CHAPTER 1

What the Facilitator Needs to Know

Introduction

This chapter provides an overview of the research that was used to guide and support the creation of the *Healing Women's*[1] *Pain* curriculum. Each of the building blocks of this program will be briefly discussed: the influence that female socialization has on girls and women, the fundamentals of female trauma-informed care (TIC), and the importance of value-based services. The authors of this program strongly encourage facilitators to continue expanding their knowledge in these areas, as that will serve them in further improving their skills when working with women. 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.

1 The term "women" is used to include all persons who identify as female, feminine, femme, and other identities that do not align with masculinity. 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. 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.

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Why This Curriculum

While trauma has become a standard element of many programs and services, the vast majority of those services attempt to be gender-neutral, thereby ignoring the significant impact that gender conditioning has on individuals and how that can influence an individual's experience of trauma.

Female Socialization

The exploration of cultural and societal influences on how girls and women are socialized throughout the lifespan is the keystone concept for the *Healing Women's Pain* program. Coupled with the importance of understanding trauma and the impact of trauma on women and girls 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 girls and women requires an ability to address the concept of female socialization in a therapeutic, strengths-based, and solution-focused manner. Given our current social conversations regarding gender and the freedom and confusion that so many young people feel, it supports an even greater need for curricula like this to help them navigate exactly how they want their gender expression and identity to fit into their lives.

The most important concepts to consider are those of gender and sex. Sex refers to whether one is considered biologically male, female, 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 feminine and femininity come with culturally informed "rules." Dan Griffin's work on "The Man Rules," as well as his recognition of "The Woman Rules," is the lens through which this socialization is explored throughout the *Healing Women's Pain* 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 the rules. And the reward for following the rules is: acceptance and even safety, which creates an incredible unconscious connection to the rules. Girls are not introduced to the rules and offered choices about which ones they want to adhere to. The younger they are when the rules first get pressed upon them, the less autonomy they likely feel to push back on detrimental ones. And the rules are expressed and enforced everywhere so they can easily feel like that is simply "how things are."

The idea of gender-based "rules" for men and women is a cross-cultural phenomenon. Not only do we observe various sets of "Woman Rules" across the globe in different cultures (admittedly 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 solely based on their gender and the expectations of their roles. When women defy their gender norms, they are received critically and harshly, which contributes to poor intrapersonal relationships 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 girls 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 *Healing Women's Pain* program to address the often-overlooked needs of women that are separate from the concept of perfectionism or trying to be a "better" woman as opposed to a healthier one.

Value-Based Paradigm

There are different models for service delivery. The one that informs this curriculum is called value-based services. There are six foundational components to this particular iteration of the model developed by Dan Griffin, inspired by Dan Griffin, inspired by the original work of numerous colleagues.: (1) gender-responsive, (2) trauma-informed, (3) culturally humble, (4) recovery-oriented, (5) spiritually enriched, and (6) family centric. A brief description of each follows:

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, when it comes to trauma-informed systems, the preferred term is cultural humility. The main difference being the focus is 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 what is their personal truth.
4. ***Recovery-oriented***: It is so easy to focus on the problem, and when dealing with addiction and mental health, recovery-oriented services have providers and the system focusing on recovery from the very beginning through the whole process. From the language that is used (substance use disorder instead of substance abuse; recovery maintenance instead of relapse prevention) to the focus on recovery with the services and the discharge process.
5. ***Spiritually Enriched***: The focus is on connection and community, and while it may include religious beliefs and practices, it does not have to. The primary focus is that one can connect to a reality bigger than himself and find practices and beliefs that support their living in community, however that looks for them.
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.

A Trauma-Informed Women's 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. 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, and staff/employees), uses knowledge of trauma and best practices to improve policies and organizational processes, and takes an active role in avoiding retraumatization of those interacting within the system (https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/). 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. 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 Healing Women's Pain are not just trauma-informed principles. They are rooted in the application of TIC specifically based on the unique experiences of women. Women statistically experience different types of trauma than men and process trauma in different ways (Wilton and Williams, 2019). You will find a brief description of each principle below along with examples as well as how the Healing Women's Pain program incorporates each.

The following section explores SAMHSA's six principles while also proposing one additional principle specific to TIC for women.

