CHAPTER 1

Research and Theory

COPYRIGHTED MATERIAL

This chapter provides an overview of the research that was used to guide and support the creation of the Amazing Moms curriculum. Each of the building blocks of this program will be briefly discussed: the influence that female[1] socialization has on girls and women, the fundamentals of trauma-informed care (TIC), the importance of mother-responsive services, and the impact that various systems have on mothers. The authors of this program strongly encourage facilitators to continue expanding their knowledge in these areas as that will serve them greatly in further improving their skills when working with mothers. This chapter is not intended to be exhaustive in its description of these areas, but rather to offer a window into these topics while encouraging continued exploration on the part of those facilitating the program. This program was written as a companion to the *Amazing Dads!* curriculum authored by Dan Griffin and Harrison Crawford.

[1] The terms "mom" and "mother" are used to include all persons who identify as female, feminine, femme, and other identities that do not align with masculinity or the terms "dad" or "father." The goal is to use research around female socialization in Western Society to explore positive and negative consequences of being raised as a female or presenting as feminine and the impact that has on being a mother. This verbiage does not solely recognize gender as binary and is intended only as a means of context. The terms, "woman," "women," and "female" will be used throughout for the same purpose.

Amazing Moms! Motherhood Curriculum, Facilitator's Guide, First Edition. Sophia Murphy, Dan Griffin, and Harrison Crawford.
© 2026 Sophia Murphy, Dan Griffin, and Harrison Crawford. Published 2026 by John Wiley & Sons, Inc.

Female Socialization

The exploration of cultural and societal influences on how girls and women are socialized throughout their lifespan is the keystone concept for the Amazing Moms program. Coupled with the importance of understanding trauma and the impact of trauma on women and girls, the ability to view motherhood from the perspective of female socialization is critical to effectively facilitating the curriculum. The reason this is critical is that the path to creating a safe, trusting, and open environment for mothers (or girls and women in general) requires an ability to address the concept of female socialization in a therapeutic, strengths-based, and solution-focused manner.

Perhaps the most important concepts to consider are those of gender and sex. *Sex* refers to whether one is considered biologically female, male, or intersex. *Gender* is a social construct in which specific messages are given to people regarding acceptable behaviors and characteristics. The role of gender varies from culture to culture and even within cultures and is impacted by many other factors: socioeconomic status, race, ethnicity, and sexual orientation to name only a few.

Understanding that gender is a social construct, it is important to recognize that masculinity and femininity come with culturally informed "rules." Dan Griffin's work on "The Man Rules," and "The Woman Rules" as well as Dr. Sophia Murphy's continuation of his work on "The Woman Rules," is the lens through which this socialization is explored throughout the Amazing Moms curriculum. What is important to stress in Griffin's work is why they are called "rules." There is little to no choice involved in the creation of rules and even in the following of those rules. The reward for following the rules is acceptance and even safety which creates an incredible unconscious connection to the rules. Girls are not explicitly introduced to the rules and offered choices about which ones they want to adhere to. Often, the younger girls are when the Rules first get imposed upon them, the less autonomy they feel to push back on any they disagree with or find harmful. The Woman Rules simply become part of their experience of the world versus something they feel that they have agency over.

The idea of gender-based "rules" for women and men is a cross-cultural phenomenon. Not only do we observe various sets of "Woman Rules" across the globe in distinct cultures (with nuances specific to each culture), but there are themes that are ubiquitous. Some of the more detrimental themes we can observe cross-culturally are related to feminine norms and trauma. Women are historically undervalued based solely on their gender and the expectations for women and their roles. When women defy their gender norms, they are received critically and harshly which contributes to a poor intrapersonal relationship and poor dynamics with others.

