

Coping With Silence:
Comparative analysis on post-abortion grief in Japan &
the United States

An honors thesis for the Department of International Relations

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Chapter I: Introduction

My thesis research began while I was studying abroad in Japan last year. When I was first introduced to *mizuko kuyo* –the Japanese ritual for aborted fetuses—in my religion class, I became fascinated by the social acceptance of the ritual as well as the number of temples that set aside an area for this memorialization in Japan. I viewed the ceremony quite cynically at first for it appeared to solely be a ploy by temples to earn money from women who have had abortion. I did not understand how women in Japan can believe the story of *Sai No Kawara*, the purgatory where aborted fetuses were supposedly condemned to and required the parents to perform the *mizuko kuyo* ritual so that these fetuses can be salvaged and seek rebirth. As I began my investigation, however, I realized that I had been putting a staunch Pro-Life/Pro-Choice American framework into interpreting something of the Japanese culture. I was compelled to reject the merit or potential benefits of the ritual because ceremonies surrounding reproductive health rarely exist in America. Thus, I was driven to find out what within the Japanese society allows for the existence of such a post-abortion ritual? Or rather, what within the American society does *not* allow for such ritual to be a visible part of our culture?

The fact that abortion is a controversial issue is no new matter in America. As I began researching about post-abortion services and rituals similar to *mizuko kuyo* upon returning to the States, I discovered that the abortion debate had been extended to the psychological effects of abortion in America. Reading about the symptoms of what is termed “Post-Abortion Stress (PAS),” which include nightmares of children, flashbacks, poor marital relationships, etc., they strangely resembled what the Japanese temples were

claiming as the results of *tatari*, or revenge of the aborted fetuses. Yet, whereas the Japanese created a ritual to cope with these “symptoms” after abortion, Americans are debating whether or not these symptoms actually exist. As a result of the politicization of views on PAS in the United States by Pro-Life and Pro-Choice groups, the possibility of objective counseling services that could be helpful to some women seem to be all but lost in the debate.

Therefore, the intention of this thesis is not to evaluate the morality of abortion, but to cast a new light on the abortion debate by evaluating the Pro-Life/Pro-Choice framework through a comparative analysis with the Japanese society. As we look at the ongoing debate on abortion in the United States for the past thirty years and the relatively non-controversial nature of the abortion issue in Japan, we must question what accounts for this difference and, more importantly, what is the *cost* of the Pro-Life/Pro-Choice framework in the United States. From my research, the group of post-abortion women whose pain and feelings go unaccounted for in the American society seems to reveal this cost.

THESIS

The contrasting responses to post-abortion grief within the two countries consequently raised two fundamental questions in my research: What accounts for the difference in the availability and recognition of post-abortion services in Japan and America? Also, why does America not have post-abortion services that can be made widespread and available to *all* women like that of *mizuko kuyo*? From the result of my research, I argue that because American society views abortion in ideological terms, post-

abortion services have also become divided along ideological lines; however, because Japanese society views abortion in more practical, non-ideological terms, post-abortion services are available to all women regardless of their ideological stance on abortion.

LITERATURE REVIEW

William LaFleur's Liquid Life has been a source of inspiration to my research in *mizuko kuyo*. In his book, LaFleur used the Japanese society, and in particular, the Buddhist way of viewing abortion, to shed new light on the abortion debate in our own country. Similarly, I have used the Japanese response to post-abortion grief to make a statement about the American response to post-abortion grief and the services that are available in this country. To this end, LaFleur's illustration of the Japan's pragmatic view of abortion has been tremendously instructive. He creatively explores the way in which Japanese culture view the life cycle and the motifs and imageries adopted by the Japanese culture to form their own moral reasoning for abortion. Most importantly, LaFleur illustrates Buddhism's ambiguous, compassionate, and non-ideological stance on abortion as opposed to the will of Pro-Life and Pro-Choice groups in America to define abortion in absolute, ideological terms of right and wrong. LaFleur also reminds us that although *mizuko kuyo* have many critics, one must not overlook the possibility of its therapeutic function for women as well as its practical role in society.

In comparing the abortion laws in America and Japan, Lynn Wardle's work, "Crying Stones," has elicited major themes that also help explain the difference in the American and Japanese response to post-abortion grief. Wardle points out that Japanese abortion law are its "dualistic" and "flexible" nature, which serves the purpose of

balancing social concerns by both respecting the interest of the fetus and woman as well as generating social consensus on abortion. Wardle also mentions that since abortion is defined in absolute terms of individual “rights” in America, as opposed to social “necessity” in Japan, “there is no widely-practiced grieving process for American women who undergo abortion...comparable to the Buddhist practices associated with Jizo.”¹

While these two literatures touch upon many of the problems in the religious, social, and legal structure of abortion in the United States with which I use to support my thesis, neither of them has explored the kinds of post-abortion services that *do* exist in America. My thesis, therefore, adds to these existing scholarships by pointing out that post-abortion services are available in the United States, and that the nature of these services are ultimately explained by the themes these previous researchers have revealed, namely the absolutistic and dualistic, ideological and non-ideological, inflexible and flexible views of abortion in American and Japanese society respectively.

Furthermore, my thesis attempts to avoid the tendency of some Western scholars to interpret the *mizuko kuyo* phenomenon within an American Pro-Life/Pro-Choice framework. While Marketing the Menacing Fetus by Helen Hardacre has provided comprehensive research on the origin and role of *mizuko kuyo* in contemporary Japan, the authors’ feminist critique of *mizuko kuyo* attempts to interpret the ritual in an American ideological context. She sees *mizuko kuyo* as a means through which anti-abortionists can gain support for their cause: “...popular support for legalized abortion in Japan, attitudes that are firmly established and unlikely to be shaken by the advocates of *mizuko*

¹ Lynn Wardle, “Crying Stones: A Comparison of Abortion in Japan and the United States,” *New York Law School Journal of International and Comparative Law* 14 (1993): 232.

kuyo.”² Thus, her work renders it impossible to fully appreciate the significance, meaning, and value of *mizuko kuyo* in its ability to be neither Pro-Life nor Pro-Choice.

Samuel Coleman in Family Planning in Japanese Society similarly seeks to define *mizuko kuyo* in absolute terms like the way abortion is structured in America: “If Japanese culture were to make abortion more emotionally acceptable, there would be a clear-cut distinction between the fetal state and full-fledged human life; this mechanism would allow individuals to achieve a consistency of sentiment and action when seeking abortions so that they would not confront the feeling that they were destroying a member of the human community.”³ However, my thesis seeks to illustrate that Japanese attitude towards abortion cannot be comprehended through a Pro-Life/Pro-Choice frame of mind. The reason is that it is exactly the moral ambiguity, where both the woman’s interests as well as the life of the fetus are recognized, that makes abortion acceptable and not a moral controversy in Japan.

Furthermore, because post-abortion grief is rarely expressed openly in America some Western scholars tend to purely attribute this grief to external factors. Hardacre seems to claim that the demand for *mizuko kuyo* was purely borne out of the “fetocentric” commercialization of the ritual by the media and spiritualists. In doing so, she discounts the possibility that some, if not many, women have an intrinsic need to seek spiritual or emotional outlet for her abortion experience both in Japan and America. Coleman, who interpreted *mizuko kuyo* as a manifestation of Pro-Life “anti-abortion” stance in Japanese Buddhism, also overlooked the fact that the ritual may be a reflection of some women’s needs to seek emotional resolution after abortion. Thus, while these scholars may view

² Helen Hardacre, *Marketing the Menacing Fetus* (Berkeley: University of California Press, 1997), 5.

³ Samuel Coleman, *Family Planning in Japanese Society* (Princeton: Princeton University Press, 1983). 67.

Japan's widespread response to women's post-abortion grief as an anomaly, my research seeks to reveal that it is America's lack of adequate response and understanding of a woman's post-abortion experience that seem to be problematic.

In order to understand the Japanese perception of abortion and *mizuko kuyo*, I have supplemented by research with reports by Japanese medical researchers and nurses. The three main works I used were "Motherhood Mystique" by Mariko Jitsukawa, a researcher at Tokyo University's Socio-Psychology department; an abortion counseling piece by Rumiko Hase, a counselor at a gynecologist and pediatric hospital in Tokyo; and a post-abortion care article by Miho Okubo, an obstetrician and nurse at Japanese Red Cross University. These literatures have been useful and informative in revealing Japanese women's post-abortion experiences and the *mizuko kuyo* ritual from a Japanese point of view.

METHODOLOGY

In explaining the ideological and non-ideological response to post-abortion grief in Japan and America, I shall compare the influence of *religion*, *political interest groups*, and *abortion laws* in each country to illustrate the role each of them played in shaping the abortion issue. Chapter II lays out each country's perception of post-abortion grief and the resulting services that are available in Japan and America. Chapter III compares the religions of each country to help explain how the difference in the nature of religions and their interpretations of the fetus result in different standards of moral acceptance of abortion and different understanding of women's decision to have an abortion. Chapter IV identifies key political interest groups in Japan and America and the effect their stance on abortion have on their response to post-abortion grief. Finally, Chapter IV describes

the role abortion laws play in shaping the nature of the abortion issue and in influencing the social acceptance of post-abortion grief.

I have also conducted personal interviews with three post-abortion counselors in the Boston Area – Terri Trafas, LICSW, Deborah Issokson, Psy. D., and E. Joanne Angelo, M.D. Through our conversations, I tried to understand their approach in helping women cope with post-abortion grief as well as the kinds of problems and emotions faced by women who sought help from them. I asked the counselors to lead me through the procedures of their sessions and the methods they found to be most effective in the healing process. I was also trying to be aware of where the focal point of the healing process lies – whether it is seeking forgiveness from God, fetus, or the woman herself.

Besides interviews, I also learned about women's post-abortion experience through my online survey. I came across an Internet site called "Pregnantpause.org" where I had the opportunity to read actual accounts of women about their abortion experience. It was my first encounter with women using the Internet as a source of healing. Since I knew that many post-abortion women occasionally visit the site, I submitted a survey to the webmaster requesting to post it online. During the past seven months, I have received a total of fifty-six responses. In the structure of my questions, I asked the women if they were given enough information about post-abortion services at their abortion clinics, if they felt the need for post-abortion support, if they sought counseling services, and the barriers that may have prevented them from seeking help. The purpose of my questionnaire was to try to gauge whether or not women were adequately informed about post-abortion counseling options as well as the social factors that influenced women's feelings about seeking help. I must concede that the participants

of the survey are a self-selected group of women whose response may not represent all women's feelings after abortion. Yet, not all women who responded needed post-abortion services.⁴ The result of the survey, however, did provide enough evidence for my thesis that there exists a group of women who needs post-abortion services and are not receiving adequate help and support in our society (please see Appendix B for survey analysis).

⁴ 16 out of 56 (28.5%) of women said that they did not feel the need for post-abortion help or support. Marianne Chow, "Sufficient Information and Need for Services?" survey by author, Medford, MA, online survey, <<http://www.pregnantpause.org/ownwords/chow-survey.hm>> (October 2002-April 2003), Appendix B, 116.

Chapter II: Defining Post-Abortion Grief

POST-ABORTION GRIEF IN AMERICA

Potential aftereffects of abortion were rarely addressed in America until the international symposium at Loyola University in Chicago initiated discussion on psychological effects of induced abortion in 1978.⁵ Three years after the conference, Terry Selby, LICSW and Vincent Rue, Ph.D each independently identified these aftereffects as Post-Abortion Syndrome (PAS). Selby defined PAS as "...a disorder that seems to be brought about by stress involved with the abortion itself and that, for one reason or another, the aborted woman is unable to process."⁶ Although PAS is not an officially recognized medical term, Rue argues that the syndrome is a variant of Post-Traumatic Stress Disorder (PTSD) and developed criteria to diagnose PAS based on American Psychiatric Association's guidelines for PTSD. Some of the observed symptoms of PAS include isolation, emotional numbness, depression, hyper-alertness, flashbacks, nightmares of children, guilt, inability to forgive oneself, memory impairment or trouble concentrating, avoidance of activities, and the anniversary syndrome.⁷ While Rue and Selby both believe that PAS do not occur to *all* women who have had abortion, they deemed the number of women affected by PAS to be fairly significant.⁸

⁵ Anne Speckhard and Vincent Rue, "Complicated Mourning: Dynamics of Impacted Post Abortion Grief," *Pre- and Perinatal Psychology Association of North America* 8 (1993): 8.

⁶ Terry Selby, *Mourning After* (Grand Rapids: Baker Book House, 1990). 15.

⁷ Selby, 16.

⁸ Although no percentage was specified, In *The Healing Choice*, the authors indicated that "10 percent of the 1.6 million American women who undergo abortions every year experience several emotional trauma following the procedure, and those women were most often psychologically unstable prior to their pregnancy." Candace DePuy and Dana Dovitch, *The Healing Choice* (New York: Fireside, 1997), 13.

In 1987, President Ronald Reagan assigned Surgeon General C. Everett Koop to produce a comprehensive report on the mental and physical effects of abortion on women after a briefing with the National Right to Life leaders.⁹ During the course of the research, Dr. Koop consulted with a group of scientific, medical, psychological, and public health experts and collaborated with Agencies of the Public Health Service to review 250 scientific studies dealing with psychological effects of abortion. However, Dr. Koop found these studies to be methodologically flawed and insufficient to draw solid conclusions about the emotional effects of abortion. Therefore, Dr. Koop concluded in his letter to President Reagan that “in spite of a diligent review on the part of many in the Public Health Service and in the private sector, the scientific studies do not provide conclusive data about the [psychological] health effects of abortion on women.”

Pro-Life's Perceptions and Services

Strongly believing that abortion causes emotional, physical, and spiritual harm to women, Pro-Life groups tend to support the existence of PAS despite Dr. Koop's inconclusive results. Many Pro-lifers criticized Dr. Koop as “...sidestep[ping] his assignment because he did not want to face another vicious attack from the pro-choice media and Congress” and called for further research.¹⁰ Organizations such as Victims of Choice, the National Office of Post-Abortion Reconciliation & Healing, Priests for Life,

⁹ Letter from Dr. Koop to President Reagan, *Priests for Life Website* (1989), <<http://www.priestsforlife.org/postabortion/89-01-09koop.htm>> (20 October 2002).

¹⁰ David Reardon, “Revisiting the “Koop Report,”” *The Post-Abortion Review* 3, no. 3 (1995), <http://nichole.simonweb.com/~afterabortion/koop.html>> (20 October 2002).

and Elliot Institute argue that the unspoken grief suffered by post-abortion women is due to the social pressure and expectation for women to “go on with life” after their abortion. This latent, unresolved grief then lead a woman to repression and denial, which can possibly delay the woman’s grief and mourning process from five to twenty years after the experience.¹¹

Although Pro-Life advocates are against abortion, they are, however, the main providers of post-abortion counseling services for women in America. In fact, almost all 4,000 Pro-Life pregnancy help centers in the U.S. have been devoting an increasing amount of time to treating women with PAS.¹² *Project Rachel*, the post-abortion health ministry of the Catholic Church, has more than 110 dioceses in the nation counseling those struggling with their abortion experience.¹³ The ministry is staffed with trained clergy and spiritual directors who provide individual counseling as well as healing retreats throughout the United States. *Healing Hearts* of Lutherans for Life also outreaches to post-abortion women through its popular telephone hotline. They also offer crisis pregnancy counseling as well as unplanned pregnancy prevention programs.¹⁴

While Pro-Life’s compassionate support provides many women with a listening ear, their services possess a great deal of religious overtones. As part of the healing process, Pro-life counselors often try to help a woman overcome her denial by encouraging her to “...admit that it was her *child* she aborted...” and accepting God’s

¹¹ J.C. Willke, “Health,” in *Why We Can’t Love Them Both* 2000, <http://www.abortionfacts.com/online_books/love_them_both/why_cant_we_love_them_both_9.asp> (31 October 2002). 102.

¹² Willke, 103.

¹³ The National Office for Post-Abortion Reconciliation & Healing, *Project Rachel*, (No date), <<http://www.marquette.edu/rachel/projectrachels.html>> (20 October 2002).

¹⁴ Grace Kern, “Healing Hearts,” *Living* 14, no. 2 (2001), <http://www.lutheransforlife.org/living/2001/summer/healing_hearts_interview_2001.htm> (20 October 2002).

forgiveness for “the sin of abortion.”¹⁵ Yet, according to Dr. Deborah Issokson, a psychologist in reproductive health, “for some Catholics, that is just what they need. [But] I have had a lot of Catholic clients that say ‘no, I refuse to even acknowledge that what I did was sinful.’” Therefore, women who find these Pro-life services helpful are mostly those who view religion as a source of healing. However, for women who perceive religious views to be a source of pressure and guilt, these services may actually deter them from seeking help.¹⁶

Pro-Choice’s Perceptions and Services

On the other hand, numerous Pro-Choice organizations use Dr. Koop’s report to endorse their argument that abortion poses minimal health risks: “Koop determined that there was insufficient evidence of trauma. Psychological problems were ‘miniscule from a public health perspective.’”¹⁷ The fact that General Koop was seen as an anti-choice conservative further bolstered Pro-Choice’s argument that his conclusions are not based on political interest and thus, are true.

According to Planned Parenthood, PAS is the ploy of “antifamily planning extremists...[a] nonexistent phenomenon,”¹⁸ and *Ms. Magazine* claims that PAS “sounds scientific...but it’s not recognized as an official syndrome or diagnosis by the American Psychiatric Association, the American Psychological Association, or any other mainstream authority... it is a bogus affliction invented by the religious right.”¹⁹ Other

¹⁵ Kern, “Healing Hearts.” Online.

¹⁶ Chow, “Barriers to Seeking Services,” Appendix B, 113..

¹⁷ Cynthia Cooper, “Abortion Under Attack,” *Ms. Magazine*, August 2001, <www.msmagazine.com/aug01/pas.html> (4 November 2002).

¹⁸ Planned Parenthood Federation of America, *The Emotional Effects of Induced Abortion*, November 2001, <http://www.plannedparenthood.org/library/facts/emoteff_010600.html> (14 November 2002).

¹⁹ Cooper, “Abortion Under Attack.”

reproductive rights activists also see PAS as “a Trojan horse, an attack on abortion rights masquerading as concern for women’s welfare.”²⁰ They often counter the Pro-life argument by stating that abortion is a “positive coping mechanism” for individuals facing unwanted pregnancies that helps women gain “higher self-esteem, greater feeling of worth and capableness, and fewer feelings of failure.”²¹ Moreover, Planned Parenthood seeks to separate “abortion,” from what it deems as the “true” source of guilt and depression. The organization asserts that symptoms of depression actually stem from the experience of an unwanted pregnancy itself, not from abortion. Moreover, according to Planned Parenthood, external factors such as emotional and mental stability of women and her partner, reason for choosing abortion, and the method of abortion, could also have been causes for the negative aftereffects.

Naturally, post-abortion care at Planned Parenthood and other abortion clinics seldom focuses on emotional and psychological counseling for women. Although most abortion clinics recommend a follow-up examination two to three weeks after the surgery, they are mainly concerned with assisting patients with physical complications such as bleeding, cramps and fever. Planned Parenthood acknowledges the fact that some post-abortion women observe emotional changes, yet the Clinic chiefly attributes these changes to hormonal imbalance after the procedure.²²

A reason that Pro-choice groups are refuting evidence of psychological aftereffects of abortion is because providing post-abortion services oblige them to admit

²⁰ Noy Thrupkaew, “Trojan Horse Tactics: ‘The Post-Abortion Syndrome’ Attack on Choice,” *The American Prospect Online* (No date), <<http://venuszine.com/venus/stories/politics/002736>> 12 September, 2002.

²¹ Planned Parenthood Federation of America, *The Emotional Effect*.

²² Planned Parenthood Federation of America, *Health Fact Sheets: Post Abortion Care*, 2000, <http://www.pplm.org/clinic/services/pos_abor.html> (2 November 2002).

that there was an actual “loss” that needs to be grieved. It undermines their argument that the fetus is merely a “product of conception,” and that abortion does not leave behind any major health consequences. Even Anne Mautz, a staff at California Abortion and Reproductive Rights Action League (CARAL) admits that because Pro-Choice groups are often put on the defensive in the abortion debate, “there have been moments where the movement has been scared to say that abortion may have emotional effects.”²³ Consequently, Pro-Choice have been criticized to have “in some ways abandon[ed] the very women whose rights they claim to champion”²⁴ due to their lack of attention to the emotional health of post-abortion women.

