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From entanglement to equanimity

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From entanglement to equanimity
An application of a holistic healing approach into social work practice with infertile couples

Yao Hong and Celia Hoi Yan Chan

Introduction

Infertility is a ‘disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse’ (Zegers-Hochschild et al. 2009: 1522). According to a global estimate of infertility prevalence, it was reckoned that approximately 50 million couples were affected by infertility in 2010 (Mascarenhas et al. 2012). Many of these infertile couples live with infertility as an unresolved event and suffer the biographical disruption it causes for a lengthy period of time. A growing body of literature is identifying the psychosocial consequences and demands associated with infertility and its relevant treatments (Berger and Henshaw 2013; Boivin and Gameiro 2015).

Given the prevalence of infertility, this chapter argues that social workers need to understand the needs of infertile couples. In this chapter, we will:

1. identify the entanglement state experienced by individuals and couples in the context of infertility;
2. conceptualise the equanimity with the presence of infertility with reference to Eastern philosophy and Traditional Chinese Medicine beliefs;
3. explain the components of spirituality bridging between infertility-associated entanglement and equanimity; and
4. introduce principles and techniques fostering the transformation from entangled state to equanimous state.

Entanglement in relation to infertility

In a pronatalist world, the experience of infertility is a stressful life event among infertile couples, which negatively affects their personal, marital, familial, cultural and social integrity (Greil et al. 2010). Across many cultures, couples experience a state of entanglement with a mixture of emotional responses when they are diagnosed as infertile, such as grief, depression, anger, guilt, shock, denial and anxiety (Joja et al. 2015; Petok 2006; Sternke and Abrahamson 2014). Loss of identity, self-esteem and social roles tend to cause high levels of depression and anxiety for
infertile couples. For women especially, infertility experiences often lead to feelings of being ‘inadequate’, ‘flawed as a woman’ and ‘embarrassed’ (Domar et al. 2012).

Theoretically, entanglement refers to a mental state in which the emotive and cognitive mind is preoccupied with a conceptualised idea, hindering one’s capacity to experience calmness, inner peace, freedom of choice, which as a result generates pain and suffering. Entanglement could be understood as a sense of affliction rooted in Chinese culture, denoting ‘holding on, rigid attachments, and fixation on desirable attributes, values, and behaviours as determined by the individual’ (Lee et al. 2009: 35). The state of entanglement with regards to infertility could be considered from four aspects: affective responses, inflexible thoughts, maladaptive behaviours and spiritual struggles. For both dyads within infertile couples, anticipatory loss of the child caused by infertility is emotionally abominable, cognitively unacceptable, behaviourally dysfunctional and existentially meaningless.

In the Chinese context, entanglement in relation to infertility happens for good reason. For couples, having children after marriage has not only been viewed as the next developmental task, but also an action essential in order to fulfill their obligations to their family and society at large. Chinese traditional childbearing attitudes are based on Confucianism, in which family values are highly emphasised. Children have been regarded as gifts from nature and family expansion, stability and relationship harmony as being achieved through reproduction (Chin 2005). These beliefs reinforce the importance of childbearing within Chinese families, requiring that the couples responsibly complete their reproductive mission after marriage. Therefore, failure to produce children is seen by Chinese couples as the biggest violation of filial piety and a disgraceful affront to family and ancestors. When childbearing carries symbolic meanings, failure to achieve this mission might bring stress and potential havoc into the lives of individuals, couples and their families.

Within the context of infertility, entanglement may mainly originate from the unresolved perplexing ambiguity regarding the living status of the desired child. Unlike losses resulting from death, infertility retains a physical or psychological presence with child ‘in an ongoing manner’ (Harris 2011: 2), which results in reoccurring ambiguity and uncertainty. This ambiguity allows infertile couples, and their extended families, to continue hoping for pregnancy success and family building; grief is frozen, relationships stagnate and the uncertainty is ongoing (Boss et al. 2011). For infertile couples, their yearnings for a child may not only be ongoing but also co-exist with a state of anticipatory loss due to the physical absence of a child, which may represent their long-term reality.

What is equanimity?

The concept of equanimity comes from the Latin word aequus meaning balanced, and animus meaning spirit or internal state. Aequanimitas is a mental equilibrium that requires clinical thinking and effort in emotional regulation. Major religions, including Buddhism, Hinduism, Judaism, Christianity and Islam, all support the notion of an ideal mentality in which people are able to detach from thoughts, and some even extol the virtue and value of equanimity as one of the sublime states. Equanimity is the ground for developing wisdom and freedom and the nurturing soil of compassion and love. Humanity filled with equanimity is characterised as ‘abundant, exalted, immeasurable, and without hostility and without ill will’ (from MN 99: Subha Sutta; II 206–8, in Bodhi 2005).

