

The Menstrual Cycle in Therapeutic Space

A Hermeneutic Literature Review

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By

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Abstract

In patriarchal society the menstrual cycle is often sited as a nuisance and associated with shame, resulting in the disavowal of women's cyclic experience (Severn, 2021). The menstrual cycle is also largely absent from psychotherapy literature and has had little clinical focus (Kolod, 2010). This hermeneutic literature review draws on menstrual cycle awareness (MCA) (Pope & Wurlitzer, 2017) to see how psychotherapy could better support female clients, by asking: *What is the relevance of MCA for psychotherapy?* The findings identify parallels between conscious menstruality, a branch of MCA, and psychotherapy. Both focus on personal development and meaning making through deep enquiry, and both aim to increase personal agency, empowerment and psychic integration. This research finds that from menarche onwards we form a "menstrual narrative" we carry into our menstrual cycle years (Donmall, 2013, p.207). Understanding the inner seasons of the cycle as experienced by menstruating clients in the context of this narrative provides a rich resource for psychotherapy. Working with the cycle can deepen experiences of sexuality and intimacy. Trauma may also be embodied in the cycle and impact how women experience the inner seasons (Northrup, 2020). Female therapists with cycles can use their own cycle to model self-care, for psychoeducation, or to track changing countertransference. Therapists who have practiced menstruality are well placed to facilitate menstruality work with clients (Severn, 2021). Male therapists are positioned as allies and have a supportive role. Conscious menstruality is also identified as an eco-paradigm that supports clients to feel connected to Earth's rhythms. This may increase conservation efforts in the face of the climate emergency. As interpretative, this research has limited transferability. However, it addresses a significant gap in clinical knowledge and identifies a new subject area for psychotherapy. This provides a foundation for empirical research.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Anna Delaney

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*For Francis and Rosie, who I am blessed to mother,
and who both grow knowing the menstrual cycle
as a natural, ordinary but also sacred part of life.*

Standing at the centre
Of the centre of the wheel
Opening the crimson gates
To fates I'm here to heal
Reweaving the threading
Of the shedding of the blood
The stories of my mother's mother
Daughter's daughter
Sister's sister
Through red rivers
We are one
Stark (2018)

Chapter One: Introduction

This dissertation is a hermeneutic literature review exploring the menstrual cycle in psychotherapy. There were approximately 2,582,400 females in Aotearoa New Zealand last year (Stats NZ–Tatauranga Aotearoa, 2022), and each will have about 400 menstrual cycles across their lifetime (Hill, 2019). As this is a significant part of female experience, this research questions how the menstrual cycle is addressed within psychotherapy and how menstrual cycle awareness (MCA) could help this develop. The research question guiding this is: *What is the relevance of MCA for psychotherapy?*

In Chapter One, I position myself as a researcher and define my key terms. I then briefly outline early psychoanalytic ideas about the menstrual cycle. I do this because psychoanalytic ideas inform my psychodynamic training and to my knowledge, other modalities have not theorised the menstrual cycle. I then explore social discourse and how this has developed. I do this because clients will be impacted by menstrual themes in society, and consciously or unconsciously, this will be present in psychotherapy. Chapter Two outlines the hermeneutic methodology and feminist lens guiding this research. Chapters Three and Four present my findings. Chapter Five discusses those findings in the context of current theoretical and practice frameworks. Like Greenspan (1983), I use the words ‘us’ and ‘we’ to position myself in the collective of both women and psychotherapists.

Disclaimer on Gender

Feminist ontology guides researchers to rethink the gender binary¹ (Ackerly & True, 2020). I acknowledge gender is a chosen identity and not everyone is cisgender². While the majority of women have ovaries and therefore menstrual

¹ Ontology describes the nature of our reality and what we can know (Lavery, 2003).

² Cisgender is “a gender identity that corresponds to the culturally determined gender roles for one’s birth sex” (American Psychological Association, 2015, p.189).

cycles during their lifetime, transgender women will not. Some transgender men and nonbinary people will have menstrual cycles too³. Nonetheless, this research aims to reclaim a lived experience of femininity from the patriarchal origins of psychotherapy. As such, it feels important to stay close to a notion of female embodied experience, which is erased in patriarchal discourses and systems. Consistent with the literature I draw on, when I use the term ‘women’ I refer to cisgender women. When I say ‘menstruating women’ I refer to women with menstrual cycles. As MCA and gender identities develop, application of MCA for transgender and nonbinary clients may also emerge.

The Researcher

As Earth lover

In my early childhood our house backed onto native bush with a narrow path down to a creek. It was a place where I felt safe and often played. This began a lifelong relationship with nature, which developed into strong environmental values. Wanting to live these values, I started charting my menstrual cycles from age 19. I wanted to avoid pregnancy naturally after being on hormonal contraceptives from a young age. I also bought washable pads, so I was well connected to my menstrual cycle processes. Twenty years ago these practices were not the norm.

As Fertility Educator

Knowing my body’s natural rhythm was empowering and I wanted to share it. So in my early 30s I trained as a sympto-thermal natural fertility educator⁴. Most of my fertility clients express disbelief no one has taught them about their menstrual cycle before, so this work has felt like an imparting of sacred knowledge. This aligns with Culling’s (2001) research on the menstrual cycle, finding it is “‘ordinary’

³ Nonbinary is one term of many that people may use to describe their gender identity if they do not identify with the binary categories of man or woman, male or female (National Centre for Transgender Equality, 2023).

⁴ The sympto-thermal method tracks the fertile signs of the body through cervical mucus, cervical position and basal body temperature (Briden, 2018).

yet the teaching of (it) is often ‘extraordinary’” (p.6). However, my fertility work was based on physiology, and I often wondered about the role of the psyche.

As Psychotherapist

I then trained as a psychotherapist in my late 30s. I was curious about why the menstrual cycle was never spoken about in my training and why I never came across it in my reading. It does not appear to be considered in the literature with regard to a client’s presentation. As Walker (1997) states about the cycle, “there is either nothing to say ... or an absence of words to say it” (p.2). This dissertation is an attempt to find those words, integrating my fertility experience and reverence for natural cycles with my emerging role as a psychotherapist.

Key Terms

MCA

My interest in connecting with the menstrual cycle began with physiological charting for fertility awareness, conception, and contraception. However, during the research I also found literature about tracking the phenomenology of the cycle. The term MCA was developed by Pope and Wurlitzer (2017) and refers to an awareness of this lived experience. When I use the phrase ‘MCA’ I refer to an overall awareness of the menstrual cycle that encompasses both lived experience and physiological charting, which are complementary. For brevity, I also refer to ‘the cycle’.

Menstruality. I also use the terms ‘menstruality’ and ‘conscious menstruality’. The term menstruality comes from Severn (2005), and was adopted by Pope and Wurlitzer (2017). Menstruality denotes “the energies, state of consciousness, lifestage developmental processes and spiritual meanings” associated with the cycle (Severn, 2005, p.21). Here the menstrual cycle comprises four phases that energetically align with the four seasons. Preovulation aligns with spring, ovulation with summer, premenstruation with autumn, and menstruation with winter. This reflects a fractal of many fourfold patterns in nature, including the

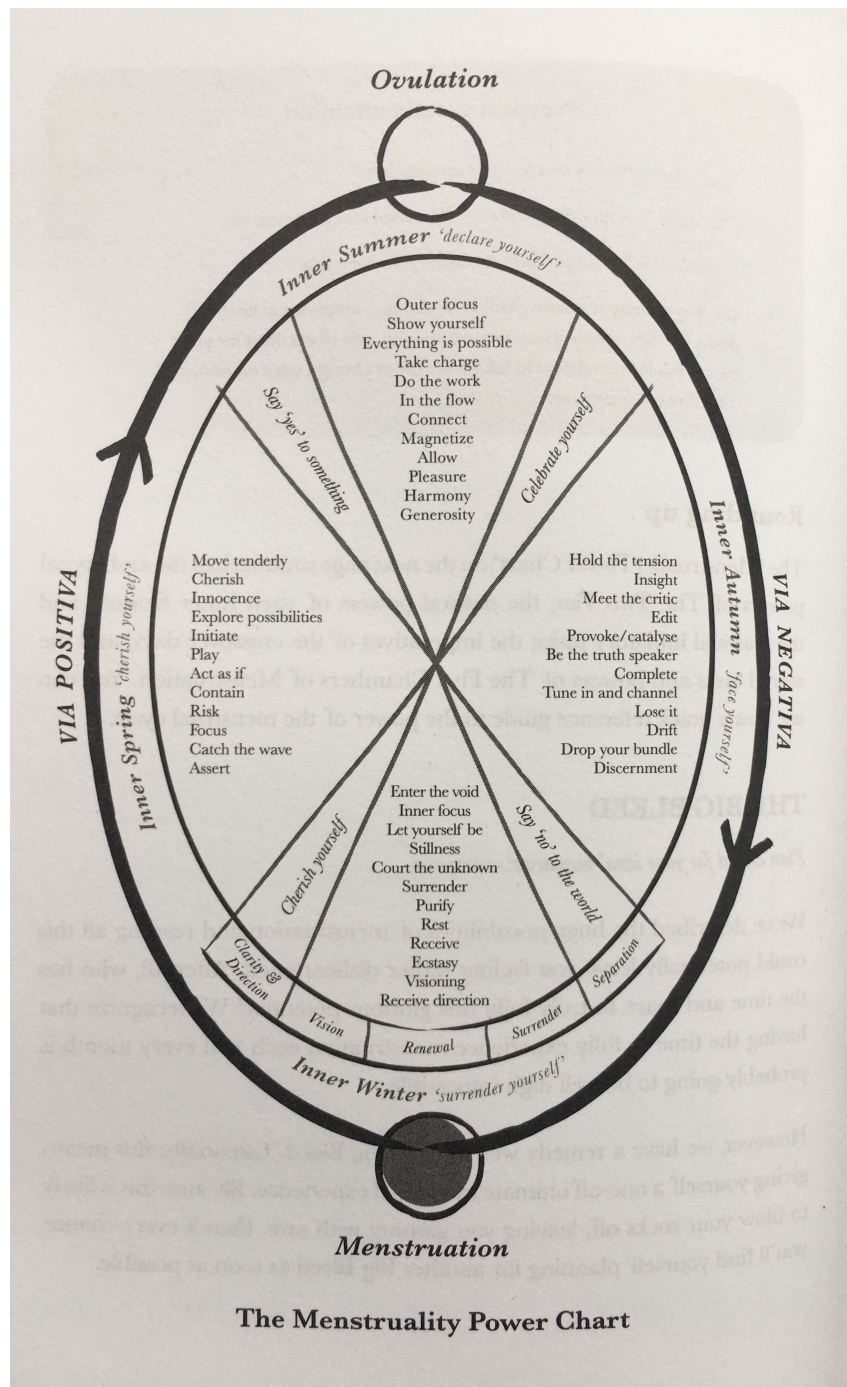
moon cycle, the tides, the directions, the elements, the phases of plant life, the rhythms of dawn and dusk, as well as the rise and fall of our breath and the beating of our hearts (Severn, 2021). Thus, menstruality is part of the “femenome” – the patterns of feminine energy moving throughout the universe (Severn, 2021, p.4). Conscious menstruality is an embodied awareness of this, described as a “spiritual practice” (Pope & Wurlitzer, 2017, p.9). I have tried to move between ‘MCA’ and ‘menstruality’ clearly in this dissertation and I hope these terms are clear to the reader. As menstruality is not yet known to psychotherapy, both terms are necessary to include therapeutic literature in the research. Menstruality is summarised in Figure 1 and Figure 2.

Psychotherapy

Psychotherapy is a “healing conversation” that takes place in a therapeutic relationship between therapist and client/s. Psychotherapy aims to ease mental and emotional pain, the impacts of trauma and attend to relational difficulty (New Zealand Association of Psychotherapists [NZAP], n.d.). There are various modalities. As my training is psychodynamic and relational, these modalities inform my lens.

Figure 1

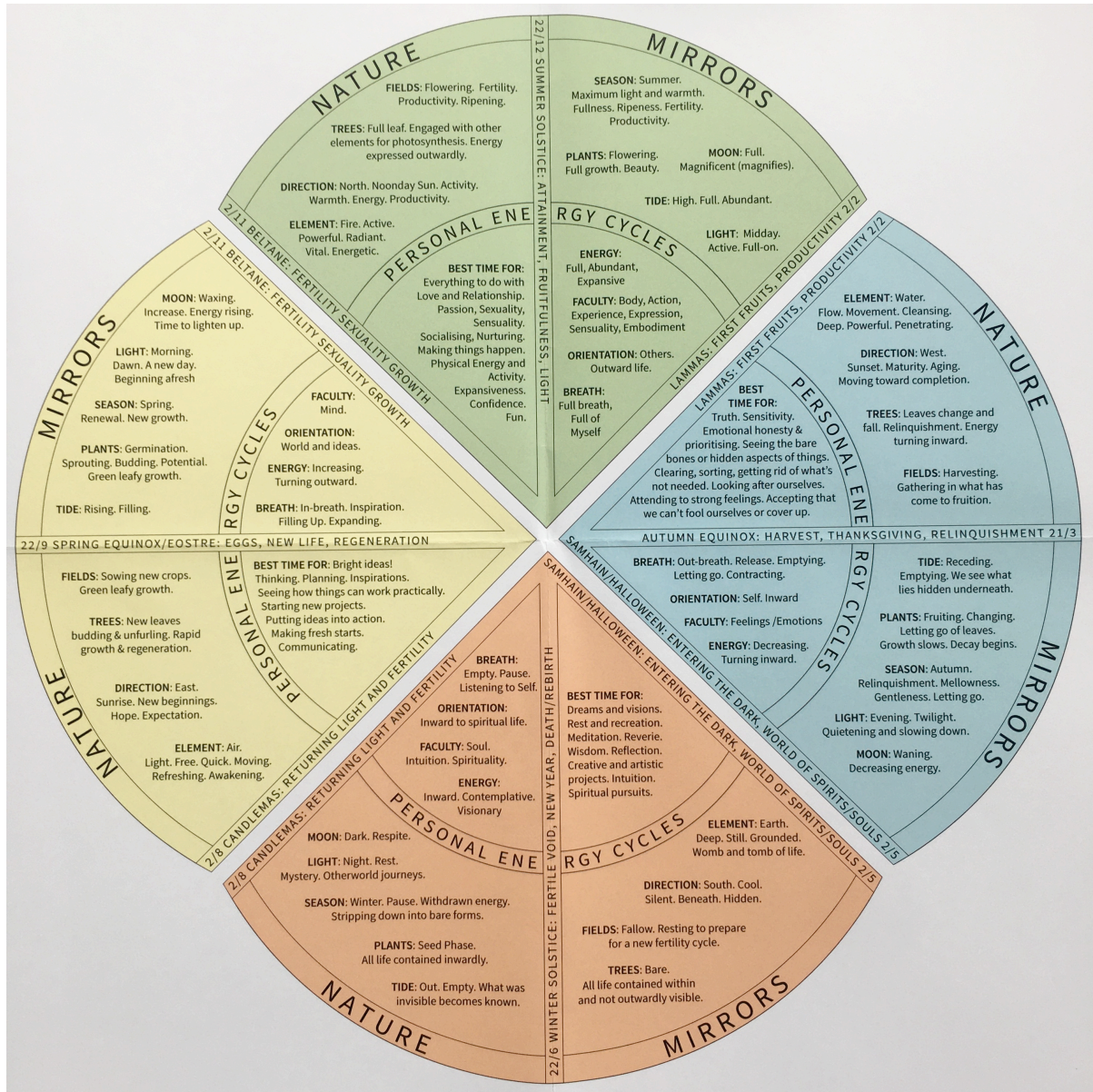
The Menstruality Power Chart



Note. The Menstruality Power Chart. From *Wild Power: Discover the Magic of your Menstrual Cycle and Awaken the Feminine Path to Power* (p.146), by A. Pope & S. H. Wurlitzer, 2017. Hay House. Copyright 2017 by Alexandra Pope & Sjanie Hugo Wurlitzer. Reprinted with permission.

