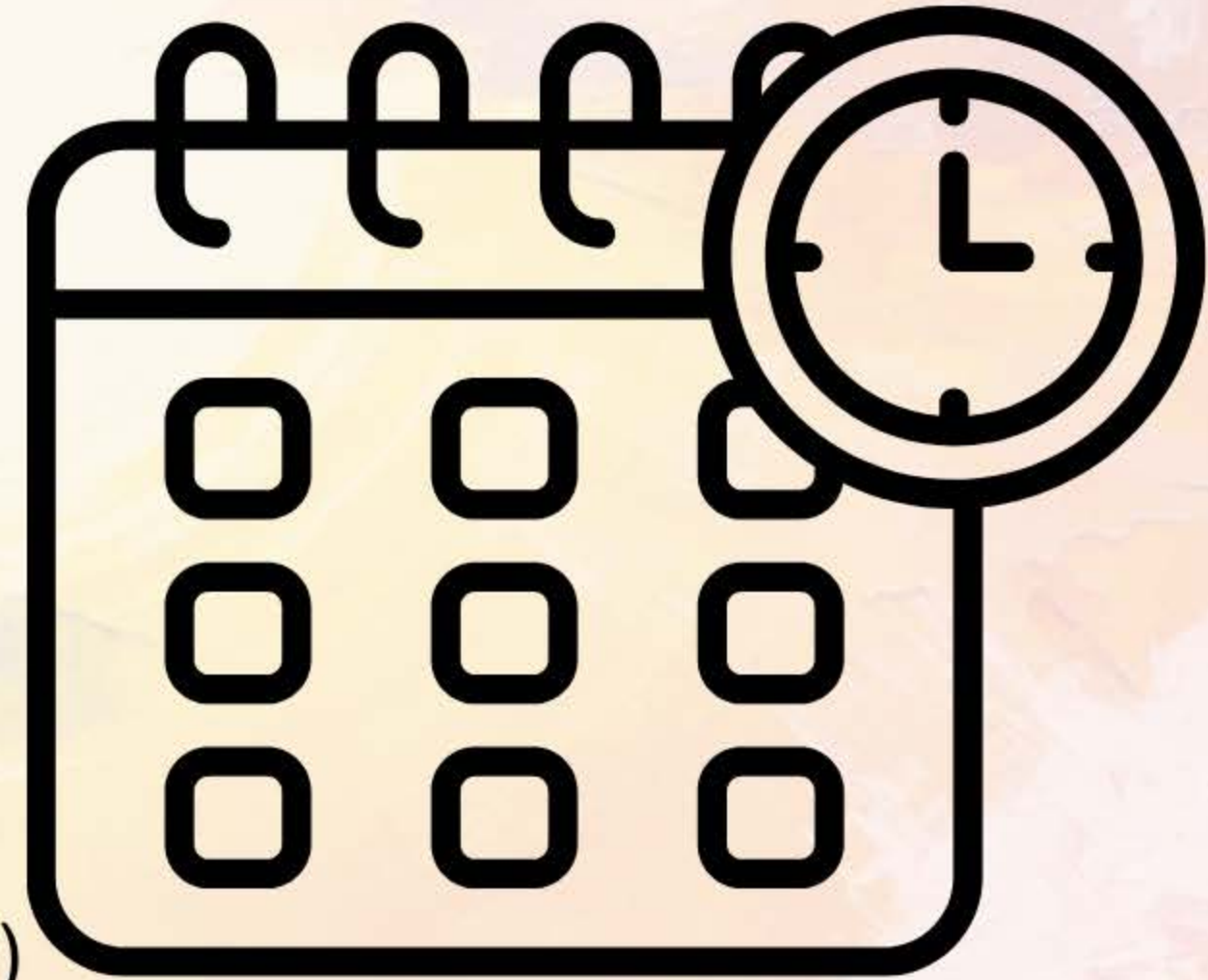
Tracking for Both AFAB and AMAB Clients

AFAB Tracking

- Finding rhythms in the phases
- Mood, sleep, hunger, energy
- Sensory sensitivity
- Libido / social tolerance

AMAB Tracking

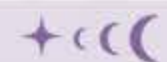
- Time-of-day mood shifts
- Energy dips (late afternoon/evening)
- Sleep quality
- Stress response recovery



Symbols Key

Create symbols or colors to represent your symptoms, patterns & moods.

