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**Female Biology as Sacred:  
Australian Women's Bio-spiritual Experiences  
of Menstruation and Birth**

**Thesis submitted by  
Sharon Moloney  
Master of Women's Studies  
in June 2009**

**For the degree of Doctor of Philosophy  
through The Centre for Women's Studies  
Department of Social Work and Community Welfare  
School of Arts and Social Sciences  
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## STATEMENT ON CONTRIBUTION OF OTHERS INCLUDING FINANCIAL AND EDITORIAL HELP

The following people have made a significant contribution to this thesis.

Principle Supervisor: Dr Susan Gair

Co-supervisor: Dr Nonie Harris (August 2004 – March 2008)

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## DECLARATION ON ETHICS

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethics Conduct in Research Involving Humans* (1999), the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice* (1997), the *James Cook University Policy on Experimentation Ethics: Standard Practices and Guidelines* (2001), and the *James Cook University Statement and Guidelines on Research Practice* (2001).

The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (Approval Number H2191).

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Sharon Moloney

7/10/09

Date

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Finally, I would like to express my heartfelt thanks and admiration to the courageous women who participated in my study. Without them, I would never have completed this research. This thesis is dedicated to them.

## ABSTRACT

This thesis illuminates the spirituality of women's experiences of menstruation and birth. In Western, patriarchal culture, these female body processes are usually seen as non-spiritual and medical concerns. Women learn to devalue and detach from our menstrual rhythms which become associated with pathology, shame and the profane. In contrast, pre-patriarchal cultures and some Indigenous and Eastern traditions have recognised menstruation and birth as times of heightened spirituality. For many women, myself included, birth is something of profound spiritual significance. Yet obstetric medicine, which is widely accepted as the norm for our birth practices, does not regard spiritual experience as its domain. For most Australian women, birth occurs in hospital with an intervention model that treats the process as purely physical. As a consequence, many women experience high rates of intervention, birth trauma, spiritual distress, lactation problems, difficulties bonding with their babies and post-natal depression.

The aim of my qualitative feminist study was to explore how patriarchal constructions of female body processes influence women's experiences of menstruation, birth and spirituality. To examine the links between cultural attitudes to menstruation, women's birthing experiences and spirituality, I used a cultural feminist perspective. Cultural feminism views patriarchy as the cultural dynamics that devalue women, rather than supposedly inherent male characteristics. Affirming the affinity of the female body with the Earthbody, it studies both pre-patriarchal and Indigenous cultures that have honoured the sacred aspects of the female dimension of being. Quantum theory, with its assertion of a fundamental underlying unity in the universe and its radically different conceptualisation of order, was the paradigm underpinning the research.

The methodology I used was Organic Inquiry, a new and emerging methodology which presumes research as a partnership with Spirit. Situated in a participatory paradigm rather than the modernist worldview, Organic Inquiry is ideally suited to topics with a psycho-spiritual orientation. It incorporates feeling, intuitive and body-based information alongside intellectual knowledge as vital aspects of human experience in both data collection and analysis. To my knowledge, my research is the first organic study to be completed in the Australian context. My study involved ten in-depth interviews and seven women's circles with Queensland women, with my subjectivity and personal experiences of the topic transparently included as part of the data.

My research findings exposed the cumulative gendered oppression that women experience through the patriarchal construction of both menstruation and birth. Menstrual shame was identified as a core patriarchal organising principle that inculcates and perpetuates male dominance and female subordination. Engendering the perception of female physiology - and thus womanhood - as inherently flawed, menstrual shame was a key factor that predisposed

women to approach birth feeling fearful, disempowered and vulnerable to intervention. The dominance of obstetric discourse in the hospital environment, perpetuated by both obstetricians and midwives, was identified as a cultural maladaptation which is a major source of women's disempowerment at birth. Disguised under the rhetoric of 'risk' and 'safety', the patriarchal underpinnings of this discourse avoid detection and gain widespread acceptance. Women were often traumatised by their hospital birth experiences but interpreted the trauma as their own failure and subsequently felt disempowered as mothers.