Figure 2

Femenome Mendala



Note. Femenome Mendala. From *The World Within Women: The Femenome Guide to your Menstrual Cycle* (p.205), by J. C. Severn, 2021. Luna House Books. Copyright 2021 by Jane Catherine Severn. Reprinted with permission.

The Menstrual Cycle in Psychoanalytic Theory

Many analysts contest the patriarchal foundation and phallocentrism of early psychoanalytic theory, which greatly impact ideas about female sexuality, including the menstrual cycle (Horney, 1926; Jones, 1927; Lupton, 1993; Langer, 1951/1992). Initial theory debates whether a woman's leading sexual organ is her clitoris or vagina (Freud, 1925, 1931; Jones, 1935; Horney, 1933). Freud (1905) claims it is the phallic shaped clitoris, which he considers evidence that girls first identify as masculine. However, as "atrophied" (Freud, 1933, p.113) the clitoris is substandard. This is said to create inferiority and penis envy in girls (Freud, 1925). Horney (1926) argues this envy is an expression of women's social disadvantage. More recent research shows the entire clitoris is larger than the average flaccid penis, thus Hill (2017) instead considers "the penis as a small clitoris" (p.14).

Nevertheless, the clitoris has been blamed for arousing castration anxiety in boys, which the menstruating vagina reinforces. Female genitals are thus seen through a lens of horror and dread (Daly, 1935, 1943; Freud, 1925; Horney, 1932; Jones, 1927). This menacing image of the bleeding vagina explains the unconscious compulsion to orientate female sexuality around the penis (Horney, 1932), resulting in the denial and avoidance of menstrual cycle experience (Daly, 1935). This intense focus on genital difference and "phallo-narcissism" (Irigaray, 1991, p.79) also means reproductive functioning is neglected in theory (Horney, 1926; Jones, 1927). Menarche reflects a transition from identifying with the clitoris to the vagina, where girls can 'correctly' align with femininity and desire a baby instead of a penis (Freud, 1905, 1925; Horney, 1933). When the cycle is discussed, it is negatively associated with loss, incontinence, and a break in productivity (Kerkham, 2003). This reflects Western society's preference for women at ovulation, when we are productive, energetic, and relationally available (Pope & Wurlitzer, 2017; Hill, 2019).

Psychoanalytic ideas about the cycle pathologise women. Chadwick (1932) aligns premenstrual symptoms (PMS) with penis envy and a woman's frustration she is "not the man she wants to be" (p.39). Horney (1967) sees PMS as a conflict between a woman's desire for a child and her defence against it, as well as a damming up of libido that needs satisfying. Unconscious conflicts are understood to contribute to female infertility (Deutsch, 1945; Langer, 1951/1992; Pines, 2010), and the absence of menstrual bleeding (secondary amenorrhea) is associated with a denial of femininity⁵ (Deutsch, 1945). Langer (1951/1992) argues, "we are all members of a society in which something painful and dangerous is associated with all feminine functions" (p.191). She reasons psychoanalysis intensifies this in its failure to celebrate menstruation. Kerkham (2003) argues psychoanalysis continues to mirror a "cultural avoidance" of the cycle (p.279). This perpetuates patriarchy and the silencing of women's experience (Kolod, 2010).

The Menstrual Cycle in Society

I now explore the menstrual cycle in a societal context, drawing on Western literature and research, kaupapa Māori research, art and popular culture.

The Female Body as Problematic

Historically, women's psychology was linked to the reproductive body and seen as biologically rooted (Walker, 1997). The ancient Greeks understood hysteria was caused by a woman's uterus (*hyster*) wandering within her abdomen. Menstruation was thus seen as evidence of female inferiority and weakness (Delaney, Lupton & Toth, 1976). As women were perceived as unstable and vulnerable to madness, we were limited from employment opportunities (Figert, 2005), social roles and education (Delaney, Lupton & Toth, 1976; Walker, 1997). It was also argued women's social freedom would destroy our fertility, sending our species to extinction (Delaney, Lupton & Toth, 1976).

⁵ Secondary amenorrhea is an "interruption" in usual menstruation (Redland, 2020, p.3).

The Female Body as Uncivilised

The menstrual cycle aligns us with nature rather than culture (Walker, 1997), associating us with an immense but unknown cosmic power (Delaney, Lupton & Toth, 1976). Kristeva (1982) suggests this connection threatens the illusion of a rational social order by dissolving the boundary between the civilised human and the uncivilised animal. As this evokes fear, the female body has been considered abject, dangerous, and degraded (Delaney, Lupton & Toth, 1976; Kristeva, 1982; Ussher, 2006). Like nature, women's bodies are an object of control (Owen, 1993). However, the feminine form has also evoked idealisation, particularly around nurturance. These split representations are seen throughout mythology, literature, and art, where women are depicted as either powerful and corrupt, or sacred and nourishing (Ussher, 2006). This split is also evident in the construction of menstruation, seen as both sacred and cursed (Delaney, Lupton & Toth, 1976).

Menstruation, Stigma and Objectification

Menstrual blood is judged one of "nature's most stigmatised fluids" (Johnston-Robledo & Chrisler, 2013, p.9). Therefore, it is "gendered blood" (Lupton, 1993, p.3). Kristeva (1982) claims it has a pollutive value, contrasting other fluids like semen and tears. Irigaray (1977/1985) describes the female body as the 'leaky body' and our reproductive fluids subordinated to solid matter. As leaky, the female body is vulnerable and lacks self-control, so menstruation needs managing and containing (Green-Cole, 2020). Menstrual products and hormonal contraceptives meet this need and reinforce this ideology. For women to feel accepted within a culture that idealises and sexualises our bodies, we objectify ourselves (Roberts & Waters, 2004). This results in internalised feelings of disgust, shame, and contempt for menstrual processes, echoing some early psychoanalytic thinking. Ussher (2004) argues we pathologise ourselves around PMS, as these symptoms also violate the feminine ideal. As a result we create distance from our authentic

embodiment, so we can maintain a culturally imposed feminine status. Sarah Maple (2010) challenges these ideologies in *Menstruate with Pride* (see Figure 3).

Figure 3

Menstruate with Pride



Note. Menstruate with Pride, by S. Maple, 2010. (<http://www.sarahmaple.com/paintings-3>). Copyright 2010 by Sarah Maple. Reprinted with permission.

Premenstrual Symptoms

There are over one hundred recorded physical and emotional premenstrual symptoms (Severino & Moline, 1989). The most common is tension, described in three parts: depression, tiredness, and irritability (Dalton, 1979). The emotional triggers of PMS are consistently relational and Ussher and Perz (2013) conclude PMS is a gendered illness. For some women it is a result of self-sacrificing for most of the cycle, then struggling to contain it at premenstruation. This supports earlier research that finds PMS is worse for women tied to traditional roles around home and children (Paige, 1973). It is suggested PMS and menstrual depression is a “learned response to oppression” (Shuttle & Redgrove, 1978, p.27). Research

comparing symptoms between heterosexual and lesbian couples finds that heterosexual women typically experience more distress (Ussher & Perz, 2013). Where male partners hold more negative social constructions of PMS, female partners are more likely to offer support and understanding. With support, it is easier for the premenstrual partner to exercise self-care rather than internalise guilt and pathology.

A Kaupapa Māori Perspective

Due to colonising interpretations of menstrual cycle experience, Māori women have been doubly oppressed (Murphy, 2013, 2016). Colonial anthropologist Ernest Crawley (1902) states that Māori “identify menstrual blood with an evil spirit” (p.14), and it is dangerous for men to have contact with it. Claims like this suggested Māori women had an inferior status, creating marginalisation for them within their own culture. This destabilised pre-colonial gender relations and equality within whānau (family) (Murphy, 2016). Ngāhuia Murphy’s (2013) kaupapa Māori mana wahine research decolonises the work of autoethnographers⁶, “whose misogynist, Victorian and Christian ideologies represented Māori women in a way which was not reflective of Māori worldviews” (p.30). Through conversations honouring an oral tradition, Murphy (2013) connects menstrual cycle experience and meaning with intergenerational tribal experience, cosmology, chants and songs. Her research reassociates menstruation with strong cultural identity, gender equality, protection and guardianship. In te ao Māori, menstruation also embodies a lived relationship with both the whenua (land) and the metaphysical universe⁷. This lived connection between the menstrual cycle and the natural world is also reflected in menstruality, which I discuss in Chapter Four (p.54) and Chapter Five (p.62).

⁶ Kaupapa Māori research prioritises Māori, with a “by Māori, for Māori, with Māori” approach (Wilson, Mikahere-Hall & Sherwood, 2022, p.382). Mana wahine research is a branch of this that both decolonises and acknowledges the “power, status and authority of Māori women” (Wilson, Mikahere-Hall & Sherwood, 2022, p.385).

⁷ Te ao Māori is “the Māori world” (Wilson, Mikahere-Hall & Sherwood, 2021, p.4)

Menstrual Activism and Reclamation

Western acts of reclamation first took place within feminist art and literature during the second wave of feminism in the 1960s and 1970s, when reproductive rights and body-autonomy was a key theme (Roberts & Waters, 2004). While literature uses language to challenge taboos, art offers a visual medium of confrontation, sometimes using menstrual blood as the medium. The aim is to shock the viewer and confront negative stereotypes (Green-Cole, 2020). Taboos are transformed into positivity, ambiguity or defiance, and menstrual experience is given a visual voice. Judy Chicago (1971) was the first artist to explicitly portray menstruation in contemporary Western art, with the photolithograph *Red Flag* – a bloodied tampon emerging from a vagina (see Figure 4). More recently, Sarah Maple’s (2010) painting above challenges menstrual stigma (see Figure 3). The cycle is similarly themed in poetry and song, included throughout this dissertation.

Figure 4

Red Flag



Note. *Red flag*, by J. Chicago, 1971. (<http://www.judychicago.com/gallery/early-feminist/ef-artwork/>). Copyright 2022 by Judy Chicago / Artists Rights Society (ARS), New York. Reprinted with permission.

Media and Popular Culture

Menstrual cycle themes are increasingly present in mainstream media. In sport, Kiran Gandhi (2015) highlighted period shaming by running the London Marathon without a tampon, which she finished with a bloodstained crotch. Access to menstrual products has also been topical, with a petition to New Zealand parliament to address period poverty (Williams, 2019). News articles illuminate the ongoing stigma around menstrual experience (Duff, 2021) and argue for the merit in cycle education (Roux, 2021). This may reflect the surge of self-help literature in popular culture over the last decade, destigmatising and reframing the cycle as positive and empowering (Briden, 2018; Diamant, 2021; Hendrickson-Jack, 2019; Hill, 2019; Okamoto, 2018; Northrup, 2020; Pope & Wurlitzer, 2017; Severn, 2021; Weschler, 2015; Weiss-Wolf, 2017). I draw on some of this work for this research.

Summary

In Chapter One I have outlined my approach to gender and introduced myself as the researcher. I have presented early psychoanalytic ideas about feminine sexuality and the menstrual cycle. I have also explored Western social discourse and kaupapa Māori research around the cycle. Given the absence of literature on the topic in contemporary psychotherapy, I endeavour to find out what we are missing in our work with menstruating clients and what might emerge if we attend to the cycle. Inspired by Stark (2018), I hope this research can be a “reweaving ... of the shedding of the blood” – drawing on menstrual discourse that reclaims the feminine, and reweaving it for the context of psychotherapy.

Man thinks, "I think, therefore I am."
I, a woman, feel, "I bleed, therefore I am".⁸
(Kubota, as cited in Stiles & Selz, 2012)

⁸ To position my methodology, I begin with Kubota to challenge the patriarchal duality that has dominated research and understanding. However, this research intends to offer substance to all women, not just those currently living the menstrual cycle years.

Chapter Two: Methodology & Method

Methodology guides research. It is shaped by an overarching philosophical paradigm and expresses our ontological, epistemological, and axiological positions as researchers⁹ (Creswell & Poth, 2018; Ponterotto, 2005). I now explain how methodology guides me to answer the question: *What is the relevance of MCA for psychotherapy?* I first briefly outline the development and influence of philosophical paradigms on research. I then discuss philosophical hermeneutics as a suitable approach for my literature review. I also explore feminism, embodiment and ethics in research, leading into a description of my method.