Example: Low Mood



Mood & Moon | 3 Month Menstrual Cycle Tracker



Month 1 Start Date: _____

Cycle Days (Starting with Day 1 = First Day of Your Period)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Menstrual Phase (Days 1-7)							Follicular Phase (Days 1-14)					Ovulation (Days 13-15)			Divorce Day (Days 16-20)					Luteal Phase (Days 15-28+)													

Month 2 Start Date: _____

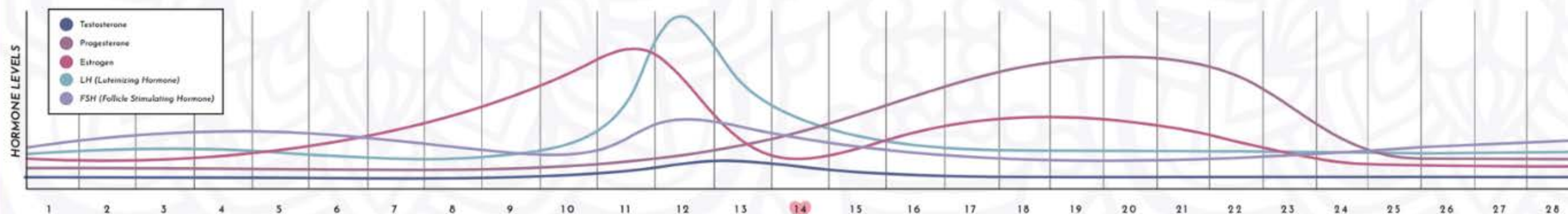
Cycle Days (Starting with Day 1 = First Day of Your Period)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Menstrual Phase (Days 1-7)							Follicular Phase (Days 1-14)					Ovulation (Days 13-15)			Divorce Day (Days 16-20)					Luteal Phase (Days 15-28+)													

Month 3 Start Date: _____

Cycle Days (Starting with Day 1 = First Day of Your Period)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Menstrual Phase (Days 1-7)							Follicular Phase (Days 1-14)					Ovulation (Days 13-15)			Divorce Day (Days 16-20)					Luteal Phase (Days 15-28+)													



How to Use This Tracker

Create Your Key: In the left column, create symbols or colors to represent your symptoms, patterns & moods to track.

Start at Day 1: Write your Start Date (first day of menstrual bleeding – not the calendar month).

1 box per Cycle Day with

1 box per phase: Menstrual,

1 box per day, body, and the moon



Free Tracker

Phase-Based Interventions (AFAB)

