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Title: An unconscious alchemy of the womb: How (Muslim) women’s experiences and feelings regarding menstruation and birth affect their attachment relationship with their child.

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Abstract

The topic of study is concerned with exploring Muslim women’s’ experiences and feelings of menstruation and birth and how they perceive this affects their attachment to their child. The objectives of which included giving a voice to Muslim women, providing a space where taboo issues could be discussed and discourse could be facilitated. This thesis explores how the realities of Muslim women’s experiences are shaped by social, psychological, cultural, political, religious/spiritual and patriarchal constructions. The underpinning research philosophy is one of Critical theory, peppered with feminist ontology. The findings are based on semi structured in depth interviews with two Muslim women and presented as two cases. This is a small scale sample aware of its limitations and lack of generalisability.

The findings are presented in a descriptive framework utilising the initial stages of Interpretative Phenomenological Analysis (IPA) in order to capture the essential themes arising from the accounts of the participants. The main emergent themes are summarised as: the need for a voice and to be heard, disconnected, unsupported relationships and lack of autonomy, secrecy, birth trauma, grief and loss, anxiety for children or future family, the role of culture and religion, judgement and expectations from others and self. The potency of ‘self’ and ‘others’ as over arching superordinate themes were quite striking in both cases. The superordinate themes of ‘self’ and ‘other’ evolved from the split between the needs of the participants and expectations of others. The discussion elaborates on these findings in relation to the literature review.

Further research needs to be conducted in order to determine the wider phenomenon. For change to take effect, it is increasingly important to create a platform for discussion and education on menstruation and birth with an understanding of socio-cultural, psychological, religious and intergenerational dynamics.
Declaration of Originality

‘I hereby declare that the sources of which I have availed myself have been stated in the body of this thesis and in the bibliography and that the rest of the work is my own. This thesis does not exceed 20,000 words in length’

Signature….. Aaliyah Shaikh
Acknowledgements

This is dedicated to my mothers, grandmothers, aunts, Muslim women and all women who have suffered, struggled and strived despite the oppression, suppression and depression of their circumstances, patriarchal control of societies and lack of (and barriers to) opportunities for education and fulfilment of their basic needs and creativity. May the world be healed one attachment at a time and may there be a new found deep respect for the womb, where life originates.

I would like to express my sincere gratitude and appreciation first and foremost to Allah (God) for giving me life and helping me to break the mould, for education especially where no female in my ancestral history had the opportunity to study before my generation, for the ability to reflect and consciousness.

My deepest gratitude and appreciation for support go to my loved ones, my pillars of support- you know who you are!

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CHAPTER 1: Context

1.0 Introduction

This thesis aims to explore the context of Muslim women’s experiences and feelings around menstruation and birthing and, if at all, they feel this affects their attachment to their child. The underpinning research philosophy is one of Critical theory, peppered with feminist ontology. This thesis is interested in exploring how the realities of women’s experiences are shaped by social, psychological, cultural, political, religious/spiritual and patriarchal constructions. This will be undertaken utilising Interpretative Phenomenological Analysis. This approach will thus impact and determine the scope of material reviewed. I would like to retain the focus in the following words throughout the research:

“To liberate human beings from the circumstances that enslave them" (Horkheimer, 1937, p.242 in McKernan, 2013 p.425).

1.1 Motivation for the Research

My interest in this area is multifaceted bringing together both my interest in affect regulation in the mother-infant dyad, as well as my decade long personal enquiry into the Islamic faith, Muslim culture and issues impacting Muslim women. My experiences working as a Muslim Chaplain for six years for the National Health Service in predominantly neonatal and labour wards exposed me to the incredible life journeys of women and babies at critical junctures, at times between life and death, who shared with me their feelings, experiences, pain, suffering and questions. These encounters became a major driver for my curiosity of Muslim women’s experiences and birth trauma. I wonder about the origins of human life and the interplay with mothers’ experiences as being patriarchally influenced.

I am interested in the concept of the Womb (Rahm- in Arabic) particularly through the Islamic notion of Rahmah (one word which encompasses meanings of Grace, tender loving, compassion, attentiveness) and it being a place where creation and nurture take place. I counsel Muslim women and children who have experienced mistreatment, abuse, neglect, manipulation and cultural behaviour misappropriated as Islam and misuse of Islamic/Muslim
culture which clearly do not match with the potential empowerment of the Womb - Rahm and its derivative meanings in the Arabic/Islamic traditions. I wonder if this knowledge can be used as an empowering tool. This may or may not be discovered through the interview process.

1.2 Research Aims

1. To create a space for discussion of an otherwise a taboo subject within the community in the hope that it will provide a voice to otherwise veiled and muted experiences.

2. To highlight the social, psychological, cultural, faith based and gender dynamics influencing Muslim women’s’ perceptions of menstruation and birth.

3. To facilitate discourse on the subject and potentially contribute to making a difference in how some Muslim women perceive their relationships to themselves and their children.

I am centring this thesis on the psycho-spiritual and social aspect of women’s perceptions of how attitudes to menstruation and pregnancy potentially affect their experiences of attachment to their child.

1.3 Key themes in literature

Key themes were identified in the literature, which are reviewed in chapter two. These were broadly speaking:

- Definitions
- Medicalisation of menstruation and birth
- Patriarchy and Gender dynamics: Eastern and Western patriarchal constructions of the womb
- Psycho-spiritual: Menstruation, Myths and Taboos
- The role of Language; interpretation and meanings of scriptural texts on menstruation
- Neurobiology of infant-mother dyad
1.4 The Research Question

The research question is a statement that identifies the phenomenon under study. Thus the research question for this thesis is:

How Muslim women’s experiences and feelings regarding menstruation and birth affect their perception of their attachment relationship with their child.

1.5 Reflexivity

In each chapter there will be a section of a brief reflexive account narrated in the first person of the process and any dilemmas or thoughts. The influence on the idea of using reflexivity comes from both critical theory and the interpretivist nature of the methodological approach chosen for this thesis and also is very much influenced by the inherent principles of the masters course for which this thesis is a part of.

In the first instance my challenge has been considering whether to use the word Muslim in the main title of the thesis. It is Muslim women’s experiences that are going to be researched after all. However, the subject area is broad; it is in fact exploring the potential relationship between menstruation, birth and attachment from a female perspective. I am aware that most thesis or journal articles do not generally state the faith group of the people they are researching unless it is a minority group. Although, one could argue that being a Muslim is key to my study and will of course impact my approach. I have not seen a mainstream piece of research that states the faith or religion of the indigenous people either authors or those participating in the research, in the main title. This became a dilemma for me. I wondered if I was a White English woman would I even need to state this and how would it be if I was in a Muslim majority country; would it need to be stated was the question I mulled over. I am hope to facilitate a meaningful space for Muslim women to have a voice on the subject matter which I feel is significantly important. As there are various specific cultural, social, psychological and spiritual factors influencing the dynamic of Muslim women’s lives and in
order to give it the due importance I decided to include ‘Muslim women’ in the title but ever so mindfully.

The next chapter is a review of existing literature in the field, followed by chapter three which details the research process and methodology. Subsequently chapter four descriptively presents the findings of the research and finally chapter five offers a discussion and conclusion bringing the research to a close.
CHAPTER 2: Literature Review

2.0 Setting the Scene

Perhaps the most apt place to begin is with the notable Donald Winnicott’ infamous statement:

“There is no such thing as a baby (without a mother)” (Winnicott, 1965).

The human condition is a most widely researched, discussed, thought about, philosophised phenomena. The Creation and origin of the human is central in both theological thinking and through psychological and scientific paradigms. This thesis will focus on an integration of these as part of a whole and in line with the integrated training of this course; consider the implications for human development through the mother-infant attachment based on women’s psychosocial, spiritual and cultural perception of their womb, with an emphasis on the construction of these realities as being underpinned by patriarchy.

The literature review was carried out using a variety of online database and search engines, such as PsychINFO, Science Direct, PubMed, Oxford Journals and also directly through The National Center for Biotechnology Information (NCBI), Harvard Child Study Centre, Taylor and Francis and other academic journal sites. Search terms included but were not exhaustive of: menstruation, birth, pre and perinatal, trauma, Muslim women, Islam and women, Islam and menstruation, spirituality, Feminist ontology, critical theory, Adverse Childhood Experiences (ACE), infants, attachment, affect. Finding information in relation to menstruation was more difficult than birth. The articles that seemed more profound in nature and went beyond the medical notion of menstruation were few and far between in academic journals but more so in anecdotal writings, personal experiences and women’s empowerment movements such as the Red Tent¹ which followed the publication of Anita Diamant’s (1997) novel of the same name.

Many theories have been proposed regarding the developing world of the foetus and the role of the womb as being central to creation and the neurobiology of the mother–infant dyad as impacting attachment. Research will be reviewed in a thematic sense. Although the literature covers a wide variety of theories, the major areas of interest pertaining to the womb, from the literature review can be deduced to menstruation, patriarchal constructions, Medicalisation, religious beliefs, pregnancy and birth, neurobiology of mother-infant as themes.

2.1 Defining the area of study

In considering the state and progress of current knowledge in the field it is important to define and clarify the topic before progressing on to a critical evaluation of existing research. Various searches for the definition of Menstruation did not conjure up much more than a mechanistic, over simplification of the term which seemed devoid of any real meaning, spirituality or personhood. One such was according to the Oxford dictionaries, menstruation is:

“The process in a woman of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy” (Oxford Dictionaries Online).

It is similar in process to describing any function of the body yet is void of psychological, spiritual, and emotional dimensions that so many women encounter.

An alternative definition is that from Pope (2002) a psychotherapist, author and founder of the Wild Genie movement:

“The menstrual cycle is a hidden resource in a woman’s body that, once tapped in to, can become the means of a rich, psychological and spiritual exploration. A woman can open to inner forces that illuminate, guide and support the unfolding of her life journey—this can help her manifest her goals, fulfil her creative calling and deepen her spiritual nature” (Pope, 2002, p.1).

This thesis is inclined towards exploring a holistic view of menstruation and will therefore be mindful of these broader definitions when designing research questions.
Contrastingly, there is a notion that menstruation and pregnancy in the western world tend to (though not always of course) be reduced to a medicalised physiological illness: “Medical documents today persist in treating menstruation as ‘disease’ or dysfunction, where the female patients experience is of pain, mess and distress” (Kerkham, 2003, p.287).

With significant patriarchal constructions of the monthly cycle projected on to women, it may be worth wondering what impact this generally negative perception and relation to the womb could have for countless women. This is where the work of Kerkham (2003) can be posited helpfully to promote discussion. Kerkham’s paper aptly titled as ‘Menstruation- the gap in the text?’ highlights the role of advances in our understanding of neuroscience and the significance of the compelling evidence based implications for our embodiment of psychic life and the extent to which this can impact subjectivity socially and psychologically (Kerkham, 2003). This is very helpful in linking the emotions a woman feels as affecting her neurobiology and directly impacting what a foetus may receive in utero ultimately impacting the mother-child bond.

2.2 Eastern and Western patriarchal constructions of the womb

It is not just religious practices and interpretations of belief systems around the menstruating woman and her womb that carry such baggage but also the origins of thinking around it from a psychological perspective in a Western context. Stubbs and Costos’ (2004) research is concerned with negative attitudes towards menstruation causing a sense of “disconnectedness” amongst women and within themselves. They suggest that a biopsychosocial exploration of menstruation in feminist therapy is warranted and that mental health professionals can benefit from using such a framework as they seek to understand the presenting difficulties of female clients (Stubbs and Costos 2004, p.38). This supports the need for a wider definition of Menstruation and also links to the first section on defining menstruation. Additionally, this widening of the definition would allow for an inclusion of the dynamics of the biopsychosocial cultural and religious beliefs and values of women.