> "How society regards females (e.g. as physically or biologically weaker than males) and what society attaches to being a girl or a woman (e.g. emotionally fragile, dependent on men, sexually or romantically attracted only to men) are very different from how society regards males and what society attaches to being a boy or a man … in the United States, the definition of what makes a 'successful' person such as being assertive, ambitious, competitive, strong-willed, and self-reliant are characteristics that are typically attached to being a man … are deemed positive only if possessed or displayed by boys or men … a woman who is assertive, strong-willed, or independent is often regarded as 'bossy,' 'inflexible,' or even a 'bitch'" (David and Derthick 2018).

Recognition of the connection between female socialization and trauma is hugely important and needs to be a significant driver of how services are developed, marketed, and implemented with female populations. It is this recognition that drove us to develop the *Amazing Moms!* program to address the often-overlooked needs of moms.

Values-Based Paradigm

There are different models for service delivery. The one that informs this curriculum is called Values-Based Services. There are six foundational components to this particular iteration of the model developed by Dan Griffin. Read on for a brief description of each:

1. *Gender-responsive*: Services and systems that are created to respond to an individual's unique needs and issues based upon their gender conditioning, particularly, but not solely, within the binary of masculine and feminine. Creating a space for all gender expressions and identities is an essential part of gender-responsive services.
2. *Trauma-informed*: Understanding that the phenomenon and experience of trauma is a universal experience and must be taken into consideration at all levels of a program.
3. *Culturally humble*: While the terms "cultural competence" and "cultural responsivity" are often used, the preferred term for truly trauma-informed systems is "cultural humility." The main difference is the focus on becoming knowledgeable about another's culture and lived experience by listening to them, being a witness to their story, and helping to create a space for them to explore.

4. *Recovery-oriented*: It is easy to focus on the problem when dealing with addiction and mental health needs, but recovery-oriented services mean that providers and the overall systems focus on recovery from the very beginning and throughout the entire treatment process. A recovery-oriented approach should be infused throughout the whole treatment process: from the language that is used in services ("substance use disorder" instead of "substance abuse;" "recovery maintenance" instead of "relapse prevention") to the focus on recovery and strengths in the discharge process.
5. *Spiritually enriched*: The focus is on connection and community. While it may include religious beliefs and practices, it doesn't have to. The primary focus is that one can connect to a reality bigger than themselves and find practices and beliefs that support their living in a community, however that looks for each individual.
6. *Family-centric*: No individual is raised in a vacuum and their caregivers and the environment(s) in which they live have profound impacts on their experiences, their identities, and their lives as a whole. This also recognizes that people exist in family systems throughout the lifespan, so family-centric services are part of a whole-person approach to treatment.

This paradigm takes a holistic approach to working with moms by recognizing the differences, uniqueness, and complexities that each individual participant possesses. Using the approach outlined above is designed to improve the engagement and outcomes for participants, regardless of where each mom is coming from at the start of the experience.

A Trauma-Informed Motherhood Curriculum

Knowledge of the impact of trauma has grown exponentially in recent decades, expanding understanding of how pervasive it is while also being a very individualized experience. Along with this increase in knowledge and awareness has come the recognition that providers of all types (doctors, nurses, therapists, social workers, child welfare workers, teachers, principals, probation/parole officers, and more) need to consider the work they do from a "trauma-informed" lens.

Trauma-informed care (TIC) refers to an approach in healthcare (and other arenas) that acknowledges the pervasiveness of trauma in the population, recognizes the signs and symptoms of trauma in all participants in the healthcare system (patients/clients,

families, caregivers, staff/employees), uses knowledge of trauma and best practices to improve policies and organizational processes, and takes an active role in avoiding re-traumatization of those interacting within the system (Center for Health Care Strategies, 2025). A TIC approach uses a default assumption that anyone within the care system may have experienced trauma, so everyone needs to be approached therapeutically and helped to feel safe in all interactions and environments. It is proactive instead of reactive. In addition, TIC does not apply only to interactions with healthcare customers and employees, but to the healthcare environments themselves: things like the layout of waiting rooms and patient rooms, literature, and media visible in the environment, and training and support provided to nonclinical staff such as receptionists and security personnel.