Follicular / Ovulatory

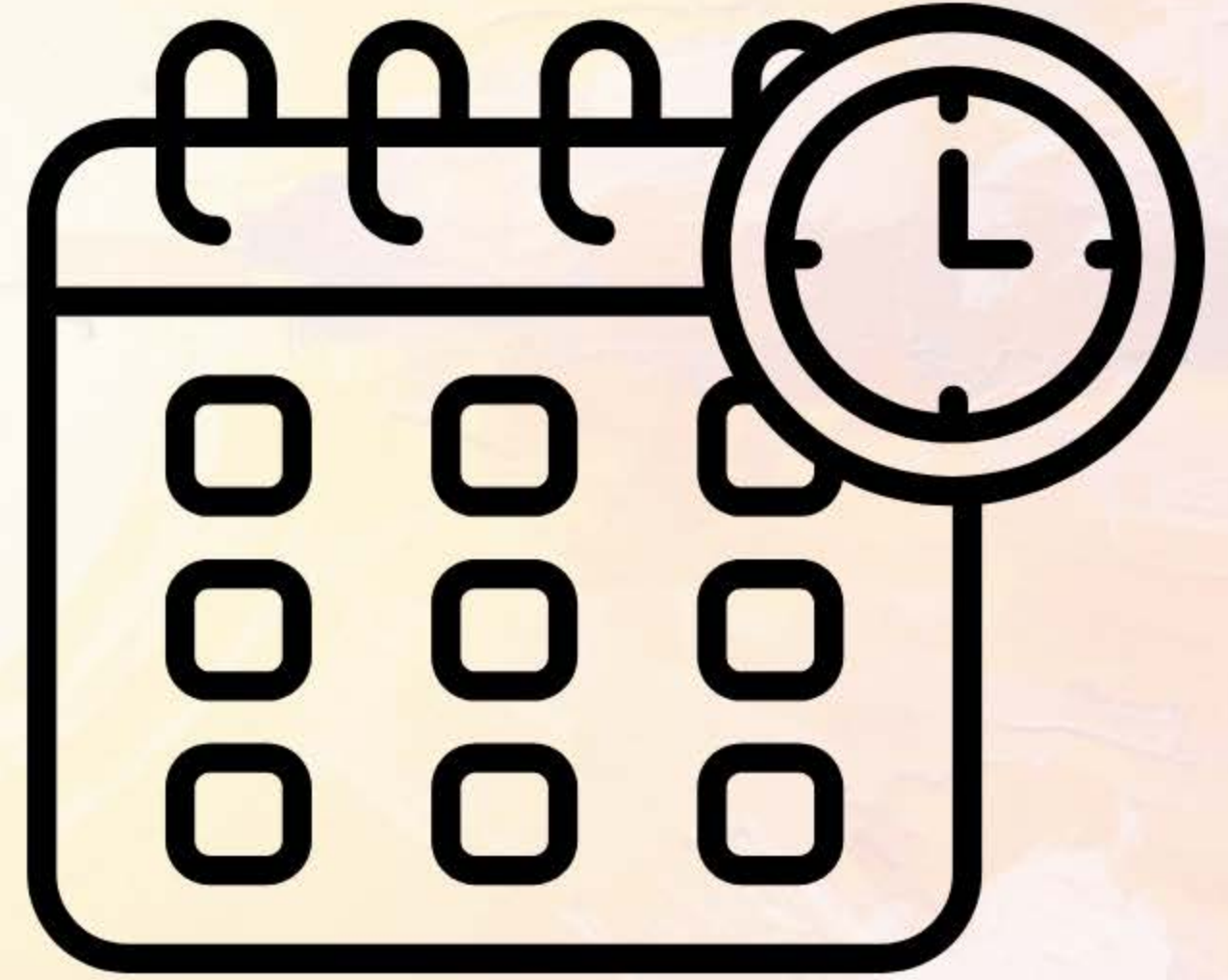
- Cognitive work
- Exposure therapy
- Planning, decision-making
- Social engagement

Luteal / Premenstrual

- Nervous system regulation
- Reduced cognitive load
- Increased rest and structure
- Boundary-setting support

Planning Around Luteal Vulnerability

- Fewer demands
- Predictable routines
- Increased co-regulation
- Compassionate expectations



**We don't push skills
harder — we time them
better.**

Phased Based Intervention toolkit for AFAB

Self-Care Toolkit

MENSTRUAL	FOLLICULAR	OVULATION	DIVORCE DAY	LUTEAL

Time of Day Interventions (AMAB)