For example, enquiring into the intense interplay of Eastern and Western patriarchal constructions that Muslim women are doubly exposed to. To extrapolate further, Kerkham (2003) explores the legacy of Freud’s psychoanalytic thinking and the mark it has left on how menstruation and womanhood is perceived psychologically in the West. Such seminal work as that of Freud’s has shaped the history of psychology in the Western world and therefore is important to keep in mind as underpinning many psychological schools of thought, health and
social services and general gender relations. She examines at the context within which Freud’s opinions on the matter emerged and were influenced that could have biased and distorted his perception in the religious and politically charged community of his time that he was reacting to. For example, Delaney et al., (1988) relate how in psychoanalytic thinking historically the menstrual period has been associated with; penis envy, castration anxiety, and a variety of other disorders and labelled as “the first pollution” by Otto Fenichel\(^2\) (Delaney et al., 1988, p.73). This is mirrored in the language of a number of English translations, particularly the infamous Yusuf Ali version\(^3\) of the Qur’an that use the word “pollution” as referring to menstruation. Incidentally Ali was from the same era as Freud so the language used may have been common to the era. Furthermore, Freud in his works *Civilisation and its Discontents* (1930, in Delaney et al., 1988, p.74) is said to have ‘examined’ the unpleasant effect of menstrual odour on the male psyche. It is not possible to know how this examination occurred, how large the sample was and what the variables were in this ‘examination’. Again this seems to be coming from a male centric dominant view. Where is the woman’s voice? What does the menstrual odour mean to her and how does it affect her relationships and sense of self. It seems as though the woman is a subject discussed about but not engaged with except through a male-centric lens.

In keeping Muslim women in mind, not only are they impacted in a British context where seeking help in psychological or medial terms is influenced by the dynamics of Western thought, they also have lived experiences and a history that is in some ways divergent and in some ways convergent. In terms of patriarchal influences it would be strongly convergent, with similar, if not arguably more oppression, almost stuck in a double bind. In terms of spiritual and psychosocial elements and lack of Medicalisation in previous generations there is divergence.

Moving onto embodiment, Kerkham (2003) interestingly highlights the concept of time and space and the differences for men and women and the idea that a woman is more in tune with a cyclical mode and men tend to be chronological and linear in time. The fact that women are

\(^2\) Known as a “second generation” psychoanalyst born in 1897 and died on 22 January 1946

\(^3\) [http://quran.com/2/222](http://quran.com/2/222) for various translations of the same verse
then judged according to a male model could be rather problematic. Kerkham (2003) is arguing a number of factors that seem to be rooted more in a gender dynamic; whether it is the gender difference of perception of time, or that much of psychology is based on Freud’s inherently male bias. Kerkham (2003, p.281) states that, “Mary Chadwick commented on how surprising it was that there had been so little psychoanalytic research carried out on the ‘important subject of the psychological effect of menstruation upon the woman’” (Chadwick 1932, p.8 in Kerkham 2003, p.281).

A discussion by Purdy (2006) raised pertinent questions regarding the overall autonomy of women, of choice, and who makes the decisions and why. Purdy’s (2006) paper examines a large teaching hospital in the US’ policy of reducing multifetal pregnancies from triplets to twins but does not allow twins to singletons. There being little difference in morality of the process of reduction between triplets and twins. Purdy (2006) believes that there is evidence for inappropriate Medicalisation which can still limit women’s autonomy in undesirable ways:

“Reproductive autonomy is central to women’s welfare both because childbearing takes place in women’s bodies and because they are generally expected to take primary responsibility for child rearing… factors that influence their autonomy most strongly are poverty and belief systems that devalue such autonomy” (Purdy 2006, p.287).

Purdy (2006) highlights the role of inappropriate Medicalisation and how it can be a major factor in subtly altering (or more drastically erasing altogether) women’s voices.

2.3 The role of Language; interpretation and meanings of scriptural texts on menstruation

Guterman et al., (ibid) state that in Muslim cultures, “impure” (i.e., menstruating) women are to be avoided by men (Whelan, 1975 in Guterma et al., 2007). They then go on to state that these “laws” are derived from the Qur'an (2:222), which reads, “They question thee (O Muhammad) concerning menstruation. Say it is an illness so let women alone at such times
and go not into them til they are cleansed. And when they have purified themselves, then go unto them as Allah hath enjoined upon you.”

There are several different translations with words ranging from illness, harm and pollution to more palatable interpretation of Muhammad Asad (2003) who uses the word ‘vulnerable’ to describe the condition of menstruation. Unfortunately, however, over the centuries ideas of women being harmful, impure, ill and the like have created distorted realities and robbed women of the beauty of this cyclical time in tune with nature and forgetting the meaning of the word which refers to the womb in Arabic that was mentioned in the introduction- Rahm (Loving tenderness, Grace, affection). At this critical juncture, it would be useful to draw on Naguib’s (2010) very rare paper discussing the hermeneutics of the menstruation verse. Naguib (2010) aims to converse with feminist readings of the Qur’an in light of the traditional exegesis of the Qur’an by focusing on the ‘menstruation’ verse (Qur’an chapter two verse 222). She purports to examine the limitations of the binary opposition in which interpretations of gender are either modern, feminist and egalitarian, or traditional, male and misogynistic. She proposes a third possibility for reading from a Muslim feminist hermeneutic which reaffirms the original purity of humanity as a horizon for the divine (Naguib 2010).

Steinem (1986 in Guterman et al., 2007) suggests that the relationship between religion and biases against women are bi-directional. This juxtaposition of attitudes towards menstruation have been explored by Jackson and Falmagne (2013), Kumar and Srivastava (2011), Stubbs and Costos (2004), Ussher (2003), and Gahagan and Orringer (2010), the latter who discovered that “social and cultural factors play an important role in transmission of menstrual knowledge”. This is very important in the context of this thesis and highlights the critical role of understanding social and cultural contexts. Burrows and Johnson (2005) found that many negative representations of the menstrual cycle were revealed in both traditional and feminist research and theorising. They carried out research on nine, 12-15 year olds and findings included that the menstrual period was largely constructed as embarrassing, shameful and something to be hidden. Menstruation was also constructed as illness (Burrows and Johnson, 2005).
Muslim women are juxtaposed between the gender dynamics and patriarchy enforced through cultural traditions and the western world’s medicalised-illness model. In Islam being a mother is considered an honour higher than being a father as depicted in this famous saying, ‘heaven lies under a mother’s feet’ (Bhatti, Fikree, and Khan, 1999 in Burrows and Johnson 2005). In reality unfortunately this can be far from being applied.

These feelings about women are biased and patriarchally constructed raising questions around power, control and dominance. The place of prayer is considered prohibited for a woman during her menstruation due to her being ‘unclean’ or impure. It is important to question are these really the most accurate interpretations of the holy verses or are they inherently influenced by the male interpretations? What if there were an alternative narrative rooted in the authentic religious sources and how would this change the landscape of gender dynamics and relationships for Muslim women? A question of this nature could be usefully applied in the interview questions for this thesis.

2.3.1 Menstruation, Myths and Taboos/spirituality of the womb

“Menstruation integrates countless myths and mysteries.” Kumar and Srivastava (2011, p.595) carried out a study on 117 adolescent girls aged between 11 and 20 years old as well as 41 mothers from Ranchi, India to determine the existing social and cultural practices regarding menstruation, awareness levels, and the behavioural changes that result in adolescent girls during menstruation, their perception about menarche, how it is treated, and the various taboos, norms, and cultural practices associated with menarche (Kumar and Srivastava (2011, p.596). The findings show that religion, socioeconomic status, education, and family background of the family have a significant impact on the menstrual practices of the adolescent girls. Furthermore, Jackson and Falmagne (2013, p.380) state that currently within a range of societies, menstruation is a particularly mysterious phenomenon, viewed through a simultaneously reverent and fearful eye, shrouded in language of concealment and ambivalence (Lee and Sasser-Coen, 1996 in Jackson and Falmagne, 2013, p.380). In Islam sexual relations are not permitted during the time of menstruation, the reason being to provide women with space, she may experience pain and emotions that she may need time out from, and to reduce pressure from man, unfortunately over time and through culture this
has been reframed as women are unclean, dirty, even toxic in some parts of Muslim culture as is highlighted by Falmagne and Jackson (2013) above.

2.4 Governance of the womb

What is less discussed in literature is how the overall state of the womb, not just during pregnancy but from as early as a young woman relates to it; most likely the onset of menstruation is when this awareness and experiencing becomes prominent. It would be worth considering how the environment of the womb takes shape over time. A longitudinal study would be required to determine any links.

This relates somewhat to the power of discourse and language. Elshtain (1982, p.604) states that “The language of theory- removed language- only expresses a reality experienced by the oppressors. It speaks only for their world, from their point of view”. This very much relates to the aforementioned work of Freud, and the politics of power, subjugation of women, patriarchy and dominance. Elshtain (1982, p.604) suggests that in order to move beyond this that “we can’t just occupy existing words”, that “we have to change the meaning of words before we take them over”. This is full of complexity across hybrid cultures that merge a variety of worlds together.

Based on the work of Gahagan and Orringer (2010) Jackson and Falmagne (2013), Kerkham (2003), Kuma and Srivastava (2011), Ussher (2003), and others mentioned it seems that difficult and challenging feelings for women that are seen outside of the patriarchal ‘norm’ of perception, particular in varying cycles have come to be associated and even defined as ‘disorders’. Tensions and distress around a woman’s cycle have come to be known by various phrases, Premenstrual syndrome, Premenstrual Tension, Premenstrual dysphoric disorder. How might this be different if the original frame was inherently measured from a feminine perspective or on individual presentations? Ussher (2003) examines how premenstrual symptomatology has been represented and regulated by psychology and psychiatry and argues of the inherently male dominated regulation. In essence Ussher (2003) is suggesting that the truths about femininity are only framed as truths through a largely patriarchal
misogynist construction and this calls for a re-questioning of femininity in all its forms and the reclaiming from politics, gender dynamics. While Ussher’s (2003) position appears a valid argument, it also seems slightly a passive generalised perspective. There are also environmental factors that may be at play. A working paper by the National Scientific Council on the Developing Child (2010, p.2) states that:

“Environmental factors, such as certain drugs or the nutritional status of the mother, have the potential to cause epigenetic changes to genes in egg or sperm cells in the foetus. When such changes occur, this new chemical signature of the DNA is enduring and can be inherited by future generations”.

It is important to note the dynamics include more than just the psychological, cultural, social and religious internalisations of females, there are environmental impingements, the health and psychological well being of significant males in the life of every female also need to be considered as playing a part.

Having explored various aspects of Eastern and Western patriarchal constructions of the womb and the role of Language; interpretation and meanings of scriptural texts on menstruation, myths, taboos and spirituality of the unborn and their influence on female internalisation, it is important to link this area now to the next part of the research question which seeks to explore experiences around birth and the mothers attachment to her child based on these feelings and experiences of her cycle.

2.5 Neurobiology of mother-Infant and Intergenerational transmission

The notion that the neurobiology of the infant is enmeshed with and affected by the mother’s state of being (Schore, 2003b) is critical in understanding the context of this research. This is a critical area in bringing the pseudo-spiritual, religious, psycho social and cultural together with modern understandings of neurobiology and intergenerational transmission of experiences and trauma.
Studies on various hormones in the mother’s body for example cortisol levels having direct implications for the unborn foetus are now well documented as impacting the neurobiology of the infant (Schore 2004, Siegel 2003, Fosha 2003). According to Gehardt (2004) early experiences establish a framework for life. If the early experience is laden with complex unprocessed emotions this can set the life trajectory of the infant in a complex manner.

