Postabortion spirituality in women: insights from participants in the Japanese ritual of *mizuko kuyo* over the Internet

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**Summary** Abortion is legal in contemporary Japan and recently at least 300,000 operations per year have been performed by gynecologists. The *mizuko kuyo* ritual is very popular among such women who have undergone an abortion and many Japanese women therefore participate in this ritual. The aim of the present study is to explore the spirituality of women who have undergone abortions and participated in the Japanese ritual for their unborn child over the Internet. The data were collected over the Internet from 2001 to 2003 through a Buddhist nunnery specializing in the *mizuko kuyo* ritual. A qualitative method was used to analyze the women’s descriptions obtained from a self-administered questionnaire via e-mail (*n* = 633). Four major themes were identified from the women’s descriptions: spiritual pain, spiritual need, spiritual awareness, and spiritual well-being. Each theme is herein discussed in relation to the aborted fetus, partner and self. Implications of women’s post-abortion spirituality for empowerment are discussed.


**Key words**: Abortion, Spirituality, Women, *Mizuko kuyo* ritual

**Introduction**

In contemporary Japan, numerous Buddhist temples provide a ritual service for unborn children including aborted fetuses, miscarriages and stillborn infants. This is known as the *mizuko kuyo* ritual, which has emerged since the 1970s1. *Mizuko kuyo* ritual has become common among Japanese, especially among women who have undergone an abortion. As a result, many post-abortion Japanese women participated in it. This phenomenon indicates a lack of post-abortion care for these women provided by healthcare professionals. So far, the concerns of gynecologists operating abortions have primarily focused on physical care.

Since the WHO tried to submit a draft revision of the definition of health in 1988, namely that “Health is a dynamic state of complete physical, mental, spiritual and social well-being”, health care researchers have given a great deal of attention to the spiritual well-being of patients with chronic illness who are confronting death. Numerous empirical studies regarding the role of spirituality and religious coping strategies for them have been conducted and remarkable results have been published over the last decade2~8. In addition, women’s spirituality in relation to health behavior9, domestic violence10, eat-
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Post-war context of abortion and mizuko kuyo ritual in Japan

Abortion became legal in Japan just after World War II for the first time. Since World War II, Japanese society has experienced drastic social changes. Immediately after the war, there was a baby boom and the Japanese government faced population problems. The government under the Allied Occupation established a new law in 1948, the Eugenic Protection Law (yuseihagoho), which sought to address population control. According to this law, abortion became legal in the case of both physical and economical reasons. Since 1948, women had easy access to abortion, and abortion has therefore been used as a means of contraception for a long time because Japanese women were unfamiliar with modern contraception methods. For example, over one million women per year had abortions in the 1950s.

In the 1960s Japanese society experienced great economic growth and therefore a labor shortage. The government’s population control efforts were then geared towards the opposite goal of increasing the population. In the 1970s, the government tried to revise abortion laws to limit women’s access to abortion, but failed. Under such conditions, the mizuko kuyo ritual emerged as part of the pro-life movement of religious groups in the 1970s. For example, Shian-zan Jijo-ji (Purple Cloud Temple) was newly established by a right wing nationalist organization. The temple is notorious for its antagonistic doctrine against women and requires women’s apologies for the aborted fetus and financial compensation. The mizuko kuyo ritual had been widely adopted by many traditional Buddhist temples, because the ritual is financially advantageous for such organizations.

Feminist scholars have taken a very critical standpoint against mizuko kuyo ritual in Japan. They claim that the ritual focuses on women’s responsibility and their sense of guilt. They believe that it creates emotional distress for women and that it exploits women’s economic power. Feminist scholars insist that the mizuko kuyo ritual disempowers women.

Although feminist critics are considered to be completely reasonable, average traditional Buddhist temples have relatively moderate thoughts in comparison to Shian-zan Jijo-ji and majority of Japanese women have taken part in this moderate type of ritual. As a result, mizuko kuyo ritual has now become as widespread as many other ancient moderate rituals in Japan.