Equanimity is a fundamental technique for emotional regulation and self-exploration for the infertile population. It is difficult for infertile individuals or couples to maintain a balanced mind given exposure to strong internal and external stressors. Looking into infertility experiences, the pain point is right in the middle of extreme emotional contrasts.
When confronted with infertility, individuals and couples might oscillate between the opposite extremes of emotions, presented in Table 25.1. These waves of emotion carry them up and fling them down when efforts to conceive have once again failed. Similar to falling off balance in a physical sense, infertile people who lose emotional sense of balance can end up enduring physical, psychological, spiritual, cultural and social consequences if they become stuck at the infertility-relevant end of the emotional spectrum.

Equanimity is equilibrium of mind, rooted in spiritual insights. Colloquially, equanimity could be considered as an ideal state of wellbeing, in which authentic happiness occurs despite an absence of pleasure. Emotional states associated with equanimity include inner peace, being in love and experiencing joy and pleasure. Infertile individuals who are able to enter into a state of equanimity are not unaware of their infertile status but actively engaged in spiritual healing, and finding internal peace while acutely sensitive to the external desire not to be childless. Therefore, equanimity is not only absence of emotional disturbance, but an active process of building meaningful life alongside the presence of infertility or other stressful events (Chan et al. 2014).

### Spirituality bridging between entanglement and equanimity

Infertile people frequently mention their religious or spiritual struggles relating to involuntary childlessness. In many cultures, the significance of childbearing is so overwhelming that infertility is accompanied with loss of meaning in their profane and sacred lives. Infertility sometimes discredits individuals’ beliefs in faith and is interpreted as punishment for their past mistakes, such as engaging in premarital sex or moral wrong doing (Berger and Henshaw 2013; Dyer et al. 2002).

Religious coping has been proven effective in improving health and mental health in nursing practices; for instance, seeking spiritual support, redefining any stressors through religion and engaging in religious activities are associated with health enhancement (Pargament et al. 1998, 2004; Weaver et al. 2003). Higher levels of religious coping or spiritual wellbeing in infertile women are significantly associated with fewer pathological symptoms and less infertility distress (Domar et al. 2001).

Spirituality is increasingly differentiated from religiosity, and understood as embodying fundamental values, beliefs and life meanings. Religiosity refers to a particular doctrinal system that guides sacred beliefs and practices about a higher power (e.g. God), while spirituality refers to

<table>
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<th>Infertility-relevant</th>
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<tr>
<td>Loss</td>
<td>Gain</td>
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<td>Failure</td>
<td>Success</td>
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<td>Incompleteness</td>
<td>Wholeness</td>
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<td>Inadequacy</td>
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<td>Weakness</td>
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<td>Sickness</td>
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Table 25.1 Symbolic manifestations of opposite extremes within infertility context
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believes and practices that connect people with sacred and meaningful entities beyond themselves’ (Roudsari et al. 2007: 142).

As spirituality is a broader and more personal overarching construct than religion, spiritual healing for the infertile should entail more general humanistic meanings (e.g. self-compassion, altruism, familyism, nature), rather than narrowly defined as religious coping. Spirituality is supposed to be ‘an active investment in internalised beliefs that bring a sense of meaning, wholeness and connection with others’ (Walsh 2006: 73). Although infertility is such an overwhelming adversity, it might potentially jeopardise all available experiences of positively-nurtured spirituality, it can also reveal one’s values and sense of life meanings in terms of personal identity, family beliefs and life attitudes.

Given to the infertility context, Chan et al. (2012) have identified tranquility, letting go of control over pregnancy outcomes and making meanings of children and family as crucial components of spirituality for women undergoing assisted reproductive treatments. Table 25.2 identifies the key spiritual concerns in the context of infertility as life meanings, transcendence and relationship wellbeing. All these proximal variables attached to infertility experiences can be regarded as spirituality, helping the infertile population to survive and transform. In clinical