The trend seems to be that even though Planned Parenthood and other abortion clinics do not provide in-house counseling services, they are slowly starting to recognize the potential need for emotional and psychological counseling among post-abortion women.²⁵ Nevertheless, from the online survey I have conducted, 64% of women who said they needed help, support, or counseling services after their abortion felt that they did not receive enough information about post-abortion services from their abortion clinics, and 60% of these individuals ended up not seeking any help.²⁶ Furthermore, my survey revealed that after shame and embarrassment, being uninformed about services was the second biggest barrier to seeking post-abortion services.²⁷ Therefore, abortion

²³ Rebecca Versely, “New Bay Area New Hotline Offers Post-Abortion Counseling.” *Women’s e-News*, 2 May 2002, <<http://www.womensenews.org/article.cfm/dyn/aid/899/context/archive>> (4 April 2003).

²⁴ Jonathan Dube, “After the abortion: by ceding the counseling role to pro-lifers, pro-choicers may be doing their cause more harm than good,” *Washington Monthly* 30, no. 3 (1998). 24.

²⁵ I have received a list of counseling referrals from a staff at the Planned Parenthood in Boston, Massachusetts. She said that the Boston clinic now regularly gives the list to abortion patients after the procedure.

²⁶ Chow, “Sufficient Information and Need for Services,” Appendix B, 116.

Chow, “Need for Services & Sought Help from Services?” Appendix B, 117.

²⁷ Chow, “Barriers to Seeking Services,” Appendix B, 120.

clinics, in general, may still be inadequate in providing necessary information about grief counseling and education to post-abortion women.

POST ABORTION GRIEF IN JAPAN

Mizuko Kuyo

History of the Ritual

While post-abortion services is a relatively new phenomenon in America, *mizuko kuyo*, or the ritual memorializing aborted fetuses, has appeared since the late 1960s.²⁸ However, the worship of *Jizo*— the Buddhist figure that is central to modern-day *mizuko kuyo*— can be traced back even further to the Tokugawa Period (1600-1868 A.D.) and perhaps even earlier.²⁹ *Jizo*, the “Earth Store Bodhisattva,” was introduced to Japan in the 6th century when Buddhism was imported from Korea.³⁰ As the Goddess of Compassion, *Jizo Bodhisattva* is said to have postponed his own Buddhahood until all human beings are saved. *Jizo* is also known as the guardian of firemen, traveler, expectant mothers, and pilgrims, yet its central association in modern Japan has been with being the protector of stillborn, miscarried, or aborted fetuses and especially for those suffering in the underworld.³¹

During the medieval Japan, the story of *Sai no Kawara*, or “the Riverbank in the land of *Sai*,” became a widespread folklore. *Sai no Kawara* is thought to be the “hell” where deceased children and fetuses reside after death. These children are all in a miserable state because they could not cross the river to seek rebirth. These souls are

²⁸ Elizabeth Harrison, “*Mizuko kuyo*: the re-production of the dead in contemporary Japan,” in *Religion in Japan: Arrows to Heaven and Earth*, ed. P. Kornicki, and I. McMullen (Cambridge: Cambridge University Press, 1996), 250.

²⁹ William LaFleur, *Liquid Life* (Princeton: Princeton University Press, 1992), 60.

³⁰ LaFleur, 44.

³¹ LaFleur, 47.

said to spend their days piling stones to make pagodas and towers for their parents while living in fear of demons (*oni*), who come to knock down the children's pagodas and chase after them. These children then run to *Jizo* who protects them from the demons.³² Thus, *Jizo*'s role as a guardian of the underworld as well as its association with young children and childbirth have brought his image to the center stage in the modern-day *mizuko kuyo*.

The commercialization of *mizuko kuyo* in the popular media and among entrepreneurial spiritualists during the 1970s led to an emphasis on the notion of *tatari*, or revenge of the aborted fetus.³³ As a result of the sensationalized accounts of *tatari*, more and more women began to believe that their mishaps were due to the revenge of the aborted fetuses and consequently, many openly turned to *mizuko kuyo* for help. During this "*mizuko* boom,"³⁴ entrepreneurial spiritualists began erecting temples that solely performed *mizuko kuyo* while many traditional Buddhist temples began allocating a cemetery in the back of the temple where *Jizo* statues could be worshipped.³⁵

Procession of Ritual

Since *mizuko kuyo* lacks any canonical basis, its ritual is subjected to many different interpretations and varies in degree of intensity, structure, and cost. The simplest form of *mizuko kuyo* may be found at a local *Jizo* shrine on the roadside that is cared for by a group of local women. Without any elaborate ceremony or ritual, those who wish to memorialize their aborted fetus can do so on their own. A *Jizo* statue may

³² Helen Hardacre, 30.

³³ Hardacre, 29.

³⁴ LaFleur, 136.

³⁵ LaFleur, 149.

also be purchased and placed in the home on the *butsudan*, or Buddhist altar, where family members may take care of it and occasionally recite the “Heart Sutra” as a form of ritual to the fetus.³⁶

Others may also choose to erect a *Jizo* statue at a temple where they return to visit and may even participate in a ritual on a particular date. Although the protocol of the ritual varies from temple to temple, yet their content is largely the same. During my stay in Kyoto, I participated a *mizuko kuyo* ritual at the Miidera Kannon-do in Otsu-shi. On the third of May each year, Miidera performs this ritual for a fee of ¥3,000 (US\$25). Before the process began, women came with their families to register and pay to attend the service. Many of them headed into the incensed-filled inner room of the temple and picked up a *Jizo-wasan* before sitting down. The ringing of the bell signaled the beginning of the ritual and six male Buddhist priests entered the room. They chanted the “Heart Sutra” for approximately forty minutes before the participants recited the following *Jizo-wasan* along with the priests:

I was invited to lives of Father and Mother,
Lived within Mother’s womb for days and months,
During the time that I was continuing to grow,
I had requested the kindness of my parents,
I disobeyed that kindness,
So I was brought out by the midwife with the body lost
Father help me and Mother help me too.
Help give the soul, whose power is limited and voice cannot speak
In order to not become a soul lost in the darkness.³⁷

As one can see, the ritual did not so much focus on fetal retribution as it is intended to tug on the conscience of the parents and to urge them to take action to amend the situation. The ceremony was closed with the abbot of the temple making a short

³⁶ LaFleur, 148.

³⁷ “Mizuko kuyo no go-annai,” letter from Miidera Kannon-do, translated by author, 3 May 2002.

speech explaining the importance of the ritual in helping the souls that are lost in darkness, exonerating the guilt of those who come with a heavy heart of regret and ambivalence, and forming the basis of the safety of the family. He also thanked everyone for participating in the service.

On the other hand, independent religious entrepreneurs whose temple is solely devoted to performing *mizuko kuyo* tend to be more extreme in their language regarding fetal retribution, more structured, as well as more expensive. I visited Shiun-san Jizo-Ji in Saitama Prefecture where 14,000 *Jizo* statues resided and the price of each ranged from ¥15,000-¥23,000 (US\$150-230).³⁸ Rituals were performed six times a day inside the temple and also over a loud speaker, which can be heard throughout the huge temple ground. As mentioned above, its founder, Tetsuma Hashimoto, emphasized the threat of fetal retribution that ranges from nightmares to epilepsy in establishing the importance of the ritual.

Critics of the Ritual

Due to the fervent commercialization of *mizuko kuyo* in the 1970s, the ritual faced a great deal of criticism from *Jodo Shinshu*, the largest Buddhist sect in Japan, as well as the society at large. Many saw *mizuko kuyo* as an exploitation of the guilt of young women by threatening them with consequences of fetal retribution and bombarding them with pictures of child-like fetuses. Furthermore, *Jodo Shinshu* publicly rejected *mizuko kuyo* because the sect sees true salvation as coming from *nenbutsu*, or the devout chanting, of Amida Buddha. *Jodo Shinshu*, also found *tatari* to be groundless and exploitative in nature and rejects *mizuko kuyo* due to its artificiality as a “debased,

³⁸ Tetsuma Hashimoto, “Shiun sou da yori,” *Shiun*, no. 580 (January 1991): 59.

magical practice drawing on a historical belief in folk religion...”³⁹ The rest of the mainstream Buddhist community, however, takes a much more ambiguous stand on the ritual. Rather than asserting their religious traditions and edicts to guide the lives and practices of their parishioners, most Buddhist temples would perform *mizuko kuyo* to would cater to the needs of their adherents.

Finally, despite its belief in the soul of the fetus, *mizuko kuyo* cannot truly be categorized as either a Pro-Life or a Pro-Choice phenomenon. The ritual has the ability to be both or neither of the ideologies, because the meaning of *mizuko* as “water-child” implies that the fetus as an ambiguous entity between an embryo and a child. Thus, the personhood of the memorialized fetus depends on the interpretation of the practitioner. Furthermore, because *mizuko kuyo* has no canonical basis, the ceremony has been able to adapt and proliferate to different Buddhist sects and even different religions.⁴⁰ The flexible nature of *mizuko kuyo* has allowed it to become widely available among temples in Japan and to encompass the needs of a broad range of individuals.

Medical Counseling

Psychological counseling has not been a popular form of medical treatment in Japan because it is believed that mental illness and emotional problems are signs of personal weakness, bringing shame on the person seeking treatment.⁴¹ However, in recent years, Japanese medical researchers and counselors have increasingly turned their

³⁹ Hardacre, 193.

⁴⁰ Hardacre, 160.

⁴¹ Laurie Hayes, “Counseling in: Japan,” *Counseling Today*, 2002, <<http://www.counseling.org/ctonline/japan.htm>> (14 April 2003).

attention to abortion care due to the *mizuko kuyo* phenomenon as well as recent surveys performed on post-abortion women.

Miho Okubo, a midwife at Japanese Red Cross University, has documented some Japanese researches that have provided evidence for the “psychological damage” that some post-abortion women suffer in Japan. In 1984, interviews of patients and staff were collected from an abortion clinic and all the staff indicated “the pain women receive from abortion.” In 1995, Kuroshima conducted a survey among post-abortion women between the age of 22 to 75 who felt that even though abortion was the responsible choice, they still blame themselves years later.⁴² Both Kuroshima’s study and a study done by Sasaki in 1993 revealed that post-abortion women have similar responses of feelings of loss, lonely and self-disgust. In 1999, Takabara has also undertaken a survey of 1,127 participants of *mizuko kuyo* to find that 76% of the rituals were performed due to abortion while the remaining 24% were due to miscarriage and stillbirth. It was found that some of these women have been performing the ritual for over 30 years. The ritual as a reflection of the mothers’ unhealed pain was also mentioned in the study.⁴³ Thus, Okubo establishes that there is a sizable community of women on which abortion has had psychological aftereffects.

In effect, some counselors, such as Rumiko Hase, have begun routinizing abortion counseling for abortion patients who were teenagers, who received a second trimester abortion, or have received multiple abortions, which made up 20% to 30% of all abortion

⁴² Miho Okubo, “Kangosha-wa jinko inshin chuusetsu ke-a ni dou ka kawatteiru ka?” *The Japanese Journal for Midwives* 57 (March 2003): 24.

⁴³ Okubo, 28.

cases at the hospital where she works.⁴⁴ Hase expressed that social pressure can cause women to undergo abortion without personal consent. Therefore, she emphasizes the importance of pre-abortion counseling in helping woman reconfirm or withdraw her decision to have an abortion. Without personal consent, some women may suffer from the abortion for many years and the experience may return to cause more pain for them.⁴⁵

In explaining why there is a need for women to perform *mizuko kuyo*, medical researcher, Mariko Jitsukawa, turns to the social pressure of “ideal motherhood” faced by many women: “The ideal of mothers’ self-sacrifice demands women to prioritize their born and unborn children’s happiness over their own, a demand which often leads women to undesired abortion decisions.”⁴⁶ Although women are required to sign a consent form, they are often not truly *informed* about the abortion procedure, other available options, risks involved in abortion, or given the opportunity to confirm that they had made the decision themselves. Thus, the passive role many Japanese women assume in the whole process creates a great sense of inexpressible doubts and helplessness in their minds. Individuals who avoid talking to the woman about her abortion experience further aggravate these doubts and “redefine [her] abortions as shameful conduct[s].”⁴⁷ As a result of the pain caused by others, many women came to communicate their feelings through *mizuko kuyo* in order to seek support for their decisions and validation of their feelings. Jitsukawa sees *mizuko kuyo* as a pathological phenomenon that could be ameliorated through prevention counseling. Despite the unscientific nature of the

⁴⁴ Rumiko Hase, “Chuusetsu sengo no counseling,” *The Japanese Journal for Midwives* 57 (March 2003): 14.

⁴⁵ Hase, 16.

⁴⁶ Mariko Jitsukawa, “Umi-owae seidai no chuusetsu, hiin houhou e no mukanshin, mizuko kuyo wo tsunagu-mono,” (Motherhood Mystique: What Occasions the Co-present of Mothers’ Abortions, Indifference to Contraception, and Mizuko Requiem in Japan) *JASS Proceedings* 8 (1996): 2.

⁴⁷ Jitsukawa, 13.

ritual, however, Jitsukawa realizes that *mizuko kuyo* does provide a sense of healing for women. She suggests that perhaps post-abortion counseling should be modeled after the *Jizo*, who does not espouse any value judgments upon the woman and is available when she needs it.

Thus, in a sense, the practice of *mizuko kuyo* has facilitated, if not instigated, some Japanese medical professionals and researchers to recognize the potentiality of post-abortion grief among women in Japan. Perhaps this uncontroversial recognition is due to the common acknowledgement of the social pressure of motherhood on women, the negative feelings women have despite the belief that the abortion was a responsible choice, and the lack of individual affirmation on the decision to have the abortion. Although abortion counseling may still not be as prevalent as *mizuko kuyo*, it is significant that the medical community in Japan is incorporating *Jizo*'s non-judgmental and highly-available nature into their practice and understanding of post-abortion women.

Chapter III: Religion and Abortion

Robert N. Bellah wrote, “it is one of the social functions of religion to provide a meaningful set of ultimate values on which the morality of a society can be based.”⁴⁸ In recent history, religious views have undoubtedly influenced the morality of abortion in both the Japanese and American society. In the past, scholars often site the contrast between the Religious Rights’ outward condemnation of abortion in America and Buddhism’s tolerance of abortion in Japan, as shown by its ritual of *mizuko kuyo*. Therefore, this chapter examines the fundamental characteristics and beliefs of the main religions in each country to explain the discrepancy in their attitudes towards abortion and the role they play in shaping the acceptance of post-abortion grief.

THE UNITED STATES: THE IDEOLOGICAL DIVISIONS

One observable phenomenon in comparing religions in Japan and America is the difference in the degree of assimilation among the dominant religions in each of the two countries. While the predominant religious traditions in America stem from Christianity, Protestantism and Catholicism exist as practically exclusive entities. Both Catholicism and Protestantism believe that God is the creator of all things and the resurrection of Jesus Christ, yet they each have different church practices and interpretations of the Bible. For example, Catholicism is marked by uniformity “imposed by one creed and one pattern of worship” based on the infallible teachings of the Pope, who is believed to

⁴⁸ Robert Bellah, *Tokugawa Religion: The Cultural Roots of Modern Japan* (New York: The Free Press, 1957), 6.

be the supreme authority of the Church.⁴⁹ Furthermore, when Catholics commit a sin, they are to regain salvation through repentance and the sacrament of confession.⁵⁰ In contrast, due to Protestantism's emphasis on individual freedom, it refutes papal authority and his teachings of morality. Protestants believe that only Scripture should have the ultimate authority on religious practice and beliefs and that each individual has the right to their own interpretation of the Bible.⁵¹ Furthermore, one only needs "faith" in Jesus Christ to receive salvation and Protestants are not required to observe penance for their sins. Thus, due to existence of absolute, fundamental differences between the two religious traditions, there tends to be a rise of moral controversy on issues where their theological gaps fail to meet.

Status of Fetus in US

Due to the ideological nature of religions in America, Catholicism and Protestantism have also come to adopt different interpretations of the status of the fetus and morality of abortion. Contrary to common perception, the Roman Catholic Church did not take a uniform and active stance against abortion until 1854 with the affirmation of the Immaculate Conception of Mary by Pope Pius IX.⁵² Thereafter, a stream of punishments were inflicted on those who were involved in the practice: in 1869, excommunication was effected on individuals who performed abortion; in 1895, proscription of abortion was extended to saving the woman's life; 1902, performing

⁴⁹ W. Seward Salisbury, *Religion in American Culture, a sociological interpretation* (Homewood: Dorsey Press, 1964), 101.

⁵⁰ Robinson, B.A. "Comparing Roman Catholicism & Conservative Protestantism." Religious Tolerance Website, 6 February 2002, <http://www.religioustolerance.org/chr_capr.htm> (1 April 2003).

⁵¹ Salisbury, 134.

⁵² Daniel Dombrowski and Robert Deltete, *A Brief, Liberal, Catholic Defense of Abortion* (Chicago: University of Chicago Press, 2000), 58.

abortion due to ectopic pregnancies became immoral acts; 1917, women who had abortion were excommunicated; and finally since 1931, the Church declared law against abortion under all circumstances. In the *Gospel of Life*, Pope John Paul II condemned abortions for “poison[ing] human society,...do[ing] more harm to those who practise them than to those who suffer from the injury, [and]...are a supreme dishonour to the Creator.”⁵³ Although the Pope concedes that the need for abortion may sometimes be due to the pressure from difficult situations, these cases “nonetheless can never exonerate one from striving to observe God’s law fully.”⁵⁴ There is, thus, no exception under which abortion should be acceptable because all living things, in both its early and final stages, have the “right to life of an actual human person.”⁵⁵

All Protestant churches were said to have adopted a strong stance against abortion up until the late 1960s.⁵⁶ However, liberal, “mainline” Protestant churches began adopting a more lenient position on abortion during the 1970s.⁵⁷ Recognizing the “sanctity of life” but also the welfare of the woman and her family, churches such as the Episcopal Church and Evangelical Lutheran Church of America, claimed that abortion would be permissible in cases of rape, incest, fetal disability or threat of the mother’s

⁵³ Pope John Paul, II, *The Gospel of Life* (New York: Random House, 1995), 7.

⁵⁴ Pope John Paul, II, 24.

⁵⁵ Pope John Paul, II, 22.

⁵⁶ Kathleen Sweeney, “The Protestant Churches on Abortion: Complex, Contradictory, and Challenging,” *National Right to Life News on the Web*, 22 January 1999, <<http://www.nrlc.org/news/1999/NRL199/sween.html>> 6 April 2003.

⁵⁷ Liberal churches are sometimes now called the “oldline” due to the shift in adherents of liberal to conservative churches. However for the sake of this paper, I will remain to use “mainline” to represent liberal churches such as Episcopal, Presbyterian, Methodist, Lutherans, American Baptist, etc. Wade C. Roof and William McKinney, *American Mainline Religion* (New Brunswick: Rutgers University Press, 1992), 20-22.

life.⁵⁸ Furthermore, almost all mainstream churches oppose legislation that would limit access to abortion.

Not only is there a split in moral rationale on abortion between the traditional Catholicism and mainstream Protestantism, but the religious schisms in America also exist between the “orthodox” and “progressive” strains within Catholicism and Protestantism.⁵⁹ Conservative Protestant churches such as Southern Baptist Convention and Lutheran Church-Missouri Synod, who maintain a firm policy against all abortion except to prevent the death of the mother, have come to collaborated with conservative Catholics in the anti-abortion movement. Similarly, many Protestant and progressive Catholic groups have also joined forces in the abortion debate. In particular, Catholics for Free Choice, American Baptist Church, United Church of Christ, the Episcopal Church, Disciples of Christ, Presbyterian Church in 1992 are all part of the Religious Coalition for Reproductive Choice. Founded in 1973, the Coalition was formed to stem efforts seeking to overturn *Roe v. Wade*.⁶⁰ Although each member group has slightly different stance concerning abortion, the Coalition, as a whole, believes that “every woman must be free to make decisions about when to have children, according to her own conscience and religious beliefs.”⁶¹ It also proposes that “the notion that life begins at conception is a religious belief held by only *some* groups,” and asks others to recognize and respect the diversity of opinions concerning abortion.⁶²

⁵⁸ Sweeney, “The Protestant Churches on Abortion.” Online.

⁵⁹ James D. Hunter, *Culture Wars* (New York: BasicBooks, 1991), 96.

⁶⁰ Religious Coalition for Reproductive Rights, *Fact Sheet*, (No date), <<http://www.rcrc.org/rcrc/factsheet.html>> (2 November 2002).

⁶¹ Religious Coalition for Reproductive Rights, *Our Vision*, (No date), <<http://www.rcrc.org/rcrc/geninfo.html>> (2 November 2002).

⁶² Religious Coalition for Reproductive Rights, *What Religions Really Says*, (No date), <<http://www.rcrc.org/current/Roe%20Religious%20Response.htm>> (6 April 2003).

