SHORT COMMUNICATION

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Body-mind-spirit intervention for IVF Women

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Background: Literature supports the efficacy of psychosocial intervention for infertile women. An eastern body-mind-spirit group intervention has been developed to help infertile women in the Chinese population cope with the distress arising from IVF treatment.

Methods: The eastern body-mind-spirit group intervention adopts a bio-psycho-social-spiritual health model, recognizing the strong association between mind, body, and spirit. Chinese philosophies and concepts of health will be integrated into the intervention, helping participants to regain balance and harmony both within themselves and between them and the environment. In this paper, a revisiting of assumptions, therapeutic goals, and the therapeutic process underlying this model are outlined. Program evaluation in terms of descriptive literary sketch done by the participants will be listed so as to illustrate the clinical process.

Conclusions: It was shown and reflected that the eastern Body-Mind-Spirit approach could enhance the holistic health of IVF women. Further investigation on the program efficacy is then suggested.

KEY WORDS: Body-mind-spirit; Chinese; counseling; infertility; IVF; psychosocial intervention.

INTRODUCTION

Childbearing is commonly assumed to be a natural and inevitable part of being a woman (1,2). Although there is an increasing tendency among women in developed countries to delay both marriage and childbearing (3), motherhood is still closely connected with womanhood and believed to provide identity and status for women (4,5). In contemporary Chinese societies, womanhood is expressed through a diverse range of societal and familial roles. Women are expected to conform to the gender stereotyped

role of '*xiang fu jiao zi*' (supporting her husband and rearing sons). Rearing sons is especially important as there has been a longstanding societal preference for sons over daughters and sons will carry on a family's ancestral name when having offspring, while females do not. The Chinese word *hao* (good) is composed of a son and a daughter. In Chinese societies such as Hong Kong, four members in a household would be ideal for many couples. Therefore, infertility represents a barrier to gender and societal role fulfillment, and exerts a considerable impact on the women's lives.

In vitro fertilization (IVF), which can help infertile couples to realize their hopes for a family, nevertheless consumes emotions, time, money, and energy—and may not result in the desired-for child. The success rates of IVF remain low, with a live birth rate per IVF cycle of around 22% (6). A number of studies have examined the psychosocial impact of IVF on both women and couples (7,8). Women undergoing IVF treatment usually experience adverse psychological symptoms, such as increased levels of anxiety (9), depression (10,11), and emotional stress (12,13). The diagnostic and treatment procedures involve physical discomfort and frequently disturb day-to-day routines and sexual functioning (14).

Physical well-being and psychosocial well-being are interrelated. Body functioning is also a vehicle for expressing emotions. Women are more likely than men to report somatic complaints in response to the same stressor (15). In response to marital or family stress and tensions, women somatize their emotional responses and experience physical distress (16). Somatic complaints such as pain, fatigue, muscle tension, and loss of appetite are commonly experienced by women suffering from emotional stress (17). In a study on the psychosomatic symptoms of patients with secondary infertility, some bodily symptoms were found to be associated with emotions such as depression and anxiety (18). For women undergoing IVF, therefore, both their physical and psychosocial needs should be addressed in order to enhance their total well-being.

Effective group work intervention has been developed for infertile women and couples in the western countries (19–22). Through group experiences, psychological distress such as anxiety and depression can be alleviated, while positive resources of belongingness, knowledge, and strength may be enhanced (23). While it should not be assumed that western models of psychosocial interventions in infertility are

necessarily appropriate for non-western cultures, no alternative culturally relevant models have been developed for use in Chinese societies.

Use of the Chinese Medicine Framework in Psychosocial Intervention

Traditional Chinese medicine (TCM) recognizes the importance of the mind, body, and spiritual systems; maintaining harmony between oneself and the environment is regarded as an essential basis for good health. TCM therefore adopts a holistic, dynamic, and systemic perspective in understanding human functioning (24).

The mind comprises of cognitions, emotions, values, morality, and beliefs. The Chinese word *xin* (heart) houses the body's vitality and describes mental activity and other emotional reactions. It not only relates to the biological organ but includes emotions, cognitions, and spirituality of the body's overall constitution. The system in harmonious dynamic equilibrium, which concerns the relationship between the person and the social and natural world, is regarded as the basis of good health.

