

Practice 1

Defining Femininity



“Masculine and feminine are not two separate principles or opposing energies, but two indivisible aspects of the same consciousness that you are before you identify as man or woman... as consciousness itself we are all masculine and feminine at the same time—both and neither, beyond the illusory divisions those words seem to create.”

-Jeff Foster

How do we define femininity and masculinity? How do these aspects manifest, presently? What does my womb have to do with it?

Masculinity, Femininity, and the Divine Principle

- In the Ayurvedic tradition, which can be traced back 5000 years to the Indian Subcontinent, *Shiva* (or *Purusha*), symbolizes the masculine principle and is considered to be pure consciousness, bestowing upon raw energy content, form, and direction. *Shakti*, (or *Prakriti*), symbolizes the feminine principle, and is associated with raw energy, nature, creativity, power, movement, change, nurturance, and abundance.
- Shiva and Shakti together are considered the “primordial principle,” and through the splitting of this principle at the advent of creation, the dualities within our lives came into being. Shiva and Shakti are like two sides of a coin; Shiva is the empty, clear screen onto which Shakti projects her beautiful film.
- *Ishwara* is the omnipresent, eternal, formless divine principle, which is a combination of the higher self or universal consciousness (called *Atma*, and is associated with Shiva) and its manifestation; nature (associated with Shakti). Their triadic relationship is similar to a light fixture: The electric current, which is the source of light, is *Ishwara*; the light it produces is Shiva, and the object that is illuminated is Shakti.
- If you are able to find energetic balance within yourself, you would achieve a state of absolute consciousness, unlimited compassion, joy, and eliminate polarities within yourself.

A Current State of Affairs

Femininity expresses itself differently according culture and its customs, the temperament of the individual woman, and the nature of her past experiences. But many cultures are based on a patriarchal past, in which men have wielded more power than women. Women worldwide experience subjugation in the form of jobs, education, sexuality and reproductive choice. American women have strived to overcome these stereotypes and have gained a position of near equality in many societal constructs. In the United States today, men and women enjoy

almost equal social standing. Women can and do vote, own businesses, hold political office and have a full spectrum of rights. They have reproductive and social rights to divorce, abortion and birth control. They can wear whatever they choose. Laws are in place protecting them from sexual assault and physical abuse.

There are, however, media constructions of gender that portray clear stereotypes of men and women. Women are portrayed in the media as sexual objects: thin, large breasted, demure and flawless. Even though they hold powerful jobs and play valuable roles in a variety of social constructs, the Madonna/whore paradigm prevails (Dixon, 2011).

The emotional, mental and spiritual toll on women who are not seen and/or held in appreciation for *all* her aspects, is significant and getting heavier. A few important facts:

- Approximately 12 million women in the United States experience clinical depression each year (nearly twice the rate of men).
- About one in every eight women can expect to develop clinical depression during their lifetime.
- Depression occurs most frequently in women aged 25 to 44, and girls ages 14-18 have a consistently higher rate of depression than boys at this age.
- Notably, happily Married people have a lower rate of depression than those living alone. However, unhappily married people have the highest rates of depression.

Many factors in women may contribute to depression, such as developmental, reproductive, hormonal, genetic and other biological differences (e.g. premenstrual syndrome, childbirth, infertility and menopause). Social factors may also lead to higher rates of clinical depression among women, including stress from work, family responsibilities, the roles and expectations of women, abuse and poverty.

It is our assertion that in today's western culture, masculine and feminine energies have become discordant. In society at large, and within the individual. This manifests not only in the jarring statistics regarding depression and its related issues, but in the day-to-day task of choosing fear over courage, self-loathing over self-loving, and a need for control over the stillness of receiving, in intimate relationships (even if that intimate relationship is only with yourself). As you engage with these eight practices, we hope to empower you to take ownership of your journey to self-discovery, which will allow for the manifestation deeply loving and intimate relationships.

Womb Presence and Your Feminine Essence

You may have come to know your “sacred bowl” by names, but for our purposes, we will refer to this space—inhabited by your root and sacral chakras—as your “womb space.” You might relate to it through menstruation, menopause, or child birth, but chances are you don't relate to it as a source of daily wisdom,

discernment, and creative power, and don't tend to your womb energy on any kind of conscious, regular basis. Because of the absorptive and receptive nature of the womb and uterine energy, they are deeply affected by our intimate connections with others.

As you learn to inhabit your womb, and to consciously work with the innate cycle of receptivity, gestation, and release, you will tap into a big and unlimited resource for anything you want to create in your life. You can consciously choose to "gestate" the birth of a project, a dream, a relationship, or anything that's deeply in harmony with your feminine essence, harnessing the vastly nourishing resource of your womb to create and birth your visions or dreams into the world (Sophia, 2016).

In Context

We just want to add, much of what we will discuss in this course is primarily based in the experiences of cisgender women, taking into account the sacred importance and significance of a cisgender woman's biology, including her menses and hormonal cycles—and the impact this has on her psycho-emotional-spiritual experiences.

However, it is our belief that once we name, claim and embrace all aspects of ourselves, we accomplish a dynamic state of multiplicity and fluidity that can move beyond static concepts that hold us to binary systems of belief or identity, and even the sex assignment of the body.

When we use the terms “Divine Feminine” or “Divine Masculine” it might help to think of it as yin or yang energy; because what is comfortable for the individual's experience of gender expression, in the context of divine masculine or feminine energies, will vary from person to person, and not necessarily be determined by assigned sex.

But for the purposes of this course, we are focusing primarily on the experiences of cisgender women, and their relationship to divine feminine energy. This is not to the exclusion of anyone else's experience of divine femininity and what it might mean in their experience.

Resources

- Dixon, V (2011) Retrieved from: <http://www.inquiriesjournal.com/articles/395/western-feminism-in-a-global-perspective>
- National Institute of Mental Health: “The Numbers Count: Mental Illness in America,” Science on Our Minds Fact Sheet Series. Accessed August 1999. <http://www.nimh.nih.gov/publicat/numbers.cfm>

- National Institute of Mental Health, Unpublished Epidemiological Catchment Area Analyses, (1999).
- National Institute of Mental Health: “Depression: Treat it. Defeat it.” Accessed June 1999. http://www.nimh.nih.gov/depression/genpop/gen_fact.htm.
- National Institute of Mental Health, D/ART Campaign: “Depression: What Every Woman Should Know,” (1995). Pub No. 95-3871.
- Kandel DB, Davies M: “Epidemiology of Depressive Mood in Adolescents: An Empirical Study,” *Archives of General Psychiatry* 1982; 39:1205-1212.
- National Institute of Mental Health. “Women Hold Up Half the Sky,” Updated June 1999. <http://www.nimh.nih.gov/publicat/womensoms.cfm>.
- Seidman D: “Postpartum Psychiatric Illness: The Role of the Pediatrician,” *Pediatrics in Review*, 19 (1998):128-131.
- Sophia, J. (2016) Retrieved from DailyOM; *Break the Grip of Past Lovers*.