Eugenic ideology was excluded from the Eugenic Protection law in 1996 and the revised version was called the Maternal Protection Law (botaihagoho). More recently, the incidence of abortion has decreased to 320,000 in 2003. How-
ever, as many affiliates have pointed out, the number continues to be underreported and thus considered to be underestimated. The real number is unknown, but one surmises that abortion is performed two or three times the official statistics. Abortion is not included under national medical insurance coverage and it tends to be performed in private clinics. A large number of abortions (93%) are conducted in the first trimester. Although majority of operations are still undergone by married or middle aged women, recently, more and more teenagers are undergoing abortion (for example, abortion rate for teenagers was 3.4% in 1955 and then it increased to 13% in 2001). Medical abortion is not allowed in Japan, only surgical abortion. The most prevalent abortion technique is to remove the fetus by scraping the uterus and it requires either full or local anaesthesia. The woman can usually leave the clinic the same day. Very little counseling or mental health care for women is currently provided by healthcare professionals.

The birth control pill was not approved in Japan until 1999 and the number of pill users is still only about 1-2% of the total contraceptive use. The most prevalent method of contraception in Japan is the condom. The relationship between men and women in Japan is not equal and men tend to take the initiative regarding sex in most cases. Under these circumstances, many Japanese women tend to be at risk for unwanted pregnancy at all times. Although abortion is legal in Japan and many women have undergone them, it remains both socially unacceptable and is considered to be taboo.

Definition of spirituality

Spirituality is difficult to define, although WHO refers to it as “a purpose” or “meaning” of life. Numerous researchers have tried to define spirituality in various ways, for example, “a way of being and experiencing that comes about through awareness of a transcendent dimension characterized by certain identifiable values in regard to self, others, nature and life.” or “a sense of harmonious interconnectedness between self, others/nature, and a transcendent being achieves through an integrative and dynamic growth process that leads to a realization of the ultimate purpose and meaning of life.” Many definitions thus exist, and spirituality is summarized as the conception of a certain universal and nonmaterial aspect of human activities, which is also distinguished by religion to some degree.

The present study inspected these previous studies and then defines spirituality as a human task or psychological function in which one reconstructs one’s self-identity and reinterprets life by seeking mystical experiences or feelings in connection with an ultimate or intimate other, when confronted with an existential crisis caused by events such as difficulties and failures in life.

Method

1. Aim

The aim of the present study is to explore the spirituality of women who have participated in a Japanese religious ritual for their fetuses over the Internet and to derive implications for women’s health.

2. Data source

There are numerous websites where women communicate with each other about their sexuality and private experiences in contemporary Japan. The Internet environment provides several advantages for women seeking catharsis through describing their private experiences. In particular, women can take part in self-disclosure anonymously and safely, thus mitigating any fears that the abortion stigma might become known to others. Therefore, websites are attractive for women who have undergone an abortion and seeking relief from the experience.

The data source of this study was a Buddhist
nunnery on the Internet called Haruna-ji (Spring Name Temple) which specializes in the mizuko kuyo ritual and provides it for women by e-mail only. The physical address of the temple is unknown. The temple shows a great deal of sympathy for women living in a male-dominated society and therefore they rule out the concept of tatarì absolutely, which is a religious idea that the dead are angry or hold grudges that can threaten living people. Therefore, the temple takes the position that the fetus’s spirits are not a threat to women. It calls the aborted fetus ‘a baby’ or ‘a child’, showing affection for them and validating the women’s experience of motherhood.

Haruna-ji has no aggressive attitude against women and therefore it rather differs from Shianzan-Iijo-ji. These characteristics are thought to be in part attributable to the fact that it is a nunnery temple. Nuns represent a very small minority group of individuals in male-dominated Japanese Buddhism and therefore Haruna-ji could have relatively independent position from male-managed temple.