The principles guiding *Amazing Moms!* are not just trauma-informed principles, they are the principles of ***female*** TIC, created by Griffin and Murphy. While Fallot and Harris first identified five principles for TIC, and then the Substance Abuse and Mental Health Services Administration (SAMHSA) identified six, the principles of ***female*** TIC developed by Murphy and Griffin highlighted a need for specific attention to be given to radical authenticity as part of a TIC approach specifically working with female-identified individuals. Next, you will find a brief description of each principle, examples of each principle, and specifics of how the *Amazing Moms!* program incorporates each.

The following section explores SAMHSA's six principles while also incorporating the two additional principles from female TIC.

Components of TIC (from Center for Health Care Strategies, 2025 and *"SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach"*):

1. *Safety*: Throughout the organization, patients and staff feel physically and psychologically safe.
   a. Organize the environment to promote a sense of safety and calm, as best you can. From waiting areas, to security measures, to how people are greeted, the environment itself contributes to safety, either promoting it or detracting from it.
   b. Develop consistency in your approach to the moms you work with. An example of adding consistency is making sure that you start and end each interaction in a similar way. Consistency offers a sense of safety in knowing what to expect from their interactions with you.
   c. Take opportunities to connect with the mom and build rapport and a relationship outside of being solely task-oriented.
   d. Teach practical skills to the moms to help them develop a repertoire of self-regulation skills such as grounding and relaxation.

e. *How* Amazing Moms! *addresses safety:* Safety is discussed right from the beginning in the first Amazing Moms meeting and throughout the entire curriculum. Safety is framed as emotional and psychological safety in addition to physical safety, and we utilize the above recommendations throughout. For example, we developed a "safety check-in" that is used in every meeting where the women give a number from one to five indicating how safe they feel in the group. Their numbers then influence the group facilitator's decision to do some grounding or breathing work if any moms are feeling unsafe or triggered.

2. *Trustworthiness and transparency*: Decisions are made with transparency, and with the goal of building and maintaining trust.
   a. As the professional, it is important to model trustworthiness to the moms. It is possible that the moms have not had trusting experiences with professionals, so being a model of trustworthiness, partly through transparency, is a way to build that relationship.
   b. Hold yourself to the same standards you hold the moms with whom you work.
   c. Offer insight and explanations of the "why" of things whenever possible.
   d. Clearly communicate any program expectations.
   e. *How* Amazing Moms! *addresses trustworthiness and transparency*: Developing trust is a key emphasis of the Amazing Moms program. Transparency is evidenced by consistency in the meeting structure, obtaining verbal commitments from the mothers at key points, and clear communication of the goals of each meeting.
3. *Peer support*: Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery.
   a. Tap into resources you may already have – create an alumni group of moms who have completed your program.
   b. Seek opportunities to have multiple moms meet, connect, and share experiences, especially in small groups. It can be incredibly powerful to help the moms recognize that others are going through similar circumstances.
   c. Encourage moms to check in on one another between meetings. Help them develop an ethic of supporting one another.
   d. *How* Amazing Moms! *addresses peer support*: Amazing Moms facilitates a cohesive group environment where the participating moms can support one another through their lived experiences. There are many opportunities throughout the curriculum for the participants to provide feedback to one

another, support one another through pain and in their growth, and create an environment where all participants know they are not alone in their journey to become the best mothers they can be. The curriculum also does something that many do not by using small groups where the women are able to develop more intimate connections with one another, something that is often challenging for women.

