

## 胎児の死と中絶をめぐるジェンダー化の諸相

ヨーロッパの実践的変容と日本の水子供養の対比的考察から

### Gendered Attitudes towards Fetal Death and Abortion

Recent Changes in Practices and Imposed Attitudes in Europe  
versus *Mizuko Kuyô* in Japan

マリー・ピコーネ

(ジェンダー研究所・特別招聘教授／フランス社会科学高等研究院・准教授)

Mary Picone

(IGS, Ochanomizu University / École des hautes études en sciences sociales)



This paper combines a summary of earlier work on *mizuko kuyô* with a brief account of current practice. For the majority of researchers in Japan the topic was much discussed up to the 90s, sometimes as discriminating against women and creating needless fear of *tatari*, but now it is considered 'normalized'. However medical issues such as under-reported abortion rates and the funding of religious institutions or individual practitioners are still present in Japan. Some change has occurred with a rise of infertility treatments and the loss of wanted babies as emotional concerns versus the stress on 'sinful' abortion as almost the only form of birth control. The pressure to induce socially dominant moral and emotional attitudes towards abortion and still-birth in Japan is compared with a recent rapid change in 'natural' attitudes imposed in French hospitals as documented in particular by sociologist Dominique Memmi.

#### *Mizuko kuyô* responses through ritual

The problems implicit in *mizuko kuyô*, a response to all types of fetal death (from elective or therapeutic abortion to miscarriage or stillbirth) are of course a reflection of broader social attitudes and social problems. This topic touches some particularly sensitive domains. Yet certain aspects will always continue to be relevant for gender studies. I compare Japanese responses with data collected by European (mainly French) sociologists in order to suggest that there are some similarities but also considerable differences. In each case there is a tendency to impose a dominant psychological attitude in combination with practices which do not take individual women's needs into account and is often harmful.

After the end of the 90s, according to a reports from the Japanese academy of religion, most Japanese specialists have not been very interested in *mizuko kuyô*, claiming that it is now a 'normalized' practice which peaked in the late 80s. Moreover, American researchers who produce the greatest quantity of material in Western languages, have also neglected it because they are afraid of their own country's negative reactions towards the topic of abortion. However, I suggest that research should not be abandoned.

Problems in various aspects of reproduction remain and it is still very difficult to gather more precise data for statistical studies (number and location of rituals performed, income for practitioners many of whom are independent, better estimates of numbers of abortions). For example, among other problems, some statistics are still based mostly on married women's practices only one agency introduced single women in 1997. What about prostitutes, many of whom have been trafficked and are thus almost 'invisible'?

Moreover questionnaires concerning women's attitudes tend to ask 'leading' questions by their very form, so create a bias or indirectly impose a common attitude. The form of these questionnaires is not always clearly given but, as published (Takahashi 1999), it may appear as a choice of three or four alternative attitudes, the first of which is often: is abortion a *tsumi*? And as Kim Yuli notes every time we think of the dead our attitude towards them changes. Even other means such as reading open internet forums are still limited. In this case a woman may select the site by titles such as '*kanashii koto*' or '*mizuko kuyô*' which might partly validate a viewpoint even before individual ideas are expressed.

I carried out fieldwork on this topic at intervals over a long period and went on to look at other forms of problematic *muenshi* type death. For this subject I mostly visited religious institutions of various kinds and interviewed also *shinreika* or *reinôsha*. I revisited a few temples recently.

To simplify for the purposes of this talk *mizuko kuyô* can be briefly summarized in two phases: The first period mid 50s up to the mid 90s. The practice originated a few years after the legalization of abortion but spread from the beginning of the 60s. It was adopted also because some temples needed the income provided by the new ritual due to serious financial problems (this happened also with a series of premodern cults *ketsubon kyô* (血盆経), *sai no kawara jizô wasan* (賽の河原地蔵和讃) etc. concerning the fear of special hells for women or children). It first became more structured in several locations such as the Uji-shi section of Seichô no Ie, an extremely conservative and nationalistic new religion. Over the years this new religion, in alliance with factions in the LDP, organized several ultimately unsuccessful political campaigns to forbid or greatly limit abortions. Their motivation was and is not only to change individual moral decisions but to increase the strength of the nation. Other new religions such as Reiyûkai or Kurozumikyô also hold very conservative views on women and reproduction.