However, despite the pervasive effects of these patriarchal constraints, my research also unearthed a robust counter-cultural group of women who had transformed their relationship with both menstruation and birth. Many underwent a remarkable transformation of meaning in which their bleeding became sacred. There were three main pathways for this change: the birth of a first or subsequent child, attending a menstruation workshop or ceremony, and a spontaneous spiritual awakening. Redesignating menstruation as a spiritual phenomenon enabled women to heal their menstrual shame, connect with their female spirituality and give birth fearlessly and powerfully. My findings also show how the process of labour, with its unique hormonal and physiological states, makes it possible for a woman to penetrate beyond the hubris of patriarchal conditioning into a life-changing spiritual experience of self. When women felt safe, supported and treated as the central person in the process, they described how labour and birth became an altered state of consciousness associated with intense pleasure, spiritual bliss and deep personal transformation.

In Western culture, the spirituality of menstruation and birth has been forgotten. This thesis recommends widespread cultural reform of derogatory attitudes to menstruation, beginning at menarche, as a precursor to confident birthing. Indigenous and Eastern spiritual traditions provide examples of cultural practices that honour women for the cosmological power of their bodies. These practices could be adapted to suit the contemporary Western context. Humanising birth and respecting its sacredness requires a major attitudinal shift by caregivers away from the positivist approach which is demonstrably damaging for mothers and babies. The quantum paradigm more accurately reflects the understanding that we exist in a web of relationships, that observation changes what is observed, that wholeness is the fundamental principle of the universe and that human beings – especially birthing women – can access this underlying wholeness in a special and trustworthy way during labour and birth.

This thesis recommends that the profound spirituality of birth be safeguarded by a revolution in caregivers' training. Recommended curriculum reforms are a shift to the quantum paradigm, the teaching of professional reflexivity and accountability skills, the presumption of birth as a trustworthy natural process for the majority of women and a woman-centred model of care. It is further recommended that accountability protocols be incorporated into existing maternity services. In addition, women and their partners need to put themselves back at the

centre of the birth process, no longer looking to obstetrics as the expert authority on healthy birthing.

Unshackling female biology and the Sacred Female from their patriarchal moorings are critical feminist projects with global repercussions for the twenty-first century. When women reclaim menstruation and birth as our sacred territory, we recover our connection to nature, to the Earth and to our own life-giving power and authority. At this critical time in the history of our planet when climate change increasingly threatens our survival, the resurgence of this sacred aspect of the female dimension of being can play a pivotal role in countering the destructive aspects of patriarchal modernity and restore humanity's life-sustaining connection to the Earth.

## TABLE OF CONTENTS

<b>STATEMENT OF ACCESS</b>	<b>ii</b>
<b>STATEMENT OF SOURCES</b>	<b>iii</b>
<b>STATEMENT ON CONTRIBUTION OF OTHERS</b>	<b>iv</b>
<b>DECLARATION ON ETHICS</b>	<b>v</b>
<b>ACKNOWLEDGMENTS</b>	<b>vi</b>
<b>ABSTRACT</b>	<b>vii</b>
<b>TABLE OF CONTENTS</b>	<b>x</b>
<b>LIST OF FIGURES</b>	<b>xx</b>

### **PART ONE: - Preparation**

<b>FORWARD – A Note to the Reader</b>	<b>1</b>
<b>INTRODUCTION - An Organic Inquiry into women’s bio-spiritual experiences of menstruation and birth</b>	<b>3</b>
<b>Section 1: Genesis</b>	<b>3</b>
Pre-conception	3
Conception	5
Seeking a Voice	6
Including Menstruation	7
<b>Section 2: Introducing the Research</b>	<b>8</b>
Menstruation and Birth as Feminist Frontiers	8
Menarche – First Menses	10
Menstruation	11