Morning / Early Day

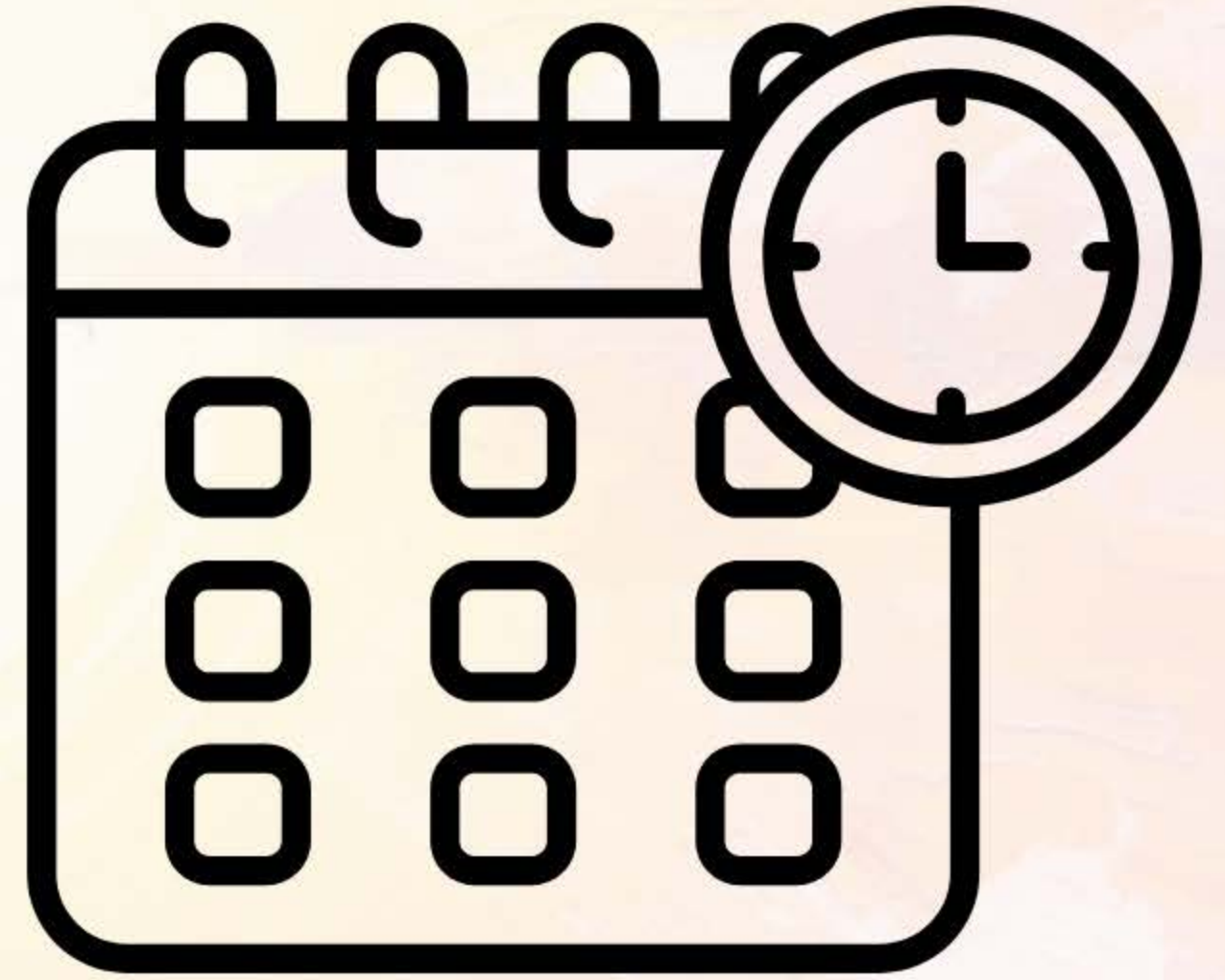
- Problem-solving
- Executive functioning tasks
- Therapy sessions requiring focus

Evening Vulnerability Window

- Increased irritability
- Reduced distress tolerance
- Lower frustration threshold

Planning Around Evening Hormone Shifts

- Avoid major decisions late at night
- Front-load demanding conversations
- Increase grounding and recovery rituals
- Support sleep protection
- Plan for meals ahead of time



**We look for time
of day patterns**

Other interventions:

Your interventions don't have to change. The context may.