In exploring the origin of human development, a seminal work such as that of Bruce Perry in his intriguing paper entitled ‘Incubated in Terror’ would be a good starting point for this complex discussion. The foundations of Perry’s (1997, 2001) work are rooted in evolution theory. He opines that for thousands of generations, life was characterized by danger, persisting threat and pervasive intra- and interspecies violence. He believes that humankind and our current sociocultural practices evolved in and reflect a brutal, violent and unpredictable world. Perry (1997, p.2) makes a controversial statement that “Men were, and men remain, the major predators of vulnerable humans (typically women and children).” Although he believes we have more systematic, efficient and institutionalised ‘civilised forms’ of organised violence now, he highlights the profound impact of domestic, community, physical, sexual and all forms of abuse. It is important to bear in mind that this evolutionary theory is not the only explanation of the origins of human behaviour and violence and particularly given that the research group under study are Muslim women, it must be borne in mind that in general Muslims do not subscribe to evolution theory and have a rather different narrative.

Perry (1997, 2001) examines the neurodevelopmental consequences of interpersonal violence on the nature of the developing child. Although he discusses the impact of television and the violent images that are internalised in a power and control dynamic for children, the witnessing of parental violence, being subjected to violence from peers and adults and various other forms of violence, it is pertinent to note that he does not reflect on the very central concept of birth trauma and the ways in which children are brought into a highly medicalised, clinical world of birthing. The mode of birth as impacting the mothers’ psychological and physical well-being was researched by Rowlands and Shaw (2012). Their study used data from 5332 women who responded to a survey regarding women’s’
experiences of maternity care in England. The main finding was that women who underwent forceps assisted delivery and unplanned caesarean experienced the poorest health and most traumatic symptoms several months after the birth. Women who progressed through unassisted vaginal births and planned caesarean were less affected. In relating this to Perry’s (1997, 2001) work there is a potential link of violence and force and the resultant trauma that becomes embedded into the neurobiology of humans, and in mothers and infants interpersonally. In considering violence or any form of distress in the womb (even during conception) and at birth at this first stage of human development, is of deep concern and is in most part underrated by society. Very little systematic research and application on a wider scale has been conducted. Could the way a woman is treated negatively in association with her menstruation be building blocks for the womb that houses a baby full of various unconscious toxic conditioning? What will be the consequences for these babies in the future, both the psychosocial aspects and impact of Medicalisation of birth? Will the trauma which greets a baby in the womb or around the time of birth act as a silent and unconscious form of conditioning which acts as a template for future relationships as Perry (1997) is suggests.

In pondering about the exposure to violence and simply a lack of warmth in critical periods of development perhaps we can wonder about how differing modes of birth intervention into the highly medicalised arena of birth can impact mother and child. There are studies which attest to the fact that the body has memories; psychoanalysis fundamental premise is based on the idea of the unconscious world retaining memories whether suppressed, repressed, projected or otherwise. Ogden (2006) in *Trauma and the Body*, brings to the fore an in depth discussion around the profound extent to which traumatic experience results in sensorimotor reactions of intrusive images, sounds, smells, body sensations, physical pains.

### 2.5.1 Culture and the brain structure

Music (2011, p.80) describes how experiences change the very structure and connection of our brains. He suggests an interesting statement that different cultural experiences lead to different brain structures. This makes sense when thinking about how emotions are expressed and processed differently across cultures with varying meanings attached creating different experiences. For example, in some sub sections of the Muslim culture it is considered
disrespectful to look at someone directly especially a person of authority. In this case there may be instances once a child reaches a certain age, especially of the opposite gender to the parent, where he or she is not communicated to with something as important and central in Western psychological conceptualisation as the ‘gaze’ in social cognition and regulating emotions (Alan et al., 2002). There is also a strong notion that the baby is the responsibility of the mother solely in large aspects of Muslim culture, which would create several questions around pressure on the mother and how this may impact her health and availability and thus emotion and exchange with her infant. If as mentioned above she is considered unclean, dirty, perhaps contaminated during her period then what implication does this have for the child? The National Scientific Council on the Developing Child’s, (2010, p.3) working paper discusses how early experiences can alter gene expression and affect long term development. They create a positive argument for considering these implications for long term human development in an extremely powerful statement:

“The physiological activity caused by positive mastery experiences can lead to epigenetic changes that control the expression of genes in brain cells that are essential for successful learning…Injurious experiences, such as…toxic stress before birth or in early childhood are not “forgotten,” but rather are built into the architecture of the developing brain through the epigenome…” (National Scientific Council on the Developing Child, 2010, p.3).

What is interesting about this paper is the acknowledgment and link to the broader long term human capital investment. From this angle it makes sense for policy makers, politics and the commercial world to make neuroscience of human development and the earliest stages of development for the mother and infant one of support and free from toxins.

Having discussed the literature in depth which will inform the research, the methodology and research process will enfold in the next chapter to help contextualise the overall thesis.
CHAPTER 3: Process of Research/Methodology

The purpose of this chapter is to discuss the chosen research philosophy and paradigm, its context and the potentiality of possible challenges and collaborations with other philosophies. To state reflexively, transparently and with genuine thoughtfulness my own position as the researcher and the affect on this research clearly. Parts of this section will be written in first person to reflect ‘the researchers’ role and influence on the research’ (Ponterotto, 2005). Further, to expound on the analysis and ethics. Finally, to introduce the research methods utilised in order to pursue the objective of the research in an attempt to enquire into the research question.

Research paradigms are a crucial gateway into understanding the nature of assumptions, construction of knowledge, and basic belief systems that impact the researcher and how they design their research, the behaviours and values that impact that process (Wahyuni, 2012).

3.1. Research Question

Before delving into the philosophy of the methodology, a reminder of the Research Question:

‘How Muslim women’s experiences and feelings regarding menstruation and birth affect their attachment relationship with their child’.

With the research question, firmly in mind, the research philosophy will now be discussed.

3.2 Philosophy

In corroboration with the reflexive nature of this thesis it is imperative to explore the underlying philosophy that will inevitably affect the research process. How knowledge is constructed is a matter of debate, and whether it can be objective is also a matter of great contention amongst social scientists given the polarity of research designs from ‘objective’ measurement to more thoughtful enquiries into meanings and the intersubjective reality of human beings. Research encompasses a set of philosophical ideas that both underpin and overarch a methodological framework, “whether knowledge is perceived as objective and measurable or subjective and experiential” (Alvesson and Sköldberg, 2009, p.1).
3.2.1 Ontology

The science of research itself is rooted in a historical context that will be influenced by the socio political climes of its time and changing multiple social realities. What we think is a framework now and is advancement in comparison to a decade ago may well be surpassed with new thinking as our minds expand with the exponential access to knowledge and continual experiences. To illustrate; McKernan (2013) discusses the origins of critical theory detailing its roots in Fabian socialism, through Marx to several more modern thinkers part of a next wave of social reconstructionism, including various critiques of the critical theory ontology. With this in mind, in order to contextualise the research paradigms as relating to the thesis underhand, ‘Critical Theory’ has been chosen as a broad ontological philosophy peppered with an awareness of feminist theory as playing a significant role. Ontology is the way in which one relates to and or perceives reality (Wahyuni, 2012).

3.2.1.1 A word on feminist critique

Feminist theory was explored and re-explored in relation to its potential role in this thesis. Did it fit alongside critical theory, subordinate to it, superordinate, was it contradictory or could it work collaboratively; these were questions considered. Was critical theory inherently patriarchal in its construct and origins? Though women were a key part of the movements that utilised critical theory (see McKernan, 2013), citations of seminal figures tend to be that of men. This might make us question whether critical theory is a patriarchal, Eurocentric construct thus the importance of being conscious of both gender and race. To illustrate, Chilisa, (2005, p.662 in Merten, 2009) discusses how the “the postcolonial condition remains pertinent and evident in educational research”.

As the author of this thesis I feel distinctly mindful of the potential for this super imposition of ideals and their hybrid impact on the ontology of myself as researcher of British and Asian Muslim origins and influences.

Nonetheless its principles and ideology could be useful and applied across cultures. The key difference is the researcher and their role and where they come from and what influences them.
This thesis is critiquing literature, methodology, and its own process from an inherently female gendered experience, which cannot go unnoticed. Juxtaposed between two cultures as the researcher and the participants the question remains where to posit this thesis within the feminist fold; feminist theories are not univocal. Whilst critical theory assumes multiples realities and truths, feminist theory assumes a universal truth.

In grappling with this complexity it is interesting to note Davis (2008, p.75) concept of ‘Intersectionality’, described as, a process of discovery where there are no guidelines for doing feminist inquiry, no feminist methodology to fit all kinds of feminist research. This idea is very much in contrast to the possibility of an absolute objective, measurable reality and goes that bit further than the critical theory which gives a broad outline of factors to consider such as culture, gender, history, context, psychology and social realities. It provides a kind of marker at least with which to work with. However, Davis (2008) is in fact stating that one of the “characteristics of successful theory is that it is, paradoxically, inherently ambiguous and obviously incomplete... It encourages complexity, stimulates creativity, and avoids premature closure” (ibid).

Exploring unchartered history is exactly what this thesis is based on; a wish, and a need to explore an area with a specific group from society that has seldom been chartered. The thought that often recurred in my mind was ‘if we don’t put our own stories out there, if we don’t do our own research, no one else will’. As mentioned in chapter one, having worked with Muslim women and heard their remarkable stories over the years I felt it important to provide a space for some of those voices and to begin with this thesis.

Merten (2009, p.18) describes reality as being socially constructed phenomena that mean different things to different people.

This is crucial to note; the way in which meaning is processed regarding various concepts do mean different things to different people and in addition at different times in the life span. For example, through the journey of this thesis, what I knew or thought I knew at the outset was different to how this thesis and I personally evolved at every step; meanings changed, expectations evolved, understandings adapted. A noteworthy distinction may need to be made between the idea of an exclusively feminist study (which this thesis is not) and a study which
is mindful of the ontological elements of broader feminist theories. For example, this thesis cites and refers to literature written by men. My position as the researcher my ontology is one that feels it is important not to reject male voice as an antithesis to the female voice but instead reflect and critique the possible meanings.

Critical theory acknowledges that reality is shaped by ethnic, cultural, gender, social, and political values. Critical theorists focus on realities that are mediated by power relations that are socially and historically constituted. The emphasis is on empowerment and collaboration. (Ponterotto, 2005). McKernan (2013, p.426) states that “The primary characteristic of this school of thought is that social theory…should play a significant role in changing the world, not just recording information”. It is essentially a tool for empowerment and change.

This research aims to create a space for discussion of otherwise taboo and muted experiences and offer the Muslim women who participate, a voice, to highlight the socio cultural, gender and faith dynamics impacting their experiences of menstruation and birth and to facilitate discourse on the subject. It is hoped that by illuminating their particular experiences the process seeks to empower the participants, by adding to the discourse which may (or may not) potentially lead to a difference in how the participants perceive their relationships to themselves and their children. By opening up the potential for discussing this area it is lifting the lid on taboo and loaded subjects even on a small scale.