Childbirth	11
Female Spirituality	13
Aim and Objectives	14
The Research Question	15
Overview of the thesis	15
Conclusion	15
<b>CHAPTER ONE – Paradigm and Theoretical Perspective</b>	<b>17</b>
Introduction	17
Research Paradigms	17
The Paradigm for this Research	18
Positivism	18
<b>The Quantum Paradigm</b>	<b>19</b>
The Implicate and Explicate Orders	20
Implications for Human Consciousness	22
Resonance with Eastern and Indigenous Cosmologies	23
<b>A Congruent Methodology: - Organic Inquiry</b>	<b>24</b>
The Sacred Feminine and Jung	25
<b>Feminist Perspective</b>	<b>26</b>
Cultural Feminism – Patriarchy as a Cultural Construct	26
Conclusion	28
<b>CHAPTER TWO – Setting the Context: Pre-patriarchal,</b>	
<b>Non-patriarchal and Contemporary Perspectives</b>	<b>29</b>
Introduction	29
<b>A Female Origin Story - Metaformic Theory</b>	<b>30</b>
Menses, Measurement and Derivatives	31
Sacred Menstrual Blood	31
The Female Origins of Menstrual Taboos	31
<b>Pre-patriarchy - Feminist Revisions of Archaeo-mythology</b>	<b>32</b>
The Goddess	33
Equalitarian Societies	34
The Beginnings of Patriarchy	34

Cultural Transformation Theory	35
Criticism of Gimbutas	35
The Re-emergence of the Goddess	37
<b>Non-patriarchal Perspectives</b>	<b>37</b>
Australian Indigenous Cultures	37
India	38
The Navajo	39
<b>The Dynamics of Oppression in Western Patriarchal Culture</b>	<b>40</b>
Judeo-Christian Heritage	40
Contemporary Need for the Goddess	41
Goddess Spirituality	42
Research on Menstruation and Birth	42
<b>Menstruation</b>	<b>43</b>
Menstrual Consciousness	44
Redefining PMS - Pre-Menstrual Sensitivity	44
<b>Birth</b>	<b>45</b>
Obstetric Origins	45
Lying-in Hospitals and Childbed Fever	45
The Hospitalisation of Birth	46
The Women's Movement and Maternity Reform	47
Obstetric Discourse and Patriarchy	47
Obstetric Mythology	49
The Intervention Paradigm	50
Medicalised Birth as Cultural Maladaptation	50
Women's Embodied Knowledge	51
Birth Spirituality	51
Conclusion	52
<b>CHAPTER THREE – Methodology: the Webbing of Perspective,</b>	
<b>Theory and Method</b>	<b>54</b>
Methodology Defined	54
Feminist Research Perspectives	55
Diversity	56
Reflexivity	57

Women's experience	57
Feminist Epistemology	58
Women's Spirituality	59
<b>Organic Inquiry</b>	<b>60</b>
Sacred: preparing the soil	61
Personal: planting the seed	62
Chthonic: the roots emerge	63
Numinous: the sun and rain nurture the seedling	65
Related: growing the tree	65
Transformative: harvesting the fruit	66
Organic Extensions of Feminist Perspectives	68
Equality	68
Subjectivity	68
Social Responsibility	69
<b>Organic Analysis</b>	<b>69</b>
Critique of Organic Inquiry	70
Limitations of this Research	70
Conclusion	71
<b>CHAPTER FOUR – Methods and Process</b>	<b>72</b>
Introduction	72
Sample and Methods	72
The Data Gathering Process	73
Focus Groups – Women's Circles	74
In-depth Interviews – Sacred Conversations	76
Ethical Considerations	77
Validity of the Research	78
Originality and Significance of the Research	80
Conclusion	81
<b>CHAPTER FIVE – My Story</b>	<b>82</b>
Menstruation	83
Menarche	84
Crisis of Meaning	85