Positivism

As interpretive research is best understood in relation to positivism, I begin in the positivist paradigm. Positivism arose in the Enlightenment period in response to religious and royal totalitarianism. Its emergence created epistemologies where knowledge could be deemed objective, accurate, and unambiguous (Crotty, 1998; Ponterotto, 2005). In the human sciences, positivism aims to predict and control phenomena and processes (Gadamer, 1975/2013). As such, the researcher and object of inquiry are ontologically separate (Lavery, 2003). This dualism continues to influence mainstream understandings of the body and healthcare (Mehta, 2011) and has dominated psychological research (Lavery, 2003). However, positivism is criticised for negating “the uniquely human traits of freedom, transcendence, creativity, (and) relatedness to self and others” (Mook, 2010, p.211). German philosopher Husserl saw positivist science as dealing with ideas rather than real experience (Crotty, 1998). An interpretive paradigm then developed, from which qualitative research methodologies arose.

⁹ Epistemology describes the relationship between the knower and the knowledge (Lavery, 2003). Axiology refers to the impact of our values on our research (Creswell & Poth, 2018). Ontology is defined in Footnote 1 (p.2).

Interpretivism, Phenomenology and Hermeneutics

In contrast to positivism, interpretive ontology sees multiple realities (Lavery, 2003). The first to emerge was Husserl's phenomenology – the study and reflection of lived experience (van Manen, 1997). Husserl's student Heidegger and Heidegger's student Gadamer were also key figures in the development of interpretivism. Heidegger is associated with hermeneutic or interpretive phenomenology, and Gadamer with philosophical hermeneutics (Dowling, 2004). While hermeneutics and phenomenology share some epistemological roots, they also differ (Lavery, 2003). Phenomenology studies lived experience and is often descriptive, and hermeneutics studies literature and is interpretive (Dibley et al., 2020; Dowling, 2004). While I draw on literature that is rooted in phenomenology, my explicit focus is the interpretation of that literature. Therefore, my methodology best aligns with philosophical hermeneutics.

Philosophical Hermeneutics

The term 'hermeneutics' (or *hermeneuein*) links with Hermes, the mythological Greek messenger who mediated communication between gods and people (Crotty, 1998). Hermeneutics translates as the "art of interpretation", and emerged in the 17th century to facilitate the understanding of biblical literature (Dowling, 2004, p.34). At this time, religious texts were ambiguous and needed merging with the faith of common people (Gadamer, 1976/2008, Introduction). However, Gadamer's philosophical re-engagement with hermeneutics further expanded interpretive thinking. Contemporary hermeneutics sees all texts as "strange and far off", as they are distant from the reader (Crotty, 1998, p.90). Hermeneutic research thus aims to understand. It is relevant whenever we face meanings that require interpretation, particularly when they are concealed (Dowling, 2004; Moules et al., 2015). This aligns well with psychotherapy, as we interpret the unconscious material of our clients (Mook, 2010). The menstrual cycle

as taboo is also hidden within society and psychotherapy (Kerkham, 2003). Moules et al. (2015) note that, “hermeneutics calls forth the ordinary and makes it stand out” (p.4). This aligns well with my topic.

Philosophical Hermeneutics in Research

A hermeneutic approach is not a specific method (Koch, 1995), but it is a philosophy that guides our reading and interpretive process (Moules et al., 2015). I now explore some of Gadamer’s (1975/2013) key concepts from *Truth and Method* and how they inform my ontology and epistemology.

Prejudice. The positivist paradigm asserts that our personal prejudices distort and inhibit our understanding (Gadamer, 1976/2008, Introduction). Even Husserl strove for objectivity by suggesting researchers bracket their presuppositions (Dibley et al., 2020). The ontology of both Heidegger and Gadamer instead argues our pre-understanding cannot be separated from our observations (Chessick, 1990). We are not blank slates (Moules et al., 2015). We interpret with our cultural history, traditions and language, which are all deeply embedded (Crotty, 1998; Laverty, 2003). My findings are thus informed by my life experiences and positions as a Pākeha woman, menstruator, mother, fertility educator and feminist. Acknowledging prejudice is central to both psychotherapy and hermeneutics, as each require us to be reflexive with our subjectivity (Stern, 2013).

Horizons. Our prejudices help form our horizon, which Gadamer (1975/2013) defines as “the range of vision that includes everything that can be seen from a particular vantage point” (p.313). Our horizons are not rigidly defined but flow, move, and change shape as we progress. In this fluid movement, our horizon can be narrow or expansive, and new horizons can open to us (Gadamer, 1975/2013). That which we interpret also has a horizon; and in the process of interpretation, a “fusion of horizons” takes place (Gadamer, 1975/2013, p.317). Transformation happens for both the interpreter and the text, thus understanding

is dialectical (Lavery, 2003). We may even make conclusions beyond those of the original authors (Crotty, 1998). This gives me freedom to fuse the horizons of both academic and menstruality literature. Having a hermeneutic conversation with the text facilitates this, as we listen and allow a viewpoint to come forward (Gadamer, 1976/2008, Introduction). Bion conveys this with our approach to therapeutic work: with no memory or desire, we trust our clients will show us what we need to know (Chessick, 1990).

Play and Other Qualities. Remaining open throughout the process is crucial, as we may be surprised by something unexpected (Moules et al., 2015). Other facilitative qualities include willingness, courage (Smythe & Spence, 2012), imagination and play (Stern, 2013). As the hermeneutic process is creative and intuitive, play helps us respond to the fluidity and unknown (Moules et al, 2015), bringing an aliveness to the process (Gadamer, (1975/2013). As psychotherapy and hermeneutics are both emergent processes, a hermeneutic approach is arguably necessary for psychotherapy (Stern, 2013). Both processes are also highly reflective. Without hermeneutic reflection, we may end up with “arbitrary fancies” (Gadamer, 1975/2013, p. 237). These are projections rather than real encounters (Schuster, 2013). As clinicians we also avoid projecting onto our clients.

Language. Our horizons emerge from our language (Gadamer, 1976/2008, Introduction) and it is from language that we understand (Moules et al., 2015). As language and understanding cannot be separated, language is a central focus in philosophical hermeneutics (Gadamer, 1976/2008, Introduction). Psychotherapy is also founded in language (Mook, 2010), as we “*encounter* (our clients) through *dialogue*” (Gavridis, 2004, p.400, emphasis in original). Menstrual language has typically perpetuated misogyny and the repression of women, through dominant ideologies of mess and distress (Walker, 1997). Contemporary literature offers an

alternative ontology of empowerment. This transformation in the language is what I hope to capture, to help develop our clinical work with the menstrual cycle.

The Hermeneutic Circle. In hermeneutic ontology, understanding a part takes place within the context of the whole to which it belongs (Chessick, 1990). The hermeneutic circle provides an iterative and circular process for facilitating this engagement (Lavery, 2003). In practice this means reading each paper, then considering all the literature, and then returning to the parts again (Boell & Cecez-Kecmanovic, 2010). This process facilitates “a new circle of the unexpressed” to emerge (Gadamer, 1976/2008, Introduction, p.xxxiii). This continually evolves our concept of the whole (Chessick, 1990). It also facilitates our interpretation and the fusion of horizons (Dowling, 2004).

Embodied Research

I now discuss embodiment in interpretive research. Marcel (2002) explains that assuming duality of mind and body distances us from our immediate feelings. This makes it difficult for feelings to speak to us, as we instead think about rather than directly experience what we feel. In contrast, embodiment is to experience the unity between the “bodymind” (Totton, 2003, p.62). All experience begins in the body before it is processed and understood; therefore embodied experience is central to our understanding (Rennie, 2012; Schuster, 2013). Eugene Gendlin’s (2013) focusing is one approach to facilitate embodiment (Rennie, 2012). Focusing helps us attend to feelings, sensations and images so we can reach more nuanced interpretations (Rennie, 2012; Rennie & Fergus, 2006). As well as focusing, I tune into and draw on my own cyclic embodiment throughout the research process.

Feminist Research

Both hermeneutic and feminist methodologies acknowledge that researcher subjectivity plays a crucial role in the research process (Whitmore, 2014). However, where hermeneutics aims to understand, feminism aspires for social change

(Ackerly & True, 2020). Feminist research is primarily concerned with power dynamics and critiquing social norms that perpetuate injustice (Ackerly & True, 2020). Although this research does not directly address power, focusing on a taboo topic is a way of redressing the patriarchal roots of psychotherapy. Feminist research also aims to bring visibility to women's experience and unearth hidden knowledge that may be held within it (Brooks, 2007, p.54). We come to acquire this knowledge through amalgamating women's emotional and embodied experience, which reveals a unique subjectivity (Brooks & Hesse-Biber, 2007). This integrative work and focus on women's subjectivity is also a core part of MCA.

Ethical Research

Ethical approval was not required for this research. However, hermeneutic and feminist ontologies provide an ethical compass. This research aims to support women in psychotherapy to reclaim and embody their cyclic experience. As such, I work towards the hermeneutic task of moral good (Moules et al., 2015). A hermeneutic process should also lead to transformation in the researcher (Schuster, 2013). Wilson (2008) echoes this, arguing "if research doesn't change you as a person, then you haven't done it right" (p.135). This axiology of transformation is what drew me to psychotherapy in the first place. I also stay as close to the hermeneutic process as possible, to give credibility to my findings (Rennie, 2012).

Alternative methodologies

I briefly explain why I did not choose other methodologies for this research. Empirical research was beyond the scope and timeframe of the paper. A systematic literature review did not provide flexibility, as the literature acquisition process is more rigid (Boell & Cecez-Kecmanovic, 2010). I discuss this further below. I also considered thematic analysis to analyse the literature (Braun & Clark, 2006). However, a hermeneutic literature review offered more creativity, relational engagement and reflexivity (Boell & Cecez-Kecmanovic, 2014). Including my own

horizon also felt valuable for the topic. A heuristic methodology would have allowed this too, but my personal experience was not the main focus (Moustakas, 1990).

Method

I now turn to my method of literature searching and process of engagement.

Searching and Selecting

My search began with the library databases best suited to psychotherapy. As my topic is niche, I broadened my search to include counselling and psychology literature. I created the search terms by drawing on my key terms, 'psychotherapy' and 'menstrual cycle awareness', and used truncations and the Boolean operator 'AND' (Boell & Cecez-Kecmanovic, 2010). Truncating allows for more variation of the terms, and Boolean operators focus the search (Dibley et al., 2020). For instance, searching 'psycho*' picks up psychotherapy, psychoanalysis, psychodynamic, and psychology. Searching 'menstrua*' picks up both menstruation and menstrual, and using AND combines those terms. I conducted an additional search using 'menstrua* AND counsel*', so I would pick up both British and American spellings of counselling. I selected literature written after 2000 to keep my focus contemporary, and included only literature written in the English language. I looked in titles and abstracts for content of therapeutic work with the menstrual cycle. Articles were excluded if they were unrelated to talk therapy. My search yielded five articles (see Table 1). The table shows eleven results in total because these articles repeat across the databases.

Table 1*Database Searches and Results*

#	Database	Search Terms	Incl/Excl Criteria	Results	Relevant Literature
1	AUT Library	Menstrua* AND psycho*	From 2000, books and media.	71	0
2	AUT Library	Menstruation	From 2000, books and media.	114	1
3	PsycInfo	menstrua* AND psycho*	From 2000, limit to abstract, English only.	1557	4
4	PsycInfo	menstrua* AND counsel*	None	132	0
5	PsycInfo	menstrua* AND counsel*	From 2000, limit to abstract, English only.	3	0
6	Scopus	menstrua* AND psycho*	From 2000, limit to abstract, English only. Limit to psychology & social sciences.	411	3
7	Scopus	menstrua* AND counsel*	From 2000, limit to abstract, English only. Limit to psychology & social sciences.	39	0
8	PEP	menstrua*	From 2000, limit to articles, English only.	528	3

Snowballing. “Snowballing” is the process of finding literature through other literature, and is particularly useful when databases have limited scope (Boell and Cecez-Kechmanovic, 2010, p.138). Snowballing supports a feminist ethic of working within the community of authors who are already engaged with the topic (Ackerly & True, 2020). This creates unique social knowledge that is “emergent, political and interactional”, by drawing on organic and fluid networks of knowledge (Noy, 2008, p.327). As I desired to tap into feminist literature that is emergent, fringe, and unknown to psychotherapy, snowballing was appropriate. This began with an online search for psychotherapist Alexandra Pope (2001); whose book *Walking with the*

Genie first inspired my interest in menstrual wellbeing. I found her co-written book *Wild Power* (Pope & Wurlitzer, 2017), which referenced psychotherapist Jane Catherine Severn (p.xxi). I contacted these authors to discuss my research and Severn emailed me her 2005 journal article, which I would not have otherwise sourced. Between searching and snowballing, I found 11 items that fit my criteria and addressed my research question (see Appendix 1). In Figure 5 I reflect this snowballing and the relationships of influence across the academic literature.

Figure 5
Literary relationships



Note. Each colour reflects literature used in this review and the arrows reflect the connections between them. MCA literature is on the left and academic literature on the right. As the interpreter I am signified at the centre in light green.

Entering the Circle

We enter the hermeneutic circle when we respond to “the call of the topic” (Moules et al., 2015, p.122). After hearing the call, I held a small ritual and meditation to call forth the interpretations. As I consider the menstrual cycle sacred, ritual felt important for this research. I sat at my local beach under a pohutukawa tree and faced the sea (see Figure 6). I placed shells in a circle around the literature and myself, sat quietly inside it, and breathed. I visualised myself entering a circular space and spoke my question out loud to whatever realms might be listening. I watched the water creep in and out, with my own cycle mirrored in the ebb and flow of the tide. I saw myself surrendering to the research as one of many conduits desiring to bring visibility and meaning to the menstrual cycle.

Figure 6

Entering the Circle



Note. Takapuna beach. Own photo.