Thus, the “Christian” views of abortion and the conception of life vary widely among and even within different denominations. Since each group believes its own interpretations is the true teachings of the Bible as well as the intentions of God, there is little room where a compromise and consensus can be reached. Mark Ellingsen, a Lutheran pastor and author of The Ecumenical Movement, made an interesting argument by pointing out the logical flaw inherent in the mainline Protestant stance on abortion. He criticized Protestantism for its tolerance of certain types of abortion while simultaneously acknowledging that personhood begins at moment of conception.⁶³ Yet, his argument further demonstrates the need for rigid interpretations of the fetus and morality of abortion within the Christian community. Thus, because moral consistency of an ideology overrides the practicality of the ideology among religions in America, abortion becomes reduced to a clear-cut matter where the conflicting interests involved are often not understood or justified.

JAPAN: THE PRACTICAL COMPLEMENTS

Buddhism and Confucianism were philosophies imported into Japan from foreign countries. However, rather than existing as mutually exclusive faiths, these two have come to harmonize and complement each other as well as with Shinto, the Japanese native religion. When Buddhism arrived in Japan, there was a clash between Shinto and Buddhism because the former worshipped the *kami* and the latter worshipped Buddhas. However, after a brief period of conflict, a solution was reached by declaring Buddhas to be the “concrete manifestation[s] of the hidden *kami*” by means of reincarnation.⁶⁴ Both

⁶³ Mark Ellingsen “The Church and Abortion: Signs of Consensus.” *Christian Century* (January 1990): 15.

⁶⁴ Byron Earhart, *Religion in the Japanese Experience* (Belmont: Wadsworth Publishing Company, 1974), 39.

religions mutually benefited from this integration because the *kami* were able to assume a more tangible, visual form while Buddhism was able to gain the patronage of those who believe in the native traditions. In fact, native Shintoism “Japanized” Buddhism so much that the two religions formed *Ryobu-Shinto* (Two-Sided Shinto), of which the most well-known form is *Shingon* Buddhism, in the beginning of the Heian Period (784-1192 A.D.). Although its influence declined by the end of that era, *Shingon* remains to be one of the strongest sects of Japanese Buddhism today.⁶⁵

Confucianism and Buddhism also saw a similar degree of assimilation. Confucianism’s political and ethical thought supplemented Buddhist philosophies in maintaining social order of the feudal system during the Tokugawa Period (1600-1868 A.D.). By combining the concept the social hierarchy in Confucianism with the metaphysical understanding of the natural world of Buddhism, the two philosophies gave rise to Neo-Confucianism during the 15th and 16th century in Japan.⁶⁶ The Buddhism-Confucianism synthesis also formed a mutually beneficial relationship because while the former was able to claim political influence by incorporating the Confucianism’s systematic social hierarchy, the latter was able to compensate its religious void with Buddhism’s long-standing theological traditions.

Finally, it is said that Shinto’s ability to become a “competitive religion and intellectual system”⁶⁷ owes much of its allegiance to both Buddhist and Confucius

⁶⁵ August Karl Reischauer, *Studies in Japanese Buddhism*. (New York: Macmillan, 1917), 79.

⁶⁶ Routledge Encyclopedia of Philosophy, “*Neo-Confucianism*, the *samurai* code and Tokugawa society,” (No date), <<http://www.rep.routledge.com/philosophy/cgi-bin/article.cgi?it=G100SECT6>> 4 April 2003.

⁶⁷ Earhart, 67.

thoughts— wherein the former provided philosophy and the latter provided ethics to Shintoism.⁶⁸ As neatly put by Prince Shotoku:

Shinto is the root embedded in the soil of the people's character and national traditions; Confucianism is seen as in the stem and branches of legal institutions, ethical codes, and education systems; Buddhism made the flowers of religious sentiment bloom and gave the fruits of spiritual life.”⁶⁹

Throughout history, the Japanese culture has an aptitude in amalgamating uniquely different worldviews while manipulating each of their strengths to promote the greater social goal of national unity. In effect, religious principles are compromised and Japanese religions have come to assume a more non-ideological nature. Thus, this focus on harmony and unified vision in Japanese society disallows any one philosophy to jeopardize the security of the whole, and naturally, limits moral controversy among different religious traditions that would create a social divide.

Status of Fetus in Japanese Religion

Buddhism's doctrine of *karma* has greatly influenced people's views of their existence by extending their concept of life and death.⁷⁰ Such is illustrated by the Buddha's statement that "...repetition of rebirths, O monks, has neither beginning nor

⁶⁸ Daniel C. Holtom "Shintoism," in *The Greatest Religions of the Modern World*, ed. Edward Jurji (Princeton: Princeton University Press, 1947), 154.

⁶⁹ Masaharu Anesaki, *History of Japanese Religion* (Rutland: Charles E. Tuttle Co., Inc., 1963), 8.

⁷⁰ Anesaki, 72.

end.”⁷¹ This *karmic* relation is supposed to inspire human beings to act benevolently to each other so that one may reincarnate to a better life. However, it also came to obscure the fine line between life and death in that death is only a temporary cessation of a life waiting for rebirth. As LaFleur commented, this idea of reincarnation inspires the conceptualization of abortion merely as “returning” the fetus back to the world of the divine rather than the absolutely killing of a life. Thus, for some Buddhist believers, the fetus is “...not so much being ‘terminated’ as it is being put on ‘hold,’ asked to bide its time in some other world.”⁷² This concept of life has been particularly influential in describing the unborn fetuses as *mizuko* in the Japanese culture.

Mizuko, means “water-child”⁷³ and the word is used to reflect the view that the child is “in some way suspended in water...a child still in the “becoming” stage rather than emphatically existing as a discrete entity or “being.””⁷⁴ Although the term *mizuko* has no canonical basis within the Buddhist Scriptures, it, nonetheless, shares the concept of the “fluidity of life” as illustrated by the cycle of life in *karma*. Therefore, this fluid perception of the fetus is able to gain social currency and establish deep roots within the Japanese society.

Although Shinto religion emphasizes more on “life” and tends not to concern itself with issues of bereavement, some Shinto shrines have also come to perform rituals to pacify the soul of the aborted fetuses.⁷⁵ *Mizuko kuyo* is able to spread to Shinto because the origin of *mizuko* is also said be traced to Shinto beliefs, as suggested by

⁷¹ Shundo Tachibana, *The Ethics of Buddhism* (New York: Barnes & Noble, 1975), 187.

⁷² LaFleur, 27.

⁷³ LaFleur, 23.

⁷⁴ LaFleur, 24.

⁷⁵ Hardacre, 236.

Japanese demographic historian Takahashi Bonsen.⁷⁶ According to the *Kojiki*, the mythological compilation from which Shinto developed, Izanami and Izanagi (Japanese counterpart of Adam and Even), gave birth to a *hiruko*, or “leech-child,” due to a mistake in their formality before the couple were to reproduce. The couple then placed the defected child on a boat and sent it back into “the waters.” Therefore, some Shinto shrines in Japan call the aborted fetus *hiruko* instead of *mizuko* to parallel the theme of “water” and “fluidity” in the Shinto ritual for aborted fetuses.⁷⁷

Since neither *hiruko* nor *mizuko* signifies the fetus as merely a “product of conception” or a full human being, Japanese religions tend to see abortion as not morally right but also not morally impermissible either. As a result, Japanese religions, especially Buddhism, tend not to take an absolute stance against abortion. Rather, they emerge as non-ideological moderates that recognize the potentiality of life and also the grief of women involved in an unwanted pregnancy.

CONCLUSION

By comparing the nature of religions in Japan and America, one can see how the degree of assimilation among different religious views has consequent affects on the intensity of moral controversy that arises in the respective countries. Since Buddhism, Shinto, and Confucianism have been greatly assimilated for the sake of national unity in Japan, their stances on abortion have also come to be largely non-ideological and non-controversial. However, the ideological schisms between Catholicism and Protestantism

⁷⁶ LaFleur, 23.

⁷⁷ Hardacre, 242.

and also within different denominations themselves, have led to incompatible moral perceptions of abortion in America.

Furthermore, the perception of the fetus as a “water-child” –a potential life – also influenced the ambiguous stance many religious institutions have consensually taken in Japan. Yet, in America, the fetus is interpreted in absolutes – either it is a human or not a human. It, then, becomes logically necessary that abortion also be judged in absolutes – either it is morally right or morally wrong. Thus, this tendency towards absolute ideological stances between Catholics and Protestants as well as Orthodox and Progressives lays the foundation for the polarized abortion debate in America that greatly lacks a middle ground.

Chapter IV: Political groups and Social Movements

In both America and Japan, political interest groups were heavily involved in the anti-abortion and abortion-liberalization movements. These groups and their ideologies have had profound effects on the way abortion is viewed and structured in each respective society. In this chapter, I will lay out the dominant players in the U.S. and Japan abortion debate and analyze the differences in the nature of each sides' arguments and their strategies to effect social and political change. I argue that the immutable ideological basis of political groups in US have made the abortion debate into a "clash of the absolutes",⁷⁸ whereas the practical basis of Japanese political groups helped create a social consensus on abortion in Japan. In my conclusion, I will contend that the principles on which political groups of each country are based explain the differences in the social acceptance and conceivability of post-abortion grief in America and Japan.

THE UNITED STATES: POLARIZING THE ISSUE

Religious Groups

Although physicians were the crusaders of the first anti-abortion movement during the second half of the 19th century, religious groups have largely come to dominate the anti-abortion position in the current abortion debate in America. Due to the absolute stance of the Catholic Church and Conservative Protestants, it is not surprising that religious institutions have been the main forces behind the current anti-abortion

⁷⁸ Laurence H. Tribe, *Abortion: The Clash of Absolutes* (New York: W.W. Norton & Company, Inc., 1992), Title.

movement.⁷⁹ In response to *Roe v. Wade*, the National Catholic Conference in 1973 set goals to organize right-to-life groups in each state, to summon dioceses to fund anti-abortion initiatives, to give full assistance to National Right to Life Association, and to start a monthly prayer and fasting as redemption for the abortions committed.⁸⁰ On the federal level, leaders of the National Catholic Conference have also organized the National Right to Life Committee to lobby for the passage of “human life amendments,” which seek to legally protect the life of fetus at conception. The Committee currently has over 3,000 chapters across the nation. Its mission is solely anti-abortion-focused and has successfully lobbied for the passage of laws against fetal experimentation, the “conscience clause,” which provides medical personnel with the right to refuse to perform an abortion, and “Hyde amendments,” which prohibits the use of federal funding towards abortion and abortion counseling.⁸¹

Of the religious-affiliated organizations, the most powerful and well-organized group is the National Conference of Catholic Bishops Committee for Pro-Life Activities. This group lobbies through more traditional means by providing educational materials and launching campaigns against abortion.⁸² In addition, American United for Life is a law firm composed of legal experts who are exclusively devoted to restore restrictive abortion laws through lobbying and education. The group drafts legislations with the purpose of regulating medical procedures at abortion clinics as well as criminalizing

⁷⁹ Dallas A. Blanchard, *The Anti-Abortion Movement and the Rise of the Religious Right* (New York: Twayne Publishers, 1994), 51.

⁸⁰ Blanchard, 32.

⁸¹ Betty Wilcox et al., “Federal Abortion Policy and Politics: 1973 to 1996,” in *The New Civil War*, ed. Linda Beckman and S. Marie Harvey (Washington, D.C.: American Psychological Association, 1998), 26.

⁸² Blanchard, 32.

abortion.⁸³ The presence of the religious anti-abortion sentiment is, therefore, deep-seated within the political realm.

However, due to the little changes these legislative efforts made in reversing *Roe v. Wade*, some religious groups began to assume more activist orientations. The American Life League (ALL) was founded in 1979 and has taken on the slogan “PRO-LIFE – without exception, without compromise, without apologies.”⁸⁴ The organization supports popular anti-abortion activities such as anti-abortion counseling, adoption referrals and “sidewalk counseling,” where anti-abortion activists attempt to convince women not to have abortion outside abortion clinics. The following shows the firm and absolute rhetoric used in ALL’s Declaration of Life and Truth:

- Objective Truth exists. It does not change;
- Personhood for every human being exists and forever will exist from the moment of conception/fertilization
- There is no conceivable circumstance (exception) that justifies an abortion
- The pro-life fight is God’s battle; we are called to be faithful, not victorious.⁸⁵

Pro-Life Action Network (PLAN) and Birthright are also organizations that arose in the early 1980s that have also undertaken more direct tactics. PLAN prides their success in closing hundreds of clinics across the nation through sidewalk counseling, picketing, and “rescue missions” at abortion clinics.⁸⁶ Birthright has even been criticized for their anti-abortion counseling tactics, where activists dress up appearing as physicians to confuse those seeking abortion clinics.⁸⁷ Still, other organizations have turned to yet

⁸³ Concerned Women for America, *Legislation*, (No date), <<http://legislation.cwfa.org/legislation>> (26 Feb 2003).

⁸⁴ American Life League, “Homepage,” <<http://www.all.org>> (27 February 2003).

⁸⁵ Judie Brown, “Declaration on Truth and Life,” American Life League, 2001, <<http://www.all.org/about/decintro.htm>> (1 March 2003).

⁸⁶ Pro-Life Action League, *Pro-Life Activism*, 2002, <<http://www.prolifeaction.org/leagueinfo>> (26 February 2003)

⁸⁷ Blanchard, 69.

more radical means where some members of organizations such as Operation Rescue, Lambs of Christ, Rescue America and Missionaries to the Pre-Born have been arrested for illegal activities.⁸⁸ Thus, the adherence of these religious groups' to their ideology of God's teachings has led them to their unwavering battle against abortion from traditional means to the rise of more extreme tactics.

The Religious Exceptions

Exceptions to the mainstream religious stance against abortion are religious groups that have taken on a Pro-Choice orientation. As mentioned in the Chapter III, Christian sects supporting the Religious Coalition for Reproductive Choice (RCRC) include the United Methodist Church, Presbyterian Church, United Church of Christ, The Episcopal Church, Catholics for Free Choice, American Baptist Witness of Choice, Disciples for Choice, Presbyterians Affirming Reproductive Options, among other religious caucuses.⁸⁹ The Coalition addresses Biblical evidence against the belief that fetus is a person and affirms free will of human beings as moral agents. Through the Coalition, Virginia Ramey Mollenkott, Ph.D. contends that the belief of fetal personhood from the moment of conception is purely a theological argument rather than a biological fact, and thus, cannot be proven.⁹⁰ As argued by another theologian affiliated with the Coalition, the fetus represents much less than the actuality of human life: "a zygote or blastocyst does not fully embody the qualities that pertain to personhood."⁹¹ Therefore, it

⁸⁸ Blanchard, 70.

⁸⁹ The Religious Coalition for Reproductive Freedom, *Member Organization*, 2000, <www.rcrc.org/rcrc/members.htm> (27 February 2003).

⁹⁰ Virginia R. Mollenkott, "Respecting the Moral Agency of Women," Religious Coalition for Reproductive Choice Website (2000), <<http://www.rcrc.org/religion/es1/mollen03.html>> (28 February 2003).

⁹¹ Paul D. Simmons, "Personhood, the Bible, and the Abortion Debate," The Religious Coalition for Reproductive Choice Website (1996) <<http://www.rcrc.org/religion/es3/es3.html>> (28 February 2003).

naturally follows that the woman's moral value takes precedence over that of the fetus. In fact, Dr. Mollenkott reasons that to force any human being's conscience is an act of violence itself.⁹² All these arguments seek to refute the Roman Catholic and Conservative Protestant position by diminishing the moral value of the fetus and elevating the moral value of the woman and her choice.

Feminist Groups

Progressive Feminists

Prominent feminists have not always been staunch supporters of abortions. During the 19th and early 20th century, feminists such as Elizabeth Cady Stanton saw abortion only as a necessary evil brought about by male promiscuity as well as the sexual oppression and disrespect of women by men.⁹³ Margaret Sanger, the famous feminist who led the birth control movement during the 1920s and 1930s, expressed that the practice was "intrinsically horrible" and "associat[ed] abortion with the 'savage' methods of fertility control, infanticide, and abandonment."⁹⁴ Even a bold feminist like Susan B. Anthony wrote abortion as "child murder" in *The Revolution*. As Petchesky expressed, these women saw abortion more as a degradation and exploitation of women rather than a liberalization of women's rights.

However, the social climate changed during the 1960s and 1970s when women with occupations, delay in the age of marriage, and decrease in family size were

⁹² Mollenkott, "Respecting the Moral Agency of Women," Online.

⁹³ Rosalind Petchesky, *Abortion and Women's Choice*, (Ann Arbor: Northwestern University Press, 1984), 44.

⁹⁴ Petchesky, 90.

beginning to become social norms.⁹⁵ Women increasingly saw their roles not only as mothers but also as members of the workforce. More and more evident, they saw the source of discrimination against them stemming from their gender and tradition role as child-bearers. Therefore, activists in the women's movement began calling for the total repeal of restrictive abortion laws in the 1960s.⁹⁶

One of the revolutionary organizations that influenced this change in people's, especially women's, attitudes concerning abortion was Society for Humane Abortions (SHA).⁹⁷ SHA opened the issue of abortion to the public through education, petitions, lectures, press, and television shows to empower individuals to make critical assessments of the restrictive abortion laws at that time. Furthermore, rather than seeing abortion as a last resort to an unwanted pregnancy, SHA began to be put the practice in terms of a woman's "right." SHA argued that the decision to have an abortion should only be placed in the hands of the women themselves because they are the ones who must go through with the pregnancy and bear the responsibility of raising the child. This mentality was indeed revolutionary because prior to the existence of SHA, women often thought that their personal interest was only one of the contending interests at hand.⁹⁸ The tactics and language used by SHA, thus, de-victimized women as social pawns and urged them to fight for a right denied of them for a century.

Interestingly, these feminists motivation behind pushing for the total repeal of all laws restricting abortion was *not* due to the level of difficulty in attaining an abortion. In

⁹⁵ Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984), 116.

⁹⁶ Luker, 95.

⁹⁷ Luker, 96.

⁹⁸ Luker, 100.

fact, virtually all demands for abortion were satisfied years before *Roe v. Wade* passed.⁹⁹ Rather, more importantly, these women were fighting for the ideology of total liberation from gender discrimination and expected social role so that they may achieve equality in status with men in the public as well as private arena. Thus, these feminists have come to equate control over their own lives and future with the control over their own bodies and reproductive lives.¹⁰⁰

Most feminists who support abortion believe that the personhood of the fetus does not begin at conception but rather, at a later time during the pregnancy when the fetus is deemed “viable.” Yet, in extenuating circumstances under which a woman must seek an abortion, the rights of a woman is still deemed to take precedence over that of the fetus at any point during the pregnancy. Also, timing of the pregnancy is a crucial factor to these feminists.¹⁰¹ They believe that in order to be good parents, they must be financially and emotionally capable of doing so. Consequently, many would rather not have a child at all than to have a child who cannot be well loved and nurtured. Given the physical, emotional, and financial stake of pregnancy and raising a child, these feminists see abortion as a purely individual and private choice of the woman.

Finally, some family planning organizations, such as Planned Parenthood, have also become allies of the feminist movement.¹⁰² The rhetoric of Planned Parenthood closely matches that of progressive feminists in its beliefs of personal choice and reproductive freedom of women. According to Planned Parenthood’s mission statement, women should not be forced into bearing children and should have children only when

⁹⁹ Luker, 120.

¹⁰⁰ Luker, 118.

¹⁰¹ Luker, 181.

¹⁰² Linda Gordon, *The Moral Property of Women* (Chicago: University of Illinois Press, 2002), 243.

they are ready “physically, emotionally, and financially.” Therefore, it is imperative that women have access to safe and effective birth control methods, including contraception, sterilization, and abortion.¹⁰³

Traditional Feminists

Although their voices are not as strong as Pro-Choice feminists in the abortion debate, traditional feminists often criticize progressive feminists for trying to unnaturally “desexualize” themselves in order to become equal to their male counterparts.¹⁰⁴ They denounce progressive feminists for turning themselves away from women’s rightful family duties of bearing a child, caring for the home, and being a loving wife. The discrepancy between the mentality of traditional feminists and progressive feminists stems from that fact that the former see the role of men and women as being inherently different, each with its designated strengths: “[they] subscribe quite strongly to the traditional belief that women should be wives and mothers *first* [and other roles as secondary].”¹⁰⁵

Due to the religious background of many traditional feminists, an embryo is already a human being at conception and that its interests should always be fully observed.¹⁰⁶ In accordance with early feminists, traditional feminists today also see abortion as a means of oppression and exploitation by men as well as a contradiction to women’s inherent compassion and ability to give life. Thus, they strongly adhere to their

¹⁰³ Planned Parenthood Federation of American, *Policy Statements – Reproductive Freedom*, Planned Parenthood, March 1998, <<http://www.plannedparenthood.org/about/thisispp/mission.html>> (28 February 2003).