- **EMDR / IFS / CBT / DBT / Solution-Focused** — consider current capacity, activation, and vulnerability
- **Nervous-system regulation** — match strategies to the client's current state
- **Movement** — support flexibility in energy, intensity, and recovery
- **Behavioral activation** — adjust expectations when capacity shifts
- **Journaling / reflection** — look for patterns without over-monitoring
- **Scheduling & planning** — proactively plan around known vulnerability windows
- **Sleep & sensory support** — consider changes in sleep, stimulation, and overwhelm
- **Eating-disorder work** — anticipate shifts in hunger, cravings, body image, rigidity, and urges
- **Safety planning** — increase support during predictable windows of SI, self-harm, or severe mood symptoms
- **Communication / relationship work** — recognize when reactivity or rejection sensitivity may intensify

Cycle awareness isn't another intervention—it's another layer of information that can make the interventions we already use more responsive.

Teaching Clients About Hormones & Tracking

Neutral, Non-Shaming Introduction

- “Your body has rhythms — this isn’t a character flaw.”
- “We’re tracking patterns, not fixing you.”

Clinical hormone education and cycle awareness support symptom understanding and reduce self-blame (Briden, 2021)

Case example

- Working at Rain Rock early in career
- Leading group- “Body and Soul” group - Rose Ceremony
- After - asked client that was having strong ED urge to binge and having strong feelings in group....”Do you think maybe you’re going to start your cycle/Maybe you’ll get a red rose soon?”
- You would have thought I told her she had to drink a boost - lol....”How dare you? I thought you were a feminist? I’m NOT PMS’ing!!!”
- I hadn’t found the right wording yet, the right way to introduce this yet!
- Many moons later....teaching it now to all of you!

How to Bring This Into Sessions/Your Work

- Educate about tracking benefits
- Name patterns aloud
- Collaboratively adjust goals and expectations
- Plan around timing & patterns

Talking to Clients About Hormones: How to Introduce the Topic



- “Did you know that our hormones actually have a lot to do with our mood? Would you be interested in hearing some of the things I learned?”
- “Can I ask you a few questions about your cycle? It can sometimes help us understand patterns in mood, sleep, energy, and even food cravings.”
- “Some of what you’re describing makes me curious about how your hormones might be affecting things—would you be open to exploring that a little?”
- “We often blame ourselves for feeling ‘off,’ but hormones can really shift how we feel and function throughout the month. Do you happen to track your cycle at all?”
- “Do you ever notice changes in mood, energy, or appetite during certain times of the month? Did you know it can be related to your hormones?”
- “Would you be interested in tracking your cycle or symptoms for a few weeks to see if there’s a pattern?”



Talking to Clients About Hormones: How to Revisit It in Session



- “Last week you mentioned feeling really overwhelmed—do you remember where you were in your cycle at that time?”
- “Let’s check in on how your mood and energy have felt across the past couple weeks—any connections to your cycle that you’re noticing?”
- “You were just talking about how good you felt last week when you were able to get those work projects done AND the house stuff? This week sounds a lot harder to find motivation. Can we look to see where you are at in your cycle to see if there is any correlation?”
- “Wow, it sounds like the feeling to binge felt like it came out of nowhere. Can we check your tracker to see where you might be at in your cycle to see if there’s any correlation?”
- “Hey, last month it feels like this is around the same time you got into an argument with your husband. Can we go back and check to see where you were at in your cycle each time to see if there’s any correlation.”



Hormone-Informed Assessment Questions (ED-Specific)



Hunger, Fullness & Appetite Regulation

- Have you ever noticed that hunger or satiety cues change at different times of the month or at different life stages?
- Are there periods where appetite feels stronger, more urgent, or harder to satisfy?
- Do these shifts come with increased guilt, fear, or body image distress?
- Do you ever have times that you feel more in control of your ED behaviors throughout the month? If so, what patterns have you noticed?