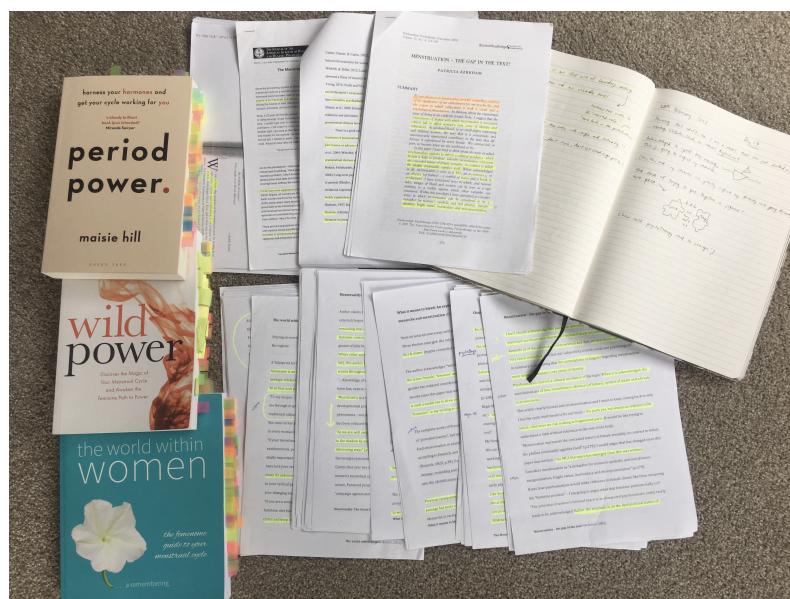
Reading, Space and Reflection

A hermeneutic process requires that we go beyond a mere reconstruction of the text (Gadamer, 1975/2013). It is a “distinctly interpretive” reading style that

looks for possibilities (Smythe & Spence, 2012, p.13). The process requires discipline, reflexivity, and focused creativity (Moules et al., 2015). Transforming this into practice, when I approached my readings for the first time I did a short focusing session to create a grounded attentiveness. I also went for bush walks to help me process the material. This felt important because of the connection between the menstrual cycle and the natural world. Some literature created a feeling of expansion and excitement. Other literature stimulated me mentally but I felt little in my body. I journaled my responses and made notes of my own cyclic experience, as I also tuned into my own menstruality for the first time. I read hard copy literature so I could kinesthetically engage with the text, highlighting articles and using post-it notes in books to identify relevant content. I later typed up all the relevant parts into documents. The notes were printed, read through and highlighted again. I had over seventy pages of notes to draw on (see Figure 6). I also brainstormed the main ideas (see Figure 7).

Figure 7

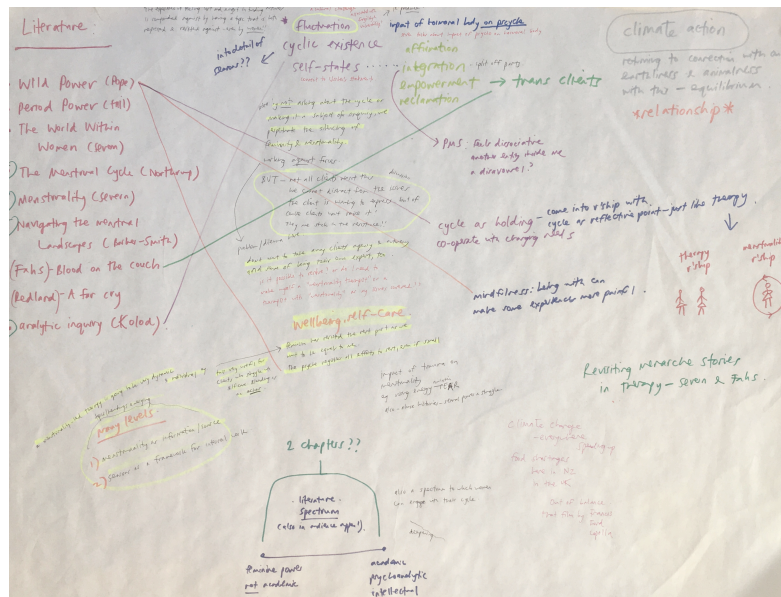
In the Circle



Note. Reading material. Own photo.

Figure 8

Brainstorm on A1 Paper



Note. Brainstorm. Own photo.

My reading and writing eventually became one process. In the hermeneutic circle I felt like I was swirling around in a washing machine with the literature. When immersed, the interpretations took hold on me and sometimes I woke in the middle of the night wanting to work. My experience in the circle intensified as I approached the exit, as if the machine was on spin.

Leaving the circle

Gadamer argued that as our interpretation is always evolving, we never reach a definitive understanding (Annells, 1996). This contrasts positivist approaches that look for concrete findings. Guided by this, I engaged until it felt there was nowhere further to reach – the subjective “point of saturation” (Lavery, 2003, p.29). I had to get out of the metaphorical washing machine and take a deep breath. While the work is not necessarily complete, this interpretation comes to an end, leaving new opportunities for further exploration (Moules et al., 2015). I outline my findings in the following two chapters.

if there is a river
more beautiful than this
bright as the blood
red edge of the moon if
there is a river
more faithful than this
returning each month
to the same delta if there
is a river
braver than this
coming and coming in a surge
of passion, of pain if there is
a river
more ancient than this
daughter of eve
mother of cain and of abel if there is in
the universe such a river if
there is some where water
more powerful than this wild
water
pray that it flows also
through animals
beautiful and faithful and ancient
and female and brave
Clifton (2012)

Chapter Three: An Overview of MCA for Psychotherapy

To present my findings, I return to my research question: *What is the relevance of MCA for psychotherapy?* I address this in two parts: Chapter Three identifies overarching themes and Chapter Four explores clinical themes for MCA. I draw on academic literature from psychotherapy and counselling and menstruality literature. The latter emerges from phenomenological enquiry and therapeutic work with the cycle. This hermeneutic literature review fuses these horizons with my own, to explore the menstrual cycle in therapeutic space.

The Menstrual Cycle in Psychotherapy

An Invitation

Beginning with the context outlined in Chapter One, it is the historical and contemporary absence of the menstrual cycle in psychotherapy that makes it relevant. Hutchison's (2019) research finds the cycle is seldom discussed in therapy: it is only talked about when raised by the therapist, or if the client's difficulties are so severe they are unavoidable. However, she argues this is unlikely to reflect the significance of menstrual cycle experience. In contrast, Fahs' (2016) clients frequently raise menstrual cycle themes in therapy, which she is likely to attract as a feminist therapist studying menstruation. This suggests if therapists were confident talking about the cycle, it would arise more as a focus in therapy.

If we do not actively invite the topic we risk perpetuating societal disavowal of the menstrual cycle (Hutchison, 2019). We also risk colluding with the internalised shame and repression of our clients (Barker-Smith, 2020). Ignoring cyclic experience may increase the risk of depression and overwhelm (Kolod, 2010), or cultivate somatic stress that develops into menstrual problems (Pope & Wurlitzer, 2017). Not addressing menstrual problems already present may intensify them (Severn, 2005). If we instead foreground cyclic experience and co-create meaning from it, our clients benefit with increases in happiness, wellbeing (Kolod, 2010),

self-esteem, sense of belonging (Severn, 2021) and self-definition (Fahs, 2016). MCA can improve our client's "body literacy" and is described as the ultimate act of self-care (Hill, 2019, p.52). Conscious menstruality shows parallels with psychotherapy, implying it is an untapped resource for enhancing therapeutic work.

Conscious Menstruality and Psychotherapy

I now explain the phenomenology of the inner seasons as relevant for psychotherapy. I begin with preovulation (spring) and ovulation (summer).

Preovulation and Ovulation in Therapy

Of all the phases, preovulation and ovulation are less challenging, more pleasurable and more socially desirable (Hill, 2019; Severn, 2021). As such, this research has less to say about them. My own experience during these phases aligns with Severn's (2021) description, that "life just feels normal" (p.96). I feel more resilient; therefore if I have additional stressors, I am better equipped to deal with them. Preovulation is associated with the mind, initiation and new beginnings. Most of us have more energy, are happier, hopeful and more focused (Pope & Wurlitzer, 2017; Severn, 2021). Following this, ovulation is associated with the body, expression and action. We often desire to socialise more and have increased capacity to care for others, as we are more relationally orientated (Pope & Wurlitzer, 2017; Severn, 2021). We also have more sexual power, which I explore in Chapter Four (p.45). Ovulation is a time we can usually mother with ease if we have children, as we are less connected to our own needs and feelings (Pope & Wurlitzer, 2017). However, if our life lacks purpose, the energy and direction we encounter can be difficult. We may also overcommit ourselves if we feel like "superwoman" (Pope & Wurlitzer, 2017, p.74). With awareness of the cycle, clients can align projects and goals with the strengths of each season. I now turn to premenstruation (autumn).

Premenstruation in Therapy

Defences are Down. Premenstruation is associated with emotion, and a time of vulnerability as our defences are weakened (Hutchison, 2019, Kolod, 2010). Northrup (2020) explains we can access more of our inner world at this time, as the “veil” between the conscious and unconscious is more permeable (p.124). It is also described as an awakening of our shadow side and unseen parts (Severn, 2021). This may open us to historical wounds, ancestral patterns, self-neglect, and repressed feelings (Pope & Wurlitzer, 2017). The literature agrees that premenstrual struggles are authentic and need addressing rather than repressing (Hill, 2019; Kolod, 2010; Northrup, 2020; Pope & Wurlitzer, 2017). As Severn (2021) describes, “important parts of our self are knocking at the door of awareness” (p.129). As suggested by previous literature (see Chapter One, p.11), premenstrual rage is also framed as a response to the disproportionate amount of unpaid labour and emotional work that women do in society (Hill, 2019). The correlation between premenstrual distress and lack of self-care is made across the literature (Northrup, 2020; Pope & Wurlitzer, 2017; Severn, 2021).

Engaging the Shadow. Conscious menstruality encourages us to come into relationship with arising feelings at premenstruation. In Severn’s (2021) experience, if women can engage mindfully and curiously with what arises, profound realisations are possible. However, what we think we feel at premenstruation is often not the genuine feeling but a reaction to it. This is a natural response as our defences function to avoid anxiety and vulnerability (McWilliams, 2011). Severn (2021) argues we have a responsibility to differentiate our real feelings; otherwise we may project them onto others (Northrup, 2020). Deep enquiry with our emotional world is a core part of psychotherapeutic work (McWilliams, 2004).

Transforming the Shadow. The premenstrual phase is an opportunity to become “whole, real and honest in our emotional lives” (Severn, 2021, p.135). Pope

and Wurlitzer (2017) claim premenstruation is our “greatest ally” as we meet our edges, create boundaries and learn self-containment (p.86). As such, it is an opportunity for personal development (Severn, 2021). As we have more capacity for challenging others during this phase, it is also possible to facilitate deep change (Pope & Wurlitzer, 2017). However, women need support to navigate what can be difficult emotional terrain. Northrup (2020) recommends a focusing-like process of engagement, particularly with premenstrual rage. Other authors suggest embodiment and mindfulness practices, encouraging space between our thoughts and actions, and breath work (Hill, 2019; Pope & Wurlitzer, 2017; Severn, 2021). I now turn to the inner winter of menstruation.

Menstruation in Therapy

Blood and Shame. Menstrual shame is discussed in Chapter One (p.10), and is acknowledged across the literature as widespread and damaging (Hill, 2019; Northrup, 2020; Pope & Wurlitzer, 2017; Severn, 2021). Kerkham (2003) suggests the disgust associated with menstruation must impact our identity. Shame is invalidating and therefore creates a barrier for experiencing ourselves authentically (Severn, 2021). It also contributes to ambivalent feelings about menstruation (Donmall, 2013). The first step for women to reclaim the menstrual cycle is to acknowledge these negative attitudes (Northrup, 2020). As such, psychotherapists may consider the role of shame for clients and interpret ambivalent feelings about the cycle (Fahs, 2016). Hutchison (2019) found that the possibility of igniting shame in the client stops some therapists talking about the cycle. As menstrual shame and taboos are so pervasive, I imagine they also belong to the therapist. Along with our phallogocentric origins, this may explain why psychotherapy has given little attention to the menstrual cycle in literature and practice.

A Spiritual Task. Menstruation is associated with spiritual existence. In ancient matrilineal cultures, menstruating women retreated from the community

and returned with messages from the gods (Northrup, 2020; Hill, 2019; Severn, 2021). The spiritual aims have shifted for a contemporary context, and MCA literature describes menstruation as “a profound process of awakening to your undefended self” (Pope & Wurlitzer, 2017, p.140). Severn (2021) explains our task is to bring unconscious material into our awareness. Our ego identity and “normal life” is interrupted for this necessary retreat (Pope & Wurlitzer, 2017, p.61). Psychotherapy also facilitates closer relationships with the inner world, through the arising and working with unconscious material (Hutchison, 2019).

Menstrual Rest. Another role of menstruation is to “undo” us, while we rest, repair, and renew ourselves (Pope & Wurlitzer, 2017, p.59; see also Severn, 2021). Hill (2019) points out that rest is associated with privilege and may not be possible. However, even minute attempts to retreat are registered by our psyche. If we do not do this we may experience increased anxiety, anger, depressive symptoms, panic attacks or suicidal thoughts (Pope & Wurlitzer, 2017). Empirical research confirms this, reflecting increased suicide, suicide attempts and psychiatric admissions during menstruation (Jang & Elfenbein, 2019). Not resting can also deplete us at later times of the cycle, when we would normally feel more energised (Hill, 2019; Pope & Wurlitzer, 2017). It is natural we resist menstruation and rest as our culture makes little allowance for either (Severn, 2021). If bleeding feels like an intrusion our muscles cannot relax, which both creates and exacerbates pain (Severn, 2021). MCA understands menstrual rest as a reinvestment of energy. This can be symbolised by a tree that looks barren but has retracted its energy for the trunk and roots (Northrup, 2020; Severn, 2021). Surrendering to rest also provides the necessary pause for creative processes. This brings potency, potential and re-creation to the phases that follow (Severn, 2021). As such, how we bleed “sets the tone” for the rest of our cycle (Pope & Wurlitzer, 2017, p.59).