¹⁰⁴ Luker, 160.

¹⁰⁵ Luker, 161.

¹⁰⁶ Luker, 207.

anti-abortion stance because abortion “plays havoc with...[natural] arrangement of the world”¹⁰⁷ and topples their ideology of the proper social order.

JAPAN: CONVERGING THE ISSUE

Religious Group - Seicho no Ie

While anti-abortion movement in America is driven by a coalition of religious groups and institutions, the movement in Japan was largely compelled by a single, powerful religious group – *Seicho no Ie*, or the House of Life. *Seicho no Ie* was founded by Taniguchi Masaharu (1893-1985) in 1930. *Seicho no Ie* was a nationalist religious organization that drew its beliefs from Christianity, Buddhism, and Shinotism.¹⁰⁸ From the 1950s to 1980s, *Seicho no Ie* fought for stricter abortion laws by lobbying to eliminate the liberal clauses from the Eugenic Protection Law as well as adding more stringent requirements to access abortion. During 1960-61, *Seicho no Ie* delegated its women’s group, the *Shirohato Kai* (White Dove Committee), to launch a noteworthy yet fruitless campaign to promote the sanctity of life. The campaign received support of 52,000 signatures and the petition was submitted to the Upper and Lower House of the Diet as well as to the Ministry of Health and Welfare (MHW).¹⁰⁹

To Taniguchi’s disappointment, not only did the campaign failed to block liberal revisions of the Eugenic Protection Law made by the group of pro-abortion physicians, *Nichibo*, in 1947, but *Seicho no Ie* also lost support from family planning organizations in the anti-abortion movement. Despite these setbacks, *Seicho no Ie* launched an eight-year political campaign towards the proscription of abortion and established an even stronger

¹⁰⁷ Luker, 162.

¹⁰⁸ Gage W. Chapel, “Synthesizing Eastern and Western Religious Traditions: The Rhetoric of Japan’s *Seicho-no-Ie* Movement,” *The Journal of Communication and Religion* 14 (1989): 14.

¹⁰⁹ Tiana Norgren, *Abortion Before Birth Control* (Princeton: Princeton University Press, 2001), 56.

presence in the political arena during the late 1960s.¹¹⁰ To this end, *Seicho no Ie* created the League to Revise or Abolish the Eugenic Protection Law (*Yusei Hogo Ho Kaihai Kisei Domei*) in 1967. In defending his anti-abortion revisions, Taniguchi drew from religious and moral rationales but supplemented them with arguments concerning “national shame,” the dropping birth rate, and possibility of labor shortages in order to appeal to politicians.¹¹¹

While the Religious Right in America strives to completely revoke the legality of abortion, *Seicho no Ie* only rallied for stricter regulations of the Eugenic Protection Law. *Seicho no Ie* demanded the elimination of the “economic clause” (which loosely permitted women to have abortion base on financial reasons), requested that two or more doctors must approve of the abortion, and mandated that all abortions be performed in public hospitals where procedures will be more transparent than in private clinics. Perhaps, because *Seicho no Ie* did not ask for an absolute repeal of abortion, its lobbying efforts gained substantial success within the MHW. In accord with *Seicho no Ie*’s stance, MHW’s White Paper on Public Welfare in 1968 admitted that the increase in national income has caused the government to consider deleting the economic clause in the Eugenic Protection Law.¹¹²

The negotiation between *Seicho no Ie* and *Nichibo* in 1970-72 resulted in the settlement that the “economic clause” would be eliminated but allowed *Nichibo* to replace it with a “mental health clause.” Even though the latter clause afforded physicians an equal amount of leniency in performing abortion as the former clause, *Seicho no Ie*, surprisingly, did not further negotiate for stricter revisions. The new

¹¹⁰ Norgren, 60.

¹¹¹ Norgren, 57.

¹¹² Norgren, 61.

compromised Bill was sent to the Diet in 1972 but was delayed several times before its vote was extended to 1973. During this time lag, family planning organizations and women's groups began protesting against the pending revision, for they saw the elimination of the "economic clause" as the government's attempt to place undue restrictions on access to abortion.¹¹³ These protests created bad publicity for the government and MHW soon dropped the bill in the Diet. The revision bill was revoted in the Lower House in 1974, yet it died once again before reaching the Upper House. The voting was said to be only a symbolic gesture by politicians who received support from *Seicho no Ie*, but who never intended to pass the bill into law.¹¹⁴

Despite the defeat, Taniguchi again called for the revision of Eugenic Protection Law in 1981. Due to Japan's declining birth rate and sexual mores, the turn towards conservatism during the 1970s provided *Seicho no Ie* with new opportunities to push for stricter revisions on abortion. This time, however, *Seicho no Ie* used its political representative, Murakami Masakuni, to represent the organization.¹¹⁵ The new anti-abortion campaign again employed both moral and political tactics by making frequent references to the "national shame" of Japan's reputation as an "abortion paradise," the affirmation of life, liberty, and happiness as stated in the Japanese Constitution, and the expected decrease in labor force.¹¹⁶ One month after the campaign began, the MHW assigned the Central Eugenic Protection Examination Committee to conduct a study to determine whether or not the "economic clause" was still necessary. The campaign also gained the commitment of MHW Minister Morishita to revise the Eugenic Protection

¹¹³ Norgren, 75.

¹¹⁴ Norgren, 64.

¹¹⁵ Norgren, 70.

¹¹⁶ Norgren, 71.

Law. In 1982, *Seicho no Ie* even gathered three hundred conservative politicians and religious representatives at its Citizens' Assembly to Appeal for the Dignity of Life and Save the Lives of Fetuses.¹¹⁷

However, *Seicho no Ie* was met with opposition by *Nichibo* and women's groups who petitioned against any revision of the Eugenic Protection Law. *Seicho no Ie's* defeat was brought about when the number anti-conservative-revision petitions greatly overwhelmed pro-conservative-revision petitions: "in 1982, 44 million anti-revision signatures had been collected and 226 anti-revision resolutions passed versus 1 million pro-revision signatures and 129 pro-revision resolution."¹¹⁸ The unambiguous defeat of *Seicho no Ie* in its second anti-abortion campaign as well as the death of Taniguchi Masaharu in 1985 closed the chapter of anti-abortion movement in Japan. *Seicho no Ie's* twenty years of effort have largely "transformed into a symbolic act of ring-wing protest."¹¹⁹

Neo-Shintoists, however, do take a right-wing, conservative stance against abortion in modern Japan.¹²⁰ Neo-Shinotism condemns those abortion as an act against the will of gods for children to enter into this world and for human to be reproductive.¹²¹ Yet, perhaps one of the reasons why Neo-Shintoists and other pronatalist groups have not continued or launched anew an anti-abortion movement is due to the Japanese attitude towards failures. In describing Japanese defeat in WWII, Ruth Benedict expresses "the Japanese sees that he has made an 'error' in embarking on a course of action which does not achieve its goal. When it fails, he discards it as a lost cause, for he is not conditioned

¹¹⁷ Norgren, 72.

¹¹⁸ Norgren, 73.

¹¹⁹ Norgren, 63.

¹²⁰ LaFleur, 193.

¹²¹ LaFleur, 111.

to pursue lost cause.”¹²² In seeing the overwhelming defeat of the anti-abortion movement in the 1980s, it is perhaps thought to be irrational to continue pursuing a cause that had already been proven to fail.

Medical Group – Nichibo

While physicians mainly instigated liberal reforms on abortion laws in America, physicians in Japan played a much larger role throughout the movement in liberalizing abortion. In 1947, a group of Socialist birth control activists from the Lower House proposed the Eugenic Protection Bill to the Diet, hoping that the legalization of abortion and other forms of birth control would give individuals more control over their reproductive lives than that afforded by the existing National Eugenic Law.¹²³ The progressive Bill they proposed was not well received within the Diet because it designated too much freedom to physicians and women in making reproductive choices. However, the Socialists soon found support from the medical community. Taniguchi Yasaburo (?-1963), an obstetrician-gynecologist and a conservative Upper House representative, proposed to take the bill under his wings, revise it, and personally introduce it to the Upper House. In the revision, Taniguchi first removed all birth control methods mentioned in the original bill except abortion and eugenic sterilization. Second, Taniguchi deleted the “financial hardship clause” so that the bill may pass with less controversy. Third, Taniguchi added the provision that only designated doctors may perform abortions and that all abortions be approved by the Eugenic Protection

¹²² Ruth Benedict, *The Chrysanthemum and the Sword* (Boston: Houghton Mifflin Company, 1946), 305.

¹²³ Norgren, 38.

Committee.¹²⁴ The revisions can be seen as solely stemming from Taniguchi's interest to monopolize the abortion practice for physicians.¹²⁵ However, Taniguchi was able to convince the Diet members to pass the revision by arguing that exercising eugenic means, protecting maternal health, and curbing overpopulation in the dire economy are all within the core interests of the nation.¹²⁶

Shortly after the revision bill was passed, *Nichibo* was formed to compile statistics on abortion and sterilization procedures as well as to popularize eugenic protection. *Nichibo* had close ties with Japan Medical Association (JMA) and Diet members, who helped to defend the revised Eugenic Protection Law and to increase abortion access to bolster *Nichibo*'s monopoly over the practice.¹²⁷ One year after deleting the "financial hardship clause" from the original draft, Taniguchi strategically reintroduced a similar "economic clause" into the revised Eugenic Protection Law in 1949.¹²⁸ He justified the necessity of the clause by citing the increase in the number of women who were having abortion due to financial hardship as well as the need to stem overpopulation.

In 1952, Taniguchi further revised the Eugenic Protection Law by repealing the provision requiring women to appear before the Eugenic Protection Committee in order to receive an abortion.¹²⁹ Thus, physicians of *Nichibo* were able to gain full control and legal support to perform abortions after this second revision. Although the Eugenic Protection Bill was seriously challenged several times by *Seicho no Ie*'s anti-abortion

¹²⁴ Norgren, 40.

¹²⁵ Norgren, 41.

¹²⁶ Norgren, 40.

¹²⁷ Norgren, 44.

¹²⁸ Norgren, 46.

¹²⁹ Norgren, 48.

movement, the core content of the Bill remained unchanged until its revision in 1996. Therefore, it was largely due to the powerful political support of *Nichibo* as well as the pertinence of Taniguchi's argument to the national interest of the Diet that drove the liberalization of abortion in Japan.

Feminist Groups

As one can see, the main contenders within the early abortion debate and policy-making in Japan were *Nichibo* and *Seicho no Ie*. Because women's groups played little role in the legalization of abortion, they also had little say in the "shaping of abortion policy or the discourse surrounding it."¹³⁰ Tiana Norgren deemed that one of the reasons women activists did not become involved in the abortion during the early post-war era stems from their "wifeist, maternalist and guardian-of-the-home" justification for their political participation. Therefore, supporting abortion would be have been socially inappropriate and would have led to the loss of their political credibility.

However, the women's liberation movement was strengthened by the anti-abortion movement in the 1970s.¹³¹ As a result, many mainstream as well as new abortion-focused feminist groups were formed and joined *Nichibo* in opposing any restrictive revision of Eugenic Protection Law. One of the dominant maternalist/socialist feminist groups was the *Gurupu Tatakau Onna* (Fighting Women's Group) founded in 1970 by Tanaka Mitsue.¹³² Teaming up with other feminist organizations, *Gurupu Tatakau Onna* formed the feminist center *Ribu Shinjuku Senta*, which became one of the main forces in the Japanese feminist movement. Tanaka believed that abortion was

¹³⁰ Norgren, 51.

¹³¹ Norgren, 65.

¹³² Norgren,65.

murder but it was exactly this point that she believed women would never want to have an abortion. Yet, she argued that women do not have a real choice because economic and social conditions often coerce women to have abortion against their will.¹³³ Therefore, rather than banning abortion, the government should strive to improve the social condition so that women would *want* to have children and not need to seek abortion as a solution.

The “individualist” and “rights-oriented” feminist thought also began to emerge in the 1970s.¹³⁴ One of the major players within this strain of feminist thought was *Chupiren* (The Women’s Liberation Federation for Opposing the Abortion Prohibition Law and Lifting the Pill Ban). This group of feminists advocated that women have the choice and right to decide whether or not to give birth without government intervention. Yet, their argument was weaker than the maternalist/socialist argument because it was too focused on individuals’ rights and failed to connect the importance of these rights to the solution of bigger social problems.¹³⁵ Furthermore, many feminists today are still reluctant to express abortion in terms of a “right” (let alone women in the general public) because “Japanese have not embraced the ideals of liberal individualism and rights as enthusiastically as Westerners have.”¹³⁶ Japanese women see abortion more as a necessary evil and express it in terms of *shikata ga nai*, or “it can’t be helped” rather than viewing it as an informed, preferred choice. Thus, the sense that women have the right to abortion and that fetus is not a person has not gained as widespread of a support and adherence in Japan as it has in America.

¹³³ Norgren, 67.

¹³⁴ Norgren, 67.

¹³⁵ Norgren, 68.

¹³⁶ Norgren, 68.

When *Seicho no Ie* launched its second anti-abortion movement in the early 1980s, women's groups began to mobilize and to assume greater roles in the abortion debate. According to Norgren, there were three main networks of anti-revision feminist groups: *Yusei Hogo Ho "kaisei" soshi renraku kyogikai* (Liaison Conference to Block the Revision of the Eugenic Protection Law), *Soshiren*, and small grassroots groups that ran throughout the nation.¹³⁷ The feminists' arguments during the 1980s were similar to that of 1970s in its maternalist/socialist intonations and some individualist feminist arguments. Maternalist/socialist feminists criticized religious groups and politicians for blaming women for seeking abortion when it is the government who has failed to provide better social and economic conditions and access to birth control methods.¹³⁸ Individualist feminists also charged MHW with attempts to revive wartime pronatalist policy and with violating democratic values. Other women's groups such as Housewives Federation, Japan League of Women Voters, Japan Women Lawyers Association, and female students also began protesting on a daily basis.

Feminists group have, therefore, brought substantial support to *Nichibo* in preventing restrictions on Eugenic Protection Law during the second wave of the anti-abortion movement. The latest revision in 1996, which eliminated all eugenic content from the Eugenic Protection Law, also stemmed from the collaboration among left-wing feminist groups and handicapped women groups in the 1990s.¹³⁹ While the handicap organizations only wanted to rid the law of its eugenic content, some feminists group also demanded that women's reproductive health and rights should be emphasized, Criminal Abortion Law of 1907 should be revoked, sterilization and abortion should be available

¹³⁷ Norgren, 73.

¹³⁸ Norgren, 74.

¹³⁹ Norgren, 79.

on demand, and counseling and birth control clinics should be established.¹⁴⁰ Although the feminists' provisions never came to pass due to its controversial nature, *Soshiren* and Professional Women Coalition for Sexuality and Health continue today to strive for total reproductive freedom for Japanese women.¹⁴¹

COMPARATIVE ANALYSIS

The Religious Rights in Japan and America

In understanding the differences in the nature of the abortion controversy in America and Japan, we must look at the principles on which the activist organizations are built as well as the goals in which they are trying to attain. The anti-abortion movement in America is largely dominated by religious groups. Their activism is mainly based on the principle of the Bible that life begins at the moment of conception: "The Church's mission to defend human life applies over the entire course of life, from conception to natural death."¹⁴² Therefore, since abortion at any stage of pregnancy is murder of a full human being, their only acceptable outcome of the debate would be the total abolition of abortion. Due to the absolute nature of their ideology of what is right, they are conditioned to firmly hold on to their "truths."

As articulated by Benedict:

Nations with a more absolutist ethic must convince themselves that they are fighting for principles. When they surrender to the victors, they say,

¹⁴⁰ Norgren, 79.

¹⁴¹ Norgren, 80.

¹⁴² U.S. Catholic Bishop – Pro-Life Activities. *The Catholic Church is a Pro-Life Church*, 11 November 2002, <<http://www.usccb.org/prolife/issues/abortion/teaching.htm>> (13 March 2003).

‘Right was lost when we were defeated,’ and their self-respect demands that they work to make this ‘right’ win next time.¹⁴³

Hence, it is not surprising that Pro-Life’s unsuccessful attempts to revoke the Court’s ruling of *Roe v. Wade* have only incited Pro-Life movement to employ even more radical strategies rather than seeking a viable compromise with the opposing side.

Likewise, traditional feminists follow the same principle in that the fetus is a life at conception and that women should follow her designated role as a wife and mother in society. As contended by Luker, it is their worldview that is at stake. So, to legalize abortion on-demand is not only the killing of innocent children, but also a threat to their own social identity and world order.

On the other hand, the ideology behind *Seicho no Ie* was less absolute in nature. The philosophy of *Seicho no Ie* was built on Taniguchi Masaharu’s “synoptic point of view,”¹⁴⁴ which strove to combine and distill the common truths that are shared by all major religions. Taniguchi contended that the weakness in religions often stemmed from their exclusivity.¹⁴⁵ The strength of his synthesis philosophy is, then, the “potential of not alienating followers of any religion.”¹⁴⁶ Therefore, searching for a common ground became an essential principle for Taniguchi in finding truths.

In order to combine the Bible, Buddhist Scripture, and ancient Shinto into one teaching, Taniguchi must pick out “absolute truths” and separate them from “relative truths”: “When dealing with the truth, we must know that there is absolute truth and relative truth. Relative truth is absolute truth that has been appropriately diluted to meet

¹⁴³ Benedict, 304.

¹⁴⁴ Chapel, 16.

¹⁴⁵ Chapel, 16.

¹⁴⁶ Chapel, 16.

the needs of specific individuals.”¹⁴⁷ To clarify, Taniguchi uses the “woof and warp” metaphor to illustrate the difference between the two:

The warp is always straight, but because the woof moves in and out freely, there is design, and the design changes depending upon the changes in the movement of the woof...life is much like a fabric. It is when the warp of righteousness and the free movement of the woof are combined that one can live a truly free life...it must be stern on the one hand and gentle on the other.¹⁴⁸

Essentially, Taniguchi believes that “warp” represents a truth or ideology that changes depending on “woof,” which represents culture, time, or the need of the adherents. The brilliance of his idea is that it enables the coexistence of both absolute and relative truths. Thus, according to Taniguchi, ideology must become *flexible*, rather than immutable, in order for one to attain truth or a free life. Consequently, the warp/woof metaphor helps explain why *Seicho no Ie* only *proposed* restrictions, not proscription, of abortion as does the Religious Right in America. In abortion, the warp or absolute truth is that life begins at conception and abortion is murder. However, the woof or relative truth is that placing restrictions on, rather than repeal of, abortion was a more practical policy for the organization and the women at large. Proscription may have been *Seicho no Ie*’s intentions had it more political clout, yet the significant point is that *Seicho no Ie* was able to rationalize a compromise despite its belief that abortion is murder. Thus, he would have seen that the absolute truth – the immorality of abortion– was not lost in his compromise, only that the relative truth is changing to adapt to the current situation. Thus, with this rationalization, *Seicho no Ie* was able to draw its stance more towards the middle than heading towards the extremes.

¹⁴⁷ Chapel, 16.

¹⁴⁸ Chapel, 17.

Feminist Groups in Japan and America

There is also a contrast in the mainstream feminist ideologies in America and Japan. Progressive feminists have largely dominated the Pro-Choice side of the abortion debate in America. Their focus is on the right of a woman to make reproductive choices and downplaying the personhood of the fetus in order to strengthen the argument that abortion is not morally wrong. They have a large stake in having abortion be legal because losing their right to abortion would not only bar their control over their own bodies, but it will also subject them to domestic roles in a male-dominated society. Their well-being, future, and career goals, thus, become threatened if *Roe v. Wade* were to be revoked by the Pro-Life side. Thus, the real threat of losing the right to abortion incites these feminists to fight with equal strength in affirming women's right to abortion and diminishing the personhood of the fetus.

Pro-Choice religious organizations also espouse arguments that are similar to progressive feminists in their support for abortion. By arguing that woman has the God-given right to be moral agents and claiming that the personhood of the fetus is a theological belief rather than a biological fact, Religious Coalition for Reproductive Rights is essentially using the same arguments to prove that abortion is a legal, morally acceptable act.¹⁴⁹ Thus, both the dominant feminist rhetoric and the Pro-Choice religious groups uphold an immutable principle that abortion should be purely a woman's choice.

In contrast, the dominant ideology among Japanese feminists remains to be the maternalistic/socialist strain of feminism. While maternalist/socialist feminists assert that abortion is murder, they also see it as a practical necessity due to financial and social

¹⁴⁹ Paul D. Simmons, "Personhood, the Bible, and the Abortion Debate." Online.

circumstances. By viewing abortion as a “necessary evil,” their philosophy is able to encompass and rationalize two conflicting values –both the support for abortion and the belief that abortion is murder. The fact that the more ambivalent stance on abortion remains to be the dominant sentiment among Japanese women today perhaps shows that women find the maternalist/socialist perspective more realistically describes the conflicts of values women often face when deciding to have an abortion.