3. Procedure

Haruna-ji was requested to place a questionnaire on their website in April 2001. Self-administered questionnaires, including eight selective questions (Generation, Marital status, Number of child, Number of induced abortion, Relationship with the partner) and two open-ended questions, were placed on the temple’s website from April 2001 to December 2003. One open-ended question asked ‘What feelings do you have for your partner now?’ and another asked ‘What feelings do you have now (for your aborted fetus and yourself?)’. Of the returned questionnaires, 63 women had experienced a child loss (for example, miscarriage) but had no abortion experience and therefore excluded from the present study and then 633 returned questionnaires were analyzed for the present study. As a result, all data were collected via e-mail from the temple thereby protecting each participant’s ISP address from the researcher.

Ethical considerations

An explanation of the purpose of the study was given to both the administrator of the website (Haruna-ji) and to each study participant in written form respectively. The temple approved the research plan under the condition that the participants’ anonymity was preserved. The study participants were informed that 1) the participant’s anonymity would be preserved, 2) the data had limited applicability other than for the present study, 3) the decision to complete the questionnaire was voluntary, 4) the participant did not have to answer all questions, and 5) the participant could choose to withdraw from the study at any time during the study period.

The contact address of the researcher was provided and the participants were prepared to reply to various questions and requisitions. Consent was determined to have been obtained if the questionnaire was returned to the researcher.

4. Participants

Of 633 study participants, forty-nine were in the 10-19 age group (7.7%), three hundred and eighty-four were in the 20-29 age group (60.7%), one hundred and seventy-six were in the 30-39 age group (27.8%), twenty were in the 40-49 age group (3.2%), and two were over 50 years of age (0.3%).

Four hundred and fourteen women were unmarried (65.4%). One hundred and sixty-two women were married (25.6%). Another fifty-five women were remarried or widows (8.7%).

Four hundred and seventy-seven women had no children (75.3%). Fifty-eight women had one child (9.2%). Sixty-one women had two children (9.6%), and twenty-nine women had three children (4.6%). Four hundred and fifty-four women had experienced one abortion (71.7%), eighty-one
women had two (12.9%), thirty-three women had three (5.2%), and thirty-five women were more than four abortions (5.5%).

Four hundred and thirty-three women still continues to have a relationship with the partner who had fathered the aborted fetus (68.1%), while one hundred and forty-five were separated (22.9%) and forty-eight women did not give a clear answer regarding the partner, including 'unclear' or 'other' (7.6%).

5. Data analysis

A qualitative content analysis\(^{22}\) applying aspects of the grounded theory approach\(^{21}-30\) was used to analyze women's descriptions from two open-ended questions of the self-administered questionnaire.

The method of data analysis consists of three phases: deductive, inductive, and integrative. In the deductive phase, the important actors regarding abortion and identifying "significant others" for women who had undergone abortions were determined. The coding categories were, "the partner", "the aborted fetus", and "the self". In the next inductive phase, the data were coded and sorted according to the aims of the study. Patterns of similarities and differences among each statement were discovered. The data were coded, again classified and then named based on the similarities between them. Four themes were eventually extracted: "Spiritual pain", "Spiritual needs", "Spiritual awareness" and "Spiritual wellbeing". In the integrative phase, each theme was associated with each significant actor. Then to ensure the rigor and trustworthiness of the findings, they were reviewed by the author at regular intervals and confirmed by both a supervisor and two colleagues. The statements of the women are translated with minimal editing. Quotes are given as examples of each theme, with an explanation.

Findings

1. Regarding the partner

1.1. Spiritual pain

A large number of woman suffered negative emotions regarding their partner. It is assumed from women's descriptions that many women who had an abortion had to confront their partner's dishonesty and irresponsibility contrary to their expectations. Women in this category described "I have been hurt by him.", "I have a grudge against him.", "He turned out to be untrustworthy.", and "I am suffering mentally because of his behaviour every day."

1.2. Spiritual need

Some women had very many needs and expectations regarding their partners. These women expected adequate care for both themselves and the aborted fetus from their partners. Since their partners are the biological "father" of the aborted fetus for women and thus should also have responsibility. Women in this category described wanting their partner "not to forget the aborted fetus in heaven.", "to understand my suffering more." and "to participate in the mizuko kayo ritual together with me."