4. *Collaboration and mutuality*: Power differences – between staff and clients and among organizational staff – are leveled to support shared decision-making.
   a. Avoid shaming or blaming the moms for mistakes and missteps.
   b. Give the moms opportunities to collaborate with one another in smaller groups.
   c. Whenever possible, avoid being directive or prescriptive. Give the moms the freedom to choose what works best for them versus telling them what they need to do.
   d. Utilize calculated and appropriate self-disclosure, taking into consideration the setting and working relationship you have with the moms.
   e. *How* Amazing Moms! *addresses collaboration and mutuality*: Amazing Moms participants are recognized as experts in their own lives. The mothers drive the decisions they make and how they choose to utilize the information, resources, and tools that are provided. The program does not take a prescriptive approach, instead encouraging the mothers to determine how to be the best mothers – and women – they can be.
5. *Empowerment, Voice, and Choice*: Patient and staff strengths are recognized, built on, and validated. This includes a belief in resilience and the ability to heal from trauma.
   a. Maintain a culture that highlights how the moms are experts in their own lives. In areas where you are the expert, take an approach of being a guide versus being a director of what the moms "should" do.
   b. Collaborate with the moms to identify their own goals for completion of your program, separate from any mandatory goals that may be imposed on them.
   c. Give the moms the opportunity to drive processes whenever possible. Ask questions such as, "How would you like to proceed?" or "What would you like to start on?"
   d. *How* Amazing Moms! *addresses empowerment, voice, and choice*: The Amazing Moms program takes a strengths-based approach by encouraging the mothers to use internal and external resources already at their disposal (e.g., internal: desire for change; external: supports they may have from

people in their lives). The approach of this program is that of a guide and of offering information and insight. It is nondirective and nonprescriptive. We recognize that lasting change comes from offering moms information that they can use and fit into their own personal circumstances.

6. *Cultural, historical, and gender issues*: Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, and geography) and historical trauma are recognized and addressed.
   a. Practice cultural humility, seeking to empathize with the moms versus making assumptions about their experiences. Show curiosity and compassion toward the moms' life experiences and perspectives.
   b. Whenever possible, give the moms opportunities to consider perspectives different from their own.
   c. *How* Amazing Moms! *addresses cultural, historical, and gender issues*: An entire meeting is devoted to discussion of the toxicity that comes with biases and stereotypes along with a discussion of historical and intergenerational trauma. Facilitators of this curriculum are strongly encouraged to develop an awareness of their own biases and respond accordingly to avoid those biases creeping into their facilitation. There are many opportunities for the moms to hear the experiences of others who are different from them.
7. *Radical Authenticity*: The necessity for women to show up as 100% authentic is addressed as paramount to this curriculum. While authenticity is often scary and messy, this curriculum argues that it is the more sustainable option for women over perfectionism which is the core aspect of the Woman Rules which lead to so much distress.
   a. Create opportunities to model authenticity without being performative. Whenever possible, acknowledge the challenges inherent in doing so.
   b. Focus on the relationships in the room as they develop, particularly when one woman's vulnerability to be authentic supports connection with others.
   c. *How* Amazing Moms! *addresses radical authenticity*: moms, and women in general, are pressured to avoid telling the truth about their pain because their sense of worth and purpose is wrapped up in caring for others and putting the needs of others, *especially* children, before their own. The curriculum directly addresses these unsustainable expectations, and challenges the moms to confront these patterns. Facilitators of this curriculum are strongly encouraged to explore their own challenges around authenticity, to have the awareness needed to recognize this pattern in the group, and supportively challenge the moms to engage with themselves and each other in new ways.

A core tenet of TIC is approaching others from the perspective of "What happened to you?" instead of "What is wrong with you?" This is especially important when working with participants to address any behaviors that may be harming themselves or others. "What happened to you?" is an acknowledgment that the participant's previous experiences, especially traumatic experiences, are likely the drivers of any maladaptive behaviors or behavior patterns that the participant is engaging in. Recognizing that such behaviors are likely stemming from a trauma response is key to avoiding shaming and blaming moms. Instead, it opens up opportunities to build trust and a therapeutic alliance with a mom, which research shows is one of the most important determinants of good therapeutic outcomes (Ardito and Rabellino 2011).

It is important to understand avoiding blaming individuals for behaviors they developed to cope with trauma *does not* encourage avoiding accountability or responsibility for their actions. Compassion and a therapeutic approach are not in conflict with accountability and responsibility. However, approaching participants with compassion will lend itself to a greater likelihood of real, positive behavioral change when compassion is coupled with offering participants skills and support to bolster their resilience.