Body Image & Weight Perception

- Are there times when body image feels significantly worse—despite no behavioral changes?
- Do bloating, fluid shifts, or physical sensations increase body checking or avoidance?
- Do body thoughts intensify alongside fatigue, sleep disruption, or mood changes?

Mood, Anxiety & ED Urges

- Do urges to restrict, binge, purge, or compensate increase at predictable times?
- Are irritability, anxiety, or emotional reactivity higher during certain phases of your cycle?
- Do urges feel more “biological and urgent” versus cognitive or belief-based?



Hormone-Informed Assessment Questions (ED-Specific)

Energy, Exercise & Drive

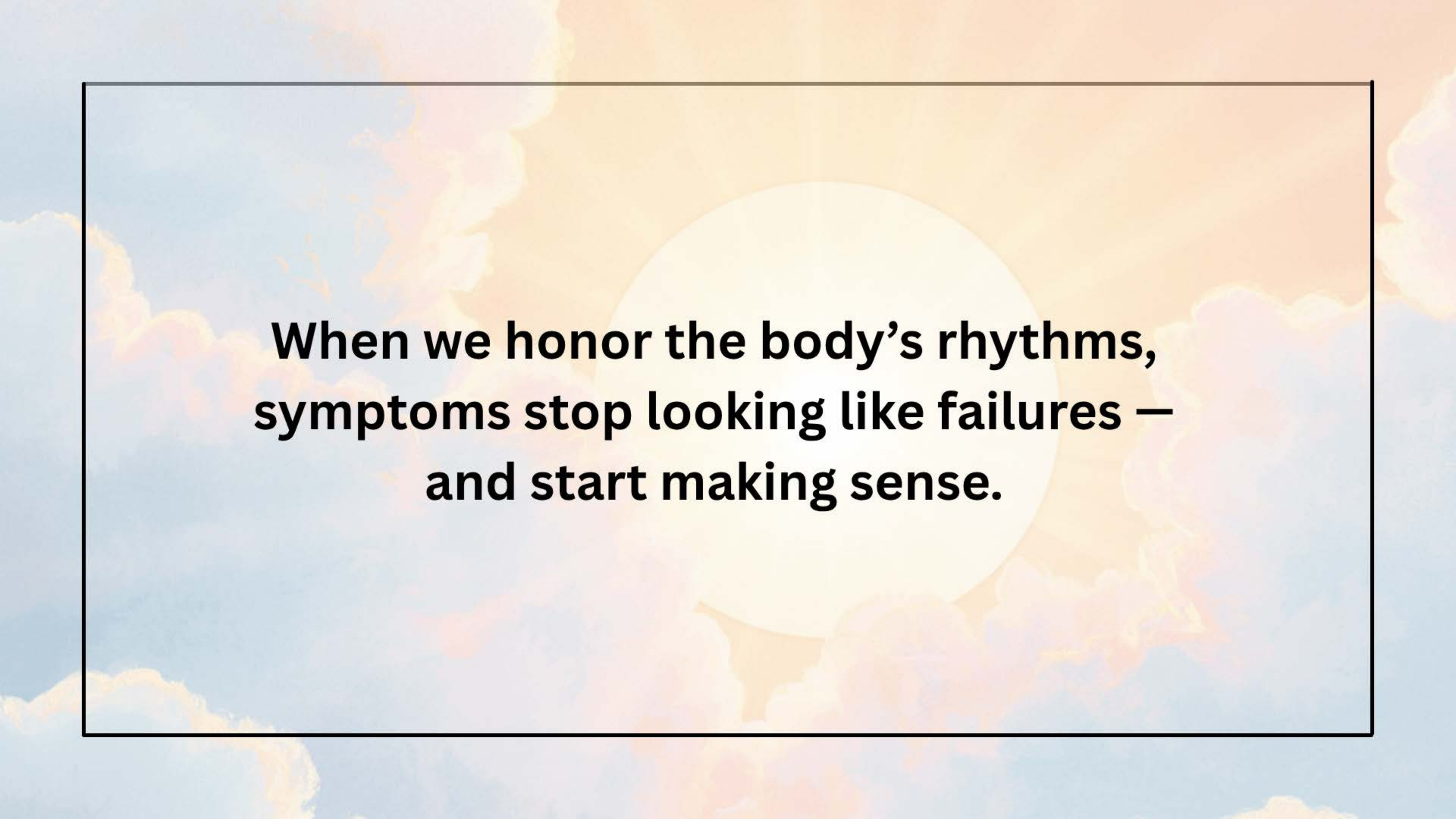
- Are there times you feel like you want to move your body vs times that you feel “lazy” or can’t get yourself motivated to move?
- Do you notice shifts between exhaustion and restlessness across the month?
- For athletes- do you ever notice changes in your training that differ throughout the month?