At this period there emerged a (not necessarily religious) reaction of sadness or malaise at the disposal of the remains of dead fetuses, incinerated in hospital waste. So, in the era of scans of the uterus these bodies emerged from invisibility to become visible by ritual and permanent-stone- substitutes.

One of the main problems of *mizuko* ritual, most strongly expressed at that time, was the association with *tatari* attributed to the spirits of the *mizuko*. The ritual was performed by as many as an estimated 70 % of temples at the peak but even more by *shinreika* including *itako* at Osorezan (恐山), or some new religions. Thanks to the practice current even in the late 70s of ordering the rite to be performed elsewhere there appeared a form of 'instant one-purpose temples,' just for *mizuko kuyô*, some still operating through the internet.

In the first phase for the first time it was said that *mizuko* could feel *urami*, act and harm their non-mothers or the family which existed without them. The mothers were allowed to feel only *tsumi no ishiki* (guilt -a limited translation) or told that they were more guilty for not having felt guilt. (Hardacre 1997) For the proponents and often the grieving mothers as well this guilt included miscarriages which were not clearly distinguished from other fetal deaths.

In an unknown number of cases the simple cause and effect between individual action, abortion- however constrained- and guilt resulting in *mizuko kuyô* was and is false: some women ask for the rite for *mizuko* created by their mothers, sisters, aunts, in-laws or people who had been in contact with their ancestors. In short, they are assimilated to many other spirits from the past who need pacification. As I found during my fieldwork in some small religious groups, (and as documented by the psychiatrist Nishimura Khô,) there were cases of possession by

spirits identified as *mizuko* spirits. In one case a Lacanian psychiatrist, who had kindly allowed me to speak with one of his patients (with her consent) was completely baffled when I told him that she had said that her boyfriend had caused the death of her fetus by magical means and that this spirit returned to make her suffer. Like- I don't know how many Japanese men he had never heard of *mizuko* spirits.

At the time when the majority of women were married housewives, whose world was their families, I wonder if some of the success of the ritual was not, for some, due to an assumption of 'negative power': even if involuntarily by creating *mizuko* they had harmed their family, by daily veneration these spirits would become '*shûgorei*' and protect them. It has been suggested that urbanization removed women from networks of solidarity with other women and friends, so any decision regarding pregnancy or sorrow after abortion would be borne alone. This makes the irresponsibility of fathers even worse. In any case in the past 'traditional village ties' could be supportive for example through the institution of many kinds of '*kari oya*' but could also be very constraining, and up to the Taishô period could go as far as forcing infanticides on individual women or families. (Ochiai, 1996, Saga 1983)

Omissions in discourse (Kawahashi 1991) then and now: I asked the religious practitioners repeatedly about contraception, which would have prevented the necessity of abortions and they accepted this. But it was omitted, along with men's role and responsibility, or any serious socio-economic cause for abortion in their written presentations in media or in web sites. Moreover, the fetus is always shown as a chubby baby, at least several months old, never as it is actually made visible early on, as a scanned black and white shadow.

The spirit of the *mizuko* is also made visible by illustrations, again usually represented as a baby. Yet for example the founder of a new religion called World Mate has explained that only a few eminent *shinreika* can truly see them. They will grow if the mother thinks of them and appear as children, or become gigantic, or other spirits can take their shape to deceive. In the first phase, especially for *shinreika*, the correct form of ritual or the 'right person' to celebrate it were particularly important, each claiming best results.

Finally, during the end of this phase *mizuko kuyô* started to spread outside Japan for example to Hawaii or strongly influence other countries like Taiwan and in part Thailand. The head priest of the Enmanin (圓滿院) at Otsu (大津), one of the most active and prosperous temples specializing in this ritual, has recently claimed to have received requests from Europe, Australia, Canada and from women belonging to many different religions. In the 80s, when I was a student at Oxford, he asked me to help set up a branch of the temple dedicated to the rite in London. I politely declined. There has been an ever more active exchange with the United States, where there is a demand from some women for a 'Buddhist ceremony'. Right wing religious groups in Japan, including Seichô no ie, have been supported and exchanged material with fundamentalist American pro-life groups.