1.3. Spiritual awareness

One woman described, "After I broke up with him, I came to think that the responsibility for the abortion was therefore mine alone. Men cannot be hurt by an abortion and therefore they do not need to take any responsibility. Men might feel that they are free of any responsibility if they leave their lover" (unmarried woman in her 20s). She lamented after the abortion and she mentioned that she had hoped that her partner would take responsibility. However, she was not satisfied with his behavior. She finally discarded her lingering attachment for her partner and understood that men and women are different regarding abortion due to biological reasons. Finally, she decided to take full responsibility by herself.
Therefore she achieved a certain level of awareness after reflecting on her relationship with her partner after undergoing an abortion.

1.4. Spiritual well-being

Although numerous women expressed negative emotions for their partner, positive emotions were also often encountered. For example, "I have no feelings of hatred or malice against him." "I appreciate him very much." "I separated from him but I hope that his life will be happy." One possible reason for the positive emotion for the partner is surmised from the description of several women. These women described "He supported me firmly after the abortion, therefore I am satisfied with my relationship with him." They have a positive emotion toward their partners because of the partners’ adequate caring attitude.

2. Regarding the aborted fetus

2.1. Spiritual pain

Many women expressed feelings of pity or sorrow for their aborted fetus. These women described "I can not stop to crying when I remember my baby." "I am very sorry for not being able to give birth to my baby." and "I am a terrible mother, my baby is so unfortunate."

2.2. Spiritual need

Some women wished their aborted fetus to become happy and peaceful in heaven. For example, women described "I participated in the mizuko kuyo ritual so that my baby can become peaceful in heaven." and "I hope my baby will live happily in heaven." Some other women regarded the mizuko kuyo ritual as a way to establish a bond between mother and child. One woman described, "I participated in the mizuko kuyo ritual because I want to connect with my baby." (unmarried woman in her 20s). Therefore, the mizuko kuyo ritual meets women’s spiritual needs to some degree. Moreover, some women believe in the reincarnation of the spirit and they wanted to meet their aborted fetus if they ever become pregnant again, with such comments as "If we are prepared to welcome you, please come back again." Women interrupted the pregnancy for various reasons. However, this fact doesn’t mean that women in this category rejected the baby. Therefore, some women may expect to meet the aborted fetus again in the near future.

2.3. Spiritual awareness

One woman described "My baby visited me one day and broadened my perspective that there are many reasons, which we never completely understand, incapable of being known by human knowledge, why certain children are not born in the present world." (married woman in her 20s). She was depressed day after day after the abortion. However, one day she felt enlightened by the aborted fetus’ spirit and then she understood that her choice was beyond her will. Therefore, the aborted fetus’ spirit endowed the woman transcendental wisdom, thus leading to an increased spiritual awareness in her case. In this situation, the aborted fetus’ spirit saved her from a sense of guilt.

2.4. Spiritual well-being

Many women have an intimate relationship with their aborted fetus and they acquire a kind of happiness and inner peace from it. For example, one woman described "I want to say to my baby, thank you for always being together with me. I am your mother and therefore I must be stable. However, I am always supported by my baby." (unmarried woman in her 20s), and another woman described, "Thanks to my baby, I have actually overcome difficulties. Whenever I felt difficulty, I spoke to my child. Each time my child gave me a chance to reflect on myself and taught me not to forget to show generous-hearted charity to others." (married woman in her 20s). Therefore some women gained spiritual well-being from their relationship with their aborted fetus.
3. Regarding self
3.1. Spiritual pain
Some women were confronted with a sense of guilt, moral hazard, and an existential crisis after abortion. These women described, “I had an abortion half a year ago. Thereafter, I have been worried about why we live.”, “I have to bear this burden for the rest of my lifetime.”, “I have committed murder because I was very egoistic.” and “I can never compensate for this crime within my lifetime.”