CONCLUSION

The immutable ideologies within the American abortion debate have restricted the status of the fetus to be either full human or a non-human. Therefore, Pro-Life side could only recognize post-abortion grief as stemming from the guilt of murdering a child while the Pro-Choice side often does not recognize any grief at all. Consequently, women who feel grief after an abortion but believe that it was the right decision become displaced between the two sides because their feelings do not fit into the logic within the Pro-Life/Pro-Choice framework. Since these women are half Pro-Life because they feel bad about their abortion and half Pro-Choice because they believe it was the right decision, it will take the compromising of both camps to help these individuals. Unfortunately, because absolute ideologies *do not* compromise, this group of women become unaccounted for. As expressed by Professor of Sociology Viktor Gecas, “ideology may help to sustain the self, but sometimes at the expense of interpersonal tolerance, understanding, and growth.”¹⁵⁰

In Japan, however, because arguments in favor of abortion are often based on national interests and practical reasons, abortion still has its merits whether or not the

¹⁵⁰ Viktor Gecas, “Value Identities, Self-Motives, and Social Movements,” in *Self, Identity, and Social Movements*, ed. Sheldon Stryker et al. (Minneapolis: Regents of the University of Minnesota, 2000), 99.

fetus is viewed as a person. Japanese political groups were able to embrace the absolute truth – that life begins at conception, yet also the relative truth – abortion is a practical necessity. Therefore, the personhood of the fetus need not be repudiated in order for one to conceive the morality and necessity of abortion. If the fetus is perceived as observing certain human qualities, such as soul, form, or whatever the woman perceives the fetus to possess, then it is not illogical that women may feel some sort of grief or emotions after an abortion, even if she felt she made the responsible decision. Since the flexible ideologies of these groups enables them to encompass the conflicting values of abortion, post-abortion grief then not only becomes acceptable, but may also be perceived as “humane” in the Japanese society.

Chapter V: Abortion Laws

Throughout the history of Japan and America, legal restrictions on abortion have often been a juggle of political interests, religious values, and individual privacy. Since Professor Mary Ann Glendon expressed that abortion laws embed indicators of cultural and legal values of a country, an analysis of these laws may also help explain a society's attitude and response to abortion and post-abortion grief.¹⁵¹ In this chapter, I will trace the history of abortion laws in Japan and the United States to illustrate the difference in their ideological constructions. I argue that the ideological basis of American abortion laws, in its lack of moral gray area, hinders its society from recognizing the conflicting values within abortion, and thus, post-abortion grief. However, the practical, "dualistic," basis of Japanese abortion laws enables its society to perceive post-abortion grief as an understandable reaction to abortion.

THE UNITED STATES: AN ABSOLUTISTIC VIEW

From 13th to 19th century, the English Common Law, prohibiting abortion after quickening, or movement, of the fetus, dictated the legality of abortion in the American colonies.¹⁵² The law did not consider pre-quickening abortion a crime and saw post-quickening as "merely as a heinous misdemeanor."¹⁵³ In 1821, Connecticut became the first state to enact its own statute concerning abortion by seeking precedent from the Lord

¹⁵¹ Wardle, 3.

¹⁵² Wardle, 199.

¹⁵³ Wardle, 198.

Ellenborough's Act.¹⁵⁴ While Lord Ellenborough outlawed abortions that were performed before and after quickening, Connecticut revisers only made abortions performed after quickening a criminal offense, punishable by seven to ten years' imprisonment.¹⁵⁵ Yet during that time, a group of educated "regular" physicians began to assert that "quickening" was not the determining stage of gestation that signified the initial livelihood of a fetus. They saw livelihood of fetus as beginning at conception and advocated for the criminalization of abortion at all stages of pregnancy.¹⁵⁶ By 1841, five states passed statutes that made abortion before quickening an offense.¹⁵⁷ The dramatic increase in the rate of abortion after 1840s also led state legislatures to pass more stringent abortion statutes. New York, for example, passed a legislation that made pre- and post-quickening abortion illegal and subjected women seeking or submitting to abortion to punishment, which revoked the penal immunity granted to women by the English Common Law.¹⁵⁸

Throughout the last half of the 19th century, physicians of the American Medical Association continued to speak against the "quickening concept" and advocated for further restriction of abortion law.¹⁵⁹ The effectiveness of their campaign can be seen by the surge of anti-abortion legislatures that were passed in the following decades: "most of the legislation passed between 1860 and 1880 explicitly accepted the [physicians'] assertions that the interruption of gestation at any point in a pregnancy should be a crime

¹⁵⁴ James Mohr, *Abortion in America: the origins and evolutions of national policy, 1800-1900* (New York: Oxford University Press, 1978), 23.

¹⁵⁵ Mohr, 24..

¹⁵⁶ Mohr, 34.

¹⁵⁷ Mohr, 34.

¹⁵⁸ Mohr, 128.

¹⁵⁹ Mohr, 147.

and that the state itself should try actively to restrict the practice of abortion.”¹⁶⁰ By 1900s, every state possessed an anti-abortion statute except for Kentucky, where the state court had already proscribed abortion.¹⁶¹

The first shift towards relaxation of abortion restrictions began with American Law Institute’s proposal of the Model Penal Code in 1959. The Code sought to permit abortion if childbirth would endanger the physical or mental health of a woman, if the likelihood of fetal abnormality was high, or if the pregnancy was due to rape or incest.¹⁶² Although these three categories were not unreasonable circumstances, no state adopted the Code until 1967 and only fourteen states by 1970.¹⁶³ The social perception towards abortion, however, began to change during the late 1960s to early 1970s. Several states, including New York, began revoking abortion prohibitions and allowing women to have abortion on-demand during the first 24 weeks of pregnancy by a licensed physician.¹⁶⁴

It was at the budding of the liberalization of abortion when *Roe v. Wade* case occurred in 1973. With a (7-2) vote, the Supreme Court held that: “Due Process Clause of the Fourteenth Amendment, which protects against state action the right to privacy, [include] a woman's qualified right to terminate her pregnancy...[and that] the word "person," as used in the Fourteenth Amendment, does not include the unborn.”¹⁶⁵ Thus, the Court’s interpretation excludes the fetus from being protected by legal rights of an individual, giving the woman full rights to abortion. It is only after fetal viability (24 to 28 weeks) may the state proscribe abortions that are not necessary to preserve the life and

¹⁶⁰ Mohr, 200.

¹⁶¹ Mohr, 228.

¹⁶² Wardle, 201.

¹⁶³ Wardle, 201.

¹⁶⁴ The Abortion Law Homepage, *State Abortion Laws*, 26 November 1995, <<http://members.aol.com/abtrbng/abortl.htm>> (3 February 2003).

¹⁶⁵ *Roe v. Wade*, 401 U.S. 113 (1973). <<http://members.aol.com/abtrbng/410us113.htm>> (3 February 2003).

health of the woman.¹⁶⁶ During that same year, *Doe vs. Bolton* permitted women to receive an abortion from sixth month of pregnancy to birth where a licensed physician deems it “necessary for [the woman’s] physical or mental health.”¹⁶⁷ In addition, the state may not “unduly burden the exercise of [the right to terminate a pregnancy] through regulations that prohibit or limit access to services necessary for the exercise of that right.”¹⁶⁸

Due to the extensive liberation of abortion commanded by *Roe v. Wade*, there have been numerous cases fighting over access to and public funding of abortion. On one hand, the Court have often ruled in favor of the pro-abortion access side in cases concerning the elimination of undue burden that would limit access to abortion.¹⁶⁹ On the other hand, ruling often favored the anti-abortion side in cases regarding states’ right to withhold public funding towards abortion not “necessary to preserve the woman’s life.”¹⁷⁰ However, a break in this trend occurred when an abortion-access ruling favored anti-abortion advocates in *Webster v. Reproductive Health Services* in 1988, where the Court upheld the Missouri statute that prohibits public facilities or personnel to perform abortions if a physician believes that the woman is 20 weeks or beyond in her

¹⁶⁶ NARAL, *Supreme Court Decisions Concerning Reproductive Rights*, 17 January 2003, <<http://www.naral.org/mediaresources/fact/pdfs/decisions.pdf>> (5 February 2003).

¹⁶⁷ The Abortion Law Homepage, *Constitution Law*, 24 November 1996, <<http://members.aol.com/abtrbng/conlaw.htm#roe>> (3 February 2003).

¹⁶⁸ Wilcox et al., 3.

¹⁶⁹ These cases include: *Doe v. Bolton* (1973), *Bigelow v. Virginia* (1975), *Planned Parenthood of Central Missouri v. Danforth* (1976), *Bellotti v. Baird (II)* (1979), *H.L. v. Matheson* (1981), *City of Akron v. Akron Center for Reproductive Health* (1983), *Planned Parenthood Association of Kansas City, Mo. V. Ashcroft* (1983), *Thornburgh v. America College of Obstetrician v. Gynecologists* (1986), *Hodgon v. Minnesota* (1990), *Stanburg v. Carhart* (2000), *Hill v. Colorado* (2000). NARAL, “Supreme Court Decisions Concerning Reproductive Rights,” Online.

¹⁷⁰ These cases include: *Maher v. Roe* (1977), *Beal v. Doe* (1977), *Poelker v. Doe* (1977), *Harris v. McRae* (1980), *Williams v. Zbaraz* (1980), *Rust c. Sullivan* (1991). NARAL, “Supreme Court Decisions Concerning Reproductive Rights,” Online.

pregnancy.¹⁷¹ Besides access to abortion, the Court ruling of *Roe* has also been threatened over the last decades. Only four Justices chose to reaffirm *Roe* in *Webster v. Reproductive Health Services* in 1989. Four Justices attempted to overturn *Roe* in its entirety in *Planned Parenthood of Southeastern Pennsylvania v. Casey* in 1992 and upheld the stipulation of a Pennsylvania statute that would discourage women to have an abortion.¹⁷² Nevertheless, more aggressive bills that have attempted to reverse *Roe*, such as the Right to Life Act of 1995 in which “the right to life guaranteed by the Constitution is rested in each human being at fertilization,” have rarely been seriously debated on the floor of Congress.¹⁷³ Passage of recently proposed bills, such as Unborn Children’s Civil Rights Act, Unborn Victims of Violence Act, Late Term Abortion Restriction Act, also remains pending.¹⁷⁴ Even though anti-abortionist have succeeded in causing the funding of abortion services to greatly suffer in the recent decades, a woman’s right to abortion, as ruled in *Roe*, has yet to be legally challenged to the point of revocation.

JAPAN: A “DUALISTIC” VIEW

There is evidence that *datai* (abortion) and *mabiki* (infanticide) were mentioned in various literatures and folklores dating as far back as the pre-Nara period (A.D. 710-784) and Kamakura Period (A.D. 1185-1333). Medical methods of abortion were then documented by the 17th century in Japan.¹⁷⁵ Due to the integration of these practices into the social fabric and the lack of legal restrictions before mid-18th century, abortion and

¹⁷¹ NARAL, Online.

¹⁷² NARAL, Online.

¹⁷³ Wilcox, et al., 15.

¹⁷⁴ “Bills Concerning Abortion, Introduced in the 107th Congress,” 2003, <<http://www.theorator.com/bills107/issues/abortion.html>> (26 January 2003).

¹⁷⁵ Wardle, 187-188.

infanticide were commonly practiced. However, government intervention against the practice did not emerge until the second half of the Tokugawa Period when *datai-mabiki* was so widely practiced that “...after 1725 [the population of Japan]...leveled off [and]... *stabilized* for a century and a quarter.”¹⁷⁶ As argued by Hanley and Yamamura, *datai-mabiki* practices did not stem solely from the famines or poverty experienced by the peasants, who made up 80% of the population at that time.¹⁷⁷ Rather, the relative stabilization was actually a result of individual decisions to limit family size in order to “maintain standard of living and status within village society.”¹⁷⁸ The *bakufu* (central government) and *han* (regional government) took great concern in the matter because the reduction of live births caused a tremendous cut in their tax revenues from agricultural harvest.¹⁷⁹ Due to the dwindling economic and political clout of the ruling class, the *bakufu* erected the earliest decree barring abortion in 1646, which banned all commercial abortion services and advertisement of these services in the city of Edo (former name of Tokyo).¹⁸⁰ Restriction placed on abortion increased and by 1842, “all persons requesting or performing abortions to be expelled from the city of Edo.”¹⁸¹

The arrival of Commodore Matthew Perry in 1853 demonstrated the advancement of Western technology during the centuries when Japan adopted a *sakoku* (closed country) foreign policy. The wealth and strength of America coupled with the economic and political strife of the Japanese rulers at that time highlighted the anachronism of the feudal system. Consequently, the succession of Meiji Era (A.D. 1868-1912) saw the

¹⁷⁶ LaFleur, 91.

¹⁷⁷ Susan Hanley and Kozo Yamamura, *Economic and Demographic Change in Preindustrial Japan, 1600-1868* (Princeton: Princeton University Press, 1977), 226.

¹⁷⁸ Hanley and Yamamura, 226.

¹⁷⁹ Wardle, 189.

¹⁸⁰ Wardle, 191.

¹⁸¹ Wardle, 191.

reevaluation of Japan's view of itself in the modern world. It was believed that in order to prevent Japan from being colonized by the West like many of its Asian neighbors, Japanese people must work as a whole towards modernization. Therefore, the need to increase production and military strength, characterized by the Japanese slogan "*fukoku kyōhei*" (rich country, strong military), called for a population increase and the proscription of abortion and infanticide. The first penal code became effective in 1882, declaring that women who engage in abortion will be imprisoned for one to six months while the person who performed the abortion is charged with first-degree crime and shall serve one to three years in prison.¹⁸² As the Meiji government adopted stronger pronatalist principles to build national strength, the penal code was revised in 1907 to impose three months to five years imprisonment on those performing the abortion.¹⁸³ Significantly, this Criminal Code of 1907 remains to be in effect even today.

As "interest in eugenics heightened worldwide after 1929 because of the Depression and its staggering socioeconomic implications,"¹⁸⁴ the eugenic movement also had a substantial impact on the abortion laws in Japan. Hoping that purging the nation of individuals with undesirable hereditary traits would strengthen the Japanese race, the Diet (Japanese Parliament) established the National Eugenic Law in 1940.¹⁸⁵ The law legalized "eugenic operations" in cases of hereditary mental illness or mental deficiency, severe and malignancy personality disorder or physical ailment, and

¹⁸² Wardle, 193.

¹⁸³ Wardle, 23..

¹⁸⁴ Norgren, 27.

¹⁸⁵ Wardle, 194.

hereditary deformity, "...[in order] to preserve the purity of the race and to avoid burdens upon the nation."¹⁸⁶

National policy continued to aim for population growth in the years leading up to and during World War II. However, the defeat of Japan and the consequent economic turmoil of the nation forced Japan to change its policy from reproductive proliferation to reproductive control. The grave reality of starvation, introduction of birth control methods by foreign population control expert, and the growing concern of women seeking unsafe abortions through black market during the immediate post-war years,¹⁸⁷ called for a more liberal revision of the National Eugenics Law. In addition to the permitting abortion for eugenic purposes, the new Eugenic Protection Law of 1948 authorized women to undergo abortion "if the continuation of pregnancy or childbirth is likely to seriously harm the mother's health for physical and reasons" and in cases of rape.¹⁸⁸ Further revisions were made in 1949 where the definition of "mother's health" included both physical *and* economic reasons.¹⁸⁹ In 1952, the requirement for women to receive permission by the Eugenic Protection Committee were also eliminated, leaving the approval to perform an abortion solely in the hands of the physician.¹⁹⁰ As a result, access to abortion was completely liberalized by 1952.

Even after the eugenic movement has long subsided in Japan, Eugenic Protection Law was not revised until 1996. The current law, named Maternal Protection Law, is identical to the Eugenic Protection Law but rid of all eugenic content. In the present,

¹⁸⁶ Wardle, 194.

¹⁸⁷ Wardle, 195.

¹⁸⁸ Norgren, 149.

¹⁸⁹ Norgren, 46.

¹⁹⁰ Norgren, 48.

Maternal Protection Law is extant with and is intended to serve as exception cases to the Criminal Code of 1907.¹⁹¹

COMPARATIVE ANALYSIS

Basis of Ideology

The legal principles behind Japanese abortion laws have not so much been based on fetal viability or women's rights as they have been based on the benefits legalized abortion would bring to the existing government and society. Throughout the Japanese history, women's reproductive powers were often expected to be exercised out of the interest and goals of the state. During the Tokugawa Period, abortion was banned in order to increase laborers and tax revenues for the *bakufu*. Increased restrictions of abortion laws from Meiji Period to WWII were also calls to women to reproduce for the sake of strengthening of the nation. Ultimately, it was the economic plight during the Post-WWII Era that drove the need for the decriminalization of abortion. Therefore, from proscription to legalization of abortion, social conditions were often the chief determinants of the legality of abortion. Women's rights and the right of the fetus were relatively not taken into account because it is believed that the well being of the nation trumps that of an individual: "Japan's liberal abortion laws does not consider abortion to be a purely "private" choice."¹⁹² Therefore, since the law mainly sees abortion as matter of circumstances, the society also tends *not* to rest the responsibility and consequence of the decision wholly upon the individual herself.

¹⁹¹ Wardle, 210.

¹⁹² Wardle 216.

In contrast, the principles behind American ideology of abortion are “rights” – whether it is the right of fetus or right of women.¹⁹³ As illustrated by John Locke, “individuals do not exist to serve governments, but rather that governments exist to protect individuals.”¹⁹⁴ While such rights and freedom are essential in upholding our nation’s democratic values, the American society are less likely to view abortion as a decision that is made on behalf of the collective interest as it is made for one’s own self interest. Therefore, despite the circumstances that may have caused a woman to have an abortion, the society often holds her responsible for the decision she made as well as the consequences of having had the abortion.

Legal Interpretation of the Fetus

During the Tokugawa and Meiji Era, prohibiting abortion throughout the duration of the pregnancy was more of an economic and national policy rather than a moral decision based on fetal personhood. However, a major determinant in the legality of abortion in America has been fetal viability. Unlike Japan, American’s first abortion laws outlawed the practice only after the point of quickening. Thereafter, the “quickening doctrine” has been adjusted according to the scientific discoveries within fetal development made by physicians. Therefore, throughout history, the principle seemed to be that in order for abortion to be legal, viability and personhood of the fetus must be negated: “the Court’s interpretation of *Roe*...implicitly denied that human life in any legally meaningful form existed prior to viability.”¹⁹⁵ This “quickening doctrine”

¹⁹³ Wardle, 240.

¹⁹⁴ Edwin A. Locke “On Flag Day Celebrate America’s Core Values,” *Ayn Rand Institute* (1998), <<http://multiculturalism.aynrand.org/flagday2002.html>> (24 January 2003).

¹⁹⁵ Mohr, 249.

within the law has, nonetheless, influenced social perception of the fetus as well as the acceptability of abortion at different stage of gestation: “Writer after writer expressed the opinion that the American public simply did not consider the termination of pregnancy prior to quickening an especially serious matter, much less as some form of murder (1840-1870s).”¹⁹⁶ The law’s reliance on “quickening” or “viability” as the determinant factor of legality of abortion results in an absolute interpretation of the personhood of the fetus – either the fetus is or is *not* a person. The logic that follows is that the fetus must *not* be a person for abortion to be legalized, and if the fetus is a person, then abortion must be criminalized. Hence, the law has based the legitimacy of abortion on a rigid, yet disputable definition of the personhood of a fetus. Consequently, since the current law considers abortion as legal before viability, our society may also tend to perceive that the fetus is something lacking in personhood in a legalized abortion.

To Contradict or Not Contradict

As noted by Wardle, “the differences between dualistic Japanese abortion law and congruous American abortion law reflect different views about formal consistency within the respective societies.”¹⁹⁷ Neither the passage of the Eugenic Protection Law in 1948 nor did the later the passage of Maternal Protection Law in 1996 led to the revocation of the Criminal Code of 1907. Meiji Period’s pronatalist ideology may still be applicable today as Japan is facing great economic problems due to the increasing aging population and a decreasing rate in fertility.¹⁹⁸ Yet, since the passage of “economic clause” in

¹⁹⁶ Mohr, 73.

¹⁹⁷ Wardle, 49.

¹⁹⁸ Ministry of Health, Labour, and Welfare, *Revising the Pension System towards the 21st Century*, 1998-1999, <<http://www.mhlw.go.jp/english/wp/wp-hw/vol1/p2c1s1.html>> (24 January 2003).