Sleep, Stress & Nervous System Load

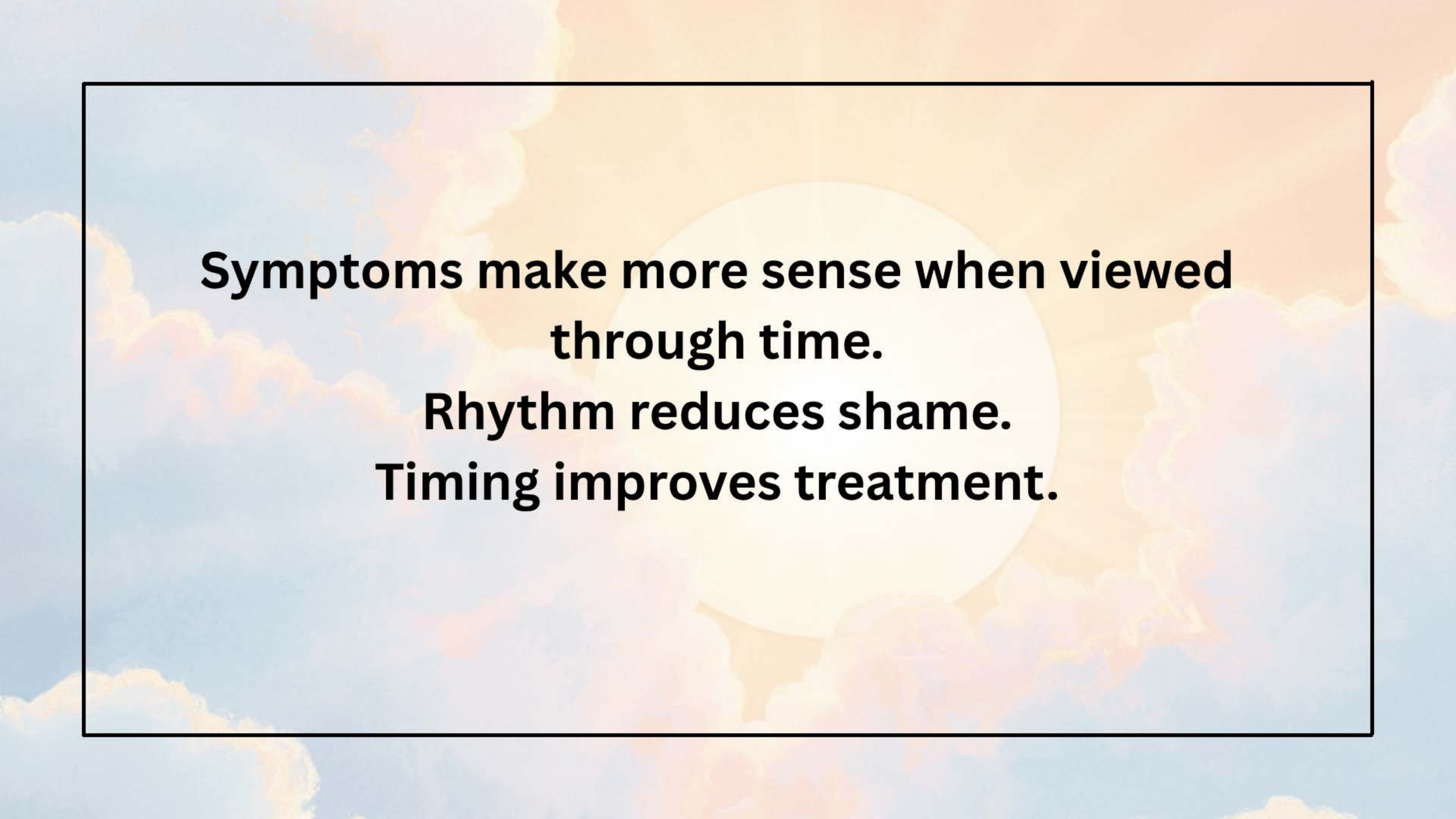
- Do you ever have times of more restful sleep vs times of struggling with sleep throughout the month?
- Do you ever notice that your ED behaviors have times where they feel more intense vs times it feels more manageable? Do you notice any patterns about this?
- Do sensory sensitivities (bloating, fullness, tightness) worsen when overwhelmed?