3.2.2 Epistemology
The epistemology for critical theory as mentioned above is concerned with empowerment and collaboration. Kemmis & McTaggart (2000, as cited in Ponterotto, 2005, p.130) are quoted as stating that “Basic to the critical theorist is the belief in a constructed lived experience that is mediated by power relations within social and historical contexts”. By understanding these forces in relation to how Muslim women’s lived experiences have become constructed and mediated through the factors impacting them in collaboration with them, it is possible to create a sense of empowerment through creating a conscious awareness. Stanley and Wise (2002, p.43) discuss this in terms of a feminist consciousness. It is important to consider
feminist viewpoints from literature in relation to findings and interpretation of data which aptly utilises Interpretative Phenomenological Analysis.

### 3.2.3 Methodology

Upon studying the plethora of methodologies in the social sciences field, I discovered that there are possibly several overlapping relevant strategies. In order to understand the process and final strategies arrived at, it may be useful to state that initially ethnography was considered, along with hermeneutics. I settled on Interpretative phenomenological analysis which included elements of hermeneutics, mainly because of the following aim:

“The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants” (Smith and Osborn, 2007, p.53).

Interpretative Phenomenological Analysis (hereon referred to as IPA) was developed specifically for the investigation of how people make sense of their experiences. This is an essential objective of this thesis; to understand how Muslim women make sense of their experiences in relation to the research question. After researching and gaining deeper understanding of the methodology to be used it was decided that approximately three participants would be interviewed, depending on response rate. There were four respondents to the initial request to take part. Two of whom were not able to commit due to various reasons. The final findings are detailed rich accounts of two cases.

One of the distinct suggestions for the application of IPA includes idiography which Millward (2006, p.319) describes as an “insider perspective on reality, involving a detailed analysis of one or only a few individual accounts”.

The IPA approach is rooted in three branches: phenomenology, symbolic interactionism and hermeneutics. These apply usefully in this thesis as phenomenology is primarily concerned with lived experience which is the aim of this thesis to explore the lived experiences of Muslim women. There is no, one, quantifiable, measureable, truth sought out here. Instead symbolic interactionism assumes that individuals make sense of their experience through
social interaction and dialogue and derive meaning from this, which is ultimately subjective and idiographic entirely in its nature (Smith and Osborn 2007, p.54, Millward 2006, p.319).

Finally, the methodology utilised (IPA) is qualitative in nature, enabling a richer and enhanced volume of knowledge to be gained through a more open platform than quantitative. Various methods are used to collect qualitative data, and can include interviews, case studies, workshops, focus groups, group discussions. This thesis will employ the useful technique of open ended questions through semi structured interviews. The reason for this is because it allows greater space for respondents to talk about their experiences and it also gives the researcher opportunity to be flexible according to each respondents story, giving credence to each personal narrative, asking individually appropriate probes if necessary, at the same time having a broad idea of the questions that form the fabric of the interview.

The author is particularly aware of the specific nature of this study based on a small sample which can not in any way lead to any generalisable conclusions. Pietkiewicz, and Smith (2012, p364) suggest that IPA researchers should concentrate more on the depth, rather than breadth of the study. The purpose of this work is to acquire new knowledge, to hear different perspectives, give a voice to and not necessarily to prove or make claims making IPA the most relevant methodology for this study.

3.2.4 Axiology

The axiology is concerned with the role of researcher values in the process and touches upon the idea that researchers hope their bias influence the research and outcome with the goal being to empower and liberate (Ponterrotto, 2005). One of the objectives of the thesis is to empower women and enhance social consciousness in relation to factors that may impact women’s sense of self and their attachment to their child, to reflect on where ideas around menstruation and birth may be rooted and if negative to empower through discussion and knowledge. If one person is able to feel in anyway liberated or empowered through the discussion in the interviews and or to feel that they have been heard, that their story is valued, that is the ultimate aim.

3.3 Researcher reflexivity
I wondered how it would be noted by readers of this thesis if an author cited was male or female (given the traditional referencing system usually states the surname and date within the body of the main text) and how the reading may be interpreted if the gender of the citation were apparent alongside the quote.

3.4 Method

3.4.1 Sampling

A brief message was sent out to Muslim women through my own networks requesting that the message be forwarded out further if deemed appropriate and potential participants to contact me for further details and or to take part. The story of local women who could benefit from a discussion and may not otherwise have access to these opportunities - the women who are not heard and even not noticed in the community were being sought. A testimony to this was that during two of the interviews both women emphasised that this was for them like a counselling session and a voice. This felt profound. It was at this moment the importance of this work was realised and the thought of thousands of women out there who could potentially benefit from being heard and the importance of doing this work on a large scale in future. When I set out on this although theoretically the concept of making a collaborative difference sounded great to me I doubted myself as to how I could make this happen. I realised I did not need to make anything happen or do anything remarkable in the process and the process itself was the empowerer and agent for change.

3.4.2 Data Collection and Analysis Methods

Participants were informed at the start of the interview about the purpose of the research, the consent form, and were offered the opportunity to read and edit the transcriptions of their interviews. This was an important part of the ethos of this study to ensure emancipation and empowerment.

Interviews were recorded using an app called ‘supervoice recorder’ on my mobile. It was clear and user friendly. Following this in order to upload the large files on to the computer another app called voicebase.com was used to store and transfer to make it easier to transcribe. The analysis is divided into the following utilising Interpretative
Phenomenological Analysis: Initial findings derived from the themes collected from the data, in a descriptive format, followed by the authors’ interpretation of these through a discussion.

3.5 Ethics

In order to ensure integrity, quality and authenticity of research it is pertinent to embed a conscious awareness of ethics throughout the process. Initially before any research can take place I was required by the Faculty of Education to complete an ethics checklist which involved a three-step process of completing a form, discussing and potential ethical dilemmas with a tutor and obtaining ethical clearance.

Informed Consent

In line with the BERA\textsuperscript{4} ethics guideline (2014), the participants were informed about the concept of ‘Informed consent’\textsuperscript{5} both verbally and in written format. This is perhaps the first and foremost central tenet in research ethics. Participants should freely of their own accord take part if they so wish in a research. Both participants understood and wanted to proceed onto the interview.

Sensitivities

The main concern for this research was the sensitive nature of the topics being discussed and the potential emotional nature. This was addressed by firstly being conscious of this possibility, informing participants before the interview that they could stop and terminate the interview at any time if they felt the need to as well as throughout the interview process when it was deemed necessary to remind the participant they had an option and most importantly a right to withdraw. Furthermore, providing an opportunity to have an informal chat after the interview about how they felt or anything they wished to use that space for in relation to the interview proved useful. I respected that information was shared with me off the record so to speak but ethically I then felt unable to refer to the content of those. The participants were also informed that they could read the transcript of the interview once completed and the whole thesis once if they wished. One participant said she would value that and it may be

\textsuperscript{4} British Educational Research Association

\textsuperscript{5} See appendix 1.
interesting for her. The other participant immediately declined, at the time it was too painful (though later looked at it).

This thesis used the framework from BERA, and ESRC ethical guidelines.

ESRC (The Economic and Social Research Council) state six key principles:

1. **Research should be designed, reviewed and undertaken to ensure integrity and quality.**

This research felt important to do given that there is very little research on Muslim women’s experiences of menstruation and birth and none to my knowledge that link these to attachment. The integrity and quality was ensured through a strong ontology and methodological framework and the integrity more so through constant reflexivity as well as a strong sense of respect for the participants and their stories. One of the central tenets of this research process was that this was not a hierarchical process or one which was exclusive. In fact in some ways the participants had more control over the research as they could decide which information they gave and what I could use in the findings. This was an important part of offering an empowering and emancipating model.

2. **Research staff and subjects must be informed fully about the purpose, methods and intended possible uses of the research, what their participation in the research entails and risks.**

Potential participants were fully informed of the purpose, aims, research question and methods and intended possible uses of the research? The research is not likely to be used for anything outside meeting course requirements.

3. **Confidentiality of and anonymity of respondents must be respected**

The confidential nature of the project was strongly emphasised to the participants as well as the anonymised nature of the findings. I asked both participants if they would like to give either a code or pseudonym that would represent their comments used in the findings of the thesis and they both said they did not mind and that it could be left to me.
4. **Research participants must participate in a voluntarily**

People were forwarded a message in a snowball effect that the author had no control over or link to directly and people were notified of the research aims and that if they were interested to share their experiences to contact the author. There was no prior discussion with the participants.

5. **Harm to research participants must be avoided**

The sensitive nature of this research was the main concern throughout the interviewing process in terms of potentially evoking emotional memories or opinions. This was carefully monitored throughout the interview process using the counselling skills of the interviewer. One of the participants was tearful, relating her story. She was informed she could stop at any time and asked directly if she wanted to stop and reassured that it would be okay to stop at any time. The interviewee wished to continue and later stated that this was a way for her to get it out and a ‘voice for her’ (please refer to findings). After the interview we continued chatting for around 20 minutes as I felt it was helpful to offer support and time to the participant. Both participants continued talking after the interview was over and I felt it was important to allow this space.

6. **The independence of research must be clear, and any conflicts of interest explicit.**

This research was an independent endeavour on the part of the researcher, there are no other parties involved and no funding agencies so that ensures a greater sense of partiality. I was not looking for a particular finding and nor did I have a hypothesis to prove or test. As the researcher I sought to explore meanings.

3.6 **Reliability, Validity, Generalisability and Limitations**

With this research being situated in the social sciences with a framework of critical theory and broad feminist ontology, this thesis is not about proving validity or reliability of results in the sense a natural science project may set out to. This thesis questions at every step what assumptions each research ideology is based on. In line with the critical theory approach the stories shared by the participants are in themselves valuable and I am not seeking to measure them against any variable as such. To do so feels it would be making a comparison and each person’s story and experience are different within a context that is unique to them. By even
entering a discussion of reliability it may be offensive to the participant’s stories. I do not feel I should be questioning the reliability of someone who shared their story with me as a researcher. The information shared could be dependent on the state and circumstance of each individual on the day they shared their story and given another day and different circumstances it is possible emphasis may be made on different parts of the story. Though some parallels are made in the findings and the differences in response to similar questions, every attempt was made to ensure that there is no value judgement based on either as a comparison. Feminist and critical theorists would argue that knowledge and truths are multiple and would be open to debate. What is valid for one person may not be for another. This research is valid insofar as it has sought to work within a broad framework of critical ontology and feminist theories and has employed a methodology of IPA. I feel that as the researcher and interviewer I have acted as a messenger of a story – the real life experience of two women that needed to and wished to be heard. Of course my role as researcher has an impact in the ontology and methodology chosen, the way in which I understand those words and what they mean to me and how I have influenced the interpretative section of the analysis through my writing.

**Generalisability**

This study cannot be generalised to any other populations and nor was it intended to be a generalisable study. However, it is possible to use the same ontology and methodology with other women and explore the subject area in relation to the research questions. It must be emphasised though that these results are likely to be inherently different as each person’s story is different based on their context, time, space, culture, age, social, cultural, psychological and physical health, spirituality, environment, society and community within which they live.