<table>
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<th>Concepts</th>
<th>Definitions</th>
<th>In the context of infertility</th>
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<tr>
<td>Meaning of life</td>
<td>Significances of living or human existence in general</td>
<td>Infertility is an unexpected threat to one’s self values, family beliefs, religious faith, and meanings in work and family life. Infertile people may become disoriented with uncertainty pertaining to childbearing and future life. Infertility is accompanied by a series of losses, such as loss of reproductive rights and ability, family line continuum, self and identity, hope and future, control and so forth. These senses of loss resulted in negative meanings and interpretations towards life. Infertile people will experience a sense of injustice, perplexity and confusion towards life meanings.</td>
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<tr>
<td>Transcendence</td>
<td>A sense of being that goes beyond time and space</td>
<td>For many individuals and couples, infertility is ambiguous, nonfinite and unresolved loss. Infertile people often felt stagnant in a transition period, which is characterised by uncertainty and powerlessness. People in liminal stage may feel frustrated and hopeless in developing their identity through fertility. Practicing transcendence focuses on developing self-awareness and self-empowerment, which could help the infertile to go through and grow in infertility experiences. Ultimately, a transcendent person is capable of identifying himself/herself with the reality of infertility throughout time and space.</td>
</tr>
<tr>
<td>Relationship wellbeing</td>
<td>Connection with self, family, social networks, the world or sacred power</td>
<td>Infertility is both a personal stressor and a relationship crisis. Although marital disruption and marital benefits have been found among couples with fertility problems, it is common for infertile couples to experience uncertainty and instability of the marital relationship and reduced marital satisfaction. Others in the social network may be incapable of providing proper help, resulting in unhelpable behaviours or social isolation. To avoid embarrassment and traumatisation, infertile partners may choose to isolate themselves from familial and social activities</td>
</tr>
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practices, spirituality could be considered as a working focus to help infertile clients transform from entanglement to equanimity.

From an Eastern perspective, spiritual wellbeing encompasses one’s capacity to endure, and even to accept and value suffering or misfortune; it also includes the capacity to construct and reconstruct meanings in terms of adversities, as well as to maintain peace of mind, spirit and sense of direction in the face of harsh external circumstances (Ng et al. 2005). Nurturing this kind of spirituality might equip individuals and couples with the skills needed to accept their infertility, work on readjusting life goals and in turn develop a fulfilling, meaningful life.

Ways to achieve equanimity in response to infertility

In clinical work with infertility, one of the primary goals and obligations of professionals is to facilitate individuals, couples and families to achieve transition from an entangled state to an equanymous balance of life. Spirituality as a domain of human existence is a critical dimension in the interconnectedness of body, mind, spirit and environment. Spiritual healing reaches beyond symptom reduction with the aim of attaining intrapersonal and interpersonal growth. In the specific case of infertility, acknowledging entanglement, creating new meanings from infertility, reconnecting body, mind and spirituality, inviting compassion from social networks and encouraging interdependence within couples are found to be helpful to the healing process.

Acknowledging entanglement

One of the main aims of counselling is to help infertile individuals or couples learn how to tolerate, manage and resolve the difficult experience of infertility (Covington and Burns 2006). For infertile individuals, failure to give birth often leads to a variety of negative emotional responses, such as guilt, shame and inadequacy (Greil et al. 2010). Entanglement is also normal for the infertile, irrespective of whether their infertility is temporary or prolonged, treatable or untreatable. Professionals may need to help clients to acknowledge their state of entanglement in an effort to normalise their feelings and thoughts. Expressing their complicated emotions is an important first step for clients to being understood both by themselves and others (e.g. spouse, doctors, therapists, social workers, etc.). In turn, this facilitates further possibilities for meaning exploration and positive self-awareness. Acknowledging their entanglement may be essential if infertile people are to develop an equanimity in which they achieve an acceptance of their infertility.

Reworking meanings attached to infertility

Loss in relation to infertility often undermines spiritual integrity. Unreliability in religiosity and spirituality can bring tremendous pain and despair. Hence, it has been proposed that coming to terms with loss requires a spiritual transformation rather than relinquishment of emotional bonds. In other words, acknowledging and reworking the existing working models of self and the world in the wake of loss may be necessary for meaning reconstruction (Attig 2001). For infertile couples, it is not just meanings directly associated with infertility, but also the implications of this for them as a couple that require validation. Once identified, meanings that are more adaptive, healthy and future-oriented can be fostered, while others that are destructive and detrimental can be challenged.

In terms of practice, the first step for professionals is to learn how to appreciate meanings they find in infertility experiences, even if those are destructive meanings. As there is
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a possibility that those destructive meanings are coping strategies for other detrimental, life-threatening behaviours (e.g. suicide or self-harm), the second step is to understand how these meanings influence the healing process. This process emphasises eliciting, discussing and expressing emotions and thoughts, which could be very healing and transforming. In this step, the professionals should help the clients to confront with meanings they made for infertility. By conceptualising and operationalising alternative meanings, professionals can help infertile people to make sense of their infertility and their lives. The ultimate step is to create new meanings that help the infertile couple to successfully live with the ambiguity of involuntary childlessness.

