

# A Fulfilled Life—With or Without Baby

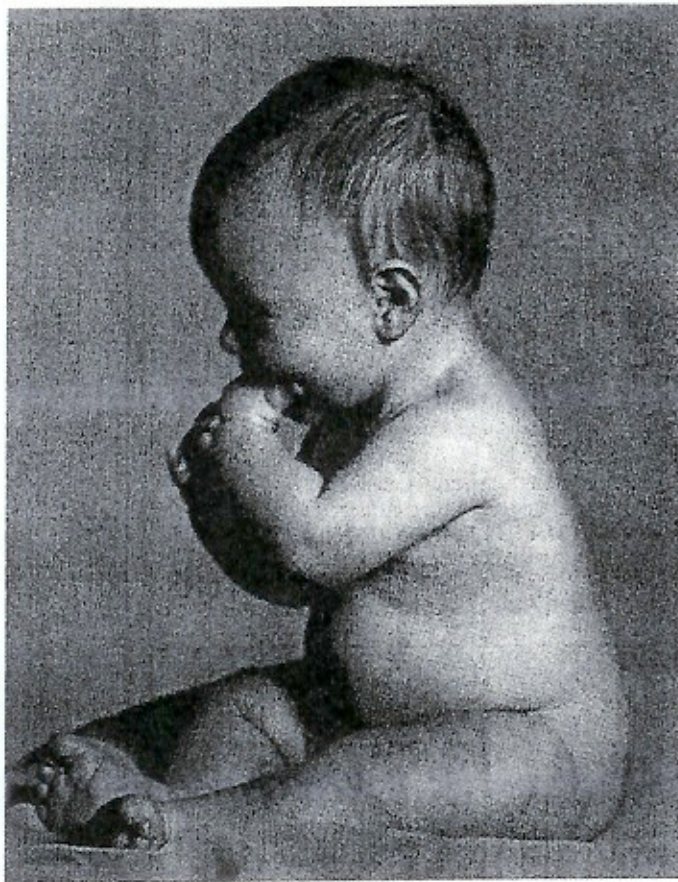
CLINICAL PSYCHOLOGIST DR. GAYLE CRESPIY OF RYE BROOK HELPS WOMEN FIGHT THE DEPRESSION, GUILT AND RAGE THAT OFTEN ACCOMPANY INFERTILITY.

By Jennifer K. Covino

**MAUREEN AVERY\***, 39, knows what it's like to have your life consumed by the pursuit of conception: the careful accounting of menstrual cycles, the 5:30 a.m. trips to the city, the blood tests and ultrasounds, the injections that a trusted neighbor must administer when her husband is out of town.

The mother of a 4-year-old conceived by in vitro fertilization, she knows the joy that comes when infertility treatments work. After years of trying for a second child, she also knows the pain that comes when they fail.

Avery of New Rochelle reached a low point last spring when, 11 weeks into a pregnancy, she lost the baby she'd conceived through in vitro. Anxious, exhausted and emotionally drained, she was waiting for a procedure at her doctor's office when she stumbled upon the



chronic pain, fibromyalgia and migraines. She then went for specialized training at the Harvard infertility program.

In her own practice, modeled after the Harvard program, she advises patients about nutrition and yoga, teaches them breathing techniques and shows them how to turn negative thoughts like "I'll never get pregnant" into positive ones like "I'm doing my best."

The goal of her five- and 10-week sessions is to reduce the physical symptoms of stress, such as insomnia, fatigue, headache and abdominal pain, while helping women regain control of their lives. Says Dr. Crespiy: "What I offer them is the chance to make a lifestyle change, to gain a new perspective, to find the beginning of the road to a happier life."

Rather than simple talk therapy, whose goal it is to get at the root of an unresolved conflict,

**"I'm looking at the here and now. I'm teaching women how to nurture themselves and improve their communication with family and friends."**

name of Gayle D. Crespiy, PsyD, a Rye Brook-based clinical psychologist with two young children who offers a mind/body approach to infertility treatment.

She called Dr. Crespiy. "She told me, 'You deserve to have a fulfilled life whether you get pregnant again or not,'" Avery says. "It was exactly what I needed to hear and feel."

Dr. Crespiy was trained at the Harvard University/Beth Israel Deaconess Medical Center Behavioral Medicine Infertility Program, which focuses on stress and its negative impact on infertil-

ity. It uses a mind/body approach and such stress-management techniques as eliciting the relaxation response to help relieve stress and thus improve a woman's chances of conceiving.