Components of TIC (https://www.traumainformedcare.chcs.org/what-istrauma-informed-care/ 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 and 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 women you work with. Consistency can be making sure that you start and end each interaction in a similar way. Consistency gives them a sense of safety in knowing what to expect from their interactions with you.
   c. Take opportunities to connect with the woman and build rapport and a relationship outside of being solely task-oriented.
   d. Teach practical skills to the women to help them develop a repertoire of self-regulation skills such as grounding and relaxation.

e. ***How Healing Women's Pain Addresses Safety***: Safety is discussed right from the beginning in the first Healing Women's Pain 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. We developed a "safety check-in" for every meeting as well when the women give a number from 1 to 10 indicating how safe they feel in the group.

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 women. It is possible that the women have not had trusting experiences with professionals, so being a model of trustworthiness, partly through your transparency, is a way to build that relationship.
   b. Hold yourself to the same standards you hold the women with whom you work.
   c. Offer insight and explanations of the "why" of things whenever possible.
   d. Clearly communicate any program expectations.
   e. ***How Healing Women's Pain Addresses Trustworthiness and Transparency***: Developing trust is a key emphasis of the Healing Women's Pain program. Transparency is evidenced by consistency in the meeting structure, obtaining verbal commitments from the women 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 those who have completed your program.
   b. Seek opportunities to have multiple women meet, connect, and share experiences, especially in small groups. It can be incredibly powerful to help the women recognize that others are going through similar circumstances.
   c. Encourage the women to check in on one another between meetings. Help them develop an ethic of supporting one another.
   d. ***How Healing Women's Pain Addresses Peer Support***: Healing Women's Pain facilitates a cohesive group environment where the participants 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 women they can be. The curriculum also does something that many do not by using small groups where the women are able to have an even more intimate connection with one another.

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 women for mistakes and missteps.
   b. Give the women opportunities to collaborate with one another in smaller groups.
   c. Whenever possible, avoid being directive or prescriptive. Give the women 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 women.
   e. ***How Healing Women's Pain Addresses Collaboration and Mutuality***: Healing Women's Pain participants are recognized as experts in their own lives. The women drive the decisions they make and how they choose to utilize the information, resources, and tools that are provided in the Healing Women's Pain program. The program does not take a prescriptive approach, instead encouraging the women to determine how to be the best 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 programmatic culture that highlights how the women 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 women "should" do.
   b. Work with the women to identify their own goals for completion of your program, separate from any mandatory goals that may be imposed on them.
   c. Give the women the opportunity to drive processes. Ask questions such as, "How would you like to proceed?" or "What would you like to start on?"
   d. ***How Healing Women's Pain Addresses Empowerment, Voice, and Choice***: The Healing Women's Pain program takes a strength-based approach by encouraging the participants to use internal and external resources already at their disposal (e.g. internal: desire for change and external: supports they may have from people in their lives). The approach in this program is that of a guide and of offering information and insight. It is nondirective and

non-prescriptive. We recognize that lasting change comes from offering women 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 women versus making assumptions about their experiences. Show curiosity and compassion toward the women's life experiences and perspectives.
   b. Whenever possible, give the participants opportunities to consider perspectives different from their own.
   c. ***How Healing Women's Pain Addresses Cultural, Historical, and Gender Issues***: Of course, every session of the entire curriculum is built around exploring 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 awareness of their own biases and respond accordingly to avoid those biases creeping into their facilitation. There are many opportunities for the women to hear 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 that 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 Healing Women's Pain Addresses Radical Authenticity***: Women are encouraged not to tell their truth about their pain in all aspects of their lives because their sense of worth and purpose is wrapped up in caring for others and putting the needs of others before their own. The curriculum directly addresses these unsustainable expectations and challenges the women to confront these patterns. Facilitators of this curriculum are strongly encouraged to explore their own challenges around authenticity in order to have the awareness needed to recognize this pattern in the group and supportively

challenge and allow the women to engage with themselves and each other in new ways.

It is important to understand that a TIC approach that avoids blaming individuals for behaviors they have developed to cope with trauma does not encourage avoiding accountability or responsibility for one's actions. In working to create a curriculum to effectively address the specific needs of women, 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 from those socialized to be boys and men. As a result, this program was designed to account for the trauma experienced by many of the women who will participate. Anyone facilitating this program should approach interactions from the assumption that each of the participants 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 not to recognize their experiences as trauma due to self-blame, shame, and a pursuit of perfectionism.