1948, abortion virtually on-demand and the existence and function of the Criminal Code have largely become symbolic. The social implications drawn from the coexistence of the two contradicting laws is that abortion is basically illegal, yet under the certain circumstances, abortion should be permitted. Thus, “the dualism of Japanese law may be seen as a way of recognizing and showing respect for conflicting sets of values” and reflecting the ambivalent stance of the law on abortion. This ambivalence has, in part, predisposed the Japanese society to view abortion as a complex rather than a black-or-white issue.

While “...dualism and the apparent incongruities between formal and applied law are pervasive through[out] Japanese culture,” inconsistencies are not valued within the American legal system. According to Lon L. Fuller, one of the eight routes to disaster in creating a legal system is “the enactment of contradictory rules.”¹⁹⁹ The absolutistic legal structure permits only one law to satisfy the conflicting values of abortion that exists within the society. This difficult task has often resulted in either the failure to meet the realities facing women (as shown in the strict abortion laws during mid-1800 to mid-1900) or the failure to express the underlying undesirability of abortion. As shown in the *Roe* decision, “the American approach is exclusive...[and] decrees total unrecognition for the values of pro-life Americans.”²⁰⁰ In effect, the absolutism in the legality of abortion before viability tends to blind the American society from recognizing the conflicting values that are often present in abortions.

Although the law is not the only nor primary factor in constructing the abortion debate, the legality and reasons justifying the legality of abortion does play a role in

¹⁹⁹ Lon Fuller, *The Morality of Law* (New Haven: Yale University Press, 1964), 39.

²⁰⁰ Wardle, 215.

shaping the way a society views that abortion. Naturally, the aforementioned differences in the ideals, focus, and structure of abortion laws in each country distill different perceptions of abortion into each respective society. From a legal perspective, the existence of post-abortion grief does not contradict abortion laws in Japan because Japanese abortion laws are equally ambivalent in expressing the desirability and legality of all abortions. Since, in the face of law, it is the extenuating circumstances that have caused the woman to perform what would have been an illegal act, it is socially understandable that a woman may feel a sense of grief and loss. However, the American abortion laws often attempt to define the impossible – the conception of “life”– and heavily base the legality of abortion upon this principle. Because a legal abortion implies that life must not have been present in America, grief or guilt experienced after an abortion may not be as readily understood by the America society.

Chapter VI: Conclusion

It has been my objective to illustrate that the absolute ideologies within the religious, political, and legal realms in our society has caused a lack of objective, widespread response to post-abortion grief in America, as opposed to Japan. Because Pro-Life groups tend to argue that post-abortion grief exists, the pattern of post-abortion services that emerges is skewed towards the Pro-life side, while the Pro-Choice side generally refrains from directly confronting the need for these services among post-abortion women. Yet, Pro-Life's religious-based counseling services often require the woman to abide by its ideology in order to seek forgiveness and healing. As one can see, women who had abortion yet feel a certain sense of loss, though perhaps not that of a "baby," become unaccounted for in our society because their reaction to abortion fail to comply with neither the Pro-Life nor Pro-Choice perception of abortion.

However, in Japan, the very lack of a clear definition for *mizuko* allows individuals to define the status of the fetus and the extent to which they would like to apologize. Furthermore, the ultimate goal of *mizuko kuyo* is not necessarily to change one's attitude and moral perception towards abortion, but to mend and strengthen relationships.²⁰¹ These relationships include that of the individual with the *mizuko*, the individual and the society, as well as the individual with the temple. *Mizuko kuyo*, thus, brings about a harmony that is mutually beneficial and flexible to the needs of all parties involved.

²⁰¹ Wardle, 89.

Nevertheless, I am not arguing that *mizuko kuyo*, if introduced to America, will meet the needs of all post-abortion women who are coping silently with their abortion experience in this country. From my online survey, 57% of women age 25 or younger prefer one-on-one counseling whereas 70% of women age 26 and older prefer group counseling. Since *mizuko kuyo* is a highly public and communal ritual, it may only be helpful to women of the older age group. Rather, a more significant point that *mizuko kuyo* and Japanese perception of abortion make is that they illustrate what is amiss in the Pro-Choice/Pro-Life framework in our society -- that the cost of ideology is the unrecognized pain of a group of post-abortion women who cannot find objective and understanding support in our society. This void within the Pro-Life /Pro-Choice framework ultimately calls for a more realistic assessment of abortion and the conflicting emotions women may feel after their abortion experience.

As more post-abortion women speak up about their experience and their need for post-abortion support in America, some counselors and post-abortion women have actually began offering non-ideological counseling services. In effect, they have created a foundation for a middle ground in the abortion debate in America. For example, there are individual counselors like Terri Trafas, who is Pro-Choice but offers post-abortion counseling services that serve as alternatives to the ones offered by Pro-Life groups . Rather than focusing on God or the “aborted child” during the healing process, Ms. Trafas found it effective to have the woman write a letter to *herself*. The letter explains the woman’s reason for having the abortion and helps her cope with the decision she had made. Dr. Deborah Issokson, who does not identify herself as either Pro-Life or Pro-Choice, also recognizes women’s need for post-abortion support regardless of her

ideological views on abortion: “What I want to say to people is whatever major reproductive experience, you will have feelings about it. Feelings ranging from relief to distress. It doesn’t mean that you have a “syndrome,” it means that you are having “feelings” about this life event.”²⁰² As part of the healing process, Dr. Issokson saw the benefits in allowing the women to create a ritual or an object that represents their grief. This ritual or object can be a representation of a part of oneself or the “baby” that was lost as a result of the abortion, without imposition of one view over the other.

In addition, women are also finding the Internet as a major source of post-abortion support. One popular site is www.afterabortion.com, launched by a Pro-Choice post-abortion woman name Jilly in June 1998. It is a site where women can enter anonymously into chatrooms, post their stories, and join email groups to share their experiences and methods of healing with a network of other women. The website provides “neutral, non-judgmental, non-religion based, non-political online support, information, help and healing for women who’ve had an abortion,” and offers resources “centered around healing and recovery, regardless of [one’s] views [on abortion].”²⁰³ Similar to the Japanese perception of abortion as a “necessary evil,” Jilly contends that many women choose abortion not out of rejection of children and motherhood, but because they were “trapped by circumstances” which led them to make the decision to have an abortion.²⁰⁴ The Internet, thus, provides a private, easily accessible, and flexible resource for many women who are unable to find help from either the Pro-Choice or Pro-Life side.

²⁰² Deborah Issokson, interview by author, 4 December 2002, Watertown, MA, tape recording..

²⁰³ Jilly. “Pro-Choice website helps women heal from the “secret grief” and stress after an abortion,” After Abortion Website, 1 January 2000, <<http://www.afterabortion.com/press.html>> (20 October 2002).

²⁰⁴ Jilly, Online.

Furthermore, *Exhale*, which was also founded by a woman who underwent abortion, is a telephone hotline that began in 2002 in Oakland, California. It is said to be the first post-abortion counseling hotline in the country that is not affiliated with either Pro-Life or Pro-Choice groups.²⁰⁵ *Exhale* prides its strength in giving non-judgmental counseling to women, whose emotional needs are often neglected due to the polarization of the abortion debate. The service has inspired the launching of a similar, but more Pro-Choice, counseling services in New York called *Epilogue*.

In fact, the ritual of *mizuko kuyo* exists in San Francisco and Oregon, and was founded by Zen Buddhist priest Yvonne Rand in the late 1960s. From speaking with her, I learned that she performs the ceremony six to eight times a year with eight to twenty participants each time. Interestingly, rather than placing *Jizo*, the guardian of deceased children, as the sole figure of worship as done in the Japanese ritual, Master Rand also includes statues of Virgin Mary, Jesus, and the Inuit god of compassion to help people from different backgrounds seek peace and forgiveness.²⁰⁶

There are, however, still many barriers preventing these services from becoming offered as mainstream practices. For instance, many medical professionals are not willing to jeopardize their career for the needs of post-abortion women. Taking into consideration the bombing of the abortion clinic in Florida in 1984, the shooting of two receptionists in a Massachusetts clinic in 1994, and the murder of a New York physician in 1998 just to name a few instances, it is not surprising that more and more physicians are steering away from abortion and abortion-related services in America. Dr. Issokson mentioned during our interview that the reason she had the opportunity to host her first

²⁰⁵ Versely, "New Bay Area..." Online.

²⁰⁶ Yvonne Rand, interview by author, 4 August 2002, San Francisco, CA, no tape recording.

post-abortion workshop at the former Interface Center in Boston was because the woman who was originally in charge of the workshop withdrew when she discovered that her name would be next to the word “abortion” in the course catalog.²⁰⁷ Thus, there is a great deal of fear that by being involved in abortion services, not only will one’s reputation as a medical professional be jeopardized, but one’s well being will also be threatened. The care and thought Dr. Issokson put into choosing her words in her brochure further demonstrate the high level of sensitivity the word “abortion” possesses: “In order for me to do my post-abortion work, I need to let people know I offer the service- what that means is that I have to decide whether on my marketing material I say I do abortion work.”²⁰⁸ In describing the type of services she offers, Dr. Issokson did not choose to use the word “abortion.” Rather, she wrote “termination” because people can then freely interpret it to mean counseling for people who had early elective abortion(s) or for those who terminated their pregnancy after a fetal diagnosis. The fact that she has not received any negative responses thus far demonstrates how well Dr. Issokson has been balancing on the medical and social tightrope. Yet, exacerbated by the lack of a supportive network for these post-abortion counselors, they truly remain few in number within the medical community.

Moreover, the unconventional nature of “Virtual Healing” and *mizuko kuyo* as forms of coping may lead many women in America to be skeptical about using these services. *Mizuko kuyo* and other forms of ritual may be viewed merely as eccentric superstitions by our society that so cherishes science and rationalism. Due to these barriers, women who are searching for objective sources of support are left with only few

²⁰⁷ Issokson, Interview.

²⁰⁸ Issokson, Interview.

fragmented options and often do not know where to find services that would be helpful to them.²⁰⁹

However, as post-abortion counseling become more acknowledged as a potentially beneficial, if not necessary, part of abortion in both Japan and the United States, this non-ideological middle ground seem to be gaining strength and momentum within the abortion debate in America. People are beginning not so much to take sides and pit Pro-Life or Pro-Choice arguments against each other, but to question the framework these two sides have constructed as a whole. Thus, it would be interesting to see how the emerging presence of this mediating stance would alter the Pro-Life/Pro-Choice dynamics and abortion debate and whether or not it will compel the two camps to recognize that abortion is not a clear-cut, black and white issue for many women. Perhaps this movement towards a non-ideological perception of abortion will offer a chance for our society to look beyond the Pro-Life/Pro-Choice ideologies into a more realistic and objective stance in dealing with women's post-abortion experiences.

²⁰⁹ Marianne Chow, "Barriers to Seeking Services," Appendix B, 120.

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APPENDIX A

Interviews

Interviewer: Marianne Chow

Interviewee: Terri Trafas, LICSW (Cambridge, MA)

Date: November 17, 2002

Method of Contact: Post-abortion counseling referral list from Planned Parenthood in Boston. We interviewed at her private practice in Cambridge.

MC: So please tell me how and when you began offering post-abortion counseling services?

TT: I don't remember exactly when, but it was in the early 1990s when one of my friends who had an abortion was trying to find a group counseling services in the Boston area. We searched for one for a long time and could not find any. So, I decided that there was a need for it and began my own counseling services.

MC: What was the response you received?

TT: I believe that group therapy is the best form of counseling, as opposed to individual counseling. However, I could not get one started in Medford because I think that many women were too ashamed and felt that it was something that was just too hard to share. Also, because many women who lived in Medford did not want to participate, fearing that they will run into someone they know. I managed to hold one group counseling which turned out very successfully. Many women come in saying that they are not "a group person" but they turned out great! But mostly, I do individual and couple counseling now.

MC: How did the medical community respond to your counseling services?

TT: There was a general unawareness to the need of post-abortion grief in the hospital that I worked at. In taking a patient's medical history, my colleagues never ask patients "were you pregnant." There is generally a negative reaction from hospital and doctors don't want to deal with it. The sad thing is that there are less and less doctors who are skilled at performing abortion nowadays because of the fear that goes along with the profession. I am sure that you heard about the doctor who was killed in New York. You should look into the Abortion Access Project. They do training that specializes in abortion. It is a research and political pro-choice organization.

MC: So when a client comes to you with post-abortion emotional problems, what is your usual method of approach?

TT: There is not typical way of approaching women who come to me because their circumstances are all different. But I would ask for their full personal history or at least as much as they are willing to disclose. Why and how they dealt with the unplanned pregnancy, the way in which their family factored into their decision, their religious stance, and how did they come to decide on abortion. Some

therapists who do option counseling do not understand. For instance, I was talking to such a therapist and she said that she doesn't understand what the problem is and that women should just opt for adoption. I mean, the whole point of option counseling is not to take bias but to offer women with every choice that they have.

MC: Yeah, it really seems to defeat the purpose. So how many women do you think suffer from some type of post-abortion grief?

TT: Well, from the book I read Healing Choices, they said that about 6% of women, but I think it is probably higher. I think that there is a continuum of emotions, though, and there are a lot of women in the middle. Abortion can be a traumatic experience. There are people, the sidewalk counselor, shouting at them as they are walking to abortion clinic. Many women feel that they cannot tell their friends because they are too ashamed. They feel that there is no good outcome to it.

MC: Why do you think that group counseling is more effective than individual ones?

TT: Many women's biggest feeling is of shame and guilt and I think that group counseling provides a type of group understanding, something therapist might not necessarily provide. I mean, therapists usually do not say that they have had an abortion also, even if that is the case. The thing with shame is that the more secretive it is, the more shame there is. So, the antidote is to be open about be, but of course, to selective people who are helpful.

MC: What are the most common types of emotional problems that women who come to you are struggling with?

TT: Secrecy, of not being able to tell people about their abortion and whether or not to tell the person in a new relationship they have become involved in. There is also a great deal of guilt from religious figures, families, or if it was something that they did not want to do but were forced into it, or feeling guilty about not feeling guilty. So that is why group therapy is good because it makes a woman feel that the other women they are with are good people so she, herself, is not so bad. There is also a fear of parenting in the future. Many women feel that they do not deserve kids, or that they will not get pregnant, or feel that their next pregnancy will not be as pristine because of their previous abortion. Couples also come to me because there is a disparity on how abortion is viewed by men and women. Sometimes men do not understand that women need to cry more than once.

MC: So how are your counseling services effective in the healing process?

TT: Something that I have found really helpful is having the woman write a letter of forgiveness to herself. She can bring it to therapy if she wants to. Most women start with why and how [the unplanned pregnancy] happened. Many of them are on birth-control. They blame themselves a lot and think that there is no good outcome. They just have to realize that part of being a human is making mistakes and that it

can happen to anyone. They write about reasons why they made the decision and why it was healthy for them, that the decision was made for good reasons. They need to stop punishing themselves. Some signs of self-punishment are weight-loss and thoughts or acts of suicide.

MC: There are different healing retreats out there such as Project Rachel and also the practice of *mizuko kuyo* in Japan. What do you think about these services?

TT: I think a lot of these services that asks women to name a fetus impose more guilt on woman.

MC: What are other emotional symptoms?

TT: Many women don't want to go back to place they had abortion or things connected with abortion. I notice that there is an anniversary association. It is powerful, but not conscious. This is because a body holds and carries memories.

MC: I received your contact information through Planned Parenthood, but how do women learn about your services?

TT: Word of mouth, through Planned Parenthood, other therapists, pediatricians. I do not do any advertising. I do a range of other services as well, but I actually do not receive many post-abortion referrals from Planned Parenthood. However, I do not know of any therapists that have this counseling service. I received a pamphlet from Deborah Issokson (a post-abortion counselor) lately and that's about all I know. Can I take a look at your paper? (list of post-abortion syndrome symptoms) I have seen many of these symptoms before but this is the first time I have heard of PASS.

MC: Oh really? I am sorry, maybe that is for the better because I do not want to taint you with the debate going on now. But do you think that it is a good thing that is recognized as a medical disorder? Do you think that it is wrong to label people about their emotions?

TT: Yes, because I think that many women now feel like they are psychos. It could be beneficial because by recognizing what is wrong, they can seek help and do follow-up care. It seems to be a blind spot in the medical community and it will make doctors more aware if a woman is feeling more distressed after an abortion. It will normalize these emotions and will allow women to feel more OK about seeking help. It is worse if ignored and they don't tell people. They will feel more guilty. But it makes sense that this syndrome could be used to hurt pro-choice. You should really watch the film "If These Walls Could Talk." It gives account of women who were faced with unplanned pregnancy.

MC: So constructive talking and forgiving oneself is the most important aspects of effective healing?

TT: Yes. It is important that they build a supportive, safe network of people and have a place to talk about their feelings.

MC: Do you give these women diagnoses?

TT: Well, for insurance sake, I tend to give them the lightest diagnose. Mostly mild depression. It might be detrimental to a patient's future insurance if I diagnose something serious.

Date: December 4, 2002

Interview Method: Tape-Recorded

Interviewer: Marianne Chow (MC)

Interviewee: Dr. Deborah Issokson, Psy.D. (DI)

Method of Contact: I contacted Dr. Issokson through the Planned Parenthood Counseling Referral List. We interviewed in her private practice at Watertown, MA.

MC: Self-Introduction (How I became interested in the topic). Please introduce yourself.

DI: I am Debbie Issokson I am a psychologist I have a private practice where I do general psychotherapy. My specialty is in reproductive health issues so that includes pregnancy, abortion, and post-partum. A lot of women that I do see for abortion issues do come from Planned Parenthood. Some of them are not coming for unplanned pregnancy, but for terminated pregnancy, or what they called amnio diagnose that wasn't positive, so these are second trimester termination. This is different from elective abortion. A lot of people who put through termination because they had a diagnose, an amnio and now they are deciding whether to end the pregnancy or not they've already decided to end the pregnancy and they are deciding how to end the pregnancy because there are 2 different ways to end the pregnancy when you are in 2nd trimester. So I navigate them through that process and the grieving process.

MC: Are there any different reactions among women who elected abortion and terminated abortion

DI: Oh yeah. I am not sure there is *always* a difference. But there are absolute differences. First of all, there is a different between having an unplanned pregnancy within a context of a relationship or a no relationship that wasn't even thinking about parenting. Often women end it the day after they found out they got pregnant. That is essentially different from to go through half the pregnancy before you end it. Because if you terminate after your amnio, you are about half way through the pregnancy. You get the omnio about 16 weeks...18 weeks. Pregnancy is only 40 weeks anyway. So the termination happens somewhere between 18-22 weeks. You have had about half your pregnancy, often felt the baby moved, often had named the baby, and you were planning on carrying this child, which is very different from an unplanned pregnancy. You know, loss is loss is loss. And everybody's pain is different but it's a loss. Some other things that are different are people who go through abortion go to abortion clinics where you get picketers a lot of time. There are some people who go late 2nd trimester abortion who end up going to abortion clinics because they can't find a hospital that would do it. There are fewer and fewer medical facilities, hospitals, that would do 2nd trimester abortions. So sometimes they're also going to have to endure picketers but I try to get them to a hospital that's more private. It's very awful for a woman who wants the baby who has decided to end the pregnancy because of a diagnosis, to sit in a waiting room surrounded

by women who never wanted their women. That's a completely different mindset and that you're all lumped in together. So that's pretty awful.

But people who have early elective early abortion often don't talk to people. Whereas if you are pregnant and you made it to 18-20 weeks, a lot of people know that you are pregnant. So you have to explain to them, or you have to try to explain how come you are not pregnant anymore. There are people who say that "we terminated our pregnancy" and there are people "we loss the baby." to imply some kind of miscarriage. Because they don't want people to know that they chose to abort a not so perfect pregnancy. So what is similar is that they keep it in secrecy. But what is different about an early abortion is that most people don't know you are pregnant.

MC: Well, do you think getting the words out and actually talking about it helps with the healing process, easier to come to terms with it?

DI: It can, it depends, you know if they are telling the truth, it can be very healing ultimately because you get other people's support. But if you are in a family, and I have met this family and heard about this family in college who they go to support group for a people who terminated after 2nd trimester pregnancy and that support group is the only place where they can tell the true story. And with any one else in the family, they are saying that they had a miscarriage. That all the telling they are doing is not truthful and they continue to hold the truth in. So the family is actually not useful in the grief process because they are not telling the truth. So if people say I am sorry for your loss, but they are not getting support for having made a very very painful decision. If you just say that you loss a baby, that doesn't imply that there was a decision. So telling is useful if that telling is the truth. But if you are not telling the truth, or not telling the whole story, it's often not helpful in the healing process.

MC: Yeah, the pressure probably just adds to the grief.

DI: Well, you know, it usually happens in a family where there are religious differences. If you live in family fully of pro-lifers and you just ended a pregnancy, you are probably not going to tell.