Conversion and Call	86
Destiny	87
Detachment	88
Pregnancy	89
Birth	90
Descent to the Goddess	92
Initiation	93
Deliverance	95
Miracle	95
Aftershock	96
Falling in Love	97
Relinquishment	97
Monastic Life	98
Shattered and Broken	99
Beginning Again	100

## **PART TWO: - Inspiration**

<b>CHAPTER SIX – Introduction to the Stories</b>	<b>101</b>
Stories as Vehicles of Transformation	101
Researcher as Intermediary	102
Liberation Biology	102
Analysis	103
Stories as Performative	105
Stories as Vessels of Spirit	106

### **THE INTERVIEWS:**

<b>CHAPTER SEVEN – Hannah: “The moment of death can be like that moment of birth. It’s a really spiritual experience.”</b>	<b>107</b>
<b>CHAPTER EIGHT - Mary: “It’s just been very positive from the time I was born a girl.”</b>	<b>119</b>
<b>CHAPTER NINE – Louise: “I joke that if I’d had a gun, I would have</b>	

shot myself. It was like torture.”	131
<b>CHAPTER TEN</b> – Stacey: “I was so cut off from my body. I feel like a completely different person now.”	143
<b>CHAPTER ELEVEN</b> – Dana: “Connecting with my menstruation was pivotal - <i>pivotal</i> - to accepting that part of my body and letting go all the shame and guilt I had absorbed over the years.”	154
<b>CHAPTER TWELVE</b> – Sarah: “The things we do as women - our menstruation, our birthing and our mothering - are just <i>imbued</i> with spirituality.”	166
<b>CHAPTER THIRTEEN</b> – Kathy: “To come out the other side of the fire, I am so much a stronger, better, wiser person. I have been transformed.”	180
<b>CHAPTER FOURTEEN</b> – Naomi: “The wound can drag us down and make our lives black and miserable and bitter, or if we turn it around, the wound is where the power comes from.”	195
<b>CHAPTER FIFTEEN</b> – Ari Ari: “I believe birth and menstruation are very, very sacred.”	210
<b>CHAPTER SIXTEEN</b> – Ann: “I love the rich feeling of connection to the Earth’s Life Force that giving birth to my two children has given me.”	221
<b><u>THE WOMEN’S CIRCLES</u></b>	
<b>CHAPTER SEVENTEEN</b> – First Large Group: Consumer Lobby Group	234
<b>CHAPTER EIGHTEEN</b> – Second Large Group: Women’s Service	249
<b>CHAPTER NINETEEN</b> – Third Large Group: Hospital Midwives	262
<b>CHAPTER TWENTY</b> – Fourth Large Group: Naomi’s Circle	277

<b>CHAPTER TWENTY- ONE – First Small Group: Elizabeth, Kate and Alex</b>	<b>291</b>
<b>CHAPTER TWENTY- TWO – Second Small Group: Jodi, Gabrielle and Anna</b>	<b>306</b>
<b>CHAPTER TWENTY- THREE – Homebirth Midwives: Claire and Abby</b>	<b>321</b>

### **PART THREE: - Integration**

<b>CHAPTER TWENTY- FOUR – The Collective Story</b>	<b>337</b>
Introduction	337
Analysis Process	338
<b>The Patriarchal Construction of Menstruation as Shameful</b>	<b>340</b>
Embarrassment and shame	340
Secrecy	341
Ambiguous pride	342
Menarche - the transition into womanhood	342
Lack of preparation and ignorance at menarche	342
Mothers and daughters – breaking the cycle	343
Menstrual shame - a core patriarchal organising principle	344
<b>Menstruation as Sacred: - the Transformation of Meaning</b>	<b>345</b>
Transformation after giving birth	345
Transformation after a menstruation workshop	347
Transformation after a spontaneous spiritual awakening	347
Transformed hygiene practices	347
Transformation for the daughters	348
Menstruation as hologram of cosmic unity: post-patriarchal possibilities	348
<b>The Patriarchal Colonisation of Birth</b>	<b>349</b>
Links between menses and birth	350
Fear of birth and pain	351
Trust versus mistrust	353
The patriarchal construction of birth	353
<b>Birth: - Place of Transformation and Blissful Spirituality</b>	<b>354</b>
Labourland - the liminal zone	354