Components of a trauma-informed approach are purposefully infused throughout the Healing Women's Pain program. Examples of TIC components include the structure of the group meetings to promote consistency in the openings and closings of each meeting, frequent practice of relaxation and grounding techniques throughout each meeting, every session is devoted to exploring women and trauma, correlations between trauma and other meeting topics throughout, and an emphasis on creating and maintaining a safe and supportive environment – emphasized to the facilitators as well as the participants.

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 internal 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 a young age and most often learn to see themselves as an object for the needs (sexual or otherwise) for others. Safe connection and intimacy in relationships become skewed as women are taught to find themselves and their worth in the affection 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 ½ 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 (https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html#:~:text=Sexual%20violence%20is%20common.&text=One%20in%204%20women%20and,harassment%20in%20a%20public%20place). Women receive damaging messages around their role in sexual assault, how they may have been "complicit" or even caused it, and how they need to adjust their behaviors and external appearance to manage the behaviors of others. 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 wanting and responding 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, almost never in healthy, adaptive ways. The repeated shaming that girls experience when being taught to navigate their worlds in perpetual service to others is traumatic, but so often compounded by additional traumatic circumstances and events.

Of equal importance to note is 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 these options 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 are also more likely to engage in internalizing behaviors to cope, including self-harm and eating disorders.

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 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 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 put their needs last to others, the challenges of comparison and minimization are copious. 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 if they can overcome that internal message and take that risk to share their pain with someone else, they will receive that same message in response.

This loop of attempting to be caring for and toward others by creating a qualitative approach to suffering only prevents 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 and thus gaslight themselves into 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 more harsh 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 being 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 are invalidating, some are questioning, and some fall back into the pattern of comparison and minimization. For women, this happens with other women as well. What happens when a woman reacts strongly to the idea of another talking about her pain? Well, it is quite simple and somewhat obvious. It is their shame. 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. These are not bad people; they are simply wounded people who are reacting to someone sharing honestly what you are not supposed to share honestly about. Either they look at their own experiences or they deny yours.

So many women are walking around with such deep experiences of pain that they have denied acknowledging to themselves – because they have been told for so long, since very young, that their pain does not matter because it is not "as bad" as the pain of someone else. The toxic culture of femininity does not care about women's pain. Pain is something to "put into perspective" or be grateful that it's "at least not..." in comparison to something "worse" that could happen, not something to acknowledge, not something to heal. 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 *and* the Man Rules at their 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. But the dominant rhetoric in the trauma field has not been the best at recognizing the intersection of trauma and race and other aspects of sociocultural impact that are often invisible to 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, BIPOC individuals 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 awakening of awareness as to how trauma is caused by and helps to protract such issues.

Healing Women's Trauma

If there is one message that this curriculum wants to make as clearly and stridently as possible, it would be: women heal from trauma. There are incredible resources available now that were not 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 twenty-first century is changing dramatically. Podcasts, books, movies, and TV shows – all play a part. 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 in the #MeToo movement, which saw the uprising of women who had endured systematic sexual harassment, assault, and violence in the workplace come 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 absolutely 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, which teach subservience and deference and taking ownership of their own power. Respect women's freedom and autonomy, heal their pain, and change the world.

One woman has had an indelible impact on the way that we talk about and address women's trauma, and that is Dr. Stephanie Covington. Over thirty years ago, she made it her mission to address women's trauma long before people were talking about trauma as commonly as we do today. Furthermore, Dr. Covington's work, like *Healing Women's Pain*, is gender-responsive and focused on the unique experiences of female-identified individuals, which separates it from so many others' work. Finally, Dr. Covington has also co-developed curricula focused on men and trauma with Dan

Griffin, Rick Dauer, and Robert Rodriguez. The authors are indebted to Dr. Covington and her pioneering work.

Conscious Femininity

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." This curriculum builds upon that very foundation to encourage women to intentionally explore and engage in behaviors that allow them to be the women they want to be. 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 literally evaluating all her ideas of being a woman. Then 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 get her to meet certain expectations. Everything that someone has believed and learned about what a woman is and is supposed to do is reflected against the simple question: What kind of woman do I want to be? *Healing Women's Pain* is ultimately about supporting women in developing conscious femininity. The whole curriculum has been structured around helping the women look at the different facets of their lives, all 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 femininity, masculinity, or some other expression that works best for them.