**Limitations**

The study was limited in many ways; it was limited to a small sample of local women. Given a bigger scale for the thesis it may be possible to include an increased number of women participants. Another limitation was the idea of gendered language as well as many other concepts I have learned through this research, which have been a new experience and level of awareness for me which will stay with me for my life now. Once this kind of knowledge has
been acquired it can reshape our thinking. It was also limited by lack of diversity in ages, ethnicities, geography, and language (many women do not speak English or it is not their first language and may not be familiar with some of the ideas being discussed without translation). I would also recommend interviewing women across different developmental stages and ages, as well as different countries and ethnic groups for a potentially more representative cross section of the population which may yield a wider knowledge base. One of the main aims was to explore if there was a link and how between experiences and feelings of menstruation and birth and how this may affect a woman’s sense of self and attachment to her child. This in itself can be replicated based on the question and aims to explore a certain phenomenon. It can be studied independently of this research, possibly using a different methodology even, in depth case studies before and after birth for example, it could use narrative or grounded theory instead of Interpretative phenomenological analysis. It is possible to even use a different ontology though my personal preference based on all the research and reading feels this would be the most appropriate ontology but then in a different time, context and with a different research anything is possible. Limitations are elaborated on in the discussion chapter.
CHAPTER 4: Findings

4.1 Findings

This researched aimed to explore Muslim women’s feelings and experiences in relation to menstruation and birth and how they perceived this to affect their attachment relationship to their child. The objectives of which included giving a voice to Muslim women, providing a space where taboo issues could be discussed and highlighting the social, psychological, cultural, faith based and gender dynamics influencing Muslim women’s perceptions of menstruation and birth.

This chapter is concerned with highlighting the experiences and feelings of Muslim women that emerged in the interview process. The objective of utilising IPA was to gain an insight into the participant’s experiences and feelings and what makes sense for them rather than looking for generalisable claims. The interviews were open ended semi structured and though there was an interview questions schedule for reference of the interviewer, this was not strictly adhered to as it was not appropriate to follow a fixed interview questions pattern practically or in line with the methodology pursued.

This chapter loosely follows the suggestion of Pietkiewicz and Smith (2012, p.367) who offer a practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology: “The researcher tries to formulate a concise phrase at a slightly higher level of abstraction which may refer to a more psychological conceptualization” According to them the next stage involves looking for connections between emerging themes, grouping them together according to conceptual similarities and providing each cluster with a descriptive label. This chapter will broadly follow this map.

The findings will be presented in two sections; one for each case. The cases will be broadly organised and presented under the prominent themes that emerged. There will be a final section that mentions cross themes that emerged in both cases.
In terms of a brief demographic profile of the participants, two Muslim women in their 20’s and 30’s respectively were interviewed. They were both of British Asian origin. Both were educated to degree level.

4.2 Aisha’s story

Aisha is a 20 year old undergraduate studying for a professional degree. She was born in England and is a Muslim from British Pakistani background. Aisha was married at the age of 17 and was living with her in laws after marriage. She experienced a horrific and manipulative relationship where she was forced to have an abortion. She is now divorced.

There were 176 identified comments throughout the interview transcript (see appendix 3) which were narrowed down into the following sixteen sub themes (see table below) which were then narrowed further to four main themes and finally under two superordinate categories.

<table>
<thead>
<tr>
<th>Sub Themes</th>
<th>Themes</th>
<th>Superordinate themes:</th>
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<tbody>
<tr>
<td>1. Age</td>
<td>Loss and Trauma 3. 8. 11.12</td>
<td>Self</td>
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<tr>
<td>2. Normal</td>
<td>Relationships- trust and</td>
<td>Others</td>
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<td></td>
<td>betrayal 5.6.8.9. 10. 12.13.14.15</td>
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<tr>
<td>3. Blood loss and loss</td>
<td>Judgement/Expectations-</td>
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<td></td>
<td>normalcy? 1.2.4.6.7.15.16</td>
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<tr>
<td>4. Taboo topic ‘not talked about’</td>
<td>Hope 3.7.8.11.12</td>
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<td>5. Others feelings</td>
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<td>6. Judgements</td>
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<td>7. Translation by men</td>
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<tr>
<td>8. Pain and loss</td>
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<td>9. Surprise and happiness at pregnancy</td>
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<tr>
<td>10. Ambivalence and pressure</td>
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<tr>
<td>11. Experiencing a forced abortion</td>
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<td>12. Grief and trauma</td>
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<td>13. Family – in laws pressure</td>
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and “useless” father.
Husband- loss
14. Hospital staff
15. Complete lack of support
   not being believed.
16. Having to carry on.
   Expectations of others and
   self.

The potency of ‘self’ and ‘others’ as over arching superordinate themes were quite striking in both cases. These themes of ‘self’ and ‘other’ evolved from the split between Aisha’s own needs, desires, wishes and feelings and the expectation, judgement and ideas of ‘normalcy’ projected on to her from outside relationships. Aisha’s narrative is centred on the tragic event of the forced abortion which robbed her sense of autonomy and has left her with a deep sense of grief.

4.2.1 Emergent themes

Given that all of the themes were intertwined it is important to bear in mind the overlap throughout. However, for the sake of organisation, the findings are under headings which are advised to be taken loosely.

4.2.2 Relationships

When asked to talk about her experiences of pregnancy I was conscious that Aisha had mentioned losing a baby in response to the initial question around menstruation. Bearing in mind the sensitivity in line with ethical obligations I was careful to explain that she did not need to go into it if it was too difficult or traumatic. I also used my counselling skills throughout the interview process, and afterwards. Her response is captured in her own words:
“I can, no I can talk about it. I think it’s better to talk about it than to ignore it um uh um just my pregnancy like before ok before I had a baby…”

Perhaps being able to share the story and be heard was an opportunity to have this experience acknowledged. This is described in more detail subsequently.

This was very much directly linked to one of the objectives of this thesis; to create a space for discussion of an otherwise taboo subject within the community in the hope that it will provide a voice to otherwise veiled and muted experiences.

The following is an excerpt from the interview. Aisha describes her feelings and experiences of pregnancy leading to a premature enforced termination:

“I was um nineteen so it was like this big thing um and um uh uh yeah I was happy…with being pregnant myself um but uh I got hypermesis so um I was being sick all the time not just in the morning um that was hard um…because I don’t think my husband understood what that meant for me um…I wasn’t feeling well and um my in-law’s didn’t really understand because they’re just, I don’t know what to say about them… I had pressure like obviously um not obviously, it’s not normal but umm to get um an abortion”.

Aisha described how her husband and in-laws did not understand what it meant for her when she was experiencing hypermesis. In a later account in relation to her in laws she mentions:

“they’d expect me to still clean, run up and down the stairs serving like the boys food because they’re a really like backward minded family and um uh the hoover and stuff like that and I remember like people coming to our house and saying to me oh like you know you shouldn’t be doing that you’re pregnant”.

Aisha felt obliged to respond to their expectations of her despite a complete lack of consideration on their part for her pregnancy. Quite strikingly, it takes outsiders who visit the home to point out that Aisha should not be doing all that work and serving. This was perhaps the only hint of slight acknowledgement of Aisha and her needs throughout the narrative.
which strongly highlighted dismissal and lack of consideration from others. Aisha was very
aware that what they were expecting of her was not acceptable by stating that they were a
‘backward minded family’. These were the socio-cultural dynamics Aisha was experiencing
that were in conflict with her personal needs.

4.2.3 Outside of the family - professional relationships

Aisha accounts how she was requested to attend for counselling:

“I went in and saw some lady and um she was she just asked me and I just told her the truth
and she said to me like she couldn’t believe that that was the case because even though she
wasn’t Muslim she knew that that wasn’t allowed like that wasn’t like what families do”

Aisha experiences a counsellor who finds it hard to believe that she is being forced against
her wishes to abort the baby. This could be quite disempowering. A later account of hospital
staff treatment also amounts to lack of belief or intervention from staff. Perhaps the outcome
may have been different if Aisha had been offered a compassionate supportive intervention
and someone who believed in her. Aisha talks about how she felt detached:

“It was like when you’re there but you’re just like not there and I remember I was in
the waiting room there was a little kid playing in front of me and…then when I got into the
room it was my turn to take the stupid pill they give you 24 hours before…he [husband] sat
there and I was crying so much like there’s no way he didn’t see that I didn’t want to do it. I
even said it to him so many times, I even said to him its haram, we can’t do it.”

Despite her visible grief and knowing that her husband could not have missed that, Aisha
goes unacknowledged and her needs dismissed. She even cites religion to convince her
husband it is wrong using the word haram ‘impermissible’ in Arabic. He remains indifferent
to her pleas:

“I remember the nurse even asking me are you sure you want to do this like you can’t take
this back once you swallow that pill and right then I wasn’t even thinking. I just remember
looking at him thinking what are you doing like why aren’t you helping me?”
The expression “why aren’t you helping me?” was striking. This was Aisha’s muted call for help. It was a deeply helpless situation where she had vocalised continuously that she did not want to do this. She had no choice, her husband and his family had completely controlled the situation. I sensed extreme helplessness and grief in her voice in this description.

4.2.4 Loss, Grief and Trauma

Aisha’s account of the forced abortion was the longest segment of the interview the transcript almost three pages long. As this was the heart of her story it felt important to relay much of it in her own words to capture her experience and in line with the objectives of the ontology to empower through giving voice to the participant:

“I had to go and basically give birth to the baby...I had to sit on a commode um it’s like a chair...it has a thing in the middle like a hole and they just put uh like a cardboard like you know what you throw up in...I just had to sit there. When I felt pain they just told me you have to sit there now coz you’re gonna probably give birth in a minute and I didn’t even know what that meant like I didn’t even know what was going and I remember feeling in so much pain...it was so bad and I literally had to scream for help because I couldn’t reach the call button...I was literally asking them like help me because I don’t know what to do...but they said I’m not gonna give it [painkillers] to you because I think you’re going to give birth soon and you might not be able to feel the contractions so you’re just going to have to like be strong and I was like ok and then uh basically it was nearly time...No-one told me what to do. I was alone in a box room like I didn’t have anyone in there with me. I didn’t know what to do...I was hurting and I swear to God I feel like it was a miracle from God because I don’t know what else to call it but when I needed like I think it’s supposed to come I needed to sneeze and I know that sounds really stupid except I needed to sneeze and um when I sneezed like Alhamdulillah everything came out, the baby everything, there wasn’t nothing left...that was like a big mercy on me because I couldn’t have done it...I was bleeding obviously lots of blood came out and...it didn’t hurt anymore, it was like it was gone- everything and everything was gone...they told me not to look at it [baby] but I felt so bad so I had to look at it and I did look at it and I could see it on laying on its side, and it was so small like maybe the size of my hand or a bit bigger in your hand like it was it was a baby...I couldn’t see all of it and I was so angry because I could just see the side and the rest of it was in blood...and
Aisha recounts an extremely distressing situation, not knowing what was about to happen to her. The theme of helplessness arises again when she is told she has to just sit there despite being in pain followed by not being able to reach the call for help button. She talks about being left in a box room alone in pain not knowing what to do. When her husband arrives to collect her he dismisses the gravity of what she has just experienced. Aisha is left alone to deal with a body that is in trauma and shock and thinks it is still pregnant. An intense and horrific ordeal left with her as she describes, continuous non stop bleeding for months. It felt like there may be more to the meaning behind the bleeding- of being wounded in a lasting way.

The emptiness of this moment is captured when Aisha states “the pain was gone” and she could not feel anything; she was numb from the trauma. Yet she was still deeply feeling when she felt she needed to look at her baby. Unfortunately, once again she is disempowered and told not to look by staff; they even move the baby and she does not get to see her baby fully. A doctor tells her “don’t worry God’s not going to punish you because you didn’t want to do this” at which Aisha remembers crying. It is unclear whether this was an appropriate reassurance or could have represented various other meanings for Aisha- perhaps judgement.