Menstrual Pain. We often medicate ourselves against menstrual pain to stay industrious. This normalised practice reflects masculine ideals of consistency and productivity (Hill, 2019; Northrup, 2020). However, part of turning inward involves tuning into menstrual pain. Pope and Wurlitzer (2017) describe common menstrual pain as “something important trying to realise itself” (p.200). Hill (2019) sees it as an opportunity to stop and go within to potentially deep and powerful meditative states. Being present to menstrual pain may even bring ease (Hill, 2019; Pope & Wurlitzer, 2017; Northrup, 2020, Severn, 2021). I menstruated while writing this chapter and experimented with rest, which was unusual as I have compulsive traits and often stay busy. With a break, my menstrual flow was reduced and my cramping less painful than usual. Menstruation provides an embodied reminder to rest, which may be particularly useful for compulsive women like myself.

The Phenomenology of Transition

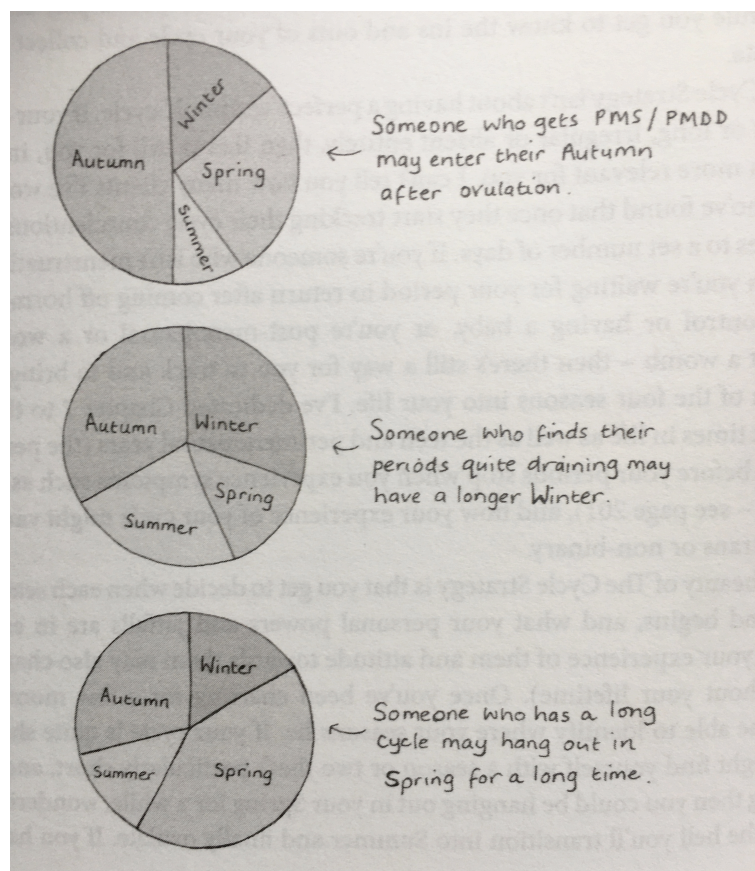
Conscious menstruality supports us to tune into and respond to the constant inner changes experienced through the cycle. Each phase has benefits and challenges and we all have seasons we find easier. Our seasonal lengths also vary (see Figure 8), which may reflect menstrual struggles such as long periods or Pre-Menstrual Dysphoric Disorder (PMDD)¹⁰. For women with historical trauma, fatigue or stress, the “crossover days” of moving from one phase to the next can be particularly difficult (Pope & Wurlitzer, 2017, p.100). This “stumble” or disruption is described as an exposure to a phenomenological void and creates a momentary vulnerability (Pope & Wurlitzer, 2017, p.100). For many, it is particularly difficult moving from the ovulatory summer to premenstrual autumn (Hill, 2019). I notice for myself this feels like an uncomfortable jolt. I also feel the metaphorical reins loosening from my grip, which creates anxiety. Tuning into and aligning ourselves

¹⁰ PMDD denotes extreme symptoms of premenstrual distress. Diagnosis requires five listed cyclic symptoms, including one mood-related (American Psychiatric Association, 2013). PMDD has been critiqued for pathologising women (Ussher, 2006; Ussher & Perz, 2013).

with the changes as we experience them increases our resilience as we build capacity for navigating transition with awareness. Working with this lived experience of the cycle can then be applied to other transitions in life. In Chapter Four (p.47) I write about these seasonal changes in the context of trauma.

Figure 9

Variation of Inner Seasons



Note. Variation of Inner Seasons. From *Period Power: Harness Your Hormones and Get Your Cycle Working for You* (p.50), by M. Hill, 2019. Green Tree. Copyright 2019 by Maisie Hill. Reprinted with permission.

MCA and Psychotherapeutic Process

With the cycle phases explored, I now move into therapeutic process.

Agency

One aim of psychotherapy is the development of agency in our clients, which McWilliams (1999) describes as an “internal sense of freedom” (p.15). Without this, it can feel like things outside our control compromise us. These may be external relationships but can also be our own psychology. MCA also aims to increase agency, as awareness of our changing hormonal states facilitates authentic self-knowledge. When we do not know where we are cyclically, we may feel lost in our cycles, particularly when we are struggling (Barker-Smith, 2020). Thus cyclic awareness gives a woman agency in managing her life, which is empowering. It also provides insight into our cyclic psychology and how this reflects our various parts.

Holding

Both psychotherapy and the menstrual cycle are also described as providing a holding function¹¹. We can feel held by the cycle when we attune to and synchronise with our inner seasons, working *with* rather than against our changing needs (Hill, 2019; Pope & Wurlitzer, 2017; Severn, 2021). In this sense, agency and holding coalesce in MCA. The holding is also felt through the repetition of the cycle, as Clifton (2012) refers to in her poem: “faithful ... returning each month to the same delta” (p.357). With time, individuals struggling at premenstruation can trust menstruation will bring renewal (Pope & Wurlitzer, 2017). Cyclic holding also supports us to use the cycle as “a container of time to incubate an issue” (Pope & Wurlitzer, 2017, p.223). Psychotherapy clients can likewise feel held by the consistency and regularity of therapy sessions.

¹¹ ‘Holding’ is defined as a therapeutic space that supports someone to deal with potentially overwhelming emotions (American Psychological Association, 2015).

Deep Enquiry

Psychotherapy and conscious menstruality are both countercultural. They work to connect with difficult feelings, which cultural norms encourage us to suppress (Severn, 2021). Conscious menstruality requires deep listening as we attend to unconscious energies (Pope & Wurlitzer, 2017). Psychotherapists have the same intention (Quatman, 2015). For instance, psychodynamic therapy explores a client's experience through their history, unconscious material and associated meanings (Hutchison, 2019). This complements the work of conscious menstruality, which aims to deepen our understanding of what the cycle communicates to us (Pope & Wurlitzer, 2017; Severn, 2021). In both psychotherapy and conscious menstruality, symptom reduction is secondary to the exploration, which itself eases distress (Hutchison, 2019; Severn, 2021). Once previously disavowed parts of the cycle are welcomed with curiosity, therapeutic understanding can deepen as we make meaning from those parts.

Internalised Resistance

Severn (2021) argues that living in a patriarchal society with little acknowledgement for menstrual existence has forced us to live "in a state of chronic resistance *to our femaleness*" (p.50, emphasis in original). This perpetuates disavowal of our own cyclic experience (Kolod, 2010; Kerkham, 2003). It also makes it impossible to feel integrated as a woman (Northrup, 2020). Many authors discuss the conflict between what the cycle requires of us during our inner autumn and winter, and the societal expectation that we consistently orient ourselves to others (Hill, 2019; Northrup, 2020; Pope & Wurlitzer, 2017; Severn, 2021). Resisting these basic needs can lead to feeling crazy and dysfunctional (Severn, 2021). This aligns with literature arguing that PMS is a gendered illness (Chapter One, p.11).

Menstruality and feminist therapy are ontologically aligned, as both understand that symptoms of distress are a natural response to oppression (Brown,

2018). We resist our cyclic experience in many ways. We reject our need for rest by medicating against menstrual pain. We also discard and split off premenstrual feelings as just “PMSing” (Kolod, 2010, p.80). I notice how my own premenstrual feelings and behaviours have a ‘not me’ quality if they are too incongruent with my values. This reflects the function of unconscious defences to protect our self-esteem (McWilliams, 2011) and maintain the feminine ideal (see Chapter One, p.10). However, psychotherapists understand that what we avoid or deny is still influential, and often with accompanying distress or distortion (Severn, 2005).

Integration

The different states we experience through the cycle can be variable and even dissociated from each other (Kolod, 2010). However, through a process of integration, these parts can become mutually enhancing rather than disturbing (Kolod, 2010; Severn, 2021). This parallels psychotherapeutic understanding, as integrating the “PMS self” into the “whole self-concept” is relevant therapeutic work (Hutchison, 2019, p.92, Kolod, 2010). Doing this integrative work may also support clients to take responsibility for self-destructive behaviour, by working through potentially vulnerable feelings underneath. This stops the menstrual cycle becoming a “catchall” for life’s struggles – which may function as an effective defence but impedes psychic development (Fahs, 2016, p.70). Without MCA, psychotherapists may collude with such narratives.

Tools for Psychotherapy

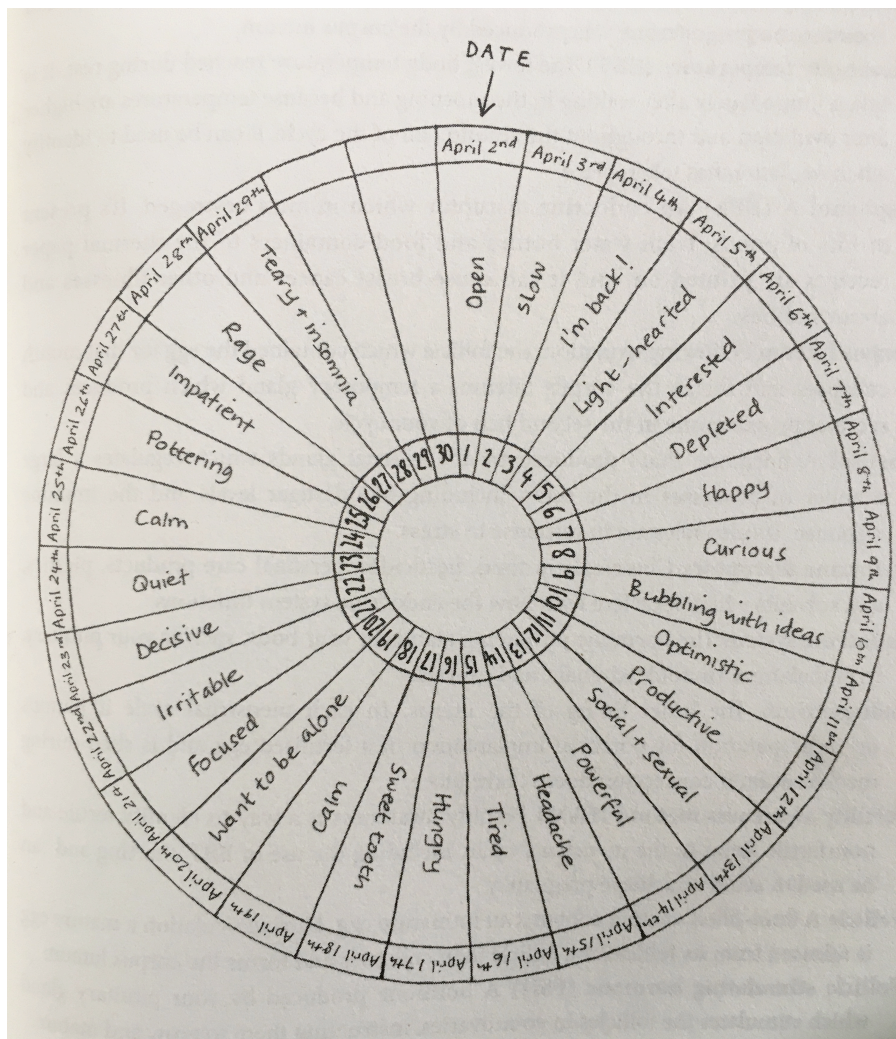
I now introduce tools for cyclic awareness that may be useful for clients.

Menstrual Cycle Dial

Hill (2019) developed a cycle dial that records one word each day, helping clients notice and attune to subtle patterns across the cycle (see Figure 10). A blank template is available from the author (<http://www.maisiehill.com/chartmycycle>).

Figure 10

Menstrual Cycle Dial



Note. Cycle dial. From Period Power: Harness Your Hormones and Get Your Cycle Working for You (p.313), by M. Hill, 2019, Green Tree. Copyright 2019 by Maisie Hill. Reprinted with permission.

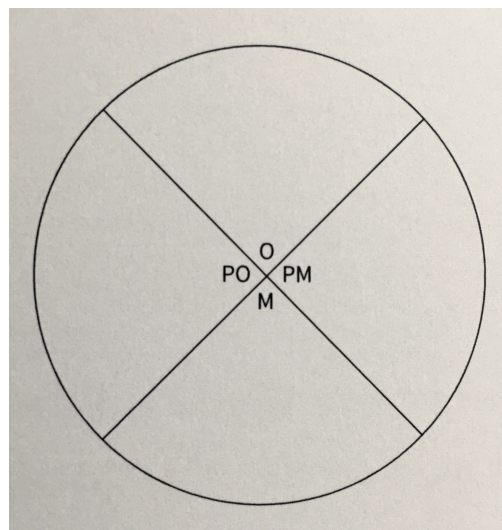
Mendala

Severn (2021) developed a circular map called a “mendala” (p.67, see Figure 11). This is a reflective tool to “clarify, deepen, support or enhance any aspect of our life” (p.216). Each quadrant represents one phase of the cycle, which we fill in with our corresponding thoughts and feelings about an issue. This supports us to

see and value our whole experience across the cycle, so is particularly useful for reclaiming disavowed parts of self. A mendala is also helpful for making decisions and exploring relational dynamics. Severn (2005, 2021) describes a client whose feelings about her relationship change dramatically between ovulation and premenstruation. She argues a traditional psychotherapeutic lens may interpret the client's presentation as bipolar or avoidant. However, working with a menstruality lens, the therapy focuses on the client's relationship with her cycle rather than her intimate relationship. This supports the client to see how different phases of her cycle continually reveal different needs and feelings. Using a mendala can deepen and refine our understanding and help break patterns we feel stuck in (Severn, 2021). I use a mendala to explore my relationship with the research process in Chapter Four (p.52).