MC: What motivated you have post-abortion counseling?

DI: Actually an interesting story. I didn't start out doing it at all. I started out just doing pregnancy and birth care and then it grew to be some pre-conception work and some post-partum work. And then a colleague came to me and told me that there used to be an adult, a holistic adult education center in Boston called Interface. But it used be a very popular place that sponsors seminars and workshops and all kinds healing things...And at some point apparently they thought it would be helpful to have some kind of post-abortion workshop for people in search for something that is not an abortion clinic that would include, you know, helping people process this in a more holistic way. And apparently, they had brought someone who was willing to do it, and I have no idea who that was, but apparently, when that person realized that the catalog was going to come out and her name was going to be on it next to a course for abortion, she freaked out. And she

decided that she didn't feel comfortable with her name associated with abortion stuff because she didn't know what the fallout would be...I have no idea who she is, anything about her. This other colleague who used to teach at Interface was in the health field, the sexuality field. Interface called this woman saying listen, we have a problem, this person just left, would you be willing to run this workshop? And she said, that's not the work that I do. I am a sex therapist. I don't do reproductive work. But she'll see if she knows anybody so she called me and told me the story and if I'll do it. And I said "Oh My Gosh, I haven't done any abortion work really, but sure, I'll figure it out". So I did some research, read some book, and to see what was out there and developed a post-abortion workshop and that's how it started. I had a wonderful experience doing it, one of the most amazing work I've ever done. I did it twice then. The women were just spectacular and got a lot out of it and it was very clear to me how much in need they were of a very very safe place, not connected with an abortion clinic where they can do some ongoing grieving. And that the grieving would come. And then there were some woman in that group, who, I can't remember exactly...it ranged from "I had an abortion 3 weeks" to "I had an abortion 10 years ago." It was a huge range. It was so amazing is I did it again and I started doing some groups on my own in my practice and now I don't do groups but I get referrals and I work with people privately. They really don't want to go back to abortion clinics again. They leave there and they do not want to go back there at all.

MC: How many women attended?

DI: there were probably 4-6 women in the class. Not a huge number, but you know, I thought it was a good turnout, given that it was very risky. You publicly signup and if you sign up for the workshop, it was implied that you had an abortion. That meant showing your face, that meant taking the risk that you didn't know who was going to show up in the group, they didn't know...they probably knew on assumption that I stood mutually politically because of where I teach but they didn't know anything about me. So I think they took a big risk and I thought the turnout was great. And I wouldn't have wanted a bigger turnout because there wouldn't have been enough time for everyone to go around.

MC: So what happened to Interface?

DI: Interface made some bad business decisions...and they collapsed.

MC: So when did you do this?

DI: This was after I started my practice, so this was the early 90s.

MC: Can you tell me the procedures of how you went about conducted your workshop?

DI: [getting her folder] I always go about giving them a reading list. Let me make a copy for you. It's very hard to find books that are ...there are a lot of politically charged book, which is not I intend to do. And if you are on the website you have to be very careful... What I can tell you about these books are that the first 2 are the most accessible in major bookstores and they are very good, very readable and they have exercise in them and they

are not politically. The 3rd one is a harder book to get; it's for people pre-abortion and on deciding to have an abortion. It's a good book, little harder to find. The 4th one is the one I base my workshop on. That's a harder book to get a hold on but it's a very good book. The last one I don't know how helpful that is for woman who has had abortion to read, it might be, and it's a pretty thick book. But it's a good book for you, a resource book, because she interviewed ton and tons of women who have had abortion and there are all kinds of...and they tell their story. So it's not a healing book but it tells you how they feel.

MC: What about websites?

DI: in terms of websites. If you look at my links page on my website.... I think one of them is put out by people who write the book. But those are the two books I found were not politically. That it didn't come down to one way or another.

MC: What about Former Women of Choice?

DI: I haven't gone back, but maybe about a month ago, before you called me, and I often get emails from people to my website. So I got an email from someone saying "Thank you I really like your website and I thought you might be interested in checking my out. So I got this website that I saw your website and I saw another site that I thought you might find helpful and it was about post-abortion work. So I click on it and it started out really pretty and looked really nice. But when I started reading carefully, it was very clear to me that these were not pro-choice people, they were subtly pro-life but they disguised it so that when you start reading it looks like somebody supportive of your choice to have an abortion but in fact, it was more on the side that "if you have an abortion, we know you are going to be traumatized for the rest of your life." That's not helpful. So I try always post sites that weren't going to make people feel like they are going to be scarred forever because I don't believe you have to be scarred forever.

[Moving onto the procedure] so what I would do, would welcome people, I would start with relaxation and really start welcoming them on the group and feel comfortable in the space. Because if they don't feel comfortable in the space, they weren't going to tell the story. I do a lot of relaxation and hypnosis work and I started with that. And it was being in the movement, being in the body, and praising their courage to having come and really just open them to the possibility that there will be more healing for them. That this was not their only chance to heal and that there will be more opportunity. And I would talk about what I was, what my hopes were, and I was very clear that I was not in any political place. That was simply here to facilitate the healing and I was not here to decide. So that they knew. And I again, talk about confidentiality, talk about where the tissues, where the bathroom were, always have option to pass on any exercise or to stay quiet. That this was a time for them to do whatever they needed to do. And so then, I checked around to see what was in the room, who had abortion in the past 6months, past year, more than a year ago. I want to see who had kids and who didn't because it makes a difference. Who had partners, who were singles, just to get a chance of who was in the room. Then for the next 5 minutes, just to share whatever they wanted the group to know

about them and their history of abortion. So they didn't have to tell their whole story. And some of them did and some of them didn't. But I guess I just want to bring to them into the room a little bit, so we have some context. And I would remind them they weren't obligated to do anything. They could say Hi my name is Debbie and I am 27 years old and obviously I had an abortion. They could do that. I am Debbie, I can't even say the word but I am here. And it could be I am Debbie and I had abortion 20 years ago and this is the first time I could talk about it public. Then I we would brainstorm and I would write down all the feelings that would arise post-abortion. Actually, what I had them to do it privately. So I would make a big list of all the feelings, the whole feelings that would come up post-abortion. And then we would try to find out where these feelings come from, did it come from religion? Do they come from circumstances that led them to being pregnant? One of the things that I learned from the book is that it is important to understand where your vulnerabilities are. Did you get pregnant because of birth control pills, maybe you got vulnerable because of medical technology, but it's not perfect. Did you get pregnant because you had a one-night stand and you didn't take care of yourself so what was that about? But not in a demeaning way. But just so that people can own their vulnerable place, what led them to the pregnancy in the first place. Did these feelings come from circumstances that led to the decision to have the abortion? Just to try to understand where the feelings come from, where is...stop, where is the self-esteem, what is their self-image, did they always feel bad about their body or this is one more thing, did these feelings come because they are punishing themselves. Did these feelings come about because they've always seen themselves as perfect and now they are not? Because the feelings are universal, it meant something different to each person. Guilt for you and guilt for me might mean something different because we come from different place.

Then we talked about who else in your life responded to your pregnancy or abortion with these feelings because some time some people take on, women take on, the feelings that other people are have even though they are not the feelings they have. So they might feel like it's the most right decision to make, but her bf might be really pissed off at them. Doesn't mean that they have to be angry, so we do some of that. What are my feelings, what are social feelings, etc.

So then we talked about how to change the message that you give about becoming pregnant or having had abortion. Because people would start to these self-statement like "I am a slut." "I am a loose woman I am irresponsible, I should have known better. I should have been the one in charge of the birth control. I was really passive." How do we change that? "I am evil" I would say the message that I say to myself: "I was really weak and I let him have his way with Me." and I turned to the next person and you would answer me in affirmative statement. Like: "you were really into the moment and you really need the attention." So, that's a little less harsh. Alter statement and just open to the possibility that they could shift the way they were thinking about themselves about having gone pregnant and having had the abortion, so that they are not blinding themselves.

But also it's very empowering and healing for people that they can be useful for someone else. Even if I can't heal myself, I might be able to heal someone else, but what goes on top of that.

Then we would spend some time talking about how when we have an abortion, it can trigger other feelings about other losses in your life. So on paper is to ask themselves, what you have lost after having abortion. And I would encourage them everything that comes to mind, what other losses have you endured because of the abortion, it would be things like, I lost my self respect, I lost my boyfriend, I lost friends, I lost my fantasy of becoming a mother, that kind of stuff. Lost my innocence. And have them list what is most important to them...if you are grieving a person, you have something tangible...if you are grieving some part of yourself, you might want to create an object that represent that part of yourself and you can do that for the baby too. You can have something that represents the baby.

MC: but wouldn't that induce more guilt?

DI: no I think what it does is that it makes it more possible, more tangible on what you are grieving. Particularly because if the abortion can't talk about it...if you have a new born baby who died, you could have at least looked at the picture of a new born baby...but if you have nothing, it's hard for some people to do their grief work and hard to create ritual. So I am trying to help them does that. In this workshop, I am just giving them bits and pieces, it wasn't a complete, it was a one-shot deal. It went from 7-9:15; we didn't have a lot of time. Then, we did a piece about forgiveness. Forgiveness is not about forgetting, is about liberating yourself from painful feelings that harm you. And it's a process of opening yourself up, so you can reconnect to what ever is most important to you. So you can reconnect to your relationship to yourself, you can reconnect....to the people you care about. So having them make a list of all the things that they thought were essential to them. And again, just try to get them to give some thought to, ok, in the process of grief, I should have gotten away from myself, how do I get back to myself?

Then, what I would do is that we touched upon a lot areas that are really pertinent to healing – telling a story is an important part, identifying your feelings is an important, developing some compassion and understanding for the circumstances that surrounded the pregnancy and abortion are really important. Talking about loss, talking about the process of grief, talking about...we did all that.

Then I say, ok, now, it's time to think about beginning to create a ritual. We wouldn't actually do the ritual in the group but I would explain that here is a way to externalize the internal changes and to make them public. So it could be through writing, reading, activity, it's a symbolic thing. And it could be about reconnection, it could be about grief processing, about letting go, about getting lighter. So what I would is to have them close their eyes and I would do a relaxation with them, where I would help them turn into the changes that happened inside and their healing road. So they might be at the beginning, in the middle, they are not aware where they are, but to begin to visualize the changes that have happened and their healing road. That they could focus on their internal changes..um...there can be internal changes that can be extended into a ritual, or to focus on a ritual that might help you take the next step on the healing. And so we do that.

And I have them identify what it is that they want to externalize through ritual. Do they want their ritual to identifying the baby? Do they want their ritual to be about reclaiming their bodies again? Do they want their ritual to have something to do with reconnecting to something spiritual? And I would have them take some quiet time somewhere around the room and begin to jot down some ideas for what that ritual might look like...and they would come back to the group and we would share all of that and then we would have a closing.

So it was to give them a taste and I tried to do a whole lot of healing work. But it was to give them an opportunity to just begin in somewhat structured way the grief work. And a lot of these ideas came from that book *Peace After Abortion*.

So I did that twice...and then twice I did 3-week group in my office. And we did some of this in that 3-week group but it gave people a lot more time to tell their stories. That actually didn't turn out as well, because sometimes someone didn't come back to the group. So that didn't work as well.

MC: Do you think that group therapy is more effective?

DI: I think that group process can be to some people can be more healing. I tend not do it in more or less terms because it's different for different people. But there is something very powerful the group experience and since there is something that is healing about hearing other people's stories and hearing that you aren't so crazy. Chances are your experience falls somewhere in the range of everyone else's experience. So I think that that is really critical and I think it does heals...and that we know now is that everyone is going online and going to internet and going to chatroom and they do that for that very reason; they don't want to be alone. And I suggest that to people all the time because not everybody can get to a group. If you do stuff online, you can be anonymous if you want to do, you can do it at midnight if you want to. And not everybody lives in a city and we are talking about big cities and we don't even have a lot of services for this. So if you live in a tinny tiny town, forget it. You are not going to find anything. So the Internet has become a wonderful place for that. And just see on my website on "pregnancy on birth loss"...there are 2 sites, one is "heartbreaking place" and the other one is "hygia", both of those are more for people who had 2nd trimester losses, some of them are specifically for people who terminated. I haven't looked at that site in a while, but they probably have a chatroom for who have had elected abortion early on in their pregnancy...and people have found that *tremendously* helpful.

MC: Yeah, I have found a chatroom on afterabortion.com

DI: Yeah, I had a client who ended a pregnancy after a Downs diagnosis and she was chatting with all these women online and it turned out that one of them lived in New Jersey and so she invited everyone to her home one weekend, so it was really wonderful.

Men, typically, will not come to group. So *Men* have found Internet quite useful. You know, the men are involved certainly in this elective 2nd trimester abortions. Men are more involved in that than early on unplanned pregnancy abortion. And they need to talk too; they made a really hard decision too. And so they are not going to groups.

MC: Why do you think that there is a recent call for a need for these post-abortion services?

DI: I think the need has always been there. for as long as women have gotten pregnant, which is this entire planet, there has always been need for post-abortion and in other cultures and in old days, I mean, you know people would go into menstrual hut for the week afterwards and there was something to do. We in this country, in White America, we are not a country of ritual. Our vision of ritual...throwing a baby shower and getting \$500 worth of gift. In America, white America, our version of ritual is not what I just said in that workshop, which is to externalize some internal experience. Ritual is about parties, about gifts, its silly. As opposed to other ritual that you have been reading about where there are prayers, where there are people who said offers that they do, we are not a culture rich in that and its so clear that people need it and crave it. And because of abortion is so heated in our country, you get picketers, get an abortion, and you leave and go home. And that's not working for people. I think part of the reason why there are women who might say that I have post-abortion trauma syndrome, it's because there was no way to process their experience. Some of those women do have this trauma syndrome, because their experience of the after abortion was traumatic. I've had clients come in and tell me that they were mistreated at an abortion clinic, that they were not given enough pain medication, they were belittled, so it was clear act of having abortion, the medical act, is in an of itself, horribly traumatic. But for women who medically had an easy experience, I think some of the trauma because there is a lingering angst, there was no way to ritualize what happened to them. When a woman gets pregnant and had an abortion. For the rest of life, when she goes to a new physician and fills out medical form and asks you are you or have you ever been pregnant, she now has to say yes. But if the man makes the lady pregnant, who ever asks that? So *her* life is changed forever...you will *always* have been pregnant. You will *always* have it in your medical history. You will *always* wonder "what if?" I have a woman now is doing infertility work, who had an abortion when she was in her 20s, I should have had that baby. If I had known, that at the age of 38, I could not have complete, I would have had that baby even though at the time I wasn't ready. Maybe this is God's way of punishing for the abortion I had 20 years ago. If you don't process, they are going to creep back up on you. I had one woman who has a severe post-partum depression after her first baby, and again after her second baby. And that some of it was hormonal. A piece of it was that all her abortion stuff when she was 18 got resurfaced when she had her baby. And she couldn't tell it to anybody. And that was a huge piece of work post-partum, where she goes back to process and feel her abortion. It wasn't like she needed to talk about her mother or what someone said to her. It wasn't because she was a bad mother, she was a *fabulous* mother. But it reignited all her unfinished business with the abortion. So I don't think it's a need thing, that women need it. I think what we are recognizing is that all types of reproductive loss deserves ritual. There is a time when women would go and have D&C, so that's a 1st trimester, if you sure that you are miscarrying, but your body expel the fetus on its own, you go in to get a D&C and get the rest of the fetus tissue. And family wants to cremate it and spread their ashes of their baby, and the hospital just treats it like medical waste. And finally someone said, wait a minute, this is their baby, this is not medical waste, this is a blood product, this is their baby. So, someone's baby is a stillborn, people in the older days would list it as a baby, the family shouldn't see that baby, the family shouldn't see that deformed baby, well now they know better, well now there ahs been a whole different

kind of planning. And when people's baby dies, they could wrap the baby well so that they can't see the deformity and they hand them their baby. So, we have been very slow in our culture because we don't do well with death in white America, slow in recognizing what people need, so if talk to people who have had miscarriage, you have a man and woman who planned a baby and have a miscarriage, people don't know how to talk about it with them. So if they don't well with miscarriage under good circumstances, so of course they don't do well in abortion and post-abortion.

MC: What about the present atmosphere that allows it to happen?

DI: Well, I think that some women are more outspoken in saying Hello, we need something. you have these few brave women who has written a book that, I told you the story about how I got involved, not because they don't.... in order for me to do my post-abortion work, I need let people know I offer the service. What that means is that I have to decide whether on my marketing material I say I do abortion work. If I say I do abortion work, can I send my brochures to Catholic hospitals? Would Catholic physicians send their client? So I have to make marketing decisions, depending on what it will do to my reputation. So, it takes brave women, brave people to say, look, I am going to put myself out there so I offer this service. But the are a lot of people who don't. There aren't a lot of people who do what I do. When people get training, actually about 5 or 6 years ago, some people came down to train people at Planned Parenthood on how to do earlier abortion, so you don't have to make women wait a number of weeks. And there was a local news station who wanted to do a piece on it. And they went to interview at the abortion clinic and nobody at the abortion clinic would be interviewed because they didn't want their name or their face on TV. And they called me. And I thought, what the hell, if people see it and they don't like what they see, then those few Catholic people aren't going to send their clients to me. But, I am one of those people who would put myself out there, in a safe a way. You always have to be careful. But I don't even know what I have written on my report...what I say is that I do pregnancy and birth loss and it says "childbearing loss, whether through miscarriage, termination, stillbirth or neonatal death, I don't use the word abortion. Because I have to send my brochure everywhere and people and read that how ever they want to read it. Some people will see "termination" and think abortion work. Some people will the word termination and thinks she helps people terminate after a fetal diagnosis and that's ok.

MC: right, so have you gotten any bad responses from Catholic hospital?

DI: oh, I never had any bad responses. Never. Never. But I remembered thinking bout that when I made up my brochure. I thought should I have a separate section that specially says pre-and post-abortion counseling? And I didn't. I don't think I did. I will site certain stuff about it. But my brochure does not. I would say that for me that I do not want to turn off people. So I am not sure if it is phenomenon, but it is not a common thing.

There was an article from a health magazine about a doctor who has an abortion clinic somewhere in the mid-West. He incorporates ritual into the abortion procedure....

MC: is that considered a therapeutic abortion? Or what does that word mean anyway?

DI: You know, that's a weird word. Some people say therapeutic abortion if it is a fetal diagnosis. I don't use that word. So it says "when abortion is a Sacrament" [quoting from the article]. "The lights were low, and Native American flue music played softly. A counselor held the woman's hand, whispering words of comfort as she began to surface from a guided meditation. Then the doctor showed the woman a covered silver bowl that held the tiny remains of her six-week pregnancy...women because of what they are bombarded with in the media and by anti-abortion groups – get the message that what they are doing is wrong and that they are bad people...A ceremony says the woman is a good and caring person who made the best decision she could under difficult circumstances. It also gives her a ways to honor thee fetus - -to be aware of her grief and to express her loss."

MC: do you think that there is something very healing about rituals in abortion?

DI: You know, I think we can make a ritual for anything that happens in our life. People move into house warming...you can attach ritual to anything. I think that in women's reproductive health, the rituals haven't been around reproductive health when life ended. I think there is a certain group of women, in a certain community where ritual is more or less encouraged. There are a lot of pregnant women that I work with, and some of them have baby showers and some don't. And what some of them do is called "The Blessing Way" which is not about showering the mom with gifts. It is making rituals that marks the transition the woman is about to make from being a non-mother to mother. Again, in our culture, we really have to create it ourselves because we don't have institutionalized rituals that speak to the psyche. Native America culture has a lot more. Other tribal cultures are so rich. We have nothing like that. We have nothing here that helps the adult with the changes other than in a way material ways. We don't do it in the spiritual and psyche way. It's crazy.

MC: is it because individuality is so cherished in this country?

DI: I think a part of it is that. I think that's a very important piece of it. I am in the white American culture. I mean, look at what happens on Thanksgiving. You make a lot of food and you sit down and many of them don't even say grace. HELLO. You know, it's the holiday time, people are shopping. They aren't thinking about how I can give from my heart. This is a generalization. But white America, in some ways, you think that we are a big melting pot, that we should be rich in rituals because everybody contribute, but it's water downed and neutralized until there is nothing. So you see people going to more spiritual things these days because there is a craving for some kind of ritual, ceremony, or daily habit that connects our mind and our spirit. Our body and our spirit. You know, if you go to a home birth, you will experience something so totally different, than if you go to a hospital birth. In general, I mean, you can be in a wonderful spiritual hospital birth. But homebirth is small, its quiet, people sing, they welcome the baby, they stay beside the mother. People at the hospital have to deal with machines, sterility, and light, there is nothing inherent in that medical process. And there is nothing inherent in the abortion process until you have someone like this doctor, who makes the abortion itself a ceremony. I have two clients, one of them who I knew at the time she did it, the other I knew here when she was pregnant who did ovary-induced abortion, who did their own at

home. Because they wanted to be very present for casting of the fetus. They wanted to bury it. They wanted a part of it and in a medical clinic, that is not going to happen. That fetal tissue is NOT yours. How crazy is that?