4.2.5 Hope and faith

There comes a pivotal moment for her which she refers to as a miracle from Allah (God) where she sneezed; the act of which expelled the baby and “everything came out” as she vividly states. Aisha states that this for her was a mercy from God. These two words ‘miracle’ and ‘mercy’ were the only words that carried a sense of hopefulness in this passage. This will be elaborated on in the discussion section. Her hope and sense of justice is placed in Islam:
“Sometimes that's all...I have to hold onto is that they'll get like what they deserve from Allah”.

Aisha had a conceptualisation of how pregnancy and birth ought to be for her and there was a clash with her husband and his family’s cultural and psychological factors. For Aisha her religion became one of the dynamics that played an important supportive role in her life.

4.2.6 Judgment and expectations from others and self

Despite being forced Aisha felt significant guilt and self blame; often wondering if she could have said or done something to prevent it. She described this along with her feelings of fear, being judged and feeling surreal:

“It’s no excuse though, I shouldn’t have done it but um I was scared because I didn’t know what I was going to do for the baby and (crying) I was nineteen and like there was, I knew my dad was useless like what is he gonna help me with. What are people going to say to me?”

Aisha felt helpless and this came across consistently throughout the interview. She felt unsupported. She mentioned her father whom she attributed the term “useless”. I sensed there was a deep story around the failing of a father figure in her life that was not discussed. She worried about what people will say to her and feared being left alone with the baby as her (now ex) husband threatened to leave her if she had the baby.

4.2.7 The future

When being asked about how she felt this experience may impact on her future Aisha talked in terms of needing to do something with her life to make sure she has something to fall back
on, about what other people would think of her and finally how difficult it will be to have another baby:

“It will be difficult like to have another baby and like in future and I think it's always going to, it's always going to be there. It's like people don't understand it...it's still yours...I think it's going to be really difficult”.

This related very much to the final objective of this thesis which was to facilitate discourse on Muslim women’s feelings and potentially contribute to making a difference in how some Muslim women perceive their relationships to themselves and their children. The exploration through the interview allowed Aisha to think about and express how she feels her future will be impacted. She did share her worries and anxieties about how the memory of the lost child will be with her when and if she has further children at possibly every milestone in their life.

4.2.8 Religion and menstruation

Questions were asked to understand what Muslim women’s experiences were with regards to the religious/spiritual aspects of menstruation around the Qur’anic verse regarding menstruation, any experience of rejection at the mosque and the dialogue around male female interpretations. Aisha had not given this much thought previously and welcomed the possibility of a female translation and what it may have to offer, at the same time not feeling there would be any difference in the translation because the Qur’anic Arabic is believed to be the word of God and not changed:

“I don't really mind that it's translated by men. I've never thought about it you know that there's women that that makes sense now (Laughs). There's no women. I haven't seen them translating it, maybe it would be good if we saw some that women have done...I don't believe that the Qur'an's been changed in the Arabic so whether a woman looks at it or a man I don't see what how much difference there's going to be in translation”.

She seemed unaware of the possibility of gendered language and patriarchal influences in the nuances of translations into English. This question was designed to discover what Muslim women experience and how they may feel in relation to the verse which is sometimes
translated using words such as “hurt”, “pollution” and “illness”. This was in order to illustrate the cultural, religious and gender challenges that Muslim women may experience.

### 4.3 Researcher reflexivity

I do not feel that the questions around menstruation and the Qur’anic verse where asked clearly. I was anxious and nervous as it was my first interview and I was aware that Aisha had mentioned the loss of her baby within a sentence early on and I was considering how to approach this area in the most sensitive manner which completely affected the way I asked the question and the hesitation in my voice. The original broad idea I had in my mind of the interview questions were no longer appropriate and I had to adapt.

In my perception I felt that Aisha found it hard to accept any positive statements or recognition of her courage and strength in surviving such an adverse and horrific situation. When I asked Aisha if she would like to see the transcript she initially declined. However, I had a visceral feeling that I should offer that opportunity once more once the transcript was done. It was a good decision as Aisha indeed took that opportunity up. I was able to send her the full transcript and she was able to comment on it. It is also something she now has as a documenting of her story which she can keep. She has expressed both gratitude at my support and being able to talk it through as well as how difficult it is in general for her every time she speaks about it.

### 4.4 Sara’s story

Sara is her mid thirties, married with two young children. Sara was born in Bangladesh and moved to England at the age of 2. She is the youngest and only female of three siblings born to migrant parents. She is a graduate and works in a professional environment.

There were 256 identified comments throughout the interview transcript (see appendix 4) which were narrowed down into the following nine sub themes (see table below) which were then narrowed further to five main themes and finally under three superordinate categories; incidentally and interestingly two of the superordinate themes were the same for both cases.
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<th>Sub Themes</th>
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<td>5. Generational differences across different cultures between mother-daughter- lack of support</td>
<td>Birth Trauma and pain 7.9</td>
<td>(The numbers correspond with sub themes that fit under the theme- some fit under more than one category hence numbers are repeated)</td>
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Central to Sara’s narrative was a striking theme weaved throughout all of her responses around needing a voice, secrecy, taboo, not being able to talk and talking to herself. For Sara the poignant onset for this was an incident around her first menstruation. As in Aisha’s case this discussion also led to an actualisation of one of the objectives of this thesis; to create a space for discussion of an otherwise taboo subject and to provide a voice to otherwise muted experiences.

4.4.1 Hidden/veiled/secretive

On being asked what her experiences of menstruation were, Sara expresses the secrecy that surrounded:

“My first experience was quite secretive…I was too embarrassed to tell my mum…because it was something that wasn't spoken about um at all and um I was so embarrassed to the point that I made my own tu, um pads…I used toilet tissue paper and…I used to have um vests so I cut up some of the old vests I had…I never told my mum and I did it all like secretly. I made my own pads”.

Interestingly at a much later stage in the interview a fleeting statement was made around being told she needed to hide her belly during pregnancy. This brought out the socio-cultural and religious internalisation Sara had experienced.

“Since we've talked a little bit about religion you know, I was told that I need to cover up my tummy and hide it, don't go around showing off my belly”.

Sara linked the request by someone to cover and hide her tummy with religion though did not elaborate on whom made the statement or where the ideas originate from. Though she was clear at other parts of the interview that she felt her religion and culture had been quite enmeshed. The religion she knew through her parents was deeply culturally imbibed. There was a prevalent idea within her milieu of needing to cover the pelvic area and upper body whether it be around menstruation, sexuality or pregnancy. Furthermore, where Sara wanted to breast feed her child to create a connection as a natural birth had not been possible, her mother in law found it disgusting:

“My mother in law had an issue with me breastfeeding so we almost had like a little battle on our hands, she thought it was disgusting.”

Again, she is required to cover her wishes and needs and that of her baby. However it came across as though these were the cultural notions of her mother in-law projected onto Sara and not necessarily her own.

4.4.2 A desperate need to voice/self talk

It was difficult for Sara to feel she could assert herself and experienced consistently disempowering relationships where she would not express herself. This was strongly linked to the self talk and desperate need for a voice:

“I’ve got verbal diarrhoea right now you know you’ve given me a chance to talk and I’ll just talk because I talk a lot you know I’ve got a lot of words and stuff and umm I haven’t stopped talking”

This theme continued quite powerfully which is captured in the following words:

“This is almost like a counselling session for me coz I get to like talk out don’t I instead of keeping it in my head.”
Sara was highlighting the importance of having a voice through the interview space and quite specifically stated that it was almost like a counselling session for her where she could talk and release things from her mind. Sara was able to talk about her experiences and feelings in relation to what she considered were taboo subjects in her milieu. She did not have the emotional support she needed whilst growing up at home. Sara talks about the psychological effects of not being able to talk to her mother and more recently her husband. She reiterated on five occasions that she felt she internalised a lot emotionally and not being able to express her voice and feelings came out in talking to the mirror. Sara expresses a troubling account of when she needed to turn to her mother and how as well as the existing challenges language made it difficult:

“*I used to go to the bathroom and have long conversations just in the mirror...Someone might think I'm crazy or something but there's no one to talk to...I was upset with the teacher. Maths teacher was a bit pervy you know and I wanted to tell somebody it wasn't something I could come and tell my mum and dad, just something you didn't talk about. The maths teacher is Asian, he's a bit pervy. The word pervy doesn't even exist in Bengali you know so it was, I'd, I'd um expel my angst in the mirror...to this day I talk to myself*”.

Another account that related to difficulties in language was in relation to when Sara needed her first bra. When she tried to explain it to her mother, her mother used the word “tight press”:

“*It was very difficult to tell my mum I need a bra. Just to say that you know and she called it a tight press...There straight away there was a difference in the kind of communication language...I've never heard of it in my life to this day.*”

Sara pointed out the lack of females except for her mother in her life, she had no sisters, or aunts, or close relatives. She was unsupported and had to experiment mostly secretly to find out things. It felt significant to facilitate this discourse which encouraged expression.
4.2.3 Relationships- the need for support

Sara had an arranged marriage and though she had a good relationship with her husband, since the traumatic birth of their second child, there had been damage to the relationship. Sara felt her husband was difficult to talk to:

“He’s like a wall...so I’m somebody who needs to talk and I’ve got somebody who will not give me any response back...instead of actually just saying it out of me its inside and it is constantly in my head...so I talk to myself”.

The relationship stagnation had been further exacerbated by living arrangements:

“Now that we've got our house, we've got two rooms, he sleeps in one and I sleep in the other with the two kids and so yes there's no canoodling, there's no cuddling. My daughter, if we did cuddle she would get in the middle and say no, you know you don't touch each other, don't kiss mummy you know, what are you doing? So we just stopped.”

One of the most challenging aspects of the relationship with her husband had been in relation to the birth trauma (see section on birth trauma below). Sara’s birth experience (just as her first menstruation experience) left her feeling lonely and frustrated and continuing to talk to herself as her only outlet. Her relationship with her mother is a precursor and is discussed above. Her relationship with hospital staff (mentioned below in the birth trauma section) also reiterates the complete lack of voice and autonomy from which she still carries scars, tearing, piles and a defunct intimate relationship.

4.4.4 Religion and culture – menstruation and intimacy

Sara was asked if she knew about the Qur’anic verse on menstruation and or if it affected her. She said that she had never heard of the actual verse and that information in her family about religion was very mixed with culture and passed down from previous generations. For Sara her period was linked to religion as it coincided with the onset of praying obligatory prayers. In Islam a person is seen as accountable for their actions from the onset of puberty which is lined to maturity in a child. As Sara was unable to share with her mother her first experience
of menstruation, her mother believes the second period was actually Sara’s first. On account of this Sara carries guilt:

“I feel guilty because it was like I should have been reading namaz [praying] from the first instance that I had my period, but actually it was the second so I felt like I was lying to my mum”.

Sara expressed worry and underlying feelings of guilt. Sara’s sister in-law informed her that she could not prepare food while on her period for her husband on which Sara had the following to say:

“I think that’s a Hindu take on it, that it's unclean that you're unclean, you know I, I, I regard myself as unclean because there’s blood but I don't regard my soul or my being as being unclean. I can still read about religion or pray or whatever not touching the Qur'an”.

Ideas of what can be done and cannot were linked with religious understanding. Though she expressed that she found the idea of not being able to prepare food ridiculous and dismissed it she felt unclean because of the blood though emphasising that she did not regard her soul or being as unclean. There was still an idea of not touching the Qur’an though. It was not possible at the time to go into this further. For Sara religion was linked to intimacy in relation to menstruation and the ‘unclean blood’. This was a struggle for Sara and her husband as she expresses:

“I read it somewhere that you shouldn't and…I um I, my husband and I we have cuddled and become amorous during that time. If anything I feel more amorous during that time but we don't because it's just, it's messy and it's something that I don't necessarily want him to see and uh you know but we don't as a religious taboo type thing, you can't go near each other, we can't you know we do other things um sexually but we don't have intercourse because it's messy”.