Medical & Treatment Context

- Are you on hormonal birth control, hormone therapy, or in a life transition (puberty, postpartum, perimenopause)?
- Have medications ever felt less effective at certain times of the day or month?
- Have medical providers discussed how hormones may affect appetite or mood?



**When we honor the body's rhythms,
symptoms stop looking like failures —
and start making sense.**



**Symptoms make more sense when viewed
through time.**

Rhythm reduces shame.

Timing improves treatment.

Key Take Aways

Hormones influence mood, appetite, cognition, and energy.

1

Applying cycle-aligned strategies supports emotional and physical well-being.

2

Tracking provides self-awareness and helps in making informed choices.

3

Small shifts in self-care can lead to significant improvements in overall health.

4

Resources & Next Steps

- Recommended books, articles, and research on hormones and mood:
 - Mood & Moon: A Body-Led Guide to Understanding Cycling Bodies by Krista Day-Gloe
 - In the Flo by Alisa Vitti
 - The Period Repair Manual by Lara Briden
 - Hormone Intelligence by Dr. Aviva Romm
- Suggested tracking tools and apps:
 - Flo
 - Clue
 - MyFlo
 - So many good ones!

Q & A

Email: krista@hrwcservices.com

Blogs



Linkedin



Facebook



Instagram



tiktok



Consultation



Debrief & Integration

- What has shifted in how you understand symptoms—state vs. trait?
 - Where might you have previously pathologized something that is actually rhythmic?
- How could this change the way you assess clients?
 - What questions will you start asking that you weren't asking before?
 - Where might timing now matter more than content?
- What feels most immediately usable in your work?
 - One question you will begin using in session this week
 - One pattern you will start tracking with clients
- Where might this change your interventions?
 - When would you lean into support vs. skill-building vs. rest?
 - How might you adjust expectations based on biological capacity?
- What conversations could this open with other providers?
 - Dietitians (fueling, appetite shifts)
 - Psychiatry (med timing, symptom patterns)
 - Medical providers (hormones, sleep, physical symptoms)

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Rugvedh, P., Gundreddy, P., & Wandile, B. (2023). The menstrual cycle's influence on sleep duration and cardiovascular health: A comprehensive review. *Cureus*, 15(10), e47292.

Supporting Your Practice

To collaborate and learn more about our programs:

Autumn Aumann

Director of Outreach

SunCloud Health

aaumann@suncloudhealth.com

773.391.0407