The second phase, mid 90 to the present, has shown at least partial acceptance. Of course the most obvious reason is due to changes in reproductive practices, particularly the difficulty of giving birth to children when planned and the consequent rise of infertility treatments -now required by one in six couples (Semba). This rate plus egg preservation is said to be the highest in the world. There is also the continued decline of abortion. Still with a low contraception rate (estimated at 60 %, definitely lower than most industrialized countries, Sato and Iwasaka 2006) explained by some by very low rates of intercourse among married couples. Again the figures are centered on this group. What about the homosexual population and their sexual activity? Of course the change from the quasi universal marriage of the first phase to raising rates of the unmarried or divorced of the second is

important but once again non martial sex is considered but difficult to estimate.

Although the presentation of temples or *shinreika* has often brightened, *mizuko* spirits have unquestionably emerged as autonomous and disturbing supernatural beings in popular consciousness, sometimes in fiction: the first episode of the high quality anime *Mononoke*, or in dramatizations based on *toshi densetsu*- in the *Honto ni atta kowai hanashi* series, or Shiraishi Kôji's film *Noroi*, or in the 'reality' of the amateur *shinrei bideo* which proliferate on internet.

The rite has enlarged its focus. It is stressed in large part as a form of consolation for grief at pregnancy loss. In New Age circles, for example, blaming the mother has changed to a recognition of the *mizuko*'s spirit 'own choice' not be born as part of a chain of rebirths (Komatsu 2001, 2003).

Among more mainstream requesters comfort is offered by the idea of the exchange of messages between mother and fetal spirit. Messages, often apologies, written on *ema* were present from the beginning. An analysis today (Kim) shows that the messages are first of apology but then indicate that the fetus or baby is seen as a *shûgorei*. Some temples offering the rite include more personal communication, for example in the form of letters from mothers kept in a box, then transmitted to the spirits by being burnt in front of the altar. There are fewer mentions of consequences of misfortune and more statements that *mizuko* after the rite reach *tengoku* (not *gokuraku* or attaining *ôjô*). Sometimes they are said (on an 'open, non specifically religious forum) to be playing in the sky. The rite as comfort existed from the beginning, but this aspect was minor in the surrounding discourse. Now in web sites or forums the word *iyashi*, so common in other contexts has been applied to it. Here we come to the main similarity to European responses: a focus on 'psychologization' through various adaptations of 'grief care' by religious professionals. The point is not to diminish in any way the suffering of women who had wanted children but how can this be obtained? Is there is a need for 'care' in the form of a certified blend of American psychology and Buddhism, or other Japanese religions, for those in mourning, including for fetal deaths? And who will provide it? Priests could give various forms of spiritual support in the form of *hanashi ai*. But there is competition from other professions, such as psychologists and including funeral company employees. However, this cannot easily apply to fetal death where groups to my knowledge would not meet openly. Instead internet forums for memories of lost babies for example the '*osora no aka chan*' have appeared. These are terribly sad to read. Here the diversity of responses is clear but there is still often guilt for miscarriages. The problematic nature of the rite is still very visible.

Prices may be higher than for ancestral *kuyô* and the care for anonymity has increased. In any case people requesting the rites most often do not participate in person as might still be done more frequently for ancestor memorialization. On the sites for *mizuko kuyô*, ritual providers use phrases from popular psychology like ori the burden carried in the heart from which the mother can be freed. Would this be perceived as healing?

Another activity which is too large-scale and diverse to analyze is *kaunseringu* (カウンセリング). I suspect that the extent to which people belonging to various religions take up counseling-and how this strongly affects the advice they give those who need help has been underestimated. It might prove restricting and discriminating for women. It is certainly very difficult to analyze and quantify.

In some cases the advice is clear: at the end of 2011 I heard a Seichô no ie preacher explain during a sermon that all tsunami, from the one in Thailand to the Tôhoku disaster were caused by the tears of *mizuko* aborted all over the world.