TCM emphasizes total well-being by facilitating the individual's self-healing powers through maintaining harmony and balance in their intra- and interpersonal systems, employing the ideas of self-regulation and prevention to help the body adjust its internal functions so as to adapt to the environmental changes.

Treatments in TCM are not only limited to physical interventions such as herbal medicine and acupuncture, but also include nutritional therapy, traditional physical exercises like Tai Chi and Qigong, counseling, and a quest for spirituality based on traditional Chinese philosophies, especially Daoism and Buddhism. The treatment plan, which is formulated in line with the holistic thinking and aims to rebalance the system is, therefore, both flexible and multi-modal. This provides a fresh perspective on western-based psychosocial interventions.

Drawing on both the western group work and TCM approaches, an eastern body-mind-spirit (EBMS) group intervention approach for women experiencing stressful life experiences or situations such as divorce, breast or gynecological cancer, and menopause have been recently developed (25,26). This was subsequently extended to support women who were involved in an IVF program. The assumptions, therapeutic goals, and struc-

ture of EBMS will be outlined in the following sections.

Assumptions and Therapeutic Goals of the Eastern Body-Mind-Spirit Model

The following principal assumptions lie behind the Eastern Body-Mind-Spirit (EBMS) model (27-29):

1. Everything is connected. Life is a manifestation of physical, emotional, cognitive, social, and spiritual being. These different domains are interconnected and assimilate to form a whole.
2. Healing comes from within. It is believed that each person possesses his or her own resources that facilitate self-healing. Therapy aims to mobilize the person's own healing power to restore a state of balance.
3. Life is the interplay of *yin* and *yang*. Energy flows throughout the body to create a harmonious dynamic equilibrium.
4. Restoring harmony not only cures illness and resolves problems, but it also enhances holistic well-being and opens up opportunities for growth and transformation. Enhanced health increases the individual's resilience to ill health and other external stressors.

The EBMS model postulates that body, mind, and spirit are an integrated whole. All problems, whether they are physical or psychological, are related to imbalances in this multi-layered system. The model aims to facilitate self-healing through rebalancing the system and achieving a harmonious dynamic equilibrium within the person and between the person and the environment. This is achieved through a process of change that builds on the self-healing capacities of individuals (27).

As people can transform a crisis into personal growth, so infertility provides an impetus to create new opportunities; suffering may not be eradicated, but it can co-exist with a sense of peace, contentment, and tranquility (27). The literature in western countries shows that psychosocial interventions can have beneficial effects on biological responses and/or increase pregnancy rates after IVF (30,31). In the EBMS intervention program, the pregnancy rate is not the primary target; rather, the therapeutic focus is spiritual transformation, enabling the woman to reconstruct her meaning of life by relinquishing her attachment to the concept of the "children-focused ideal family."

In summary, the aims of the EBMS intervention were to

1. encourage the participants to face infertility, childlessness, and IVF treatment positively,
2. teach participants the holistic approach to a total well-being,
3. educate and encourage participants to construct a healthy lifestyle,
4. foster personal growth and transformation over the crisis of infertility, and
5. facilitate mutual support and build up a support network among participants.

The EBMS intervention, which emphasized the concepts of TCM and Chinese philosophies, was run in a western therapeutic group format. The group consisted of four weekly 3-hour sessions which were led by the author and her team members. There were about 7–12 participants attending each intervention group. The themes of each session are shown in Table I.

Therapeutic Process

The EBMS approach involves a multi-modal intervention approach working on the body, mind and spiritual domains.

Work on the Body: Connecting and Strengthening the Body. Eastern techniques for nurturing and strengthening the body and connecting bodily functions are applied extensively. These include body scanning to enable the individual become aware of energy blockages in her body, breathing, therapeutic massage, psycho-education on developing a healthy lifestyle, Tai Chi, and other physical exercise to facilitate the flow of *qi*. (The concept of *qi* means something like 'life energy,' which is an invisible energy force that flows freely in a healthy person, but is weakened or blocked when a person is ill).