Figure 11

Blank Mendala



Note. Mendala. *From The World Within Women* (p.67), by J. C. Severn, 2021, Luna House Books. Copyright 2021 by Jane Catherine Severn. Reprinted with permission.

Summary

Chapter Three provides overarching findings about the relevance of MCA for psychotherapy. I have explored the inner seasons, discussed parallels between menstruality and psychotherapy process and shared some tools for applying MCA. In Chapter Four I examine some relevant clinical themes where MCA is relevant for psychotherapy.

There were seeds
within her
that burst at intervals
and for a little while
she would come back
to heaviness,
and then before a surging miracle
of blood,
relax,
and reidentify herself,
each time more closely
with the heart of life.
“I am the beginning,
the never-ending,
the perfect tree.”
And she would lean
again as once
on the great curve of the earth,
part of its turning,
as distinctly part
of the universe as a star –
as unresistant,
as completely rhythmical.

Sarton (1993)

Chapter Four: MCA and Clinical Themes

In Chapter Three I argued for inviting the menstrual cycle into therapeutic space. I provided an overview of MCA and psychotherapy and how lived cyclic experience may present clinically and inform therapeutic work. I also offered some tools to facilitate MCA. I now explore other clinical themes relevant to MCA.

Menstrual Narratives

Processing the past is an important part of psychotherapy (NZAP, n.d.), and all women have a “menstrual narrative” we can revisit at any life stage (Donmall, 2013, p.207). Due to the internalised taboos, clients might be unaware of how their cyclic experiences have shaped them, so psychotherapists may need to ask. I now explore menarche, which is formative of this narrative.

Menarche

Menarche is described as a universally remembered life event (Kerkham, 2003) that escorts us into our sexuality and reproductive capacity (Severn, 2021). If we are lucky it may be celebrated, and the literature encourages we do this if we have daughters (Pope & Wurlitzer, 2017; Northrup, 2020; Severn, 2005). However, research finds that across 34 countries, menarche rituals are few (Uskul, 2004). Owen (1993) reflects that the absence of ceremony around menarche disaffirms any pride young women may feel, leading to subsequent shame.

Menarche is the point our female identity takes form (Donmall, 2013). This can have various possible associations depending on our gender identity and whether we feel congruent as a woman (Hill, 2019). For girls desiring to be mothers, bleeding can feel “worth” the pain and stigma (Donmall, 2013, p.209). The presence of a mothering figure to facilitate menarche is important and some young women feel abandoned in this regard (Donmall, 2013). Others may absorb projections of their mother’s own self-denigrated femininity as they too become women (Kerkham, 2003). Menarche has been associated with shame, confusion,

vulnerability and narcissistic injury (Kerkham, 2003). Early menstrual experience thus has a significant trajectory of influence into adult life. Fahs (2016) describes a client for whom menstruation was a taboo topic that was never acknowledged in the family. This perpetuated menstrual shame and suppression into her adulthood.

Menarche can change family dynamics. If a family feels burdened by the added cost or threatened by the risk of pregnancy, it may create additional stress (Hill, 2019). Family members will have their own response to their child or sibling reaching menarche and familial relationships may change. For example, research shows that girls raised by sole fathers experience physical and emotional distancing from their fathers at menarche (Kalman, 2003). Drawing on menarche narratives in psychotherapy can position a client's bodily experience and making of self within their family (Fahs, 2016). This can be reparative (Donmall, 2013; Severn, 2021).

Virginity and Self-possession

Severn (2021) highlights our early menstruating years as crucial for development and individuation¹². She associates this time with virginity – not just sexually but as an experience of self-possession. At menarche we come into relationship with our femininity and sexuality through the cycle, which we can later decide to share with partners or by having children. Developing self-possession early sets us up for healthy adult relationships. When women have this taken nonconsensually through rape or sexual abuse, therapeutic support to reclaim self-possession is an important part of recovery (Severn, 2021). With similar aims of reclamation, some adult women enter “virgin journeys” (Severn, 2021, p.109).

A “Virgin Journey”

This research prompted personal reflection of my own experiences around menarche and virginity. Within the space of a few months I had reached menarche,

¹² Individuation is defined as the processes facilitating our attainment as an individual person, which we can then exercise in the world (American Psychological Association, 2015). ‘Individuation’ is not Severn’s terminology but what I have interpreted.

become sexually active, and started the contraceptive pill. As I consistently sought boyfriends, the potential for developing self-possession and cycle awareness was a lost opportunity. As an adult woman, I can now engage with my cycle purely for myself. This initiates a feeling of integrative wholeness of my varying experiences and narratives, both past and present. It also gives me the sense I am not made complete by a relational other, which I have historically sought, but through a relationship with self. My personal experience suggests MCA may support clients whose therapeutic work is focused on developing and strengthening a relationship with self and identity, such as those with symbiotic personalities (Johnson, 1994) or borderline organisations (McWilliams, 2011).

The Menstrual Cycle and Sexuality

I now further explore sexuality, which is deeply connected to the cycle.

Inhibited by Patriarchy

Female sexuality has been conceptualised by male standards (Irigaray, 1977/1985). For instance, heterosexual sex often centres on vaginal penetration, when for many women clitoral stimulation is necessary for orgasm, or at least enhances it (Herbenick et al., 2018; Hill, 2019). Severn (2021) argues women's sexuality suffers thousands of years of discrimination, resulting in it being unrealised and dismissed. Thus, a full experience of female sexuality is dormant (Severn, 2021). The objectification of women in media and pornography also results in negative associations when women express their sexuality (Pope & Wurlitzer, 2017). This accompanies the sense women are not encouraged to explore our sexuality, impacting sexual experience and satisfaction (Severn, 2021).

MCA and Women's Desire

Men's desire and fertility are linear and women's are cyclical and vary through the inner seasons (Severn, 2021). Each woman's sexual desire is unique. Some have heightened libido only around ovulation, and for others libido is steady

throughout the cycle (Hill, 2019). Women's sexuality is also more responsive than spontaneous, meaning we respond to erotic cues (Nagoski, 2015). Severn (2021) encourages women to think about what we would have sexually, if our desires could be fully met. This takes work, as many women, particularly mothers, feel depleted. However, Severn (2021) asks: "If we do not know who we are, what we want, or what we would like to initiate sexually, how can our partners ever have a chance of meeting us ...?" (p.258, emphasis in original). MCA can deepen a connection with our sexual desire and connect with sexuality on our own terms (Severn, 2021). This increases the chances of our desire being met, increasing overall happiness and relationship satisfaction.

Sexuality Mendala

A blank mendala is useful for exploring unknown desires and needs in the same way we can track other patterns. This increases sexual self-awareness and agency, and may facilitate better communication in relationships around intimacy needs. This is important, as research shows that women's sexual satisfaction correlates with the ability to explore relational needs (Byers, 2008). Severn (2021) suggests that our sexual desires align with the energies of the inner seasons, reflecting a dynamic feminine sexuality. In this model, at preovulation and ovulation we sexually orient more to others, and at premenstruation and menstruation we sexually orient more to the self. Severn (2021) describes the changing desires that may arise throughout the cycle. At preovulation we may embody a desire that says, "I want to be turned on by being respected". At ovulation this may transform to, "I want to make love all day and all night". At premenstruation our desire may express, "I want to be held all night without any pressure for sex". At menstruation we may feel, "I want to be loved by being left alone" (Severn, 2021, p.248). This model reflects there are various ways to be intimate and sexually satisfied.

Sex and Therapy

Sexuality and intimacy is talked about more openly in psychotherapy than in other conversational spaces (McWilliams, 2004). Therapeutic work also often leads to clients increasing their capacity for emotional intimacy, and in turn, desiring more sexual intimacy (McWilliams, 2004). Negotiating our needs for closeness and distance is a common intimacy conflict (McWilliams, 2004). If enhancing sexuality or intimacy is an aim of the therapy, exploring this with a mendala may be particularly useful. MCA also offers context for understanding a client's changing sexual desires arising in therapy (Kolod, 2010). I now discuss trauma, which can rob women of enjoying this heightened energy of the cycle.

The Menstrual Cycle and Trauma

For some women, trauma is embedded in the menstrual cycle. To highlight the prevalence of trauma, statistics from 2021 reflect that one in five children experienced childhood sexual abuse and almost five thousand were seriously assaulted in Aotearoa New Zealand (Child Matters, n.d.). Barker-Smith (2020) links her own PMDD to many historical traumas. These include early sexual relationships, disordered eating, body dysmorphia, pregnancies, termination, miscarriage, traumatic births, and postnatal depression. Her trauma did not just exacerbate her PMDD symptoms, it was “deeply embodied within (her) reproductive system” (p.4). This aligns with how body psychotherapy understands trauma – it is held within the nervous system and impacts all levels of functioning (Totton, 2003). Northrup (2020) claims working with underlying trauma can ease menstrual symptoms. She discusses a client with chronic anovulation that caused further menstrual cycle difficulties¹³. The client unearthed memories of childhood sexual abuse, and after some therapeutic work around this, her menstrual cycle eventually became regular.

¹³ Anovulation is “failure to ovulate” (Northrup, 2020, p.179). It is normal to have some anovulatory cycles, but this case reflects chronic anovulation.

The majority of women struggle coming into premenstruation and menstruation. However, women with childhood abuse or neglect may instead associate the increasing energy of preovulation and ovulation with fear and anxiety. These women frequently constricted their energy to survive as children (Pope & Wurlitzer, 2017). Body psychotherapists explain this as the formation of muscular “armour”, which becomes habitual (Totton, 2003, p.72) – thus rising energy is hard to tolerate. Empirical research confirms this, showing that PTSD related anxiety and phobias are higher during menstruation and preovulation (Nillni et al, 2015). For clients with sexual abuse histories, the rising sexual energy of ovulation may be associated with danger rather than power, resulting in an energetic retraction and shutting down. As these women have experienced a distortion of power through abuse, coming into their own sexual power may feel disturbing (Pope & Wurlitzer, 2017). Psychotherapy can support clients to be aware of and manage their embodied response to energy changes through the cycle (Pope & Wurlitzer, 2017). Awareness of these dynamics also supports psychotherapists’ understanding of client presentations and may lead to more appropriate interventions. Without MCA we risk misinterpreting our clients’ experience and cyclic mood changes may be seen as evidence of psychopathology (Kolod, 2010).

The Therapist’s Role

I now discuss the therapist working with the menstrual cycle.

Female Therapists

Knowing Ourselves. If conscious menstruality is beneficial for clients to deepen self-awareness, the same is true for psychotherapists. Severn (2005) argues that if we never acquaint ourselves with menstruality, we cannot invite our clients to do so. We should at least consider our menstrual narratives (Barker-Smith, 2020) and attend to our personal beliefs about the cycle (Hutchison, 2019). We may also consider the interaction of our own menstrual cycle with our clinical work. Some

authors argue that PMS facilitates a deepening presence with client needs (Barker-Smith, 2020; Hutchison, 2019). This aligns with the premise that identifying with our clients facilitates relational empathy (McWilliams, 2004). I explore use of the cycle around countertransference below.

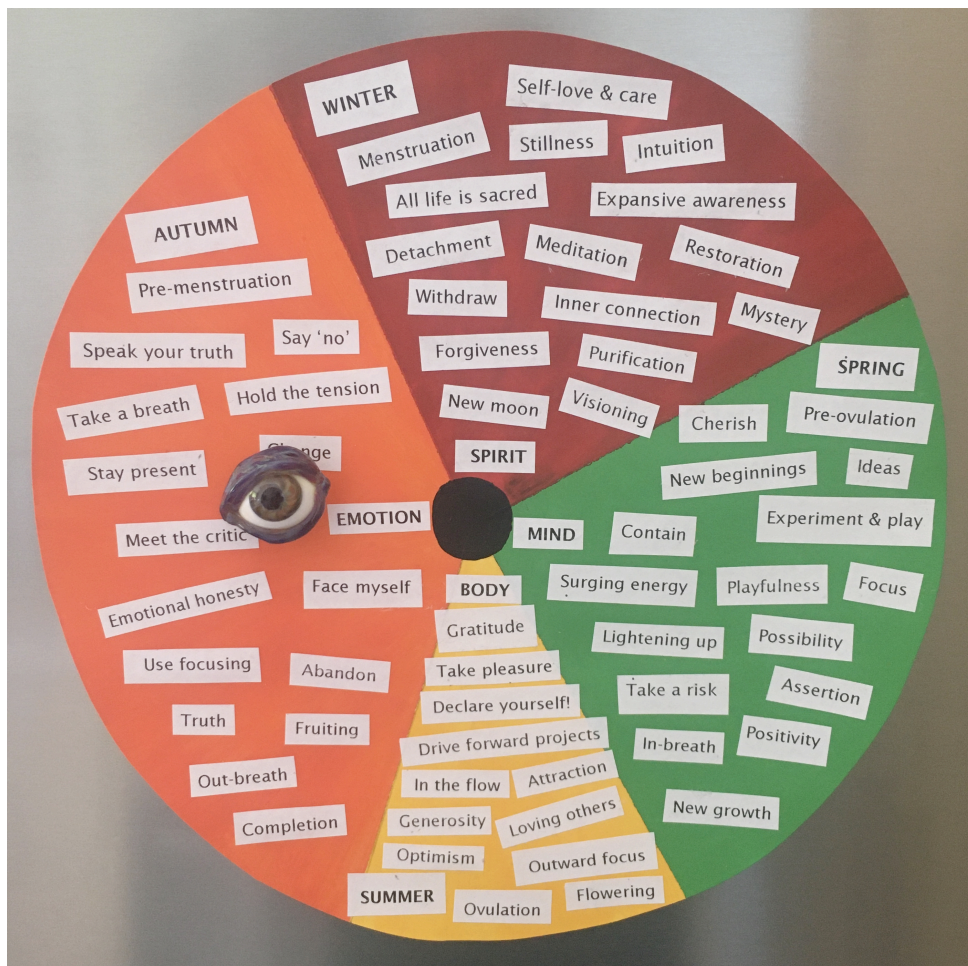
As Role Models. Menstruating therapists may consider modeling self-care. Maisie Hill (2019) is a menstrual health expert and tells clients she does not work when her period is due. If psychotherapists also implemented this, we may role model “radical self-care”(Pope & Wurlitzer, 2017, p.96), but our clients may also feel abandoned. Psychotherapists also have to consider if we can financially prioritise our menstrual wellbeing and whether employers would support this. Menstrual leave is topical in mainstream media (Francis, 2022; Haupt, 2022) and the first New Zealand business recently offered 12 days paid annual leave for menstrual or menopausal symptoms (The Project, 2022). Earlier feminist movements saw women denying their menstrual needs to prove they were as efficient and productive as men (Delaney, Lupton & Toth, 1976). While we seem to be overcoming this, it is also possible that female therapists taking menstrual leave may raise concerns about a lack of client care.