### **Fetal mourning in France: a sociological view of hospital practices**

As happened in Japan, concern over the disposal of fetal bodies was one of the first signs of change in concepts of the personification of fetal death. I will present mainly French materials because of the quality of the data collected by the (female) sociologist Dominique Memmi, published in 2012 and 2014. Once again, as for the *mizuko kuyô*, the basis is an invention of tradition and a change in attitudes towards death-in the name of returning to 'ancestral' practices. The difference is that the European case is the invention of a secular ritual with no mention of the soul or the afterlife.

Before turning to contemporary practices I would like briefly to mention some earlier ideas in the sphere of religion. The preoccupation with the salvation of souls of babies, including the stillborn -but not fetuses-was quite present in the European past. If not baptized they were in danger. Up to the 19th century there were a series of attempts in popular Catholicism to claim that infants who died before baptism somehow returned to life for a moment-and could therefore be baptized- if placed before the statues of certain saints (Gelis). Folklore includes ghost stories about these souls wandering through the air like birds or appeared in a form equivalent to *hi no tama*. More sinister was the idea of the changeling: babies who were suddenly recognized as non-human, having been exchanged by fairies with one of their own race. This served as justification for infanticide (Schmidt). There were also some Northern European traditions of the terrifying vengeful *utburd*, the spirits of babies exposed at birth.

The Catholic clergy have debated the problem of infant (including stillborn) salvation from St Augustine in the 5th century up to the last Pope. During the Middle Ages theologians thought of an afterlife for these babies in limbo, literally a boundary place, in a state of 'natural happiness', a bit like the *sai no kawara* but more pleasant. Even now the Catholic Church has not decided what happens to these souls. Recently they have decided not to decide and leave theories open while holding a special type of funeral for them. Abortion is condemned as much as before although one of the greatest theologians, St Thomas Aquinas, more or less said that the fetus acquires a soul only around the third month.

To be added, the Catholic Church still dictates that the mother should die if there must be a choice between her life and that of the baby or the fetus. The reason for this is that the mother has sinned, but if the mother is too ill to make a confession she will presumably go to purgatory. The baby/fetus cannot be baptized in the womb. Answers to questions about this on Catholic sites say that in recent years there is more stress on god's mercy. It must be said that these are official positions and not followed by most in practice except strongly conservative

Although Dominique Memmi claims that attitudes towards the death of the fetus are entirely secular she concentrated on hospital practices. I have not checked this but in the past two years there have been many violent well-attended protests by right-wing Catholics about various new reproductive techniques and gender issues. However, the number of believers is relatively low.

To return to Memmi's material: In 1994 a part of the municipal cemetery in the city of Lille was set apart for the burial of fetal remains. This was the first such case in France. Legislation concerning dead bodies often redefines the social status of humanity and from 1997 dead fetuses were legally cremated in crematoriums, not incinerated as hospital waste. Yet at this point they were still disposed of by separate procedures from those of fully developed children. From this period to around 2005 a series of scandals concerning lack of dignified disposal caused concern in various European countries. A move towards greater recognition continued.

In 2005, when 351 abandoned fetal bodies were discovered in a Parisian hospital news of still another



scandal was spread by the media. A group of those involved in propagating the new attitudes organized a ceremony in a cemetery. Each body was individually identified by being assigned a letter of the alphabet and one of 10 selected texts was read in front of each of the small coffins. The group also wrote a prayer for the occasion:

You have lived only a short while  
You have hardly known our world  
We are here to say goodbye  
In the name of our humanity  
To say goodbye in the name of your parents  
To say goodbye in the name of all others.

The written account of this ceremony by the organizer concludes: 'we thought that this was one of the most ancestral gestures performed by human beings'. Once again, a new attitude is legitimated by being considered a return to natural and traditional feelings and practices. Yet notwithstanding the affecting sentiment we may feel today, historical or archeological studies do not confirm the antiquity of these rituals for fetuses.

Although another one of the texts recited mentions 'angels' it is interesting to see that the moral authority invoked is that of 'humanity', in the sense of 'humanism' or secular ethical values. In fact many of the older supporters I have come across are deeply influenced by a sort of general psychoanalytical mindset, very common for that generation of educated women in France.

