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The Pain and Pride of ‘Angel Mothers’: Disappointments and Desires Around Reproductive Loss in Romania

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ABSTRACT



In this article, I highlight how Romanian women make sense of the losses of pregnancies and babies. Based on 15 months of fieldwork in a Transylvanian town, and on interviews with and observations among ‘angel mothers’ (women who have lost unborn or live-born children) in the Romanian capital Bucharest, I discuss the disappointments and desires that surface when reproduction goes awry. The criticisms of these ‘angel mothers’ throw into sharp relief wider disappointments with biomedical, political, and religious establishments, and continuing social struggles in postcommunist Romania. Although women’s personal predicaments are thus deeply connected to broader structural shortcomings, their coping strategies are highly intimate and nonpolitical. Women focus on creating a spiritual bond between themselves and their lost babies—one that transcends the hardships of earthly life and makes women proud to be the mothers of little angels.

KEYWORDS

Romania; grief; health care; politics; religion; reproductive loss

“Romania, a country with too many angels,” reads the headline of a 2012 Romanian newspaper article on the country’s relatively high infant mortality at the time—more than twice the European average. The article discusses how, in the preceding year, one in a hundred babies did not get to celebrate its first birthday, as pregnant women and young mothers were unable to seek appropriate care, and the medical system failed to provide it. It laments how this situation, though much better than under communism, still places Romania in an embarrassing last position compared with other European countries whose infant mortality rates suggest both better conditions and more optimistic futures. Various, rather grim, public health statistics are invoked to further substantiate this claim (S.T. 2012).

The deaths of the youngest members of Romanian society are rarely publicly discussed. The few articles that deal with the topic emphasize numbers and demographic trends, reflecting the focus of past and present population policies in Romania. Attempting to build a strong, healthy, and independent nation, communist dictator Nicolae Ceaușescu struggled to combat the country’s relatively high mortality rates. During his regime between 1965 and 1989, the under-five mortality rate reduced from 77 to 39 deaths per 1000 live births (CME Info 2015). After the 1989 Revolution, as various global health initiatives and internal reforms influenced the country’s health care situation, the rate dropped further to 11 deaths per 1000 live births in 2015 (UN IGME 2015).¹ Taken as powerful indicators of development, such numbers now serve to illustrate the relatively disadvantaged position of Romania within the European Union. Solutions are mainly sought in the biomedical sphere—such as in the appropriate provision and use of obstetric and pediatric care. No mention is made of the emotional difficulties, personal interpretations, and social contestations that may arise when people’s children turn into ‘angels.’

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There are more lacunae. Public discourse in Romania is remarkably silent about babies becoming ‘angels’ *before* they are born. Pregnancy losses have long been ambiguous: as Ceaușescu’s pronatalist regime outlawed induced abortions with very few exceptions, any instance of pregnancy loss was suspected of intentional induction, and subjected to medical surveillance and legal investigation (Anton 2010; Kligman 1998). Although abortions are now legally permitted, they are often condemned on moral grounds, and spontaneous reproductive disruptions remain uncomfortably associated with such intentional interruptions. Statistics reveal this ambiguity. Although the stillbirth rate—4 per 1000 births in 2014 (INS 2014)—is unequivocal, figures of losses that occur earlier in pregnancy are blurrier. Official statistics show that 42.5 percent of all registered pregnancy interruptions in 2012 were labeled ‘spontaneous, incomplete abortions,’ but it is explicitly mentioned that this category might hide an unknown number of induced abortions (Cristea and Scorțan 2013). Given this grey area between unintentional and intentional interruptions, pregnancy loss is generally surrounded by silence and assumed guilt in Romanian daily life. There are few opportunities for women to deal with, talk about, or remember that which has been lost against their will.

In this article, I break the uncomfortable silence around Romanian women’s experiences with reproductive misfortunes—both before and after birth. I draw on anthropological work that considers loss to be social as much as biomedical (Bledsoe, Banja, and Hill 1998; Cecil 1996; Chapman 2010; de Kok, Hussein, and Jeffery 2010; Earle et al. 2008; Feldman-Savelsberg 1999; Inhorn 2007; Jenkins and Inhorn 2003; Layne 2003; Storeng et al. 2010; van der Sijpt 2010). While many of these ethnographies have wonderfully illustrated the sociality of loss by highlighting its symbolic meanings and social effects within people’s individual lives and immediate networks, I propose to be particularly attentive to the entanglements of intimate reproductive events with broader societal and political issues. I see reproductive losses as potentially disruptive moments in life that could give rise to “politically and emotionally charged contestations” (Inhorn 2007:ix) reaching beyond the micro-politics of daily life, and relating to the larger landscape in which fertility is embedded. Such disruptions offer a productive lens for looking, also, at the macro-politics of social life in general and reproductive experiences in particular (Ginsburg and Rapp 1991).