Body Awareness and Body Scan Relaxation. Body scan is a modification of progressive muscle relaxation exercises that helps the person to get in touch with their body (32). By consciously scanning their whole body (17), they identify and become aware of the parts that experience pain or discomfort, which are usually where the energy flow is blocked or fixed and tension is stored up. Women are instructed to free the energy flow by relaxing specific muscle groups to reduce tension. This is especially designed to prepare them for dealing with the pain they will experience throughout the course of treatment, especially during investigations and egg retrieval (33,34). Body scan sensitizes women to

Table I. Themes of the Eastern Body–Mind–Spirit (EBMS) Intervention

Session	Theme	Content
One	Holistic health concept Awareness of body–mind–spirit connection Activating self-healing power	Mini-lecture on TCM and health Body scan relaxation Breathing exercise Therapeutic massage Tai Chi exercise
Two	Acceptance and forgiveness Facilitation of self-acceptance and forgiveness Enhancing marital resilience	Anmo Cognitive restructuring Meditation Sharing on effective marital communication
Three	Self-love and letting-go Enhancement of inner peace, joy, freedom, and sense of security Education on IVF procedures	Tuina Mental rehearsal of the treatment procedure Writing letter of self-appreciation Psycho-education on developing a healthy lifestyle Meditation
Four	Growth through pain and personal transformation Reconstruction of meaning of infertility, life and family Acknowledgement and acceptance of personal constraints and adversity	Sharing on the Chinese philosophy of life Use of drawing Appreciation of self, others and life Guided imagery Commitment to help others

deal with their emotional pain. Through increased internal awareness, they are able to regain freedom in responding to the personal or environmental stressors, instead of unconsciously reacting to stimuli, as illustrated in the following example:

Mrs. Koo (aged 35) and her husband had suffered from infertility for 4 years. Despite various examinations, no reason for their infertility had been identified. Mrs. Koo worked for a financial company and experienced considerable work pressure in her daily life. During the intervention, Mrs. Koo began to gain awareness of her physical distresses and lifestyle. 'I have never spared any time for my body and I found that it has already given me many signals such as shoulder and neck pain, stomachache and muscle tensions. This might be due to my stressful work situation. I am not sure whether my infertility is caused by stress. But I am sure that my body has already been overloaded. This was a good experience in the intervention which redirected my attention to my own bodily strengths.'

Breathing Exercise. According to TCM, the flow of energy, *qi*, through meridians governs the well-being of the internal systems of the body, and is essential to one's health. *Qi* can be nourished through breathing exercises. Deep breathing has far-reaching effects on the body by balancing the nervous system, increasing oxygen delivery, and maintaining the flow of *qi*. In deep breathing, women enter a state of total concentration and consciousness. People in a state of heightened consciousness are able to connect with others and the universe and gain a deeper understanding of their own spiritual existence.

Mrs. Chan (aged 38) had been diagnosed with primary infertility for four years due to endometriosis. Attending for her first IVF treatment, she was highly anxious about the treatment and its possible outcome. She suffered from insomnia as she was worried that this would be her last opportunity to become pregnant. During the treatment program, she practiced daily breathing exercises for 15min on her bed before going to sleep. 'When worries or negative thoughts about treatment pop up and interrupt my sleeping, I simply take note of them and then do my breathing exercise. It is really helpful and I can get good rest during the treatment, especially on the days when I have to have early injections. Certainly, my mood is now better than before, as I sleep better and have increased awareness of myself.'

Therapeutic Massage. Therapeutic massage is designed not only to relax the body and release muscular tension but also to enhance physical well-being. Chinese massage techniques, such as *anmo*

(which involves pressing and rubbing motions) and *tuina* (which involves thrusting and rolling soft tissues of the body), utilize the acupuncture points in their use of the meridian system in order to unblock and balance the *qi*; thus they ease the stress and tension that often accompanies illness. Acupressure is a similar form of therapeutic massage, using finger pressure on specific points on the body to relieve pain and discomfort and promote and facilitate self-healing powers. Acupressure can also free an emotional block by releasing accumulated stress and tension. Women were encouraged to practice these techniques throughout the treatment, such as while they are waiting for diagnostic and surgical procedures, egg retrieval, and after embryo transfer.