In working to create a curriculum to effectively address the specific needs of mothers, the authors recognized that a trauma-informed approach was a necessity. Individuals socialized to be girls and women experience, express, and recover from trauma differently than those socialized to be boys and men. This means that mothers also have different experiences of trauma than fathers – not better or worse, but different. As a result, this program was designed to account for the trauma experienced by many of the mothers who will participate. Anyone facilitating this program should approach interactions with the assumption that each participant has a trauma history. This assumption of trauma history is part of actively avoiding retraumatizing the participants. This is particularly important when it comes to women and understanding that women are conditioned to minimize their pain and prioritize the needs of others over themselves.

Female Socialization and Trauma

One of the more sobering realities that gets explored in this curriculum is just how entrenched trauma is in the process of socialization of young girls and women. Most often it is not *whether* girls experienced trauma as part of learning The Woman Rules, but *how traumatic* that learning was to them. Multiple meetings within the curriculum address how The Woman Rules are ingrained into young girls through traumatic means.

When babies are born, there are no differences between female-identified babies and male-identified babies in terms of their ability to emote, their desire for connection and attachment, their desire for intimacy and nurturing, and their ability to be close to others. However, girls are taught to wrap their identity into the evaluations of others and the relationships they have with others. They are taught that they are "nothing" without the approval of others, most often a male romantic partner and/or the role of motherhood. While women are not shamed or chastised for their emotional expression in the same way men are, they are often unaware of their emotional state at any given time due to socialization to focus on others and avoid being seen as "selfish." They are not taught to foster a sense of self that is internally driven. Girls and young women continuously receive messages that weaponize the natural instinct to connect and seek intimacy via media (TV, movies, and the Internet), peers, parents, and society at large.

Women are taught to prioritize connection and intimacy with others, even to their own detriment. They are taught to devalue themselves if they are single or without a romantic partner, typically a man. Women are sexualized from an early age and most often learn to see themselves as an object for the needs (sexual or otherwise) of others. Safe connection and intimacy in relationships become skewed as women are taught to find themselves and their worth in the affection and attention of others. Women also experience violations of their bodies and bodily autonomy at high rates. Girls experience countless boundary violations involving touch, unwanted exposure, leering and gawking, and other experiences that compromise their safety and send them messages that their bodies and their sexuality are not theirs alone. 25% of women have experienced completed or attempted rape while over 50% of women have experienced physical contact through sexual violence. Nearly half of all rape survivors experienced the assault prior to age 18, while 4 out of 5 survivors were raped before age 25. Unfortunately, the violence happens early and often. (U.S. Centers for Disease Control and Prevention, 2025). Women receive damaging messages around their role in sexual assault, how they may have been "complicit" or even caused it (e.g. "she was asking for it"), and how they need to adjust their behaviors and external appearance to manage the behaviors of others (e.g. "she shouldn't dress like that"). It's almost impossible for women to feel safe in their bodies. Not to mention the countless images, movies, television shows, and porn films depicting sexualized violence against women with women depicted as wanting and responding positively to violent and aggressive sexual overtures from men.

Each time girls do not live up to the expectations society identifies for "real women," the resulting shame builds. Shame is an incredibly powerful driver of girls' and women's behavior, and very rarely in healthy, adaptive ways. The repeated shaming that girls experience when being taught to navigate their worlds in perpetual

service to others is traumatic on its own, but that is often compounded by additional traumatic circumstances and events.

Of equal importance is understanding how the socialization of young girls and women decreases the likelihood that they will admit to having experienced trauma and seek services or support to address it. While men may be socialized to fight or flee in response to trauma, women often do not learn this option and are more likely to fawn or "give in:"

> "… for women the power dynamics of the traumatic situation may limit their options for fighting or fleeing. If they are also unable to reach out and connect to others (to 'tend-and-befriend'), the only 'escape' from the distress may be psychological withdrawal. Hence, women have higher levels than men of dissociative symptoms, such as memory loss and experiencing events as if they are unreal," (Wilton and Williams 2019).