Declaring Our Menstrual Status. Some women have a menstrual wheel visible in their workspace so colleagues know what phase of the cycle they are in. This provides context for whether the person feels productive and engaging or desires relational space (Pope & Wurlitzer, 2017). If we work with other health professionals, declaring our menstrual status could initiate menstrual cycle dialogue. A menstrual wheel for psychoeducation could also be a useful therapeutic tool. I have made my own wheel for the fridge to remind me of the phases and associated energies (see Figure 12). Using this alongside MCA also helps plan family life around the cycle (Pope & Wurlitzer, 2017). Such a tool could likewise declare our menstrual status to clients. However, this would need careful clinical

consideration. It may interrupt therapeutic process, particularly if we do not implement our need for rest with menstrual leave as discussed above.

Figure 12

Menstrual Cycle Wheel



Note. Personal menstrual cycle wheel. Own work. As it reflects my own cycle, there is a short summer and long autumn. The eye magnet marks the season I am in.

Menstruality and Countertransference. Relational theory views therapeutic experience as a combination of the client's subjectivity *and* the therapist's (Shadbolt, 2012). Therefore, just as MCA offers context for a client's presentation, it may also offer context for our countertransference. If therapists with menstrual cycles observed our feelings about clients throughout the phases of our own cycles,

useful material might emerge. Using a mendala is helpful in relational dynamics that feel stuck or difficult (Severn, 2021). Mapping countertransference as cyclical may provide psychotherapists with a multifaceted picture of the client as experienced through our cycle, bringing clarity to our interpretation of the unique relational dynamic. Alongside supervision, using a mendala to observe countertransference may also provide additional holding for therapists.

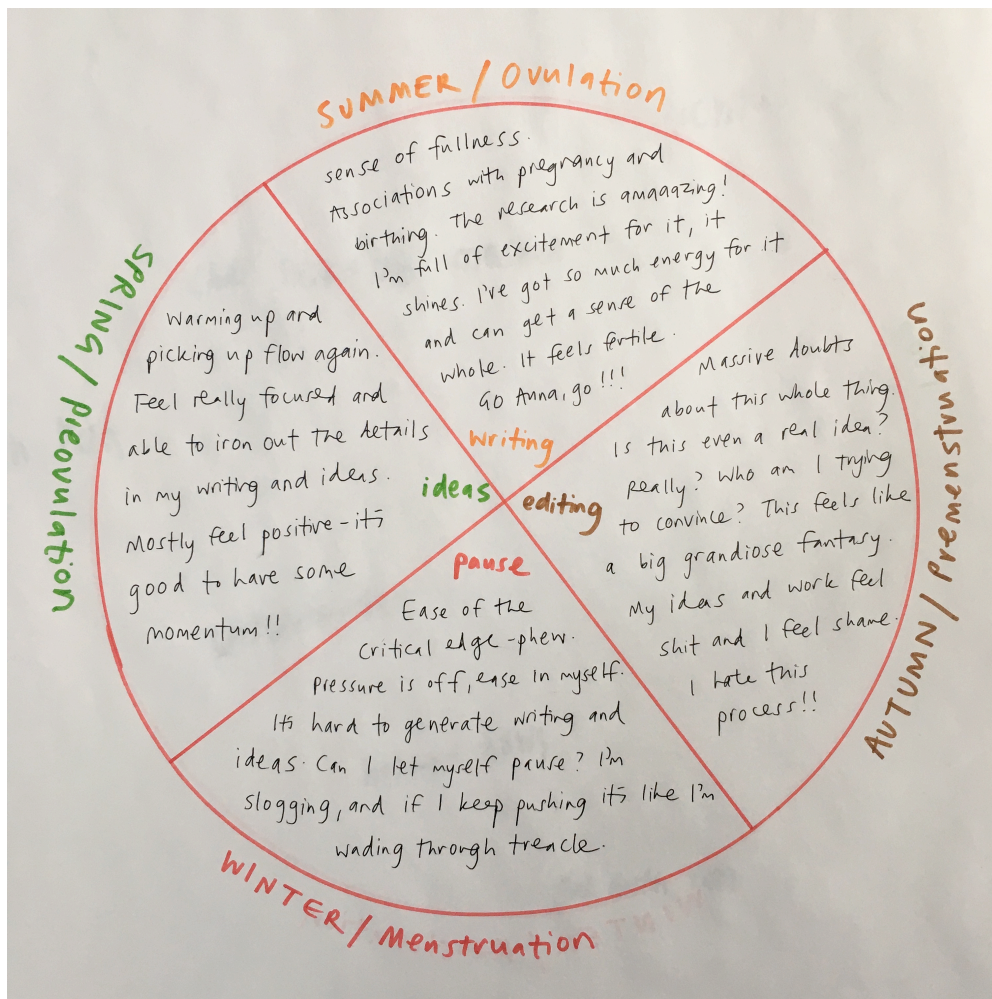
Research Mendala. I could not explore this potential, however I used a mendala to explore my relationship with the research process. Reflecting on this process helped me draw on my changing strengths. For instance, my spring was a time of focus and picking up flow. In summer I felt expansion and excitement about the work and directed my libidinal energy into my writing. In autumn I met intense doubt and self-criticism. Because I was so critical of my work, this was an ideal time to edit. During winter it was difficult to be generative in my writing, which I now realise as my need to pause. Typically, I often pushed against that and then felt conflicted as I worked against my capacity.

In my fertile phase, the work also felt fertile, reflecting the connection between fertility and creativity (Pope & Wurlitzer, 2017). I sometimes woke in the night wanting to work, which I saw as a symbolic birthing of the research – just as babies are often born in darkness. Like birthing, this process in the depths of the hermeneutic circle was uncomfortable, but I had offered myself as a conduit for the research and had to get the interpretations out. At times I felt this was an impossible task, which I likened to the “transition” phase during birthing (Gaskin, 2002, p.342). At this time a woman reaches full cervical dilation, which may accompany a feeling she is unable to birth the baby. I also felt this during my psychotherapy training, leading me to question if metaphorical birthing processes happen throughout life when we are engaged and meet our growth. This reflects the lived experience of natural feminine cycles as experienced within MCA.

Cyclic awareness facilitated reassurance in moments I felt stuck and hopeless, as I could contextualise those feelings and know they would shift (see Figure 13). It also gave me an embodied experience of the seasons, deepening my understanding of them. Importantly, sickness and lack of sleep overrode this process, and it was difficult to connect with my cycle when other needs felt more immediate. This suggests that for clients with extreme stress, dealing with stressors may be a priority before using MCA.

Figure 13

Research Process Mendala



Note. Mendala exploring my relationship with the research. Own work.

Male Therapists

The therapist's gender is a crucial factor on whether menstrual conversations take place. Hutchison's (2019) research shows that male therapists are concerned they lack experience working with menstrual cycle issues. They are also anxious that clients will not be comfortable working with the topic. Other barriers include discomfort with menstrual cycle language and confusion about one's scope of practice. The literature says little else about cisgender men working with the menstrual cycle. If Severn (2021) is correct about needing to live our own menstruality first, the level of depth a client can go with a male therapist may be limited. However, when significant others are educated and aware of menstrual cycle changes, troubling symptoms decrease (ali Morowatisharifabad et al., 2014). Therefore, men have a supportive role to play. For partners, this could include encouraging rest or taking on more household duties around premenstruation and menstruation. Supportive partners can get acquainted with the woman's cycle and use it to contain the relationship by planning life around it. Slowing down together as menstruation approaches is also recommended (Pope & Wurlitzer, 2017). With this, menstrual cycle experience reaches beyond menstruating women. I conclude my findings with an exploration of menstruality and ecology.

Menstruality and Ecology

At its roots, conscious menstruality deeply aligns us with our natural world. It consolidates that this planet and its rhythms are our home. As Sarton (1993) describes, women are "part of it's turning" (p.32). Our mental health is also influenced by our connection with nature (Robbins, 2020; Weir, 2020). Climate anxiety is increasingly present in therapeutic space (Barry, 2022; Whitcomb, 2021) and psychotherapy has a role to play. Facilitating an honest connection with our internal world and those of our clients around climate realities could lead us to take action rather than avoiding such realities (Hickman, 2019).

The wider cultural disavowal of the menstrual cycle parallels our relationship with the natural world. Technology has enabled us to ignore Earth's natural rhythms and overcome nature, and the same has happened with the menstrual cycle, particularly in work culture (Pope & Wurlitzer, 2017). The industrial revolution and introduction of machinery overrode the practice of working to an inner rhythm, as we adapted ourselves to work like machines (Owen, 1993). However, just as an overworked field becomes bare, dry, and depleted, if we ignore our own cyclic existence, we erode our own vitality (Pope & Wurlitzer, 2017). The seasonal changes in nature and within the menstrual cycle are necessary. Each part is essential and brings balance to the whole (Severn, 2021).

Conscious menstruality offers a restoration of our "inner ecology" (Pope & Wurlitzer, 2017, p.157), which parallels what we desperately need for our natural world. It also offers us a sense of belonging when we see ourselves mirrored in nature (Severn, 2021). During the research I have been attentive to the seasonal changes on my bush walks. I moved from Auckland to Dunedin, so these changes have been stark. The autumn leaves and quieting of birdsong mirrors my own need to slow down at premenstruation. The coldness and stillness of winter is palpable and my body cannot function as it does in other seasons. The only place to go is within. Severn's (2021) concept of the femenome invites us to imagine that living in alignment internally could support our outer world to heal. I share in this vision.

Summary

The findings of this research have been twofold. Chapter Three explored MCA and its general applicability to psychotherapy. Chapter Four has considered specific areas of MCA in relationship to lived experience. These include menarche, sexuality, trauma and the therapist's role in menstrual cycle work. I conclude with our relationship with nature, which is anchored in us through the menstrual cycle. In the following chapter I discuss these findings.

we need a god who bleeds now
a god whose wounds are not
some small male vengeance
some pitiful concession to humility
a desert swept with dryin marrow in honor of the lord

we need a god who bleeds
spreads her lunar vulva & showers us in shades of scarlet
thick & warm like the breath of her
our mothers tearing to let us in
this place breaks open
like our mothers bleeding
the planet is heaving mourning our ignorance
the moon tugs the seas
to hold her/ to hold her
embrace swelling hills/ i am
not wounded i am bleeding to life

we need a god who bleeds now
whose wounds are not the end of anything

Shange (2017)

Chapter Five: Discussion

This dissertation has explored the menstrual cycle in therapeutic space by asking: *What is the relevance of MCA for psychotherapy?* This question emerged from my natural fertility background and long held intuition that the menstrual cycle is sacred and valuable for women's mental, emotional, spiritual and physical wellbeing. I now discuss the implication of the findings for psychotherapy. I also explore strengths and limitations and conclude with some thoughts about future research.

Summary of Findings

The Cycle as Problematic

The idea that the menstrual cycle is sacred is not new (Owen, 1993). However, it is overwhelmingly stigmatised as messy and unpredictable by patriarchal culture (Kerkham, 2003), media (Roberts & Waters, 2004) and the marketing of menstrual hygiene products (Kissling, 2006). The cycle has also been pathologised within medical discourse as something needing medical control (Kerkham, 2003; Koskenniemi, 2022; Ussher, 2006). Even early feminists disparage menstrual processes: Simone de Beauvoir (1949/1997) argues being in a female body is a "primitive misery" (p.380) and Germaine Greer (1970/2008) states we would not menstruate if we had the choice. This is symptomatic of a "menstruality-denying culture" that is internalised by women (Severn, 2005, p.23). As such, the menstrual cycle has the potential to trigger shame and cause us to resist our own embodied cyclicity (Severn, 2021).

How Psychotherapy Fails Menstruating Women

Given this context and its psychic impact, women who menstruate will consciously or unconsciously bear the impacts of that shame and denial. In psychotherapy and allied mental health practice there has been little attention paid to these field conditions. So, when women of menstruating age present to

psychotherapy, it fails them in its inability to work with the menstrual cycle and its personal and social implications. This must be addressed to better support women in therapy (Kerkham, 2013; Kolod, 2010). Ntozake Shange's (2017) words, "we need a god who bleeds now" (p.3), are relevant for psychotherapy. Because of our phallogocentric origins (Chapter One, p.8), it is necessary to look outside the discipline to address this significant gap.

Conscious Menstruality

This research finds parallels between psychotherapeutic process and conscious menstruality, illuminating why the latter is referred to as "a means of personal therapy" (Pope & Wurlitzer, 2017, p.54). Both provide a therapeutic holding to facilitate deep enquiry of unconscious process, and both aim to increase agency and integrate disavowed parts of the self. In conscious menstruality, these disavowed parts reflect internalised resistances to menstrual cycle experience and femininity, as it is constrained by phallogocentric discourses (Pope & Wurlitzer, 2017; Severn, 2021). Psychotherapy and conscious menstruality are both iterative and reflective processes, where session-to-session or cycle-to-cycle, we listen, reflect and make meaning from our experience. In this sense both are hermeneutic processes of listening to what comes forth (Gadamer, 1976/2008, Introduction). This supports new interpretations and self-narratives to develop.