There was a conflict between feelings and what is considered allowed/ permissible in sexual relations. These were the religious dynamics influencing Sara in relation to her understanding of menstruation and sexuality. Sara expressed the religious taboo as preventing sexual
intercourse, her own feelings of messiness and not wanting her husband to see that and acknowledging that actually it was during that time she felt more amorous.

4.4.5 Birth Trauma and pain

Sara had a very traumatic child birth experience for which she blamed a particular medical staff “like a matron”. She described the situation:

“she was quite forceful in delivering you know I was screaming she told me to be quiet she was very strict like a matron and I blame her because... maybe if they gave me a bit of time maybe if they advised me of how to push, something, maybe I wouldn’t have ripped and maybe it could have been different. So there’s no one else to blame you know”.

Sara blamed the ‘matron’ and overhearing the team talking about numbers of surgery increasing when that particular ‘matron’ was on duty. She felt she was rushed and therefore left with third degree tears which have caused her serious ongoing problems in various areas of her life, from piles to no intimacy with her husband.

The first birth experience was also unexpected in that Sara had opted for a natural birth but was informed she would need a c-section as her baby was breached. She blamed herself for this as well as the medical staff for not giving her time naturally for the baby to turn and intervening too soon. She described how this created difficulty in the initial attachment as Sara describes feeling surreal when the baby was handed to her:

“It felt like somebody had just plopped a baby on top of me”.

It was crucial for her to feel the baby coming out of her which she labelled as “bizarre”. This felt like an internalisation of others judgment and expectations of what was acceptable.

Going back to the second birth trauma, Sara really felt upset and unable to voice herself:

“And there’s me thinking cow you probably put me in here if you had taken more care I’d not be here...I do recall thinking I need to talk or I need to scream about her saying that...she’s actually telling me to keep my feelings inside and all I wanted to do was just say whatever
dribble was coming out if my mouth you know...but yeah there was an element of I better not shout too much”.

Being told to be quiet whilst giving birth and experience excruciating contractions was linked to not having a voice as a child growing up and the continuous difficulties Sara had not being able to express to others what she felt and instead she talks to herself. She felt these experiences created a “dual personality” within her.

4.4.6 Information and support
When asked what information or support she would have liked Sara expressed the lack of religious information about the subject of menstruation and felt that her own daughter will be missing that information. Sara now feels strongly about being there for her children and teaching them about sexuality and the body from a young age and ensuring that they are heard and able to express themselves. She suggested a leaflet that Muslim girls could have making a poignant statement:

“Muslim girls have to go and find that information it’s not something that’s given to them”.

Another area Sara highlighted was support and counselling and the importance of a culturally/religiously aware counsellor. She cited an experience:

“I asked for some counselling and she did not understand the whole concept of you know I live with my in laws and there’s certain things...she didn’t understand. It would have been good to be able to find me a Muslim counsellor maybe you know who can understand the kind of intricacies of arranged marriages and...cultural kind of concepts of staying together and things like that...even now as an adult I wouldn’t know where to go and find that help”.

This final question regarding what kind of support and information she would have liked came as a result of the first interview and in hindsight realising the usefulness of a question of this nature.

4.5 Conceptual similarities: common themes across cases
The opening question for both was an inquiry into how they experienced menstruation and what it meant to them. Both responses had similarities where both talked about how at the onset of menstruation, their mothers provided them pads. They both also mentioned the age at which they got their first period which felt significant. In hindsight and if I were to do more interviews I would ask if the age had a deeper significance. In both cases they were not aware of the menstruation verse in the Qur’an though cultural connotations of menstruation were internalised.

Another striking conceptual similarity was hospital experiences of birth trauma and feeling lack of support, hurt and let down by staff who could have made a significant difference to the outcomes of both their experiences. Both Aisha and Sara had brief experiences of counselling where they felt they and their cultural and religious context were not understood or believed and they were dismissed.

Relationships were also a cross theme. There was a sense of loss and emotional unavailability of parents and partners. Aisha and Sara both felt anxiety over being judged and what others think and expectations placed on them. Furthermore, they felt concerned about the future in terms of their attachment to their children and were thoughtful about it but the concerns differed due to the difference in their life circumstance and what they had experienced.

Finally, the most vociferous theme that emerged across both cases was the need for a voice and to be heard, acknowledged and accepted. This brings the findings to a close.

The next chapter will be a discussion proceeded by a conclusion.
CHAPTER 5: Discussion and Conclusion

This research explored the complex and intricately woven psychosocial experiences and feelings of Muslim women around menstruation and birth and how they perceived any affect on their attachment relationships with their children. The previous chapter presented the findings in a largely descriptive framework utilising the initial stages of Interpretative Phenomenological Analysis (IPA) in order to capture the essential themes arising from the accounts of the participants. It was important to try not to interpret the meanings at that stage, though as a researcher using critical theory ontology and IPA as a methodology I am acutely aware of the inherent bias that could and would have naturally occurred in what I selected as being relevant. This in itself is a possible limitation. Unfortunately due to the extensive volume of data and the practicality of word limitations inevitably some selection had to be made. This chapter aims to develop understanding of the themes further by exploring the psychological conceptualization of meanings (Pietkiewicz and Smith, 2012), bringing perspective to the pertinent issues.

5.1 Main findings summary

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The themes that emerged will be synthesised with the conceptual framework of this thesis referring to the main Research Question. The findings are analysed in reference with the literature review. Implications and key limitations are interspersed through the discussion.

This research set out to accomplish the following aims:

1. To create a space for discussion of an otherwise taboo subject within the community in the hope that it will provide a voice to otherwise veiled and muted experiences.

2. To highlight the social, psychological, cultural, faith based and gender dynamics influencing Muslim women’s perceptions of menstruation and birth.

3. To facilitate discourse on the subject and potentially contribute to making a difference in how some Muslim women perceive their relationships to themselves and their children.

These aims were to be explored within the overarching research question. Whether the research aims were actualised and the research question answered will be discussed below along with the challenges and any discrepancies.

As highlighted in the introduction there were multiple motivations for conducting this research in particular. These included my own experiences; personal and professional as the researcher as well as a desire to include Muslim women on the academic map; both as researcher in an academic capacity myself, and to include the voice of Muslim women’s experiences beyond stereotypes. Hence, the justification of the sample group being Muslim women specifically.

5.2 Brief recap of Literature Review, and Methodology

The literature review constituted various elements that made up the research question. The areas explored were definitions of menstruation, Eastern and Western patriarchal constructions of the womb, The role of Language; interpretation and meanings of scriptural texts on menstruation, Menstruation, Myths and Taboos/spirituality of the womb, Governance of the womb, The spirit of the unborn, Neurobiology of mother-Infant and Intergenerational transmission, Culture and the brain structure. However, there was no one
research found to be similar in nature to this thesis mainly because there is little research on British Muslim women, nor was I able to find research that explored menstruation, birth and attachment as linking factors. I acknowledge though that it is possible I may have not come across it and something may exist out there academically or anecdotally. Nonetheless, the research reviewed were like jigsaw pieces that could be brought together to create a whole piece which became the platform for the research questions that informed the interview. The critical theory and feminist ontology approaches proved fruitful and were liberating not just academically but to my surprise this journey taught me to think differently in my personal life and religion which has been profound and refreshing developmentally. In hindsight, when ontology and methodology were being researched and various options considered the ones chosen were most appropriate for this research and allowed freedom to navigate unexpected frontiers particularly in the interview process. Having such a broad and inclusive framework allowed me as researcher to appropriate the questions and in some cases completely discard them depending on the situation. For example, when one of the respondents mentioned the loss of her baby, it would have been inappropriate if I had to continue a specific line of questioning to fulfil my methodology. Thus IPA was a really supportive and useful approach which allowed both the participant and researcher authenticity to illuminate the process. The methodology of IPA was useful in providing a coherent analytical guideline.

5.3 Synergy and divergence of findings in relation to existing literature

The topics that emerged in both interviews will be discussed in relation to existing literature.

5.3.1 ‘Voice’

The interviews were an extraordinarily rich source of primary data. Due to the word limitations only key excerpts were extrapolated for this thesis. They were deeply moving encounters and needed. Needed, because both participants illuminated the need for a voice, the need to talk and not being heard. One of the interviews focused predominantly and quite profoundly on the desperate need to be heard which underpinned the entire interview culminating in an explicit statement that illustrates this\(^6\).

\(^6\) see chapter 4, p15 for the context
Incidentally, I had not anticipated the significance of the need for a voice to the degree it manifested. I did not even actively search for it in the literature review. In that sense it was an unexpected finding. Though I wanted to provide a space for that voice which is manifest in the aims, I had not anticipated the veracity with which this would become a key finding. This leads on to discussing the findings in further detail.

This discussion centres around the main question areas which were split broadly into four topics; asking respondents:

- How they felt about and experienced menstruation.
- Their feelings and experiences around the religious teaching of the menstruation verse in the Qur’an.
- Their feelings and experiences of birth and;
- How they felt all these impacted their attachment or future implications.

The latter became somewhat intertwined with experiences of birth and thus the discussion is presented in three categories below. Implications are discussed predominantly in relation to the relevance of each case. It was decided that any discussion of wider implications of the findings could not be engaged in at this stage because it is impossible to make generalisable statements about possible implications for future practice or support for Muslim women based on the small sample. This was a challenge for me as at the outset I had hoped I would be able to make a difference by being able to state some clear suggestions for a way forward.

The methodology I followed does not allow me to make generalisable suggestions or comments, which has felt limiting at the culmination of this work. However, if it was possible to replicate this study I would suggest increasing the sample group to at least nine or ten people and adding focus groups. This would be a much larger scale study perhaps more appropriate for a PhD.

5.3.2 Defining Menstruation- what it means to the participants

When asked the opening question, how have you experienced menstruation and what does it mean to you? Both respondents recounted their first experience. This seemed to be of significance with both also giving the onset age. For one, the experience appeared devoid of
meaning though I sensed that perhaps on an unconscious level there was a detachment. For another respondent her first period marked a significant point of secrecy, hiding, and the choking of her voice metaphorically speaking. This illuminated Kerkham’s (2003) notion of how the connotations associated with menstruation cannot fail to affect a women’s core sense of identity. For this respondent it absolutely defined her core identity. She had no outlet for her feelings and continues to talk to herself to this day and the need to voice herself was the reason why she volunteered for this research. For her, the secrecy and not being able to relate to her mother became a benchmark for relationships. It was taboo. This had significant implications for her life and relationships. While it is not generalisable, if there is an element of secrecy that can be identified in further studies with a larger sample, this would be interesting to explore and determine if this is a wider phenomenon. The notion of secrecy and hiding links back to several of the literature reviewed. Jackson and Falmagne (2013) had stated that within a range of societies, menstruation is a particularly mysterious phenomenon. Certainly for one of the respondents it was not something acceptable to discuss in her family. This was based on myths and mysteries; cultural ideas of the need to cover up and women’s shame (Kumar and Srivastava, 2011). It was a secret she had to keep. The findings were an extension of and in support of Jackson and Falmagne (2013) and Kumar and Srivastava (2011) research. One of the respondents did not link menstruation through to birth and attachment. This was likely because of her raw and abrupt experience and trauma of forced termination being the central foci of discussion. I interpreted the situation to be too premature to discuss further. To determine if there is a connected link through menstruation, birth and attachment in the space that occupies the womb this would require a far larger sample and perhaps a focus group discussion could be well facilitated here. However, prior to that and based on the research reviewed, the discoveries through this thesis and anecdotal evidence from my professional work with Muslim women, what is needed are education workshops on menstruation. To date in the Muslim community this is not an openly discussed subject. It is perceived negatively and there is an unspoken concept of privacy. As a result of this thesis and the culmination of my work I do intend to run workshops on the biopsychosocial and spiritual consciousness of menstruation. This is where the work of Pope (2012) is pertinently posited. She believes that the menstrual cycle is a hidden resource in a woman’s body that can become the means of a rich, psychological and spiritual exploration. This could be a useful starting point for community workshop discussions. Social and cultural factors play an
important role in transmission of menstrual knowledge (Gahagan and Orringer, 2010) as is evident in the stories of the respondents.