Unpacking experiences of loss in this way seems especially relevant for the case of Romania, a postcommunist country whose rapid socioeconomic transformations since 1989 have been accompanied by losses of various sorts for many of its inhabitants (Carlson et al. 2000; Friedman 2009; Gal and Kligman 2000; Kideckel 2008; Verdery 1996; Stillo 2015; Weber 2009). The disintegration of the welfare state, the disappearance of previous economic certainties, the growing irrelevance of old moral frameworks, and the public reinterpretations of gender and motherhood in the face of national fertility decline, all offer an uncertain framework within which people experience perhaps the most intimate form of loss: that of their own babies. Any anthropological attempt to understand the latter should take the former, broadly felt, experiences of disruption into account. As I show in this article, Romanian women’s responses to their reproductive disruptions are inextricably connected to the larger sense of loss, uncertainty, and degeneration that characterize much of postcommunist life in their country.

Methodology

The results I present in this article were generated during 15 months of fieldwork between 2013 and 2015 in a small town (of about 25,000 inhabitants) in the Carpathian Mountains, which I call Zirna, and during occasional stays in Bucharest. The research project aimed to investigate ideas and practices around reproductive loss in a postcommunist setting. The most valuable way of gathering information on such a topic in a country with a traumatic reproductive history was by means of participant observation. I learnt by undertaking everyday activities with the childless couple with whom I was residing; by attending baptisms, weddings, and other religious events; by hanging around at the gynecological, neonatal, and pediatric wards of Zirna’s hospital; by partaking in antenatal classes in bigger cities; and by meeting mothers watching their children play on sunny

playgrounds. However, addressing reproductive mishaps during such events seemed rather inappropriate; my questions were often met with an uncomfortable silence or an explicit refusal to continue the conversation.

More useful information was forthcoming after I became involved in the activities of the only NGO in Romania focusing on reproductive loss, which I refer to as *Organizația EVA*. Initiated in 2008 by a Romanian celebrity whose daughter was stillborn, this organization attracted a huge number of parents who had lost an embryo, fetus, baby, or older child. Inspired by Western pregnancy loss self-help groups, the NGO convenes monthly support groups in Bucharest and three nationwide, annual events, at which balloons are raised, candles lit, and orphans visited, to commemorate the lost little ones. Those who cannot or do not want to be physically present at these events can find solace and share their experiences on an online forum. Over the course of a year (2014–2015), I joined the organization's support groups, participated in annual events, and followed various digital discussions. Gradually, as my social network expanded and existing relations intensified, as both my verbal expressions and my body language became increasingly 'Romanian' in character, and, most importantly, as I got pregnant myself during fieldwork, I perceived a greater willingness among Romanian women to share their intimate stories with me.

Eventually, I had numerous informal conversations and 25 lengthy interviews on reproductive mishaps with Romanian women of various ages, with various reproductive histories, and from different corners of the country.² These interactions were supplemented by interviews with medical professionals and priests in Zirna. I conducted all interviews in Romanian, and had the recordings transcribed and systematically coded by a team of Romanian assistants. A Dutch member of the team coded all notes I scribbled in Dutch. Further, I analyzed historical documents in Romania's National Archives, and contemporary statistical, legal, anthropological, and policy documents. All personal, organizational, and geographical names (except for Bucharest) mentioned in this article are fictitious.

Disappointments around disruptions

In Romania, parenthood is considered one of the main achievements in life. Yet, the pervasive financial insecurities, crumbling social welfare services, and increasing outmigration precipitated by postcommunist neoliberal reforms seriously encumber processes of family formation. Women keep on postponing marriage and motherhood—until the age of 27 on average—while the fertility rate has dropped to an unprecedented below-replacement level of 1.3 (INS 2014). Unless unwanted from the outset, the pregnancies that *are* conceived often come with considerable investments (for those who can afford it) and hopes; their potential losses are rarely considered. There is profound disappointment, then, when reproduction goes awry. Almost all women with whom I talked about such unexpected events expressed regret about the lost hopes of their future babies, or lamented the painful absence of the child they had seen, held, and loved.

Asked about the specific cause of their losses, women came up with a wide variety of etiological attributions. Many mentioned illnesses or accidents; others blamed their own lifestyle habits or emotional disturbances (especially during pregnancy); some held others accountable. Most of these explanatory notions co-existed with a sense that the entire course of events must have been subject to fate or 'God's will' as well. Such explanatory models offered an idiosyncratic framework allowing women to give meaning and direction to an unexpected juncture in their reproductive lives (cf. Kleinman 1980).