Dr. Crespiy first became aware of this program while working as a general clinical psychologist. Intrigued by the writings of Alice Domar, PhD, author, lecturer and founder of the 15-year-old Harvard program, she discovered that Dr. Domar's mind/body techniques could successfully be applied to ease the physical and emotional effects of

Dr. Crespiy practices behavioral medicine. "I'm looking at the here and now," she says. "I'm teaching women how to nurture themselves and improve their communication with family and friends."

Dr. Crespiy's goal is not necessarily conception, but conception can be a welcome byproduct. Research by Dr. Domar shows that when depression and other psychological distress is lifted, women are more likely to conceive.

In 1999 and 2000, Dr. Domar published studies showing that 42 to 55 percent of infertile women who partici-

\* Names have been changed to protect confidentiality.

pated in her mind/body program became pregnant within six months, compared to 20 percent for a control group. She concluded that infertile women are more depressed than fertile women, that depression levels peak two to three years after a woman has begun trying to conceive, and that depression may somehow interfere with the hormones needed for reproduction.

While mind/body programs like Dr. Crespy's can be effective, they're not the only way to empower patients who feel overwhelmed by the seeming enormity and complexity of infertility treatments, says John Stangel, MD, a reproductive endocrinologist with a private practice in Rye and the Westchester County medical director for The Center for Advanced Reproductive Medicine in Norwalk, CT. Dr. Stangel says different solutions work for different patients. For some, it could be feeling comfortable with the doctor's staff; for others, it's having written material to review after an appointment; for still others, it may be joining a support group or experiencing the simple camaraderie of the waiting room.

Mind/body work may be effective when "depression and self-image problems are preventing a woman from being able to initiate activity," he says, but perhaps not because of the physiological changes that Dr. Domar suggests. "The simpler explanation might be that treating depression allows people to accomplish more of the things they need to do," he says.

Harry Lieman, MD, practice director of Montefiore's Institute for Reproductive Medicine and Health in Hartsdale, says that without more research, it's impossible to draw a straight line between mental well-being and a couple's chances of conceiving. "I know that infertility is not a head thing," he says. "I've seen the pathology and 80 percent of the time you're dealing with a medical factor. The rest of the time, we just don't know enough." About one in five couples is affected by infertility; in 40 percent of cases, a female factor is involved, in another 40 percent, a male factor is involved, and in 20 percent of cases the cause is largely unknown.

Dr. Crespy, whose practice opened two years ago, says she doesn't know if any of the couple of dozen patients she's treated have since conceived. But she is certain that her patients' levels of depression decreased significantly under her care. That's because she measures depression at the beginning and end of

the sessions using a scientific assessment tool called the Beck Depression Inventory.


Such was the experience for Denise McIntire\*, a 39-year-old from Scarsdale who initially scored high on the inventory. "We re-tested my depression levels at the end, and it was like night and day," reports McIntire, who listened to relaxation tapes, practiced breathing exercises and took up yoga. "She helped me to understand not to blame myself anymore, that it's not something I did or am doing."

Like Avery, McIntire has experienced the pain of secondary infertility, which is defined as the inability to conceive after a full year of trying when a previous pregnancy has been successful. McIntire, who has always dreamed of having four children, has a 6-year-old who was conceived naturally. "I do feel lucky because I have the miracle of my daughter, but it's still a very difficult thing," she says.

Dr. Crespy says it's important to replace feelings of helplessness with the "power of choice." She tells her patients it's okay to forgo baby showers and set parameters with nosy family members. And she even suggests couples come up with a secret sneeze or cough—an exit signal—when the conversation at cocktail parties gets too uncomfortable.

Clinical psychologist Ann Crane, PsyD, and her husband, Stewart, co-chairs of the Westchester/New York City chapter of the national infertility support group Resolve, know the "stress and despair of infertility intimately," having experienced it themselves. Dr. Crane says that any kind of activity that reduces stress and isolation—be it exercise, a support group, or mind/body work—should be considered by couples who have endured the rising hope and bitter disappointment of infertility treatment. "Infertility is like living with a chronic illness and not being sure if there will ever be a cure," she says.

That's where Dr. Crespy thinks she can, and has, made a difference. "I love to see women get their lives back, to see people lift their depression and find relief. It's very exciting work for me because it's so positive."

For more information, contact Dr. Crespy at the Behavioral Management Infertility Program at 914-584-4460. 

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