3.2. Spiritual need
Women in this category described “I don’t want to forget my aborted fetus.”, “I want to continue to participate in the mizuko kuyo ritual forever.” and “By participating in the mizuko kuyo ritual, I was saved.” Therefore, the mizuko kuyo ritual was performed in order to not only to comfort the aborted fetus’ spirit but also the women themselves. In addition, another woman described, “Now I came to think, I have to be happy for my baby. I want to be a respectable person for my baby.” (unmarried woman in her 20s). It was thus surmised that she needed to become a kind of moral person to overcome moral hazards and a sense of guilt resulted from an abortion.

3.3. Spiritual awareness
One woman described “I have undergone an abortion, and thereafter, I came to think that life is very precious and honorable. Now I feel pity for him. He had no chance to gain such awareness.” (unmarried woman in her 20s). She thus insisted that she became a moral person after abortion. She believed the abortion experience is fundamentally different based on the basic biological difference between men and women. Based on this belief, her protest was that women might be allowed to achieve noble and spiritual awareness while men escaped responsibility and remained unenlightened. Therefore, a woman might paradoxically develop a greater respect and dignity for life as a consequence of undergoing an abortion.

3.4. Spiritual well-being
Women described “Now I am more mentally stable because of having participated in the mizuko kuyo ritual”, “Three years have passed since I underwent an abortion. Now I am calm and can think positively” and “I have suffered previously. However, now I do not worry about the past because I am very happy thanks to the help of everyone around me.” Therefore, time is thought to be an important factor for women to mitigate difficult experiences. In addition, the researcher also considers that the mizuko kuyo ritual mediates this process.

Discussion
The aim of the present study was to explore the spirituality of women who have undergone abortion and have participated in the mizuko kuyo ritual over the Internet, using their first-hand descriptions. However, there exist several systematic biases in our group of recruited study participants from one temple. One possible bias is thought to be that participants are recruited from the Internet and their ages tend to be concentrated in the twenties and thirties, and thus, the present study cannot be representative of Japanese women of every generation. One further possible bias is that the explored spirituality of the participants is limited to the particular mizuko kuyo ritual, which exists on the Internet: Haruna-Ji. Haruna-Ji is somewhat exceptional in Japan, and thus, the participants in the present study were not representative of all participants in the mizuko kuyo ritual. Thus, the present study cannot conclude that visitors to this website are representative of all the Japanese women who have undergone an abortion or participated in the mizuko kuyo ritual. Due to these limitations, the findings from one group are not considered to be generally applicable to all Japanese women.
who have undergone abortion. Nevertheless, it was assumed that the religious mentality and spirituality of human beings possess some universal aspects. Thus, the present study could provide some insight into the post-abortion spirituality of women. Moreover, some implications regarding the field of clinical practice could also possibly be derived from the findings of the present study.

Several previous studies have investigated whether abortion has a harmful emotional effect on women, thus producing a sense of guilt, anger, sorrow, anxiety, and depression\(^{27\sim32}\). For example, Soderberg et al. (1998)\(^{30}\) found that between 50% and 60% of 854 women undergoing an abortion experienced some measure of emotional distress, classified as severe in 30% of these cases. Such negative emotions were indeed observed in the present study, and were categorized into the spiritual pain of each of the actors concerned: the partner, the aborted fetus, and the self. Ideological disputes on the post-abortion psychological effect overseas are very complex and some studies have tried to establish that no serious post-abortion distress occurs among women\(^{30\sim35}\). Moreover, the issues on the post-abortion psychological effect tend to have been argued mostly from the premise of negative emotions only. The theme of spirituality in this study is thus expected to present a new point of view in contrast to most previous studies. The spirituality of women, which this study has investigated, implies a transcendental value and meaning of life through awareness, and thus, is considered to have a positive therapeutic effect. From this point of view, it is not surprising that positive emotions were also observed in this study.

What major factor then underlies these contradictory observations among women in the present study? One possible factor is assumed to be the time process after an abortion. There are numerous longitudinal studies about the post-abortion psychological response.