Irrespective of the exact nature and interpretation of their losses, all women denounced various societal dynamics in present-day Romania that, in their own words, had made the experience even worse. Their stories revealed three main areas of discontent. First, many women mentioned the destructive role the Romanian health care system or individual doctors had played in the course of events. During the support groups that I attended, it was not uncommon for women to start their personal stories by saying, "the doctors killed my child but don't take responsibility." Some meant

this literally; most meant to say that the negative outcome of their pregnancy or birth had somehow been influenced by the alleged ignorance or indifference of medical personnel. There were multiple stories about medical problems that went undetected during pregnancy and had led to death *in utero* or after birth. Maria, a 31-year-old woman from Zirna who lost a 5-month-old fetus, said:

What disappointed me most was the fact that I did so many medical tests and that I lost it nevertheless. During all checkups they told me things look fine. And then, suddenly, they said the heart had stopped beating. Thrombosis in the umbilical cord had prevented the child from being properly nourished. How is it possible that the doctor never saw that something was wrong? He checked me regularly and I paid him good money for it. Later I heard about somebody who received a blood thinner in such a case. I did not know this was possible, so I never proposed it to my doctor. But a doctor himself should know this, right? In the end I trust him because he is the expert.

Allegations like these should be understood within a historical context in which mother and child care has long been medicalized by a paternalistic, communist regime attempting to control the health and reproduction of the population (Anton 2010; Kligman 1998; Pop 2011). Damaging as this state control may have been, it also instilled a feeling that the uncertain process of reproduction should be put in the hands of medical experts. The technological advances of the last decades have reinforced this idea. However, this reliance on medical surveillance and technology is countered by an increasing disillusionment with the current health care system which, due to numerous neoliberal reforms, has become pervaded by corruption, competition, professional and financial shortages, and inequalities (Bara, van den Heuvel, and Maarse 2002; Fărcășanu 2010; Stan 2012; Vlădescu, Scintee, and Olsavsky 2008). This is especially so in Romania's public hospitals, where all women with reproductive problems end up (as private clinics only take care of uncomplicated cases). As a result, many women spend considerable amounts of money on checkups and pay gratuities to medical specialists whose care they deem necessary. Yet, at the same time, they doubt the actual expertise, possibilities, and commitment of their doctors, operating in a health system "in permanent crisis" (Paveliu 2011). The non-detection of their babies' medical problems despite all the money invested in pre- or post-natal care only reinforced this ambiguity among my informants.

But disappointments with the health care system do not only concern medical mistakes. They also relate to the way in which the medical personnel deal with the reproductive loss and its aftermath. Women were critical of the manner of information provision. Sometimes, communication was completely absent. Violeta, after losing an earlier pregnancy, visited a hospital when she suspected something was wrong with the second one as well, and related:

I started having pain and they connected me to all sorts of devices to see whether the heart of the child was still beating. But even if they checked me every day they didn't say anything—neither that the pregnancy was alive, nor that it was dead. Nothing. Seriously! I did not know anything until the hemorrhage started and ... I couldn't do anything anymore.

In other cases, doctor–patient communication existed but was perceived to be extremely poor. When Adina's newborn daughter appeared to have problems after the C-section, the infant was transported to a better equipped hospital, while Adina stayed in Zirna to recover. She recalled:

The next day I wanted to know how my child was doing. This was in 2003 and there were no phones at the maternity ward. I had to go to another ward to call. I rang several hospitals, but they all told me that my child was not there. Eventually, I located the Children's Hospital where she had been hospitalized and the assistant said the director would call me back. When that happened, he simply said: "Just know that it's dead" (*vezi că e mort*). How can you say it like that?! It is horrible for a mother to hear that her baby is not alive anymore, after she carried it for nine months. I entered in shock immediately.

Not only were few words spent on communicating bad news; there was also very little follow-up enabling women to deal with their emotions in the hospital setting. Doctors with whom I spoke recognized the importance of a psychological care provider, but claimed that financial resources were lacking. Additionally, they felt their heavy workloads, the attendant psychological stress, and lack of training prevented them from providing women with appropriate support themselves.

Lack of information regarding the whereabouts of a dead fetus or baby was also a key concern. Children that show no sign of life upon birth are immediately taken away, and are rarely mentioned or shown to the parents afterwards. Silvia, whose dead fetus and uterus were removed during an emergency C-section, said:

I only caught a glimpse of my child on the operation table and that's it. Because I was forced to stay in bed for several days. Going to see the child was unthinkable. Obviously, I could not go and ask for him where he was, in the anatomic pathology lab; clearly I was not allowed there. And it was unthinkable that somebody would go there to take him and show him to me here in bed.