Transforming pain into ecstasy	355
Transformation of identity	356
Transformation of meaning for the placenta and umbilical cord	356
Birth as hologram of cosmic unity: post-patriarchal possibilities	357
<b>Caregivers: - Transforming attitudes from the Newtonian 'faulty machine' to the quantum hologram of wholeness</b>	<b>358</b>
Caregivers' power as birth attendants	358
The politics of childbirth	359
Midwives as spiritual custodians	360
The necessity for a paradigm shift	361
<b>An Embodied Spiritual Feminism for the Twenty-First Century</b>	<b>362</b>
Disembodied feminism	362
Feminism and mothering	362
Female spirituality	363
Conclusion	364
<b>CHAPTER TWENTY- FIVE – Report on Transformative Change</b>	<b>365</b>
Introduction	365
<b>The Interviews</b>	<b>366</b>
Hannah	366
Mary	366
Louise	367
Stacey	368
Dana	369
Sarah	370
Kathy	370
Naomi	371
Ari Ari	372
Ann	372
<b>The Groups</b>	<b>374</b>
First Large Group - Consumer Lobby Group	374
Second Large Group – Women's Service	376
Third Large Group – Hospital Midwives	377
Fourth Large Group – Naomi's circle	378

First Small Group – Elizabeth, Kate and Alex	378
Second Small Group – Jodi, Gabrielle and Anna	379
Third Small Group – Homebirth Midwives	381
<b>Sue, my supervisor's comments</b>	<b>382</b>
<b>Gerard's Comments</b>	<b>382</b>
<b>My Transformation</b>	<b>383</b>
Menstruation – my totemic relationship with the Goddess	384
Birth – my shamanic vocation as protector of birthing	388
Conclusion	391
<b>CHAPTER TWENTY- SIX - A Blue-Print for Cultural Reform</b>	<b>392</b>
Summary of the research	392
<b>Recommendations</b>	<b>393</b>
Conceptual Changes in the Western Philosophical Tradition	394
<b>Policy Reforms and Practice Changes</b>	<b>394</b>
1. Holistic education/preparation for menarche	394
2. Ceremonial celebration of menarche	395
3. The development of menstrual cultural artefacts	395
4. Walk-back' ceremonies for mothers/women elders	395
5. Establish women's circles	395
6. Open dialogue with Indigenous women	396
7. Provide information about all birthing options	396
8. Holistic childbirth preparation	396
9. Reform midwifery and obstetric training and practice	397
10. Protect, expand and support the profession of midwifery	398
11. Reform adoption policy and practice	399
12. Reform feminism	399
<b>Suggestions for Further Research</b>	<b>399</b>
Some Final Thoughts	401
Conclusion	402
Prayer	404
<b>REFERENCES</b>	<b>405</b>

<b>APPENDICES</b>	<b>435</b>
Appendix A (i) – Invitation to Participate: Interviews	435
Appendix A (ii) – Invitation to Participate: Focus Groups	436
Appendix B – Interview Schedule	437
Appendix C (i) – Participant Information Sheet: Interviews	439
Appendix C (ii) – Participant Information Sheet: Focus Groups	440
Appendix D (i) – Informed Consent Form: Interviews	441
Appendix D (ii) – Informed Consent Form: Focus Groups	442
Appendix E - Emails in response to my Invitation to Participate	443
Appendix F (i) - Feedback Questionnaire: Interviews	449
Appendix F (ii) - Feedback Questionnaire: Groups	450
Appendix G - The Curry-Wells Organic Inquiry Cosmology Model	451
Appendix H - Homebirth Ongoing Midwifery Education (HOME) Program	452
Appendix I - Ann’s Description of the Benefits of Lotus Birth:	453