Mrs. Law (aged 34) attended the clinic for her first IVF treatment. 'I will do acupressure while I am traveling and waiting outside the doctor's consultation room. The skills are easy and I can practice frequently. I feel more secure as I can do something for myself, instead of passively receiving help from medical staff.'

Tai Chi and other Physical Exercise. Tai Chi is a fitness regimen that was developed to promote the flow of *qi* and maintain internal harmony. Through slow flowing movements, Tai Chi can increase body strength by enhancing physical motion and flexibility and improving balance and coordination. Tai Chi is also considered as a form of meditation-in-motion. The slowness of movements and regulation of breathing are synchronized to enable the flow of *qi* inside the body. Since Tai Chi demands total mental concentration and a high degree of awareness of the body, it facilitates mind/body connection and harmony (27–29).

Mrs. Kan (aged 30), who had suffered from endometriosis for six years, had started daily physical exercises two years previously. 'I added Tai Chi elements to my daily exercise and it was good. I can feel the energy-flow inside my body. I can concentrate my mind without thinking about fertility issues. This is the time when I can free myself from problems.'

Psycho-Education on a Healthy Lifestyle. In order to maintain good physical health for the IVF treatment and enhance body functioning, proper rest, a balanced diet, and relaxed lifestyle are promoted throughout the group sessions. The women were encouraged to plan an economic and healthy lifestyle with their husbands. This enabled them to enjoy and appreciate life so as to enhance a sense of contentment and internal harmony in body, mind, and

spirit.

Mrs. Chan (aged 31) had experienced primary unexplained infertility for three years. She was a police-woman who worked shifts. Her work environment was her main stressor. 'I know that I had been experiencing stress for a long time, but I couldn't change. When I failed to conceive, I thought that this might be due to my stressful lifestyle. From the group, I learnt to be good to myself and have started to organize my time for rest and leisure. I don't know whether it will help my fertility, but at least my body and mind are more relaxed now.'

Work on the Mind: Harmonizing the Body and Mind. Relieving emotional strain has always been the focus of different intervention approaches in infertility. As mentioned above, the Chinese word *xin*, denoting both heart and mind, is a complex construct that encompasses passion, care, concern, willpower, vision, hope, emotion, reflection, human sensitivity, and cognition (27). The manifestation of *xin* will be the major means by which the woman's physical and psychosocial well-being will be monitored.

In the TCM concept of health, an unbalanced emotional state is related to the weakening of the immune system and a wide range of bodily imbalances. Therefore, intervention aims to enhance the individual's psychosocial health by identifying deficient elements and strengthening them through acknowledgement and acceptance of personal constraints and adversity, mental rehearsal of the treatment procedure, activating self-healing power, enhancing marital resilience, and facilitating social support.

Acknowledgement of Personal Constraints, Sufferings and Adversity in Life. Support was provided for the women to articulate their emotions and grieve their loss of fertility. Their painful situation and emotional responses were normalized and relieved through mutual sharing and learning among group participants. The sessions enabled them to acknowledge human vulnerability and natural development such as getting old, falling ill, dying and so on.

Attitudes towards adversity and suffering and expectations about treatment outcomes were discussed during the sessions. Sharing Chinese philosophy's concept of suffering could help them to accept suffering as a part of life. The women were helped to become aware of their personal resources in dealing with their expectations of, and anxiety about, the treatment.

Mrs. Ma aged 40 years had been married for three years and had tubal infertility. Her husband (aged 45) was an only son in a family which Mrs. Ma

perceived as highly traditional and which emphasized the importance of children. She had high expectation of the treatment outcome and she was under considerable stress. During the sessions, she engaged in considerable self-reflection on her insecurity and own desire for children, 'I want to have children as I love my husband so much. I was afraid of being abandoned due to childlessness... Actually my husband supports me so much. Now I have started to accept my childlessness and personal constraints. I am now more relaxed and feel free in interacting with my husband and his mother.'