As Bradshaw and Slade (2003)\(^{36}\) pointed out in their review article, on the whole, immediately after an abortion, women may experience some relief from feelings of both anxiety and depression in comparison to before the abortion\(^{27\sim30\sim36}\). However, mid-term (after several weeks or months) post-abortion negative effects were slightly higher than immediately after abortion\(^{40}\), and the long-term (after several years) post-abortion negative effects gradually disappeared until, eventually, the psychological state reached almost the same level as that of women in general\(^{35\sim41}\).

This study adopted a cross-sectional retrospective design and the author could not investigate the time process thoroughly. In order to confirm the spiritual process, a longitudinal study will be absolutely essential. In addition, this study was not able to clarify the number of weeks of gestation when the abortions were conducted, nor the time interval factors possibly associated with the women’s experience, between the participants experiencing the abortion and participating in this study. Likewise, the author was not able to clarify any factors related to post-abortion spirituality from the women’s descriptions in the present qualitative study. In order to confirm any significant socio-demographic or situational factors, a statistical analysis should be conducted. Nevertheless, it is well surmised from the present study that the spirituality of women may mediate the internal process and this spiritual function itself is thought to be very important as well. In the following section, the author will show the women’s post-abortion spirituality from their descriptions with regard to each actor.

With regard to their partners, the women’s emotions tended to be sharply divided between positive and negative feelings. Some women had
negative emotions toward their partner, while others had positive emotions. Why were such opposite emotions observed after an abortion? One possible and powerful interpretation from the research data is that such emotions are partly dependent upon the partner’s attitude after the abortion.

Whether women have positive or negative emotions after an abortion can be in part attributable to the amount of responsibility assumed by their partner such as whether the partner took part in the mizuko kyo ritual and provided care, support, and understanding for the women. Some women lamented that their partner lacked sympathy and understanding for them, and were also dismayed that their partner refused to participate in the mizuko kyo ritual. It has been stated in previous studies that women without the support of their partner are at higher risk of negative psychological responses\(^{43-44}\), and the same phenomenon was observed in the present data.

On the other hand, women who had positive emotions tended to appreciate their partner because they were supportive. Thus, the partner’s support is an important factor for women’s well-being. However, based on the women’s descriptions, it is evident that, in general, the amount of support provided by men after an abortion was insufficient. Thus, the spiritual pain of women after an abortion is in part attributable to men.

However, on the other hand, some women achieved spiritual awareness after reflecting on their relationship with their partner. As a result, the experience of an abortion could provide a woman with the chance of realizing gender issues regarding abortion, thereby enabling them to become more independent, and thus, achieve greater autonomy than before.

Regarding the aborted fetus, some women felt very sorry for their unborn child because of interrupting the pregnancy. However, in most cases, with some exceptions, women tended to have an intimate relationship with the aborted fetus. The bond between a woman and her aborted fetus was solid and stable like that of a mother and child. Women were never afraid of the spirit of the aborted fetus. Thus, in most cases, contrary to the doctrine of the mizuko kyo ritual in Japan, tatari discourse did not come up in the women’s descriptions. One of the reasons for this finding may be due to the fact that the finding from the present study may be strongly influenced by the characteristics of the setting for the present study: namely, Haruna-Ji, which shows great sympathy for the situation of women forced to have an abortion.

Moreover, some women achieved spiritual awareness based on their internal communication with the aborted fetus. For example, one woman described how she obtained transcendental knowledge from the spirit of the aborted fetus, which she considered to be a kind of mentor or guardian deity for herself.

In addition, the reincarnation of the aborted fetus’ spirit was observed and this might play an important role in women’s mental health, as Komatsu (2001)\(^{45}\) stated. She claimed that reincarnation, as observed in the mizuko kyo ritual, might help to reduce the sense of guilt in women. Namely, women can expect to meet their aborted fetus again through reincarnation. Reincarnation might be a type of emotional compensation for some women after an abortion, thereby satisfying their spiritual need.