Memmi dates the change in attitudes in France from the late 80s to acceptance by a majority ten years later, a very clear case of dating an invented tradition. It was introduced from the United States but, as in all invented traditions, the origin was not recognized except by a few of the hospital professionals who spread it in the first place.

Again we can find two models: Before this change the remains of the fetus were carefully hidden from the woman undergoing the abortion, who was sedated, told to forget as soon as possible and, if she wanted it, to conceive another child soon. In fact, there were and still are cases of deliberate withholding of anesthetics to punish 'immoral women' at least in Catholic countries. Memmi does not mention this, perhaps it was much less frequent in France, or happened in private rather than public hospitals. From a separate source: some of the published autobiographical accounts of abortion (Guardian) dating from several years back stress that they were afraid of catching sight of the remains and continued to be relieved that they had not done so.

New model: Insistence by hospital personnel that the woman or the parents look at the remains, followed by psychological counseling and the possibility of joining a 'grief experience' group. The doctor will tell her not to have another child quickly because she must 'do her grief work' (*faire son deuil*). The phrase is an echo of one of Freud's terms but is not Freudian. The whole series of attempts to systematize mourning attitudes is problematic: created at the end of the 60s Elizabeth Kubler Ross's 5 stage model had tremendous success at first but has been discredited by psychologists.

First of all, Memmi's analysis describes several types of fetal death: 'elective' abortions, 'therapeutic abortions', miscarriages and stillbirths. One of the problems with the new model of fetal mourning is that the first type of death is different from the others, implying different feelings and occurring earlier, but the insistence on

fetal personification the new model imposes will ultimately endanger women's right to choose to give birth.

The civic ritual created to 'allow for the mourning process' is quite elaborate. It is presented as an absolute psychological necessity and urged both on the mother and, if present the father, sometimes involving even other relatives. If the baby is brought to term and is stillborn it is an understandable attempt to bridge the gap between life and death and may be welcomed by mothers according to individual choice. But what are we to think of presenting to parents who have not asked for it a fetus dressed and holding a toy? They are also urged to touch it and a photograph is made. In England they are given a 'book of life' with the photograph etc. and if mothers do not want the book is kept in case they would ask for it later.

Memmi has shown that mothers who have lost a wanted baby do not follow part of this advice and conceive a year or at most two years afterwards. She reports that a number of studies carried out in different countries indicate that there is no psychological benefit for parents from this new civic ritual. However, she also discovered that the origins of the practice were a reaction of nurses, midwives and some other medical personnel such as clinical psychologists to being exposed to large numbers of these fetal deaths. In the case for example of hospital sections devoted to therapeutic abortions the everyday succession of bringing about the inevitable deaths of wanted future children is particularly saddening. In short, to summarize, these 'second tier' categories of medical professionals reacted both to exposure to saddening procedures as well as to the stigma of association with death. They therefore sought more professional and moral recognition and created this ritual by reinterpreting the dead body, that is the material they handled or lived beside everyday. Many of these professionals are women. Interestingly they influenced the 'higher tier' of medical personnel (doctors) who assimilated this norm without realizing its provenance. The search for a better status and more legitimacy through association with psychological counseling -that is by creating and imposing psychological or ethical norms- is shared by other professions like funerary operators in post-industrial countries. As we have seen in Japan it touches also the Buddhist clergy and practitioners of other religions. They aim to improve the social relevance of religion by association with the prestige and the practical uses of medicine.

One of the things we could say in favour of both of the new psychological norms and practices I have described is that they are less harsh than earlier 'traditional' religious ideas and social attitudes which, as we know, were generally completely unjust and cause of suffering for women. But might there not be better solutions in the future?

## Note

I would like to thank the IGS for stimulating intellectual exchanges, warm hospitality and help of all kinds; in particular Professors Adachi Mariko and Tanahashi Satoshi, all the highly qualified administrative staff Ms Yoshihara Kumi, Dr Semba Yukari and Dr Daimaruya Miyuki, and the research assistants who helped towards the end of my stay: Ms Chang Wei-Jung and Ms Yagishita Akari.

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