Mental Rehearsal of the Treatment Procedure. Since this was a group for women preparing themselves for IVF treatment, the intervention gave them the opportunity to do this through mental rehearsal. The women anticipated that the most stressful part of the IVF program would be following the complicated treatment procedures. IVF treatment is not a simple surgical procedure; it requires active involvement of the woman such as taking drugs on time, counting her menstrual days and so on. A nurse was invited to help them set up a treatment timetable, and explain the treatment procedures and the side effects of the medication. This preparation increased their sense of self-control and reduced their feelings about the unpredictable nature of the treatment.

Mrs. Chong aged 36 was undergoing IVF because of her husband's low sperm count. Both Mr and Mrs Chong held a positive attitude towards their fertility problem. 'This is a good preparation for us as I would not know about the details of the treatment without joining the intervention group... mental rehearsal is helpful for us to get ourselves prepared for the treatment schedule. Tips have been given by the worker on how to cope with stress by setting priority of our work and scheduling our daily timetable.'

Activating Self-Healing Power. According to Buddhist teachings, craving and attachment are the cause of suffering. Attachment is like tightly holding on to something, in this case, the desire or aspiration of having children and the expectation of treatment success. Letting go of these desires, relieves the anxiety and distress associated with infertility and releases energy for self-healing; the women are then able to feel more relaxed during the treatment. In order to promote the women's internal self-healing powers and to cultivate the states of mind that are conducive to peace and holistic well-being, meditation, guided imagery, and breathing exercises were applied during the intervention.

Acceptance and forgiveness are also crucial elements in the intervention. Resentment due to

childlessness and perceived personal failure ended when they learned to forgive other people for what they have done or not done in the past or during the infertility experience, such as ascertaining blame for the couple's fertility problems. Bitterness throughout the infertility experience ended when women accepted life as it was. They were invited to think of and write down their own mission statements, which redirected them from entrapment in treatment towards a new life.

Mr. Lai (aged 38) had been diagnosed with a low sperm count three years previously. Mrs. Lai (aged 36) was upset because of their childlessness but tried not to express this in front of Mr. Lai as, rationally, she knew that this was not his fault. However, she sometimes displayed her resentment towards Mr. Lai because she was not always able to control her emotions. One year before coming to the clinic, she had been diagnosed with endometriosis. She had been preoccupied by thinking who was contributing to the couple's infertility. During the intervention, she realized that fertility problem could be attributed to multiple factors and her main concern became how she could respond positively and encourage her husband to face this problem together. 'I have been fault-finding throughout the years of infertility as I wanted to find the root-cause and right path to solve the problem. However, this affects my emotions a lot which in turn affect my relationship with my husband. Actually, it is good that I can share responsibility for our fertility problem and I realized the feeling of being the 'problem-contributor,' I forgive my husband and myself too. What is most important now is that we are facing the problem together, instead of keeping asking 'is this your problem?' or 'is this my problem?'

Enhancing Marital Resilience. Marital relationship is also a key topic in the intervention, similar to other infertility counseling programs (21). Women frequently feel that they are the 'only' ones who are putting effort into resolving infertility and planning for treatment, whereas their husbands might not understand their feelings. Some women feel lonely during the treatment process and frustrated about their husband's lack of involvement. Effective marital communication skills were discussed and practiced during the intervention.

Attending social gatherings was difficult for some couples as they did not know how to handle their feelings of anger or embarrassment. For example, during Chinese New Year it is customary to distribute 'red pockets' (envelopes containing money) to children. At this time, relatives and friends would ask when they would have their own child. The women were sensitive to this kind of

children-focused social conversation and felt embarrassed that they did not know how to react. They were asked to think of an appropriate response and rehearse with their husbands in preparation for being asked by friends or relatives about their plans to have children.

Mrs. Liu (aged 32) had been trying to conceive a child for four years. She loved children very much and her dream was to have both a son and a daughter. She described an occasion when she attended a celebration dinner for the birth of her sister's son. When she was asked about having her own children, she responded that she did not like children. After she returned home, she burst into tears as she really loved children. She felt so jealous of her sister for having children. During the intervention, she shared her grief over her fertility loss, and was able to rehearse a more appropriate response to others' enquiries about having children. 'I will now say "everything is going smoothly" with a smiling face whenever I am asked about having children. If people keep asking me, I will still answer like this and then they will not ask again. This is a good statement as everything is going smoothly, without deceiving others or myself.'