Women and girls are also more likely to engage in internalizing behaviors to cope, including self-harm and eating disorders. While women are often given superficial permission by society to address trauma and engage in therapy and self-reflection or healing, they are often unlikely to actually do so because of pressures of perfection, the need to maintain the facade of being selfless, and the intense shame of perceived failure.

Women with Trauma: What Happens Next?

When we recognize the prevalence of trauma in females, the next logical question is: how do we help? There is significant investment, education, and innovation needed in the mental health system's ability to effectively support women, especially those who have experienced trauma. There are important discussions to be had about increasing access to services and emphasizing the need for services to address trauma specifically in girls and women. However, offering treatment services is not the entire story. Services should be intentionally designed with the needs of the target population in mind, versus utilizing a one-size-fits-all approach.

Part of creating gender-responsive programs and services for women involves exploring what women really need and desire. Decades ago, service providers and program developers seemingly made assumptions about what women needed, wanted to talk about, and what would benefit them most. Luckily, in the ensuing decades, we have recognized the importance of not simply making assumptions, but relying on women, moms, research, and experience to shine a light on what approaches tend to have better outcomes.

Based upon Dan Griffin's groundbreaking work with men and gender-responsive treatment in Helping Men Recover and Healing Men's Pain, Griffin and Murphy expanded this concept for women in the companion curriculum, Healing Women's Pain. Any treatment approach must recognize that a woman's recovery, therapeutic progress, commitment, or whatever the desired outcome is, relies on honest acknowledgment that the women will be asked to go against much of what they were socialized to rely on for safety – the Woman Rules. When we think of the Woman Rules, we think of the "Don'ts" and the "Bes." The Rules are incredibly exhausting and consist of never-ending, competing demands warning women what NOT to do while also requiring all the things women must be. There are narratives of "don't be selfish" while demanding women "be selfless." They are expected to put everyone else first, have no needs, and to do everything perfectly, all the time. As women, moms get lost in the role of being a mother; they lose their ability to have an identity separate from that of "mother" as society reinforces this through the Water and the Rules. What standard therapy and treatment approaches ask women to do is contradictory to this because it asks women to admit they are imperfect and need help too. As women are pressured to tie their identities to the role of "helper," it can feel threatening to receive help and support. They must move through their shame and their inner narratives telling them they cannot acknowledge any difficulties, confusion, or pain lest they fail in their duties. In essence, when women enter treatment, we are asking them to challenge many of the core beliefs they have lived by, while at the same validating some of the best parts of the Woman Rules. A simple answer to this dilemma is that we can help women thrive in treatment by utilizing a female-responsive, trauma-informed approach that emphasizes developing safety through a gendered-lens.

A female trauma-informed approach to working with women and moms requires the recognition that shame, trauma, and the aversion to admitting either are ubiquitous. By asking participants to trust your process, or your program's process, you are asking them to place their trust in you. By consistently implementing the principles of female TIC, you can help the women and moms you serve begin to develop trust in you, one another, and their own abilities to be the drivers of change.

Why Focus on Mothers?

There is a robust, and ever-increasing, amount of research available that confirms the importance of a mother's mental health and wellness. Mothers have a significant impact on their children's physical, emotional, social, and academic development, among other areas. The research on how a mother's mental health impacts herself and

the family is voluminous. The transition to motherhood itself can negatively impact a woman's self-image and sense of self, especially as her identity and sense of responsibility shift drastically. Poor mental health negatively impacts her ability to bond with and nurture her children. Poor mental health also impacts her relationships with a partner and the entire family system (Modak et al., 2023). The data is clear: a healthy mother positively impacts the lives of her children and the entire family.