Reconnecting body, mind and spirituality

Viewing body and mind as two distinct and independent entities may have benefited humanity as the foundation for advances in surgery, trauma care, pharmaceuticals and many other forms of health treatment, but has also inhibited scientific inquiries into humans’ emotional and spiritual life, and greatly underestimated the innate ability to heal in many situations. However, since the late twentieth century, there have been considerable efforts to explore the relationship between mind, body and spirit, and this has established the positive impact on physical and mental health of meditation, mindfulness, yoga and other activities that explicitly connect mind, body and spirit (James and Spiegel 2007). Thus, physical health, psychosocial wellbeing and spiritual integrity are interconnected.

Infertility has been historically treated as a physiological disease with a variety of psychological consequences (Greil et al. 2010). Entangled emotions, thoughts, beliefs, attitudes and expectations are characterised as complicated mental experiences, which could in turn affect physical health and spiritual wellbeing (Domar et al. 2005). The integrative approach has been gradually adopted to help infertile individuals to regain connection of body–mind–spirit and perform self-healing through practicing equanimity (Chan et al. 2006).

Accumulating evidence supports that physical and psychological health are associated with spiritual wellbeing. One study interviewed women 20 years after their unsuccessful IVF treatments, and found that adaptive psychosocial functioning could be achieved when the infertile women were capable of developing meaningful interpretations of their infertility experiences (Wirtberg et al. 2007). Meaningful interpretation towards infertility experiences provided possibilities for the infertile to find release from preoccupation with childbearing, rebalance the body–mind–spirit connection and achieve feelings of equanimity. One of the most useful skills in order to foster spirituality is to be mindful of when equanimity is absent. For the infertile couples, honest awareness of what makes them imbalanced internally helps them to learn how to regain the balance of body–mind–spirit.

Inviting compassion from social networks

Given that pronatalism is widespread, infertile couples are often severely stressed by pressures from parents, relatives, colleagues, friends, casual acquaintances, religious teachings and society at large (Sternke and Abrahamson 2014). Social disengagement, withdrawal or even isolation are strategies commonly used by couples to escape from the embarrassing moments when asked about childbearing plans. However, not engaging with familial and social networks also makes positive social support unavailable for some couples (Mousavi et al. 2015).

Under many circumstances, people from social networks are willing to offer assistance to infertile couples, but may be lacking the capacity and proper methods to provide appropriate
help. For instance, maternal or paternal parents might have difficulty in progressing to the role and developmental stage of ‘grandparent’ if their own offspring remain childless. Although they might share the sadness of the infertile couples, parents’ unrealistic expectations and excessive concerns about fertility can turn into pressure, emotional entanglement and psychological distress for the infertile couples, which cause them to withdraw from familial and social engagements.

To maintain social integrity after a diagnosis of infertility, infertile individuals may need to learn how to invite compassion from their social networks. Compassion is different from sympathy or moral judgment. Compassion could be considered as an affective state that is aroused by witnessing another’s suffering and that motivates a subsequent desire to help (Goetz et al. 2010). When disclosure is made, infertile couples reluctant to express, communicate and negotiate their expectations of support from family and friends will need to overcome their reluctance if support is to be forthcoming.

**Encouraging interdependence within dyads**

In the process of transition from infertility to involuntary childlessness, one characteristic of childless acceptance is the possible presence of new and meaningful dyadic relationships. This relational transformation requires re-examinations of choices, life goals and future dreams that couples made jointly. It is very likely that husbands and wives differed from each other in terms of childbearing attitudes, treatment decisions, lifestyle choices and so forth. Marital conflicts might be encountered when one partner decides to invest more to continue treatments, while the other partner might be ready to accept the childless lifestyle. Within the infertility context, dyadic incongruence might serve as one primary challenge for counselling. Clinical experiences suggest that infertile couples staying together have the capacity to recommit to each other and reorganise the chaotic situation, though tension and conflicts were inevitable during infertility experiences.

**Conclusion**

Entanglement and equanimity are both commonly experienced by the infertile as emotional responses to infertility. Spiritual, religious or meaning-oriented reorganisation could be considered as a working focus in promoting holistic wellbeing for infertile people in psychosocial interventions. To realise the therapeutic goals, acknowledging entanglement, reworking meanings attached to infertility, reconnecting links among body, mind and spirit, inviting compassion from social networks and encouraging interdependence within dyads are useful in helping infertile individuals and couples to survive and transform from infertility.

**References**


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