Division of labor and role-clarification and -understanding could enhance women's sensitivity to their own needs and mood changes and those of their husband. They undertook assignments at home with their husbands, facilitating interactive discussions on infertility and the investigations and treatment. These assignments provided a mean for the couple to discuss their marital goals and fertility problems. Marital strength was developed and their relationship was enhanced to prepare themselves for the treatment.

Facilitating Social Support. Infertility is still a taboo subject in the Chinese communities, and people keep it a secret for many years, so as to avoid being blamed or discriminated against by others. Infertility is a silent loss which the infertile women would not freely share with others and so they grieve alone. Loneliness and a sense of shame and guilt arising from infertility were major stressors for these women. Meeting with others with similar problems helped to normalize their experience and enabled them to develop broader views about infertility and related issues. Women shared their personal experiences and stories with each other and learned from others how to cope with this adverse experience in a more constructive way.

Mrs. Ma (aged 37) had been suffering from infertility for five years. She felt ashamed of her childlessness and had kept her problem a secret for a long time.

Many of her friends had already given birth to one to two children. Whenever her friends got together, they always talked about children. She felt isolated as she did not want to engage in their conversations. Mrs. Ma stopped participating in these kinds of social gatherings. She felt happy in the group intervention 'I can freely talk about my problem during the group which has given me so much security and support, with no discrimination and no isolation. The group has helped relieve my struggle about secrecy and openness. I learned that other women could freely share their problem with their friends, which I am afraid to do. They encouraged me to share with my best friend and so I took the risk last week (she disclosed her infertility to one of her best friends). Surprisingly, my friend was so supportive and I felt so pleased and relieved.'

Work on the Spirit. Spirituality, a manifestation of the meaning of life and the individual's connection with nature, has been emphasized in recent counseling orientation (29). It is somewhat different to the spirituality in the West, which emphasizes the individual's relationship with God. Instead, it promotes internal harmony with the environment. Suffering is part of human life and so people need to accept and forgive themselves for their limitations. Spiritual reflection on the meaning of life can also have an impact on one's emotional status.

An understanding of the meaning of life guides people to pursue their life goals. Reconstruction of the meaning of life was considered as a kind of spiritual transformation by the women. In the intervention, women were allowed to re-examine their infertility experience and the anticipatory impact of treatment. Most of them grew and learned positively through their pain and suffering by transforming their traumatic experience into personal growth.

Reconstruction of the Meaning of Life, Self and Family. There are a number of Chinese traditional beliefs concerning children, family, and gender, which impose considerable burdens on women in our society. Infertility may shatter their worldview and self identity. Infertility means compromised womanhood to these women and their femininity is challenged. Some consider infertility as a curse or punishment from God. The existential balance is challenged, creating both internal disharmony and disharmony with the environment. The process of reconstructing the meaning of life in the context of infertility is undertaken through engaging them in finding the benefits of their lives and gains in suffering, thus helping them to make sense of this adverse experience.

The women's image of a good and complete family, as shown through their drawings in the session,

was usually one composed of a father, mother, daughter, and son. In the group sessions, what is meant by a complete family is explored. Some women felt frustrated and guilty because they could not help build a complete family with, and for, their husband and family.

Their attachment towards completeness and perfection will be revisited. In replacement, the concepts of wholeness and resilient family are discussed. Emphases on building a healthy and happy family with harmonious interpersonal relationship became their new meaning of family.

Mrs. Choi (aged 36) had been pursuing the ideal of a perfect family for many years, but suffered from tubal blockage. She has expended considerable time, money and energy on various unsuccessful attempts to resolve her problem. Ideally, she would like to have three children, two sons and one daughter and before the group intervention, she drew a five-member family as her ideal of the perfect family. Following reflection during the intervention program, she learned that family relationship is much important than family structure. 'I treasure the relationship with my husband in the here-and-now. Life is so short and we will never know what the future will bring. Happiness is most important at this moment. I prepare my best for the treatment, but I won't put too much pressure on myself as I know that this is not my ultimate goal.'