Burrows and Johnson (2005) found that many negative representations of the menstrual cycle were revealed in both traditional and feminist research and theorising. Their findings included that the menstrual period was largely constructed as embarrassing, shameful and something to be hidden. This was very much in support of and supported by the findings of this thesis. Further they also opined that menstruation was constructed as illness (Burrows and Johnson, 2005) though this was not congruent with the findings of this research. Illness was not mentioned explicitly in relation to menstruation except for the mention of occasional pain by one of the respondents. They were concerned about the subjugation of girls as a consequence of negative representations and argue for the need to challenge current negative representations and practices. There was one striking reference made in one of the interviews of the respondent ‘serving’ them and being subjugated. Negative representations and practices in relation to females in general in the Muslim community need to challenged, menstrual taboos may just be one aspect of it and or the reason d’être.

Both respondents spoke about menstruation in what I interpreted as a slightly disconnected and detached way. This was added to and supported by Stubbs and Costos’ (2004) research which was concerned with negative attitudes towards menstruation causing a sense of “disconnectedness” amongst women and within themselves. They suggest a biopsychosocial exploration of menstruation in feminist therapy. It feels ever more important to continue this discussion and education around menstruation. Though the sample group was small and not generalisable the data provided authentic real experience.

5.3.3 Religion and culture
A question was asked around knowledge of the Islamic teaching on menstruation as per mentioned in the Qur’an. Neither of the participants had come across the verse. This actually came as a slight surprise to me as the researcher as I realised in hindsight I unconsciously assumed a discussion on the meaning of this for them would follow. There was a discussion, and both were interested to see the verse and or I offered to share it with them. This was in fact opening up a new discussion. It felt like a preliminary discussion. Some Qur’an
translations in particular Yusuf Ali’s\(^7\) used the word “pollution” in reference to Menstruation. This ideology and assumption are mentioned by Delaney et al., (1988) who cite Otto Fenichel\(^8\) associating menstruation with a variety of disorders which he labelled as “the first pollution”. This was a concurrent concept underlying the unconscious intergenerational transmission of the concept of ‘uncleanliness’ of women as highlighted by one respondent. She felt that she may be physically unclean but her soul and being were not unclean. Interestingly the younger of the two respondents felt it made no difference to her what people termed it as and appeared not to have so strongly internalised shame or negativity around her menstruation.

There was an assumption that the translation would be accurate as it has been translated from the Arabic which is as Muslims believe ardently the unchanged word of God. There was not any thought given to the possibility that translation itself could be influenced by the various dynamics discussed in the literature review; linguistics, gender bias, patriarchy, socio political climes of the translators also highlighted by Naguib (2010). Naguib proposed a possibility for reading scriptural texts from a Muslim feminist hermeneutic which reaffirms the original purity of humanity as a horizon for the divine. This is also convergent with Pope (2012) notion of a holistic perspective of menstruation that encourages the psychological and spiritual exploration. One of the respondents did have a realisation that actually there are no female translators as she put it saying “that would make sense”. I interpreted the statement as a revelatory moment.

5.3.4 Medicalisation, birth trauma, and attachment

For both respondents a key emergent theme was birth trauma, pain, loss, and grief which seemed contextualised within the narrative of their hospital experiences. These were described in response to a question inviting them to discuss their feelings and experiences of pregnancy and birth. There was a deep sense of helplessness for both in their very different situations. They experienced no autonomy, and their respect and dignity were compromised. This expounded on Purdy’s (2006) research which stated that “reproductive autonomy is

\(^7\) [http://quran.com/2/222](http://quran.com/2/222) for various translations of the same verse

\(^8\) Known as a “second generation” psychoanalyst born in 1897 and died on 22 January 1946
central to women’s welfare”. This was a really important concept that emerged through the interviews. The outcomes for both the women could have been dramatically different if they had been allowed reproductive autonomy. It was important to the welfare of both women however, it was unfortunately missing, disempowering them and rendering them helpless. This also related to the overall feeling of lack of support in all directions whether from family, community and or professionals.

Gerhardt (2004) suggested that certain biochemical systems can be set in an unhelpful way if early experiences are problematic: both the stress response as well as other neuropeptides of the emotional system can be adversely affected. Contrary to expectations, this study did not elucidate information on the meaning of this for the respondents. It is also quite a technical area that many people are probably not mindful of in their daily lives.

The respondent who had children did not talk about how her children had been impacted by their birth experiences and intervention, or their behaviours and or emotional states in any detail so it is not possible to comment on this. There was one mention of self blame because of the position of the child in utero which required an unexpected caesarean section. She did not discuss any impact on child’s development since birth. It is possible that the trauma has created a block in consciousness in thinking about the impact or it was just not shared in the interview. The respondent continues to experience ongoing trauma resultant from a third degree tear and haemorrhoids which she attributed to the ‘matron’ who rushed her delivery causing her to tear. In fact both respondents continued to bleed and experience traumatic symptoms post birth. These findings corroborate the idea of Rowlands and Shaw (2012) that women who underwent forceps assisted delivery and unplanned caesarean experienced the poorest health and most traumatic symptoms several months after the birth. I would extend this to include the forced abortion (and anything that is devoid of the women’s autonomy leading to intrusive intervention) which was extremely traumatic for the respondent and has had long term consequences.

Perry (1997, 2001) examined the neurodevelopmental consequences of interpersonal violence on the nature of the developing child. He did not offer any reflections on the very central but
concept of birth trauma and the ways in which children are brought into a highly medicalised, clinical world of birthing that can be experienced as violent. The ideas of interpersonal violence experienced during birth in relation to medical staff intervention or lack thereof were profoundly related by both respondents. This resulted in trauma which the women experienced affecting their biochemistry and increasing stress hormones which could be intergenerationally transmitted to the next child if the trauma is unprocessed and unhealed. These findings seemed consistent with The National Scientific Council on the Developing Child (2010) who confirmed that cortisol levels have direct implications for the unborn foetus and are now well documented as impacting the neurobiology of the infant (Fosha 2003, Perry, 1997, 2001, Schore 2004, Siegel 2003).

Prominent sub themes included relationships, lack of support, judgment and expectations from others and self. These were unanticipated particularly because these findings were not previously described in the existing literature.

It is interesting and even peculiar that theoreticians and researchers have not sought to examine the direct relationship between menstruation, birth (the environment of the womb throughout the cycle) and the various processes of the cycle to attachment. This thesis was a small scaled piece of research with a very small sample and did not set out to determine whether there was a link. However, I had personally hoped to discover what factors may constitute that link and what those experiences and feelings were. Furthermore, to explore if those discourses were taking place at all.

All of the papers referred to for this thesis discussed either menstruation or birth or attachment but none of them seemed to consider a possible relationship between the two directly. Though there are studies on menstruation, birth and attachment individually, and links have been created around birth and attachment, virtually none included menstruation in the discourse on the mother-child bond or as impacting experiences of pregnancy and birth, the life cycle of the woman’s reproductive system; the milieu of the womb as a place that contains so much of the psychosocial, cultural, religious, and patriarchal constructions that dictate a woman’s narrative.
5.4 Limitations of the research and Researcher reflexivity

The limitations of the research have been highlighted through interspersion in the discussion. However, the main limitation was possibly the small sample, the lack of generalisability of evidence and I feel the structure of the questions could have benefitted from deeper attention. If the research were to be replicated, the format and process could be followed using IPA for the connecting validity frame; however it is possible that emphasis may be made on different passages by a different researcher of the story.

It felt risky to delve into unchartered parameters. I was unsure of what I would discover and consequently how that would have an impact in terms of a sense of responsibility to make a difference in my community. It was not easy to explore this area, I faced many challenges. One of which was not being able to cite a plethora of literature that was not academically rigorous but still was arguably equally important felt challenging and frustrating. This is in reference more to the movements through Wild Genie\(^9\) and the Red Tent\(^{10}\) groups who are holding workshops, trainings and discussions, though this work has not yet reached the academic world in the significance with which I would argue it should do.


\(^{10}\)[http://www.deannalam.com/red-tent/]
5.5 Conclusion

This research set out to explore the context and lived experiences of Muslim women’s experiences and feelings around menstruation and birthing and their perceived affect to their attachment with their child. The primary data collected draws on the real accounts of two Muslim women’s feelings and experiences. It was hoped that this research would illuminate areas of concern for Muslim women and what feels of significance to them. It was able to do that on a small scale for the women who took part. The unexpected finding was the desperate need for a voice and to be heard.

To summarise, there is no single response that answers the research question especially as there was no hypothesis. How do Muslim women’s experiences and feelings regarding menstruation and birth affect their perception of their attachment relationship with their child? In multiple ways, for those interviewed: the women who took part described feeling disconnected, unsupported relationships, secrecy, trauma, grief and loss, anxiety for children or future family. This is not generalisable to all Muslim women based on this small sample. However, it was important for these women. They did not necessarily create a link between feelings around menstruation as a cycle of the womb that is associated with birth and attachment. In some ways this may have been a premature research question though it is hoped it could also be considered as attempting to break new ground by creating a consciousness around the womb and what it means. I thought it was important to have this discussion, and it applies to all women not just Muslim. Further work does need conducting to establish whether all women are potentially affected by their womb and the internalisations (biopsychosocial and patriarchal) of this space and how this could impact their reproductive cycle including impact on the birth and attachment of a child. Where there is disconnect from the emotional and psychological aspects of the womb due to the shame, secrecy and patriarchal constructions of meaning with which it is loaded, it makes it difficult to engage people on this level. As a result of this research I think it is ever more important to create educational awareness on the concept of Menstruality and start the conversation. One of the respondents highlighted the need for information suggesting a leaflet to be made available for Muslim women which includes spiritual and religious elements of menstruation. If in the Muslim community we are able to understand and benefit from the menstrual cycle and break the taboos surrounding it, creating greater respect for women’s autonomy especially in birth, perhaps this would facilitate better supportive relationships and healthier families. Muslim
men also need to be part of this discourse and be open to it. Perhaps it may take another generation for things to change.

For change to take effect, it is increasingly important that menstruation and birth are placed on the map with an understanding of socio-cultural, psychological, religious and intergenerational dynamics. Furthermore an understanding is required of Medicalisation, capitalisation of women’s misery (Ussher, 2003) and male domination as continuing to drive the agenda and lives of millions of women and consequently the next generation.

For this work to continue empowering Muslim women I need to follow this through to effect change through education and discussion which I intend through facilitating discussion workshops. These issues need to be understood and worked through in order to facilitate support for Muslim women. In order for this to happen more education workshops on menstruation, advice on birth and empowerment, and culturally and religiously sensitive counselling need to be available in Muslim communities, and in mainstream services.

This thesis was part of the journey of discovery, not the beginning and nor the end.
References


Appendices have been removed from this version for sharing purposes