## LISTS OF FIGURES

<b>Figure 1</b>	<b>Bohm's Explicate, Implicate and Supra-Implicate Orders</b>	<b>21</b>
<b>Figure 2</b>	<b>The Triune Brain</b>	<b>22</b>
<b>Figure 3</b>	<b>Researcher as Intermediary</b>	<b>102</b>
<b>Figure 4</b>	<b>Kathy's Birth Art</b>	<b>194</b>
<b>Figure 5</b>	<b>Lipton's Diagram of Information Flow</b>	<b>339</b>
<b>Figure 6</b>	<b>Quantum Model of Female Spirituality</b>	<b>340</b>
<b>Figure 7</b>	<b>Woman Crucified: Maggi Thikstun</b>	<b>367</b>
<b>Figure 8</b>	<b>Crucified Woman: Eric Drooker</b>	<b>367</b>
<b>Figure 9</b>	<b>Rainbow Serpent near where I live</b>	<b>387</b>

## ABSTRACT

This thesis illuminates the spirituality of women's experiences of menstruation and birth. In Western, patriarchal culture, these female body processes are usually seen as non-spiritual, medical concerns. Women learn to devalue and detach from our menstrual rhythms which become associated with pathology, shame and the profane. In contrast, pre-patriarchal cultures and some Indigenous and Eastern traditions have recognised menstruation and birth as times of heightened spirituality. For many women, myself included, birth is something of profound spiritual significance. Yet obstetric medicine, which is widely accepted as the norm for our birth practices, does not regard spiritual experience as its domain. For most Australian women, birth occurs in hospital with an intervention model that treats the process as purely physical. As a consequence, many women experience high rates of intervention, birth trauma, spiritual distress, lactation problems, difficulties bonding with their babies and post-natal depression.

The aim of my qualitative feminist study was to explore how patriarchal constructions of female body processes influence women's experiences of menstruation, birth and spirituality. To examine the links between cultural attitudes to menstruation, women's birthing experiences and spirituality, I used a cultural feminist perspective. Cultural feminism views patriarchy as the cultural dynamics that devalue women, rather than supposedly inherent male characteristics. Affirming the affinity of the female body with the Earthbody, it studies both pre-patriarchal and Indigenous cultures that have honoured the sacred aspects of the female dimension of being. Quantum theory, with its assertion of a fundamental underlying unity in the universe and its radically different conceptualisation of order, was the paradigm underpinning the research.

The methodology I used was Organic Inquiry, a new and emerging methodology which presumes research as a partnership with Spirit. Originating in San Francisco in the mid-1990s, it developed as a confluence of the women's spirituality movement, feminist research and transpersonal psychology. Situated in a participatory paradigm rather than the modernist worldview, Organic Inquiry is ideally suited to topics with a psycho-spiritual orientation. It incorporates feeling, intuitive and body-based information alongside intellectual knowledge as vital aspects of human experience in both data collection and analysis. Its primary distinguishing characteristic is its goal of transformative change for all involved in the research process. To my knowledge, my research is the first organic study to be completed in the Australian context. My study

involved ten in-depth interviews and seven women's circles (focus groups) with Queensland women. In keeping with Organic Inquiry, my subjectivity and personal experiences of the topic were transparently included as part of the data.

My research findings exposed the cumulative gendered oppression that women experience through the patriarchal construction of both menstruation and birth. Menstrual shame was identified as a core patriarchal organising principle that inculcates and perpetuates male dominance and female subordination. Engendering the perception of female physiology - and thus womanhood - as inherently flawed, menstrual shame was a key factor that predisposed women to approach birth feeling fearful, disempowered and vulnerable to intervention. The dominance of obstetric discourse in the hospital environment, perpetuated by both obstetricians and midwives, was identified as a cultural maladaptation which is a major source of women's disempowerment at birth. Disguised under the rhetoric of 'risk' and 'safety', the patriarchal underpinnings of this discourse avoid detection and gain widespread acceptance. Women were often traumatised by their hospital birth experiences but interpreted the trauma as their own failure and subsequently felt disempowered as mothers.

