



THE CLINICAL GUIDE TO FERTILITY, MOTHERHOOD, AND EATING DISORDERS

From Shame to Self-Acceptance

Kate B. Daigle

ROUTLEDGE

The Clinical Guide to Fertility, Motherhood, and Eating Disorders

This book is a comprehensive guide to addressing, working with, and healing from emotional struggles related to fertility and eating disorders.

Covering the emotional, psychological, and physical impact of anorexia nervosa, bulimia, and binge eating disorder, this book explores the lived experience of numerous women and men who have endured and continue to endure eating disorders, and difficulties related to fertility and parenthood. It delves into research on medical complications that can affect fertility, attachment, the experience of shame, and adjustment to the postpartum period, and offers clinical tools for therapists to use to support clients from a weight- and body-neutral perspective. Those who read this book will come away with a renewed sense of hope for recovery and healing from serious mental illnesses, and the notion that the value of having a family may be stronger than the eating disorder itself.

The only book of its kind, *The Clinical Guide to Fertility, Motherhood, and Eating Disorders* will be useful to practitioners, therapists, and scholars alike.

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From Shame to Self-Acceptance

Kate B. Daigle

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This book is dedicated to Natalie Grace. May you
forever know the love you have brought my life and
how you have motivated me to continue my passion to
fiercely advocate for those who struggle.



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Introduction

When I was a little girl, I remember role-playing games of “house” with my sister where we would take turns acting out the parts of the parental figures and the children. It seemed so natural then; the role of mother felt easy to me. I guess it never crossed my mind that I might never have a family of my own someday, which I now recognize as an assumption I made coming from a place of privilege. I had a wonderful family who loved me and that’s all I knew. So many others in this world cannot say that. This assumption that I’d get married and have kids someday stayed ingrained in me throughout my childhood and into early adulthood when I married a remarkable man. My dream story halted in its tracks as we began trying to start a family a few years after we got married and that vision of being a mother was ripped out of my hands. With each loss we endured, the thought popped into my head: Did I do this? Is this my fault because I had an eating disorder for 10 years?

Infertility, as defined by the International Committee for Monitoring Assisted Reproductive Technologies (ICMART), is

a disease characterized by the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or due to an impairment of a person’s capacity to reproduce either as an individual or with his/her partner. Fertility interventions may be initiated in less than 1 year based on medical, sexual and reproductive history, age, physical findings and diagnostic testing. Infertility is a disease that generates disability as an impairment of function.¹

Here are some facts about infertility:

- One in 8 couples (or 12% of married women) has trouble getting pregnant or sustaining a pregnancy.²
- A total of 7.4 million women (11.9%) have ever received any infertility services in their lifetime.³
- Approximately one-third of infertility is attributed to the female partner, one-third attributed to the male partner, and one-third is caused by a combination of problems in both partners or is unexplained.⁴

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- A couple aged 29–33 with a normal functioning reproductive system has only a 20%–25% chance of conceiving in any given month.⁵
- After 6 months of trying, 60% of couples will conceive without medical assistance.⁶
- Approximately 44% of women with infertility have sought medical assistance. Of those who seek medical intervention, approximately 65% give birth.⁷
- Approximately 85%–90% of infertility cases are treated with drug therapy or surgical procedures. Fewer than 3% need advanced reproductive technologies like in vitro fertilization.⁸
- The most recently available statistics indicate the live birth rate per fresh non-donor embryo transfer is 47.7% if the woman is under 35 years of age and 39.2% if the woman is aged 35–37.⁹

More information about insurance coverage and the added financial burden to the emotional burden of fertility treatments will be covered in Chapter 6.

If a couple has been trying to conceive for a year but has not gotten pregnant, they will be diagnosed with infertility and will be referred to a fertility specialist medical doctor. When you hear about infertility treatments in the news, you might think initially of in vitro fertilization (IVF), however IVF is not the first step that doctors take to treat this condition.

First, a full assessment of both partners' physical health, genetic history, ovary and sperm function and health, and hormone balance (or imbalance) needs to be performed. For women, detection and treatment of thyroid issues such as thyroid disease and high prolactin can help restore reproductive health. Metabolic issues in women can also affect reproductive health, specifically insulin resistance, which can be present in women with polycystic ovary syndrome (PCOS) and in women with binge eating disorder and/or living in a larger body. The intersection of these will be discussed in a later chapter. In men, sperm analysis may be warranted to evaluate and rule out any sperm health issues. This can be emotionally devastating for a couple to endure who want a child so badly.

My body is not working. I so desperately want a child but it keeps getting ripped away from me. I feel as if I have been diverged to a path that is full of thorns and darkness, not one that gives me hope or belief in my body doing what it was made to do.