One of the greatest challenges for women who become mothers is the unrealistic expectations set for them by society. While trends are shifting, moms are still portrayed on TV and other media as superheroes: capable of handling everything, being there for everyone, and being completely selfless in the process. Research has found that TV moms are portrayed in ways that often reinforce shame and guilt for women. They are often young, thin, and White, live in and maintain a spotless home (although the work needed to create that environment is rarely, if ever, shown), depend on a male partner for financial stability, and present as "effortlessly attractive" (Geena Davis Institute, 2024).

The additional impact of social media can't be ignored when exploring the expectations mothers face. A recent study found that new moms are negatively impacted by the trend of "momfluencers" and the steady stream of content focused on the "perfect" mom which is often idealized and reduced down to a "clean house, happy kids, photo-ready hair and makeup" (Diaz, 2024). The endless posts highlighting a mom who can meal prep and clean the house daily while looking perfectly put together, pretty, and still able to play with her kids contribute to mothers' unrealistic expectations of themselves. These social media representations, falsely promoted as "normal," only reinforce the perfection narrative and contribute to poorer mental health, negative self-comparison, and self-doubt (Diaz, 2024). This curriculum creates a space for mothers to challenge The Woman Rules and confront these expectations to create the versions of themselves as mothers that truly align with who they *want* to be versus who they think society wants them to be.

The Danger of "At Least …"

There is a common platitude used in our society regarding distressing experiences: "At least…" This statement is often used to begin an explanation of how one person's distress isn't "as bad" as something else that could happen, often used as a means to encourage others or "put a silver lining" on their pain (RSA Shorts, 2013). While many people see this as an example of being empathetic, it's actually an example of being *sympathetic* which drives disconnection from another's vulnerability and pain.

For women, this is a foundational challenge of the Woman Rules. Because women are taught to focus externally and deprioritize their own needs, the challenges of comparison and minimization are significant. Women both chastise themselves for being "dramatic" or use the platitude of "at least" with themselves as a reminder that someone always "has things worse" than they do. And even when they manage to overcome that *internal* message and take that risk to share their pain with someone else, they often receive that same message in response.

This loop of attempting to be caring for others by creating a qualitative approach to suffering only serves to prevent a person from acknowledging the existence of their own pain. No one person's suffering or trauma is "more than" another's and yet, women are consistently stuck in this space of wanting to seem pleasing and perfect, thus not recognizing or acknowledging their own struggles. This, in turn, makes it challenging to recognize one's own limits, set boundaries, or ask for help. Women of color experience this at even higher rates since young girls of color are often seen as older than they are and expected to behave in ways that are well beyond their years; an experience known as *adultification* (Rochaun Meadows-Fernandez, 2020). Young girls of color also receive harsher discipline in school and receive less empathy and care when in distress because they are assumed to be able to cope with issues more advanced than their developmental stages. This translates to the common experience of grown women of color, particularly Black Women who carry the weight of having to always present as strong, invulnerable, and capable of coping with anything. However, we know that all women are *people* first and this expectation is simply unsustainable.

There is a range of reactions and emotions that occur when women speak up about their pain and trauma. Some reactions are invalidating, some are questioning, and some fall back into the pattern of comparison and minimization. This happens *among* women as well. Why might a woman react strongly to the idea of another woman talking about her pain? It is their shame response. It is the voice inside of them telling them they will be perceived as imperfect or difficult. It is their inability to acknowledge their own pain, their wounds. Either they focus on their own experiences or they deny yours. So many women are walking around with deep experiences of pain that they have not even acknowledged to themselves because they have been told for so long (and since a very young age), that their pain does not matter because it is not "as bad" as the pain of someone else. The toxic culture of femininity and our patriarchal society often does not care about women's pain. Pain is something to "put into perspective" or be grateful that it's "at least not …" compared to something "worse" that could happen. Toxic femininity says pain is not something to acknowledge, not something to heal.