Appreciation of Self, Others, and Life. This aims at fostering the individual's renewed appreciation of life. Appreciation is grounded in full acceptance of themselves, not just fertility difficulties. It is not simply an absence of negatives and relinquishing of desires, but is about the presence of positives and holding on the new self. With new horizons in life, the women have more emotional energy to appreciate others, such as their husband, throughout the infertility experience.

Mrs. Wang (aged 38) had primary infertility for seven years due to tubal blockage. She had unsuccessfully tried lots of alternative medicine. 'Over these years, I have been sucked into treatments to resolve my infertility. I felt angry about my inability and resentful about every failing. I cannot remember how many nights I shed tears silently beside my sleeping husband. I could not appreciate life as it was so unfair to me... Reflecting on the experiences of group members, I discovered that I had lost many good days and memories over these years. I have now made the decision to let go. I don't want to waste any more time. Now, everyday I woke up in the morning, I appreciate life is so good. I start to see those what I have, instead of what I don't have.'

Commitment to Helping Others. Commitment to helping others is another way of reinforcing and sustaining long-term developments in personal growth and transformation. Through helping others, self-love can be transformed outwardly and their potential can be developed. They transform their suffering into positive experiences. Their sense of adequacy is enhanced through their repeated sharing of their infertility experience. In a nutshell, they are encouraged not to focus on their own problems which would make them feel unhappy and even bitter. Instead, focusing on what they already have and helping others could benefit others and bring greater happiness in their own life.

Mrs. Ip (aged 25) and her husband (aged 30) had experienced primary infertility for two years due to Mr Ip's low sperm count. She was an active member of the group and willing to help and share with others. At the clinic, she initiated conversation with other women waiting for treatment. 'I have quit my job for the sake of treatment. However, I was so bored when I stayed at home. I had been highly focused on infertility and IVF treatment and this was causing me anxiety. So I started to call back my group members and share with them. I feel happy with that. From helping others, I feel so satisfied and fulfilled. I am now thinking of forming a self-help group among group members.'

CONCLUSIONS

Infertility is a life crisis for many women; infertile women experience significant psychosocial distress, which may be accentuated by medical investigations and treatment. Both infertility and IVF treatment are considered a taboo among the Chinese; thus there is seldom sufficient recognition of, and support for, the needs of infertile women within their social and familial networks. The intervention group provides a safe vehicle for them to discuss their experiences of infertility with other women facing similar circumstances.

According to the EBMS model, individual well-being is achieved by maintaining a state of internal balance incorporating the body, mind, and spirit and a balance between the individual and his or her environment. The model offers a holistic, dynamic, and systemic perspective in understanding the physical, psychosocial, and spiritual well-being of infertile women, and adopts a positive, transformation-oriented approach in working with them.

The traditional approach of psychotherapy is usually content with symptom reduction and adaptive

functioning, whereas the aim of the EBMS model goes beyond psychopathology and adversity. A wide range of intervention modes has been developed under the framework of body, mind, and spirit. Body scan relaxation, breathing exercise, therapeutic massage, tai chi exercise, and psycho-education on healthy lifestyle help in maintaining bodily equilibrium and enhance physical well-being to handle infertility investigation and IVF treatment. Acknowledgment of personal constraints, suffering and adversity in life, mental rehearsal of treatment procedures, activation of self-healing power, enhancement of marital resilience, and facilitation of social support help restore the individual's emotional state and enhance their healing power and life energy. Reconstruction of meaning, appreciation of, and commitment to helping others are ways of connecting with self, others, and nature, which in turn facilitate internal balance and a new harmonious dynamic equilibrium. It is paradoxical that if infertile women can relinquish control of IVF procedures and the success rate of IVF, they can regain control over their life.

This model has been applied to the infertile women undergoing IVF for over 3 years. From participants' descriptions of their experiences, the group work intervention provides many benefits and participants experience personal growth and transformation. It is now necessary to subject this form of intervention to systematic evaluation in order to examine its effectiveness, especially on the psychosocial adjustment and well-being of women throughout the IVF treatment.

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