These words from a woman who has been trying to conceive for over a year and is being treated with medication to help her body ovulate. She describes her experience as “shameful, isolating, demoralizing,” and that she cannot trust her body anymore. Her experience almost emulates that

of a woman who has been struggling with an eating disorder: the feeling of being lost, helpless, and alone, even though she is far from being alone in her suffering.

At least 30 million people of all genders and ages suffer from eating disorders (EDs) in the United States (with many more that have not been reported).¹⁰ Eating disorders are qualified as anorexia nervosa (AN), which can be classified as a restricting type or a binge-purge type, bulimia nervosa (BN), binge eating disorder (BED), and otherwise specified feeding and eating disorder (OSFED). Avoidant/restrictive food intake disorder (ARFID) is a new clinical diagnosis for eating disorders and is not covered in this book.¹¹ These primary forms of eating disorders will be described throughout the book using the aforementioned acronyms.

With such high rates of both infertility and eating disorders in the United States and with eating disorders significantly impacting a person's physical (and emotional) health, what is their correlation? How are these two conditions related?

As I learn more and more about eating disorder recovery and fertility, I realize that I never thought about how my eating disorder might affect my chances of getting pregnant and having a family one day. I was 12 years old when I began wanting to lose weight. My mother had always been concerned about her appearance, and I internalized that to mean that I should be, too. Peers at school began to focus on makeup, trendy clothes, and hairstyles, and the vibe of wanting to “fit in” reverberated through the school corridors.

I remember looking at the way my thighs spread out on a chair when I sat down and thinking “that is gross. I need to have no fat on my legs, only muscle.” It was the summer between eighth grade and entering high school. I was at an average, healthy weight for myself but I pledged to lose weight so that I would be “happier, more popular, and healthier.” The big crises in my small world at that time were being part of the “popular” crowd, getting a boyfriend, and getting straight As—taking care of my body so that I might be able to carry a child one day was the farthest thing from my mind. I began cutting out food groups and counting calories and I dropped a significant amount of weight.

As a result of my determination to “fix myself,” once I entered high school I ditched my good friends from middle school and set out to make friends with people I didn't actually know if I truly wanted to be friends with. I realize now that this was an attempt for me to soothe myself and my social anxiety and try to find some semblance of control amid a colorful and vibrant inner emotional world.

I have always been a driven, sensitive person, and as a child I often had a hard time finding out where I fit in. I was bullied for how I looked (“four-eyes,” referring to my glasses) or how my name sounded. Kids can be mean. But I was resilient and made a few good friends and did well in school. My parents saw that I was bright and got me tested for the Gifted

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and Talented program, which led me to a series of special, accelerated programs during middle and high school. I was among the smartest kids in the city at school, and most of us were perfectionists.

Freshman year, I pledged to get “control,” and I began counting each and every calorie I put in my mouth and cutting out fat, sugar, and carbs, as I thought that was the “healthy” way to lose weight. I had a magic number of how many calories I could eat per day, and if I stuck with that number I felt victorious, untouchable, elated—in control. But if I went over it, I was a “failure” and needed to cut down on my food even more. I was running an hour a day on an empty stomach, pushing myself to do tennis, softball, honors society, and drama club and keep up in my very accelerated and demanding school program. I was abusing diet pills in an attempt to lose even more weight, and I wasn’t drinking enough water because I didn’t want to retain “water weight.” Basically, I adopted the opposite mindset of what healthy *truly* was.

What I needed was help, but the feeling of “control” that I got with restricting my food helped me feel like I was doing something right. Deep down, I knew that I was actually not in control but being controlled by my ED, but I felt so isolated and shameful about it that I did not think I could turn back or know how to do so.

I succumbed to all-or-nothing thinking, rigid rules that spanned more than just my eating behaviors, and I was quickly isolating myself from everyone and anyone. The more I became invested in my eating disorder the more it was destroying my self-confidence, but I didn’t want to give it up. My parents became concerned and finally got me to go see a therapist. I was so resistant to talking to her that I said whatever she and my parents wanted to hear. I remember her telling me “you’re not out of the woods yet” when I told her I didn’t think I needed to see her anymore. She was right; I was so deep in the woods that I couldn’t see the light of day. But I was still resistant to making a change.

My sophomore year of high school felt a bit more stable than freshman year, probably because I was adapting to the intense circumstances. I was doing well academically and feeling slightly more connected socially, but I still felt very uncomfortable in my skin and didn’t know how to cope with all of the internal and external pressure I felt. I was still restricting my food pretty severely, although not as dramatically as the previous school year. Little did I know, my ED wasn’t going into remission; it was just lying in wait until it could morph into another version of itself, like a shape-shifter.

I was on the tennis team at school, and I have a distinct memory of feeling so proud that I could fit into a size 2 tennis skirt. I just wanted to keep up that feeling, no matter how surface level it was. My self-worth became based on how I perceived I was being portrayed by others, an external locus of validation that quickly became toxic.