Finally, there is the refrain of "It's not Trauma." This comes from systemic and institutionalized ignorance and denial, especially of marginalized populations' experiences of pain and trauma. There is a systemic refusal to truly acknowledge and address the impact of how girls and women are devalued and objectified, and as a result, abused, violated, and even killed. That is the Woman Rules at its worst. That is the toxic culture of masculinity, patriarchy, and colonialism trickling down to all groups. Then there is the historical and racialized trauma that exists. What would it take for our society to acknowledge this trauma? It would require a serious reckoning with the history of this country and how oppression and violence are in its lifeblood. It would require us to look at all the internalized biases we carry inside of us, that we have introjected from swimming in the toxic water. It would force us to acknowledge the generational reality of trauma for some people and how that has impacted individuals, families, communities, and our country as a whole.

Toxic Water and Traumatic Stigmatization

For the longest time, when people talked about trauma so much of it was, frankly, white people's trauma. Yes, there were services for military personnel of all backgrounds. Yes, there were amazing emergency intervention trauma services for survivors of genocide. However, the dominant rhetoric in the trauma field has not been great at recognizing the intersection of trauma and race, nor other aspects of socio-cultural impact that are often invisible to the dominant society. That is changing dramatically with the work of individuals like Dr. Resmaa Menaken, Dr. Eduardo Duran, Dr. Derald Wing Sue, and so many others. Finally, Black and Indigenous People of Color (BIPOC) are finding ways to have a voice. Since the George Floyd killing in 2020 and the massive racial unrest, there has been a resurgence of discussion of civil rights issues and an increased awareness of how trauma is caused by, and helps to protract, such issues.

Healing Mothers' Trauma

If there is one message that this curriculum wants to make as clearly and stridently as possible it would be: women and mothers can heal from trauma. There are incredible resources available now that weren't available even ten years ago. The science regarding trauma and healing trauma has grown exponentially in the last 20 years. The interventions that therapists have at their disposal are nothing short of miraculous.

The conversation around women and femininity in the 21st century is changing dramatically through podcasts, books, movies, and TV shows. More women, many of them famous and influential, have been sharing their experiences with trauma and talking about how it has affected them and how they have taken care of themselves. Nowhere is this more prevalent than the #MeToo movement which saw the uprising of women who had endured systematic sexual harassment, assault, and violence in the workplace. They came forward to share their experiences and hold perpetrators accountable. Often, these perpetrators hold positions of incredible fame and power, and yet women are banding together to call attention to the systems of abuse (https://metoomvmt.org/). Healing is happening and it is connected to women letting go of the rigid Rules driving their lives and embracing a more conscious femininity. Women are moving past the old scripts that teach subservience and deference and taking ownership of their own power. The authors believe in the following: Respect women's freedom and autonomy, heal their pain, and you will change the world.

Conscious Femininity and Conscious Motherhood

Dan Griffin coined the terms "conscious masculinity," "conscious femininity," and "conscious gender" to describe the kind of identity that results from a more thoughtful decision about what kind of person one wants to be, coming from what he refers to as "enlightened choice." Dr. Sophia Murphy built upon that foundation to encourage women to do the same and intentionally explore and engage in behaviors that allow them to be the women they want to be through the curriculum "Healing Women's Pain." Because so many of the Woman Rules are subconscious, learned at such an early age, and reinforced throughout the "Water" of our society, the best solution seems to be a woman stepping back and evaluating all of her ideas of being a woman. Through this process, she can decide for herself what kind of woman she wants to be, separate from all the forces in her life trying to influence her and pressure her to meet certain expectations. Everything that someone has believed and learned about what a woman is, and is supposed to do is evaluated against the simple question: What kind of woman do I *want* to be? *Amazing Moms!* is ultimately about supporting women in developing "conscious femininity" and then extending that further to "conscious motherhood." This involves taking the next step of asking, "What kind of *mother* do I want to be?" and then exploring that in a safe setting.

The whole curriculum has been structured around helping the women look at the different facets of their lives through the lens of femininity and The Woman Rules, to offer a different perspective. Our hope is that the facilitators, regardless of how they identify, will have their own journey with conscious gender awareness, be it masculinity, femininity, or another expression that works best for them.