With regard to each individual woman, it is true that abortion caused a great deal of spiritual pain. Thus, women may need the mizuko kyo ritual not only to comfort the spirit of the aborted fetus but also to maintain their own spiritual well-being. Most importantly, the category relating to each individual woman was thought to be spiritual awareness. Some women insisted that they
became more morally aware by gaining a greater respect for the dignity of life after undergoing an abortion. This is seemingly a very paradoxical phenomenon. Similar to the present study, previous investigations have also demonstrated that adverse life events, for example, a serious illness such as cancer, may help people to undergo a positive personal transformation. This phenomenon is described using terms such as "Perceived Positive Change," "Positive Life Change," and "Post-traumatic Growth." However, this positive psychological effect with regard to abortion has only seldom been reported because on average health care professionals/researchers tend to hold negative views of abortion. Only a few qualitative studies regarding long-term post-abortion experiences have noted that women were able to integrate the abortion experience into their lives, generate a new awareness, thereby producing insight.

Nevertheless, the present study for the first time describes this positive effect regarding abortion and the mizuko kayo ritual of Haruna-ji by using the term "Spirituality." In general, abortion is thought to be a morally unacceptable conduct in both Japan and in several other countries. Thus, in summary, abortion may cause women to have various negative emotions and some of them to suffer spiritual pain. Nevertheless, it may be one of the critical opportunities for some women to overcome difficulties and to develop spirituality. Some women have the ability of learning spirituality through painful life events. As a result, an abortion may be a meaningful experience for some women, although not for every woman. The experience of abortion may help some women to develop spiritual awareness, establish autonomy, gain a greater respect for the dignity of life, and thus, become a more independent and moral person. Thus, spirituality is considered to be an extremely important factor for women who have undergone an abortion.

Implications

The present study explored some women who participated in the mizuko kayo ritual over the Internet and thereby achieved spiritual development, which resulted in a positive therapeutic effect. However, at the same time, this is only true in a situation where no post-abortion care is provided by health care professionals in Japan. The prevalence of such a ritual in Japan primarily shows a lack of adequate post-abortion spiritual care for women. In addition, Haruna-ji is somewhat exceptional in Japan while, in contrast, the Buddhist mizuko kayo ritual tends to consist of a more or less unfavorable attitude toward women who have induced abortion. The mizuko kayo ritual overall is thus currently considered to have limitations as a type of post-abortion spiritual care for women.

Nevertheless, at the same time, according to the findings in the present study, health care professionals and clinicians may have gained new perspectives on some positive therapeutic effects in the post-abortion spirituality of women from Haruna-ji, thus making it possible to apply such findings to their own practice and produce their own post-abortion spiritual care for Japanese women in a non-religious manner. The researchers are therefore expecting that future studies will be performed with respect to the evaluation of a new clinical practice of post-abortion spiritual care for Japanese women.

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中継を経験した女性のスピリチュアリティ
ーインターネットの水子供養に参加した女性たちの記述からー

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概要 人工妊娠中絶は日本で年間約三十万件以上行われている。少なくない女性が、中絶後、水子供養という日本独自の宗教儀礼に参加していることはよく知られている。本研究は、中絶を経験した女性のスピリチュアリティを明らかにすることを目的として、インターネットで水子供養を提供する寺院を調査した。対象は2001-2003年までの期間に水子供養に参加した女性633名で、電子メールを通じて質問紙を回収した。質問紙の自由記述欄に記載されたテキストデータを質的分析した。分析の結果、中絶を経験した女性のスピリチュアリティに関して、‘Spiritual Pain’，‘Spiritual Need’，‘Spiritual Awareness’，‘Spiritual Well-Being’の四つの主要テーマを抽出した。四つテーマを、女性にとっての重要な他者である中絶胎児、パートナー、自己の三つの主体との関係においてそれぞれ論じた。最後に、中絶を経験した女性にとってのスピリチュアル・ケアの可能性について論じた。