However, despite the pervasive effects of these patriarchal constraints, my research also unearthed a robust counter-cultural group of women who had transformed their relationship with both menstruation and birth. While most participants began menstruating from a place of shame and secrecy, many underwent a remarkable transformation of meaning in which their bleeding became sacred. There were three main pathways for this change: the birth of a first or subsequent child, attending a menstruation workshop or ceremony, and a spontaneous spiritual awakening. These transformative experiences all shared one thing in common: an underlying wholeness pattern in which menstruation was experienced as a hologram of cosmic unity. For many women, redesignating menstruation as a spiritual phenomenon enabled them to heal their menstrual shame, connect with their female spirituality and give birth fearlessly and powerfully.

My findings further illustrate how the process of labour, with its unique hormonal and physiological states, makes it possible for a woman to penetrate beyond the hubris of patriarchal conditioning into a life-changing spiritual experience of self. Although some participants gave birth from their own centre of power within the hospital confines, more commonly they created their spiritual experiences by choosing to give birth in the privacy of their own homes. When they felt safe, supported and treated as the central person in

the process, many described how labour and birth became an altered state of consciousness associated with intense pleasure, spiritual bliss and deep personal transformation.

A surprising number of women experienced both ecstasy and orgasmic pleasure in their birthing. These women also reported weeks of elation after their births, which must surely have had a powerful impact on the quality of their mothering and their bonding with their babies. Their powerful experiences of being taken up into something greater than self – to which they willingly surrendered - not only brought intense pleasure but lasting transformative change. Consequences of that intimate exposure to the numinous included a sense of abiding empowerment, an expansion of identity to include the cosmic dimensions of self, a deep appreciation of being female, authoritative mothering and often a different life trajectory.

These findings show that like menstruation, birth too can be a hologram of cosmic unity. The blissful birth stories in my thesis illuminate the cosmological potential of women's bodies when it is unfettered and fully actualised. When women are fear-free, able to trust in their bodies and the natural process, and supported by sensitive caregivers, birthing can become a deep spiritual awakening. Unlike the 'faulty machine' of obstetrics, many women in my study felt their bodies to be vehicles of the Life Force, universal energy or the Goddess, transmitting the underlying wholeness of the universe – a power mysterious and indeterminate, yet utterly trustworthy and beneficent.

Moreover, for a number participants, awakening to the spirituality of menstruation and birth also transformed their understanding of feminism. Some saw the feminist insistence on equal status in a male world as not supporting their full humanity as women. Many felt – after their life-changing experience of birth - that the feminism they had grown up with had concealed the reality of women's oppression and contributed to an alienation from their body. Several women described how feminism had shaped their perception of motherhood and babies as representing 'weakness'. Many expressed disappointment at the mainstream feminist reluctance to engage with the body processes they had experienced as so transformative. They wanted feminism to validate their spiritual experiences and support them to withstand the patriarchal forces that undermine, suppress or even actively destroy those experiences.

In the industrialisation of Western culture and its alienation from nature, the spirituality of menstruation and birth has been largely forgotten. This thesis recommends widespread cultural reforms of derogatory attitudes to menstruation, beginning at

menarche, as a precursor to confident birthing. Some Indigenous and Eastern spiritual traditions provide examples of cultural practices that honour women for the cosmological power of their bodies. These practices could be adapted to suit the contemporary Western context. Holistic education at menarche can play a pivotal role in shaping girls' attitudes to their body processes. The ceremonial celebration of first menses could transform the secretive embarrassment of menarche into an occasion of pride. 'Walk-back' rituals could provide opportunities for women of all ages to reclaim their menstruation and have their womanhood ceremonially honoured.