The Cycle and Trauma

Psychotherapy works with the premise that trauma is embodied and impacts our physiology (Totton, 2003). This research finds that trauma also resides in the menstrual cycle, contributing to PMDD (Barker-Smith, 2020) and menstrual irregularities (Northrup, 2020). Trauma also impacts how clients experience moving through the inner seasons. Ovulation is associated with rising sexual energy and power, which may feel threatening for clients with sexual abuse histories. These clients may shut down or feel internally chaotic as they enter inner spring and

summer (Pope & Wurlitzer, 2017). Without MCA women can feel lost in their cycles, particularly women with trauma (Barker-Smith, 2020). MCA empowers women to understand their menstrual phenomenology, provides context for client presentations in therapy and helps direct appropriate interventions.

Feminine Development and Sexuality

All women develop a menstrual narrative, and menarche is a defining factor. Menarche has the potential to be ritually celebrated, but often marks the beginning of an internalised denigration of femininity (Kerkham, 2003). Psychotherapy can support women at any life stage to work through the impacts of living in a culture that disaffirms natural feminine processes. Like cyclic experience, women's sexuality is also dismissed and unrealised (Severn, 2021). MCA can help menstruating clients connect with sexual desire as it changes through the inner seasons. This helps each woman tap into hidden desires and develop sexuality on her own terms (Severn, 2021). Identifying relational needs and desires may improve communication in relationships, thereby improving relationship satisfaction.

The Therapist and MCA

MCA is an empowerment tool that deepens a relationship with self for therapists and clients alike. Therapists with menstrual cycles are encouraged to consider our own menstrual narratives and associations with the cycle. We can consider whether we disclose our menstrual status to colleagues or clients as a way to welcome menstrual cycle conversations and model self-care. We can also draw on menstruality to work with countertransference by using a mendala. This may reflect our changing feelings about clients throughout our own cycles. Research shows male therapists feel tentative about raising the topic of the menstrual cycle with female clients in therapy (Hutchison, 2019). However, males can be supportive allies (Pope & Wurlitzer, 2019), which suggests it is helpful for clients if male therapists are open and educated about MCA.

Embodiment

MCA supports women to stop surrendering parts of feminine experience to fit into the gendered roles of patriarchal society (Stubbs & Costos, 2004). This may increase our clients' positive identification with their embodied experience. As every woman's menstrual cycle experience is distinctive, attuning to it supports a process of individuation, as we come to listen to and trust our own embodiment processes. Therefore, MCA teaches us "to think for (ourselves) and be (ourselves)" (Pope & Wurlitzer, 2017, p.230). As such, conscious menstruality aligns with feminist spiritualities in psychotherapy. Feminist spiritualities are defined by a shift from the patriarchal roots of talk therapy towards a "return to the body" and "a liberation of the repression of the feminine" (Ray & Moodley, 2006, p.228).

Implications for Practice

There is a wide spectrum of possibility for clinical work with the menstrual cycle in psychotherapy. At one end, basic MCA encourages that we think about the cycle and our associations with it, and invite it into clinical space. Clients can then be encouraged to explore their own unique lived experience of the menstrual cycle. This research offers some tools to do this, using menstrual cycle dials or wheels and mandalas. Therapists can draw on particular phases of the cycle as "a biological reminder to slow down and rest" (Hutchison, 2019, p.90). Therapists can also intentionally create space for clients to feel emotions that are repressed at other times of the cycle (Hutchison, 2019). Asking clients about menstrual cycle experience gives space to repressed narratives (Fahs, 2016). Raising the topic alone may be a subversive act, depending on the therapist and the client and their gender identities. At the other end of the spectrum, clients may be aware of their cycle and desire to do deep work with it. As psychotherapists we need to know our own menstruality before facilitating this work with clients (Severn, 2005).

Application for different character styles may develop alongside MCA. My direct experience finds embodied reminders to rest are useful for compulsive traits, and the facilitation of a relationship with self through MCA is helpful for symbiotic traits. This research does not argue therapists should be directive with MCA in client work. However, the societal landscape is changing. Menstrual cycle literature is surging in popular culture and menstrual discourses are evolving (Koskenniemi, 2022). With this, it is likely some clients will desire to work therapeutically with their menstrual cycle. Psychotherapists should be available to support clients rather than collude with the already present cultural resistances. We have a responsibility to evolve and grow as new research and knowledge emerges as professional development maintains integrity in our work (NZAP, 2018).

MCA as Eco-paradigm

Acknowledging the climate emergency we face, I further explore the link between menstruality and ecological awareness.

MCA and Eco-therapy

Women's bodies are aligned with nature (Walker, 1997). As colonial attitudes have treated nature as "a force to be tamed", in the service of colonial ambitions and with similar aims, women's bodies have also been subject to control (Owen, 1993, p.26). This research finds women are inextricably connected to nature, as the fememome links us to Earth's natural cycles. Menstruality reframes this as a gift. Rather than an essentialising strategy, for which this conflation has sometimes been attributed, it becomes a source of empowerment for us to reclaim.

Field theory and eco-therapy acknowledge the biosphere is part of our field and we are relationally linked (Russell, 2009). With tangible recognition of this connection through menstruality, it is possible that women are, and always have been, attuning to Earth through the menstrual cycle. Macy (2000) argues a "Great Turning" is happening as our way of life is not sustainable and we must change.

Therefore, if the Earth is communicating with us through the cycle we must listen. Psychotherapy could foster this in its recognition and support of the menstrual cycle as an important link to the various cycles in our natural systems.

Fostering interdependence with the natural world is a core guiding principle of NZAP (2018). Russell (2009) claims we all have an innate ecological wisdom and as psychotherapists we should encourage embodied awareness of this in our clients. She also suggests we “model an eco-paradigm” and help clients develop a connection with the Earth through lived experience (p.55). Nurturing a felt sense of this relationship may lead to better conservation efforts. Menstruality is a form of eco-paradigm that demonstrates connection and sustainability. As such, it is a suitable model to draw on with menstruating clients.

MCA and Indigenous Horizons

We can learn from indigenous cultures around living ecologically, as indigenous worldviews understand that people are inseparable from the natural world (Russell, 2009). This research draws on Western literature and is written from a Pākeha horizon of understanding. However, the theorising of Pope and Wurlitzer (2017) draws on indigenous teachings alongside lived experience. The idea of circularity is familiar to indigenous peoples (Wilson, 2008). Within te ao Māori, te maramataka (a circular lunar calendar) is “a Māori system of observing the relationships between signs, rhythms, and cycles in the environment” (Warbrick et al., 2023, p.1). Attuning to and living by the Earth’s rhythms is a practice shared by te maramataka and conscious menstruality, as menstruality attunes to the inner rhythms that represent the outer. An orientation to non-linear time is also shared. Western society is built on linear time, but circular time is more compatible with cyclic living. This is defined as “waiting for the right moment (or) the conditions that are most opportune for what is needed to happen” (Severn, 2021, p.225). Te ao Māori similarly orients to “event time”, or “time around the natural flow of events”

(Lo & Houkamau 2021, p.108). Through decolonising efforts, te maramataka is becoming more visible and ritualised. In 2022 a public holiday was appointed for matariki, the first day of te maramataka (New Zealand Parliament, 2022). It may be more than coincidental that decolonising efforts, indigenous wisdom and MCA are resurging synchronously; including Ngāhuia Murphy's (2013, 2016) work around pre-colonial understandings of menstruation. Under the pressure of the climate emergency, there is a discernable shift in our collective consciousness pulling us to live more aligned with our planet. The argument that we all have innate ecological wisdom is hopeful (Russell, 2009). But it needs support to call it back into being.

Evaluating the research

A New Horizon

This research explores a topic that has had little focus in literature. A hermeneutic methodology allowed different horizons to come together – from academic literature, menstruality literature, and my own as the interpreter. This has supported the arising of a new subject area within psychotherapy. This gives importance to the findings as they address an identified knowledge gap. This potential for impact in the field is a strength of this research (Yardley, 2008).

Ethical Strengths

This research ethically aligns with principles of social justice (NZAP, 2018). In community psychology these are named as “giving voice” and “empowerment” (Barker & Pistrang, 2005, p.205). This research gives voice by striving to make a taboo subject visible and addressing the oppression of women’s bodily experience. Giving voice facilitates empowerment, and empowerment supports autonomy, which are important functions of MCA. Facilitating autonomy in our clients is also a core ethic of NZAP (2018), which this research hopes to encourage.

Quality Criteria

Researcher reflexivity is important across qualitative methodologies (O'Brien et al., 2014). I have been explicit about my biases driving the research, seeing them as a valuable resource. Academic supervision has been essential for auditing the research (Barker & Pistrang, 2005). Supervision and close support of a colleague has also facilitated my exploration process and hermeneutic circling. To some extent these relationships facilitate a triangulation process around the ideas constructed in my findings (Yardley, 2008). Along with my reading, note taking and reflection, supervision and collegiality have also supported my reflexivity.

Limitations

Chessick (1990) questions how we know we have found a truth in hermeneutic research. I have drawn on literature that supports my intention and backs up my prejudices. The literature has also resonated with me as a felt experience. 'Truth' has been associated with an inner sensation of expansion and flow, which I align with possibility and direction. However, this research is interpretive, therefore arguments made are constructed and as such, tentative. Further, the hermeneutic circle does not have a definitive end (Annells, 1996) and the point of saturation is subjective. The findings are also limited by a deadline. The true validity of this research will be evident in clinical work, and whether it resonates with the lived experience of psychotherapy clients (Mook, 1991).

Exclusions

Menstrual Irregularities. This research does not address irregular or absent cycles. The menstrual cycle is a complex hormonal dance that is impacted by poor diet, lifestyle and stress. Northrup (2020) critiques psychotherapy for not attending to the biochemical factors that may contribute to menstrual irregularities. Briden (2018), Hill (2019) and Northrup (2020) are helpful resources for these issues. Redland (2020) offers a contemporary psychoanalytic perspective of amenorrhea.

Menopause. In menstruality, the menstrual cycle years are seen as an apprenticeship for menopause (Severn, 2021). Although menopause and mature life are life stages of menstruality, they are beyond the scope of this dissertation. However, there is development in this area, as authors likewise reclaim, reframe and feminise menopause experience (Hill, 2021; Pope & Wurlitzer; 2022). Severn also facilitates menopause workshops in Aotearoa (<http://www.lunahouse.co.nz>).

Contraception. This research does not address the widespread use of hormonal contraception, which overrides the menstrual cycle. In contrast to drugs that act as “pseudo-hormones”, our ovarian hormones are essential for our wellbeing, (Briden, 2018, p.24). Women taking the contraceptive pill do not experience the core physiological processes of the menstrual cycle (Briden, 2018). As such, a period on birth control is a drug withdrawal rather than a menstrual bleed (Pope & Wurlitzer, 2017). Hormonal contraception is associated with increased risk of depression, anxiety, loss of libido and other health problems (Briden, 2018). Its use is normalised in Western society, perpetuating discourse about the cycle needing control and containment (Green-Cole, 2020). It also burdens heterosexual women with the sole responsibility for contraception and strips us of the full capacity of our sexual energy. While for some clients hormonal contraception may be the best option for their circumstances, such clients cannot engage in MCA. Therefore, this research does not apply. As therapists cannot assume clients have menstrual cycles, we should ask about contraceptive use.

Future Research

The new horizon created by this research provides a foundation for additional work in the field. Empirical research is a logical next step, which would allow the ideas presented to be tested. This could involve interviews with therapists and/or clients using MCA in therapy, then analysed through a grounded theory method. Grounded theory is a flexible methodology that is useful for new subject

areas, as it allows ideas to develop directly from the data (Charmaz, 2008). As clinical work develops, further work around trauma and working with different character styles will be valuable. Application of MCA for transgender clients will also benefit from consideration, as discourses of gender and identity develop.

Conclusion

In conclusion, this research finds MCA is a highly relevant and untapped resource for psychotherapy. It has the potential to act as a site for feminism, environmental activism, and feminist spirituality. I end with a note on integrity, which is an important guiding principle for psychotherapists (NZAP, 2018). While I cannot convince the reader of the integrity of this research beyond my descriptions of the hermeneutic process, I would like to convey the depth of feeling I have had for it. Sometimes while reading and reflecting I was overcome with emotion I could not find words for. I imagined I could feel the grief of women for centuries before me. Sometimes I wept. The research has been a privilege and has changed me, as Wilson (2008) argues it should. I find affirmation in embracing an authentic and embodied femininity that is not prescribed by the patriarchy, thereby locating myself as a woman. In the honouring of circles, I return where I began – with Marya Stark (2018). May this research speak to “the stories of my mother’s mother, daughter’s daughter, sister’s sister, through red rivers, we are one”.

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Appendix

List of Literature Used for Review

- *Menstruation – the gap in the text?*
Patricia Kerkham (2003)
Psychoanalyst, UK
- *Menstruality. The great feminine gestalt*
Jane Catherine Severn (2005)
Psychotherapist & Menstruality Facilitator, NZ
- *The menstrual cycle as a subject of psychoanalytic inquiry*
Susan Kolod (2010)
Psychoanalyst, USA
- *What it means to bleed: An exploration of young women’s experiences of menarche and menstruation*
Kate Donmall (2013)
Psychoanalyst, UK
- *Out for blood: Essays on menstruation and resistance*
Breanne Fahs (2016)
Clinical Psychologist, USA
- *Wild power: Discover the magic of your menstrual cycle and awaken the path to feminine power*
Alexandra Pope & Sjanie Hugo Wurlitzer (2017)
Psychotherapists & Red School Founders, UK
- *How psychodynamic psychotherapists address premenstrual distress*
Christina Hutchison (2019)
Clinical Psychologist, USA
- *Period power: Harness your hormones and get your cycle working for you*
Maisie Hill (2019)
Menstrual Health Expert, UK
- *Navigating the menstrual landscapes: From the darkness to the light*
Hayley Barker-Smith (2020)
Counsellor, UK
- *Women’s bodies, women’s wisdom: The complete guide to women’s health and wellbeing*
Christiane Northrup (2020)
Medical Doctor, USA
- *The world within women: The femenome guide to your menstrual cycle*
Jane Catherine Severn (2021)
Psychotherapist & Menstruality Educator, NZ