MC: is this because of the assumption that because you had the abortion, then you don't want to deal with it?

DI: That maybe part of the reason. I think the medical community is disconnected. Medicine is not about mind and body. Western medicine. It's all about the mind. So why do they want the tissue? Oh, what is it, you know. Western medicine industrializes medicine. And again, when you talk about abortion, I don't really believe in a death with abortion, because that gets political. But it is a death, of sorts, and I don't mean to say that the woman is killing the baby. To me, when people end pregnancy by chose or fetal diagnose, it's not just the lost the baby, it's the loss of all the fantasy that goes along with it. Even if you don't want a pregnancy, when a woman finds out that they are pregnant, there is this moment of "mother" that instantly makes a shift. And have fantasies and images of themselves as mothers. So when you end the pregnancy by choice or not by choice, you not only lost the physical pregnancy, but you have to grieve all that fantasy you have started creating, even if you didn't want the baby. And in that way, it's about death and loss. And we are not a culture that deals with loss. We tell people to be quiet in funerals in White American culture. We just don't hear it...we tend not to witness death. We don't put people in hospices, which is in the cell rooms of hospitals. It's all part of the same thing...what I wrote my dissertation is about kids who witness the birth of other siblings. And I found this quote about how we really are obligated to witness the coming and going of our people. We need to be there at either end, we need to be there, we need to be present. But we are not a culture that deals with being present very well. We knock people out for everything. We shield kids from life events. We don't talk about it and that it's over. And that doesn't work for people. We know that doesn't work for people.

MC: Does being present help people identify what they are feeling?

DI: The thing is that if you are asleep during the abortion, and you wake up and there is no baby in your body. It doesn't mean that it didn't happen. It creates an illusion. But it happened. You went to sleep pregnant, and you woke up not pregnant. Hello, something happened in the middle. I had some clients who want to be awake during their abortion; I have had clients who want to do be awake during their D&E. I have had people who had closed a D&E during 2nd trimester abortion, that's what they call the "partial-birth abortion", yeah that's a D&E. and it is gruesome. But there are people who think that if they are making that choice, they need to witness it. But other people just want to be asleep. There are some clients who when they choose to terminate a pregnancy after fetal diagnosis, they actually choose to induce and go through labor and the birth because they want the fetus to come out whole, whereas they will not with a D&E. So people do have deep needs to do whatever they need to do. And I sense that you need to have choices and opportunities for people to process their stuff; however they need to do it. And they don't. It's very politicized and people don't want to get involved. So you have to find your own little group to do it in.

MC: So what about healing groups such as Project Rachel?

DI: Well, you have to be careful about those things though. The deal with Project Rachel is that it starts out sounding good. We are here to support you. We are here to help you. But if you read the fine prints, what it would say is, “we are here to help you. God will forgive you for doing this terrible thing. Women don’t want to feel that they did a terrible thing. A more healing thing would be that “in spite of the fact that you did something the church doesn’t typically approve of, we love you, you did the best you could do, and it’s ok. But they make it clear. God will forgive you for this sin. So you HAVE to be careful when you look at those sites. Because if you don’t read them carefully, they do sound wonderful. And for some people, for some Catholics, that is just what they need. I have had a lot of catholic clients that say no, I refuse to even acknowledge that what I did was sinful. So for folks like that Project Rachel is not helpful at all. They need to be involved in a group that will not label what they did as sinful.

MC: So there seems to be something very inherently spiritual about the whole abortion and healing process. Not necessarily in a God sense, but in a spiritual sense.

DI: If you read... book that talk about spirituality. But it can be Mother Nature, doesn’t matter. The books that I look into don’t go down the God route unless that is the way *you* need to go. But for someone who needs to go down the God route, Project Rachel is sometimes not helpful. In fact, people often gets “killed”(?) again...I came here for support, I thought it was going to be ok, but you know what, they are still telling me that what I did was a sin. I can’t live with that because I do not believe what I did was a sin. I believe what I did was my God-given right to do. And nobody can tell me that it was sinful. Now if people need to believe that it was sinful and God would forgive, then in fact, that would be healing. So when you read those sites, you need to really need to read them carefully. Because if a woman comes out of any of those support network, feeling that she has sinned and not being helpful to her healing or if she comes out feeling like that it had inflicted trauma in her life for hereafter. That’s not going to be helpful for her either. If there is a network that says, “we know that you are traumatize but know you can heal from it and not be irreparably damaged.” That would be helpful. If your agenda is women’s healing, then it’s got to be pure.

MC: so what kind of responses do you get from the medical community?

DI: I get a lot from Planned Parenthood, they re always happy to send clients to me. And I think most abortion clinics know that I am able to provide counseling. I think that the medical community is happy to know that there are some resources out there for people dealing with it. I don’t think that there are enough of us doing this work, and I don’t think there are enough places that have people on staff to do this work. For instance, the Fertility clinic, you have a number of women trying to get pregnant, like IVF when they take a women and men egg and sperm out of body and put into women’s body 4 embryos. And all of them “take”. So you have to decide if you are going to elective abort 1 or 2 or 3. So they are doing abortion in a fertility clinic. They don’t have people on staff to do abortion. And women don’t get referrals. It’s crazy.

MC: Is there a conflict between being pro-choice and referring women to post-abortion counseling?

DI: being pro-choice doesn't mean that you don't believe there is any fallout, psychologically from an abortion. I think Pro-choice simply means that you are committed to providing safe abortion and access to abortion. I think people get confused in thinking that if you are Pro-Choice, then you don't think abortion doesn't have any lasting psychological effect. And if you are pro-life, you are convinced that all abortion is traumatic. Pro-choice doesn't not mean that there is no psychological fallout. It only means in providing medical access and safety. And pro-choice people know that abortion is filled with all kinds of meaning for women. That doesn't mean she doesn't have it. It does mean that they have to do the right job of providing aftercare. A lot of people get confused about that. Pro-choice doesn't assume psychological trauma.

MC:

DI: it's hard to find the article that says, "We are Pro-Choice, we provide access in post-abortion. We do know that many women need follow-up; it doesn't mean they are traumatized. What happens is that it becomes black or white, A or B. and I don't believe that is how it works. There are women, who have had safe, accessible who are not traumatized, and there are women who are completely traumatized. That doesn't mean she shouldn't have had abortion. That's why the Pro-Life people want you to think. That if anybody who have psychological aftermath shouldn't have had the abortion. That's how it gets presented and that's not what it is about.

MC: then Post Abortion Stress Syndrome is P

DI: first of all, there is no official diagnosis of PASS. They made it up, it's like "partial birth abortion" that is not a medical term. It's made up for political reasons because it gets people attention. I have had some women who have had depression after abortion and anxiety. Most people don't have PTSD

MC: Then how would you go about referring to it? I have been using phenomenon.

DI: I would say, in fact, it's on my website, if you look under "philosophy." What I say is "good mental healthcare and emotional support is key ingredients to ensuring a positive emotion outcome in *any* reproductive health experience. Every reproductive health experience should be accompanied by good solid mental healthcare and emotional support, because any reproductive health experience could be traumatic if you are not given enough support. So I think body, mind and spirit are involved in reproductive experience must be addressed as a whole. I also say "Each woman has a personal and unique way to approach her reproductive health experience." And I use that phrase because that means everything. I also say that "Reproductive health experiences are powerful and momentous in a woman's life and must be integrated slowly." I leave that up for interpretation. Momentous good or momentous bad? What I want to say to people is whatever major reproductive experience, you will have feelings about it. Feelings ranging from relief to distress. It doesn't mean that you have a "syndrome", it means that you are having "feelings" about this life event. That's all I said, pure and simple.

This Post-Vasectomy Trauma Syndrome, I mean, come on. But you talk to any man after he had a vasectomy and he will have feelings. But does that mean that it is a syndrome and it shouldn't happen? But you bet he needs to talk about it. He needs to talk about what it feels like not being able to make babies anymore

MC: But do you think that giving a name for it helps people recognize it?

DI: it depends on the name that you give it. The name they have given is politicized, so it is not helpful. I still desist people.

MC: Do post-abortion women use that term?

DI: no, women don't use that phrase. Because anyone that has had an abortion knows that of course they have feelings afterwards. I have had one client who has had a really horrible, inappropriate, disrespectful abortion experience and she could tell you that she is traumatized. So again, if you were to name it, I would simply name it as "It's important to talk about your feeling after you had an abortion." I wouldn't name it because Naming is labeling and labeling pigeonholing and people imbued that with a positive and a negative. And I don't want to do that. I simply say you have to talk about your life experiences. That's all. You know, abortion is an abortion is an abortion. It's still treated under pregnancy, people want it to be so clear-cut. Life isn't clear-cut. Life is gray, it's not black and white. And anything this complicated shouldn't be. Because this is a major life experience, for you, for a potential human.

MC: Is there a network of post-abortion counselors out there?

DI: nope.

Date: December 13, 2002

Interview Method: Tape-Recorded

Interviewer: Marianne Chow (MC)

Interviewee: Dr. E. Joanne Angelo, MD (JA)

Method of Contact: I read an article by Dr. Angelo from *The Human Life Review* and in the biographical caption; I noticed that Dr. Angelo is a clinic professor at Tufts Medical School. Therefore, using the Tufts connection, I decided to get in touch with her.

MC: Please introduce yourself.

JA: I am Joanne Angelo, psychiatrist in private practice, graduate from Tufts Medical School.

MC: First question I want to ask you is, when did you begin offering post-abortion counseling?

JA: I have always done it, but not by that name because I deal with women and families and problems with children who are born after a woman has an abortion. Expecting great things from that child, and afraid to let the child out of their site. So I think I have been working with the issue before it was officially named that. But for at least 15 years. Program in the Boston called Project Rachel.

MC: I have done some online research and I have read about it and they have...

JA: They are offered by the Catholic Church throughout the country and here is an office. I wrote a couple of resources for you. It's an office...the Pro-life office of the

Archdiocese, which is also Project Rachel. And then there is the national office of Post-Abortion Reconciliation and Healing.

MC: Ok, yeah, ok.

JA: Have you heard of that one?

MC: Well, I think Project Rachel was under this...this is...

JA: This is where it began in Milwaukee and now is in many dioceses in the US and in many other countries. And she is the person who originated it and she probably has resources and here is her email.

MC: Would it be ok for me to email her?

JA: Any of these people, just tell them you spoke to me.

MC: Ok, thank you.

JA: Marianne Luthin at the Pro-Life office also here in Boston has a lot of resources. She can tell you what they are doing besides the retreat. They are doing a lot of outreach.

MC: Ok, what motivated you to start being involved in Project Rachel and also post-abortion counseling.

JA: It's part of my clinical work, dealing with women and the difficulties they have and this is a trauma in their life. I got introduced to it because I deal with children also...when Project Rachel began in this Diocese, I was asked to work with priest and counselors who were going to be doing this work. That began a whole lot of training sessions that I've done in this Diocese.

MC: [Got cut by the tape] Can you lead me through the procedure of your counseling services?

JA: I ask her tell me her symptoms, which may be trouble sleeping, nightmares, physical symptoms sometimes, clinical depression sometimes. Then I will have her tell me her experience. Women have walked out. They just don't want to go back to it. They need to grief and often their guilt, their anger. Work in psychotherapy as long as it's needed to the healing process. But because I am a psychiatrist, I can also help them with medication. We don't bring up religious issues. But they almost always do [come up]. So I deal with whatever they bring in.

MC: Are they religious themselves, amongst the women?

JA: Some are not. I mean, this guilt is not religious guilt, it's guilt for having [killed a baby]. It's a universal issue. People say that Catholics will have more guilt because they

have been trained...[to feel a certain way about the issue]. But I actually think it's the other way around and many Catholics feel they can receive the Sacrament of Reconciliation, and here...women have spoken publicly about the fact that they became Catholic so that they can [be forgiven]. A lot of times they feel this is something that God would never forgive.

MC: You have the woman talk about her experience. This is sorta religious outlet, a sort of spiritual healing. [Does it have to be a religious experience?]

JA: What would help her in her perspective or in her worldview. What would give meaning to this experience.

MC: How was Project Rachel effective, I've talked to several other counselors and they have expressed...[that group therapy is more effective than individual counseling...that there is something very powerfully healing in a group therapy.]

JA: Again, people are different. I think the people that I see are people who prefer individual psychotherapy...there are people for whom a group is more effective, there are people who....

MC: [What do you think about the term Post-Abortion Stress Syndrome?]

JA: I almost never use the word Post Abortion Stress Syndrome, even though that book puts that title on my piece. There are many negative after effects of abortion, I will give you a couple of things written by people. And I think more and more...the data is hard to get it. There are good studies in California where all the healthcare is tracked through the same insurance program. They can see when they have their delivery, when they have abortion, when they required psychiatric help...Studies is a much higher rate of psychiatric problems in women [who have had abortion]....those things are undeniable. But in the medical community, the psychiatric community, there is a lot of...[grouping it into] one syndrome. Some women become depressed, some may be substance abuser, and some may be related issues. Physicians may over prescribe for them, a whole series of things happens, not just one thing...and women don't easily talk about it. The women...and men you will hear a lot about the problems. If you look at the....

MC: Is it because they are scared to take a stance on the issue. It is hard to a consensus. What about within the university?

JA: You see, I am not teaching a class, but I often go on campuses to address this issue and other issues. As I had in Wellesley College. I had a graduate student in psychology. She publicized it as "Psychiatrist talks about Abortion" or something like that. And a lot of people came. What I did was simply told the true clinical cases that I have been...it was in a psychology lab. [Some people were sitting on the tables then]...they got down and slumped into their chairs and got really sad.

MC: [What did you talk about?]

JA: Why these women had come to me and their sadness and grief...I am sure the psychology department would have had a different view if you can ask them is there such a thing...In this situation, when I was just showing them what I had experienced what women told me....

MC: [Has the number of women who came to you with post-abortion grief or complications increased throughout the year?]

JA: Yes, so much so that I have a waiting list.

MC: Do you think that is because the social climate allows them to be more open about their abortion feelings or do you think that it's been 20 years after Roe v. Wade, this is the time when women start to come to terms with their abortion experience and...

JA: [Both.] it's more written and talked about...it's a long term issue and it doesn't always come to light...everybody else is fine, there is something wrong with me because I am not fine...

MC: [Now, how well known is Project Rachel?]

JA: Not as well known as I wish it could be. I mean, it's not just for Catholics; anyone can take advantage in it.

MC: I read in Project Rachel that there is a creation of rituals. I am just interested in what kind of rituals are involved.

JA: I don't know. I haven't been involved in the retreat. But that is just a very small part of Project Rachel. Marianne Luthin can probably tell you.

MC: Do you think that patients are well informed about counseling services?

JA: [No. Are they even referring people to counselors?]

MC: It was very interesting cuz I was looking at the Planned Parenthood website and all the after abortion care that they had were physical complications, [but my friend who works there gave me a sheet of referrals to individual counselors.]

JA Go back with this kind of problem. It doesn't go back at all. As a matter of fact, a lot of these medical complications that occurs afterwards may be acute bleeding or infection and they usually end up in an emergency room. Angry and depressed, the last place they want to go back to is Planned Parenthood office....that's why the post-abortion research is skewed. If you ask a woman right after she has had an abortion, most of the time she will say oh, finally it's over, I've solved my problem, I'm ok now. Then maybe 2 years

later, whatever, it hits her what's she's done, but then she doesn't go on to report that to the abortion clinic.

MC: What would be some barriers for them to seek help from you or some counselors?

JA: They are led to believe that after an abortion, the problem will be solved and will be fine. And they come to other people and say that I had an abortion and no problem for me. And if they start to have flashbacks or crying spells or grief or sleepless nights or nightmares or whatever, they are led to think...sometimes they have even gone to a healing service or something and still feel terrible, it didn't work, something terrible wrong with me. And they wouldn't think perhaps of getting help because they don't want to bring it up. For many patients, I am perhaps the third therapist; the others say that it's so common, that couldn't be your problem. Or they will listen to it but they won't give it the importance that it has. So there is the internal barrier that says that something is awful wrong with me and I can't cheer it.... actual problem, I tried to talk about it and people have made light of it or led them to believe that wasn't the cause of their problem. Or they were so ashamed that they didn't want to talk about it. A woman who has had 3 abortions told me that she was going to a new gynecologist. She was a nurse and she knew that she was pregnant and she knew that there were going to be possible complications [due to her previous abortions.] I'll tell her that I had one, but I can't tell her that I had 3.

First they need to review all the circumstances around the abortion because the decision is often made in haste, in a very emotional state with little or no shared counseling from people who they would normally go to for help. And often very rushed because by the time they realized that they are pregnant, they're maybe 6 weeks into the pregnancy. They often don't think very much about it. Their own decision isn't really a free decision and the kind of decision...they have to understand that they did it under duress, they have fears, possibly concerning relationship with father of the baby, or fear of loss of their...they have to realize that it wasn't a decision made with a lot of freedom, a lot of maturity. You've told me about other cultures. I have heard of China and Japan. [There are spirit babies in China, have you heard about it?]

MC: No I haven't. I have only heard about the ones in the Japan.

JA: The baby will come back and haunt [and ruin you and your family]. There are cemeteries that you can go. But that's part of the problem that I talk about. The baby that dies, there are a lot of rituals, the baby hold the baby after death, they have pictures, memorials. But for aborted babies there is none of that thing. So part of the healing for many women is to envision their child with the Lord. They would often name the child, but not always. With that I got to Victor Frankel, who says that you need to find meaning in every experience that life presents. I find that people do tend to develop, listening to hospice psychiatrist, I became more confident talking to people, giving case histories...

MC: Patients coming needing that [religious] aspect?

JA: They tend to bring it up, at some point in the counseling.

MC: How many people know about, how many women know about this post-abortion debate going on and is this affecting their emotions?

JA: [What do you mean?]

MC: I'm sorry; it's just that Post-Abortion Stress Syndrome is a very loaded word. It's political and um..I mean, I am not saying that it exists or not, but it seems that a lot of Pro-life organizations are recognizing Post Abortion Stress Syndrome whereas the Pro-Choice people are saying that no, this is only a scientific-sounding [term]. Do you think that women know about this debate and do you know if it is actually influencing [their emotions after their abortion]?

JA: I think it's part of the barrier to people getting help because that's part of the rhetoric they hear. There isn't any such thing as Post-Abortion Stress Syndrome. And if you are feeling that way, well, there isn't such thing, so I shouldn't feel this way. So then they feel more guilty about feeling this way. But it doesn't help them go for help. I felt that way too and it's been awful for me it must be awful for you. And there are things that you can do about it, then they are more open to go. Rather than the other approach, which says, you shouldn't be feeling that way.

MC: Your article, it's really interesting. You mentioned that the medical literature is increasingly acknowledges its significance.

JA: No, I think that it's perinatal...

MC: I am just wondering if this is a sign that the medical community is really starting to having to acknowledge this post-abortion need among women?

JA: not necessarily, you see they are acknowledging the loss of premature baby, but they are not yet acknowledging the loss of aborted fetuses...

MC: oh, pre-natal loss.

JA: peri-natal. You see pre-natal is before birth, peri-natal would be around birth. So what I was saying is that they do acknowledge the loss of a premature baby, but they don't acknowledge the loss of an aborted baby.

MC: You mention that....

The tape become all tangled and I stopped recording. I started taking notes instead and the following is the dialogue that we had.

MC: You mentioned all these symptoms of Post-Abortion grief that is very similar to Post-Abortion Stress Syndrome, but you call it Pathological Grief reaction, is that correct?

JA: Yes. This is because Pathological Grief Reaction is a medically, officially recognized term. It is coded and it can be followed. However, PASS is a catchword for the press and it is very easily dismissed.

MC: So even though they are similar, it's all about semantics.

JA: It's all semantics. But it is hard to deny though because the number is so great. Some women have problems after abortion. Here is the irony because before abortion was made available on demand, it was used in cases where women could only get abortion if they have a psychological diagnosis because carry the baby to term would be too stressful. However, it is the same Pro-Choice people who are arguing that people who suffers from psychological sequelae from abortion is because they have a psychological diagnosis in the first place.

MC: What is Sacrament of Reconciliation?

JA: Confession.

MC: Do many post-abortion women become Pro-Life individuals?

JA: Do you mean at heart or activist?

MC: Well, both.

JA: At heart, yes when they stop to deal with it. However, it is difficult to confront people who want abortion because it is so close to home, it makes them so vulnerable. It's ok to be behind the scene, but I discourage people to become active.