Caregivers are entrusted with extraordinary power as birth attendants and play a crucial role in shaping the birth experience - for better or for worse. One of the most ubiquitous themes throughout this thesis was women's dissatisfaction with the hospital maternity system and the attitudes of hospital-trained caregivers – midwives and obstetricians. The exercise of power at such a watershed time demands heightened sensitivity and awareness, an attitude of respectful service to the birthing woman and most importantly, accountability for the quality of the service provided. My findings showed how the attitudes, training and institutional mores of hospital staff are permeated with a positivist approach in which the 'expert' holds a position of 'power over' the 'patient'. For many women, that hierarchical relationship and the hegemony of the hospital environment, not only undermined their capacity to birth; it also eroded their self-esteem and their confidence in mothering.

Humanising birth and respecting its sacredness requires a major attitudinal shift by caregivers away from the current positivist approach which is demonstrably damaging for mothers and babies. Given that the two fundamental ethical principles of medicine are beneficence and non-maleficence, the widespread harm caused to birthing women and their babies by adhering to that positivist tradition makes changing the system that should be serving them a moral imperative. The assumptions of the 'new science' give caregivers a framework of understanding and a new conception of order consistent with their scientific discipline. The quantum paradigm more accurately reflects the understanding that we exist in a web of relationships, that observation changes what is observed, that wholeness is the fundamental principle of the universe and that human beings – especially birthing women – can access this underlying wholeness in a special and trustworthy way during labour and birth. When the natural blueprint for birthing is acknowledged and trusted by caregivers, birth outcomes and women's satisfaction levels improve dramatically.

This thesis recommends that the profound spirituality of birth be safeguarded by a revolution in caregivers' training that recognises, respects and collaborates with the momentous, life-changing events unfolding in their presence. Recommended curriculum reforms are: a shift from positivism to the quantum paradigm because of its relevance to birthing, the teaching of professional reflexivity and accountability skills, the presumption of birth as a trustworthy natural process for the majority of women and a woman-centred model of care. It is further recommended that accountability protocols be incorporated into existing maternity services so that parents routinely provide feedback about the quality of the care they received. In addition, women and their partners need to put themselves back at the centre of the birth process, no longer looking to obstetrics or even midwifery as the expert authorities on healthy birthing.

Sex differences deriving from the physiology of menstruation, pregnancy, birth, lactation and mothering involve a uniquely female spirituality. My participants' stories show that despite the presence of patriarchal attitudes and practices shaping menstruation, birth and female identity, women's spirituality nonetheless continues to unfold out of its own momentum, carrying into the present age the ancient and noble lineage that preceded patriarchy. That spirituality is evident when contemporary women awaken to menstruation as a spiritual phenomenon that transforms the patriarchal worldview, and when they experience birth as a spiritual initiation into empowered mothering and their deep female identity.

Unshackling female biology and the Sacred Female from their patriarchal moorings are critical feminist projects with global repercussions for the twenty-first century. When women reclaim menstruation and birth as our sacred territory, we recover our connection to nature, to the Earth and to our own life-giving power and authority. At this critical time in the history of our planet when climate change increasingly threatens our survival, the resurgence of this sacred aspect of the female dimension of being can play a pivotal role in countering the destructive aspects of patriarchal modernity and restore humanity's life-sustaining connection to the Earth.

For women especially, having been so long disenfranchised from the biological power of our bodies, reclaiming our sacred femaleness is our clarion call. It is the personal, specific, local and embodied way in which we can roll back that alienation from nature. If every woman transformed her relationship with menstruation and birth, and began acting decisively from that authoritative sacred knowledge – as many of the women in my study have done - the world could change dramatically. Our co-creativity

is the amazing power we carry in our bodies. It is up to us, as individuals and collectively, to bring back that passionate love of life to the planet, to co-create a post-patriarchal world that from birth onwards, honours and protects all life on Earth.