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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  
James Cook University  
Townsville  
Queensland  
Australia**

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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)

External Supervision: Dr Deah Curry

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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).

---

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.

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## 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.