As a shy and sensitive teenager, the social dynamics of high school were extremely stressful for me. I now think I have always been a highly sensitive person (HSP), but did not know if that was accepted or okay, probably because the other sensitive people like me were hiding their true feelings as well. I absorbed the idea that sensitivity was not a desirable temperament trait. I continually felt rejected by peers and boys that I had a crush on (even if that was my own perception and not the reality). I felt perpetually more isolated, although I don't know that anyone would have noticed that from the outside. The appearance of "being okay" seemed so much more important than anything else.

I vividly remember the day I bought a large package of M&M's when I couldn't tolerate the deprivation anymore. I began eating them. They tasted so good. These were "forbidden" foods that I hadn't allowed myself to eat very often for the past couple of years. My body was literally starving for them. The thought popped into my mind: "You can eat this entire bag and then you can throw it up and you won't have to deal with any of the consequences." Magical thinking once again (thanks, ED). This is when my eating disorder morphed into bulimia.

I thought I was all alone. I was bingeing and purging several times a week throughout my junior and senior year. It quickly became a daily occurrence: at school, at home, anywhere I could find an opportunity to do so. It almost became a strange thrill to see how narrowly I could miss getting caught—"risky behaviors" that are common with bulimia. I didn't know much about eating disorders at all, but once I was fully in mine I was consumed with the complex feelings of shame, pain, and relief that my ED gave me. I didn't think that anyone else could possibly relate to what I was doing and feeling, and the behaviors I was engaging in were so secretive, so shameful that there was no way I was going to tell anyone about it. Plus, if I did, they may try to take it away. And I wasn't ready for that.

Little did I know that there were most likely a dozen of my classmates who were going through something similar, several of whom I have since reconnected with and we have shared our eerily similar stories.

I took a gap year between high school and college, mostly as a break from the intensity that was high school. I spent the first half of that year living in a castle in the Loire Valley of France, helping run the hotel and practicing my French. I loved it there, but it was also very lonely as I was the only American there and the youngest, marking my 18th birthday during my time there. I remember that my bingeing and purging behaviors stopped. I thought "I'm recovered! All I needed to do was come to France and be away from the stressors of home." I also missed my menstrual period for the time I was there and cycled into restriction again, although for many years I did not want to admit that this is what happened. My ED morphed again. I learned that year that the ED does not go away if you change your external environment; the internal environment can stay the same no matter where you are in the world.

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In college I continued to struggle with bulimia even more severely than I did in high school. My friends noticed my secretive behaviors and had an intervention with me, and I realized this was finally the time. I didn't want to live like this anymore. I returned to the castle in France for the summer after freshman year of college, hoping that maybe I would cease behaviors again and feel better about myself. Instead, my bulimia continued and I was so ashamed that I couldn't recreate that experience I had had the first time in France. This is the lowest I had ever been, and I had thoughts about wanting to end my life. Instead, I was honest with my family about what was going on, returned to the United States, and went to my college counseling center and met the therapist who would help me change my life forever.

She herself had recovered from an eating disorder and gave me hope that I could do so too. It took several years, lots of outpatient therapy, an intensive outpatient program, and many support groups, reading, and journaling, but I committed to myself that I was never going back to the shame, guilt, pain, and disgust I felt while in my ED. It was like saying goodbye to a whole other life, a separate existence that I had been living my entire teenage years.

I was 22 when I fully entered recovery. I was mature enough to think about my future at this point and two of the strongest motivators for me were (1) having a family one day and (2) having a successful career. I also really wanted to find out who I was without an ED, as it had consumed me during a time of my life that was rich in identity development. In college I had entered an evening intensive outpatient program. There I was with many young women like myself, but also several women who were much older, in their fifties and sixties. I told myself: "there is NO WAY I will be still dealing with this when I am 50." The thought of that scared me to death. I didn't see any of the dreams I had for myself to be possible with an active ED. I also was just so *tired* of struggling so much and decided enough was enough. I was going to recover. I decided to dedicate myself to therapy and to recovery and did not look back. I had a couple of lapses along the way (which is a normal part of recovery; how else would you learn what it's all about?), but have been fully in recovery since that time.

After graduating from college and working in a non-career job for a few years, I finally felt like myself for the very first time in my adult life. I realized the severity of my eating disorder history and how much havoc it had caused me and my family. I also realized that having a therapist who had recovered from an eating disorder herself was so helpful for me—I felt like she could relate. I had a desire to give back and help others, and maybe help them prevent for themselves the decade of struggle and suffering that I went through.

I entered graduate school for Counseling Psychology and Counselor Education at the University of Colorado Denver in 2007 and graduated