In fact, there seems to be no clear law in Romania stipulating how 'products of conception' or stillborn babies should be dealt with. Their significance is, however, revealed in some Civil Code articles mentioning that "a child that is born dead does not exist" (art. 654) and that "the rights of a child are recognized from the moment of conception, but only if he is born alive" (art. 36). Most hospital workers told me that lifeless fetuses are by default sent for laboratory investigations to establish the cause of death, and then incinerated. Some said that hospitals give parents a choice as to what happens with their little ones, but from the many stories I heard, it transpires that parents rarely receive dead fetuses or unbaptized dead babies. Those who specifically desire to see a stillborn child and take it home must make an explicit, formal request that requires several bureaucratic steps be undertaken (order 359/2012). Most do not know of these requirements and return home empty-handed. Not even the paperwork received upon discharge acknowledges the previous existence of their little one: pregnancy losses before 26 weeks are referred to as "abortions" for which often no paperwork is completed; a death certificate for a fetus stillborn after 26 weeks of gestation does not include any first name; and contrary to the law on birth registration (law no. 199/1996), those who are born alive but die soon afterwards often do not receive a birth certificate.

The regret at not having seen the dead fetus or baby, or having any proof of its existence, was a recurrent theme in support groups. Women claimed it impeded their mourning process and increased their fury towards the doctors who had taken their baby away. Consequently, Organizația EVA has proposed several interventions at the level of the Ministry of Health and within hospitals. Their aim is for dead babies to be treated as human beings—both on paper and in practice—and for parents to be given the choice to see them and create long-lasting memories by using the organization's free remembrance kits. The effects of these efforts seem minimal, however. One volunteer, who had lost a fetus she was never permitted to see, stated:

It's a mentality problem. We went with those kits to maternity hospitals and said to the personnel: "Call me anytime during the day or in the night [in case of reproductive loss] and I will come. It won't cost you anything; you don't need to give me anything. ... I don't need a psychologist on my side; I will know exactly what to say to that woman who is suffering. Just let her spend some time with her child." But no, nothing happened. Because probably for them it isn't that important, you know? Nobody cares. I think this should be addressed from above, from a political level.

Women's complaints about Romania's health system are often closely connected with criticisms of an allegedly disengaged and corrupt political system. Asked about suing medical actors for their neglectful acts, all informants claimed that "in Romania, such cases are only solved with a lot of money"—money that most people lacked. Their stories, just like public discourse in Romania, portray an antagonistic relationship between politicians and doctors on the one hand, and ordinary citizens and patients on the other. Any effort by the latter to change the system in which the former operate would be a hopeless enterprise. Moreover, it would not result in what would be most desirable: the return of their babies.

A second body of disappointments running through women's stories of loss concerns the Romanian Orthodox Church. Formally banned but informally very present during communism (Bădică 2013), the Church was quick to fill the ideological void that resulted when the regime fell. Through close connections with the postcommunist government, it turned itself into a *de facto* state church, cultivating nationalist sentiments and promoting a 'Romanian spirituality' based on

conservative moral and social values (Stan and Turcescu 2007; Șandor and Popescu 2008; Turcescu and Stan 2005). Though the vast majority of Romanians—81 percent in 2011 (INS 2011)—identify as Orthodox Christian, not everybody attends religious ceremonies on a regular basis. Yet, for most believers, cemeteries are powerful social and symbolic places. To have “at least a place where you can bring flowers and light a candle” is deemed of utmost importance in local practices of commemoration. Not surprisingly, my informants expressed a strong desire to properly bury their dead babies. However, as mentioned, those dying before or right after birth were often anonymously incinerated. While Orthodox dogma fiercely opposes cremation (Murzea and Șchiopu 2011), funeral or memorial services are not organized for any of these babies.³

Those who *are* taken home are treated distinctively on the basis of their baptized status. Baptism occurs from the fortieth day after birth; it is thought to clear the baby from ancestral sins, offer it spiritual protection, and admit it as a member of the Orthodox community (Gorovei 2002). Unbaptized babies are not entitled to a full funeral service or a proper burial place in the Orthodox graveyard. At best, they can be buried next to those who committed suicide, at the margins of the cemetery and without a usual tombstone (Toma 2010). Unlike those who received the blessing of baptism, these babies are said to continue their afterlife in a ‘dark world’ rather than in heaven (Brodner 2010). Many of my informants found this treatment of their babies—who they stressed were “innocent souls”—very unfair. In an online forum, one woman wrote:

There is no difference between a hospital that, with a signature of the parents, incinerates *avortonii*—that’s how aborted children or “fetuses” are called (...)—and the church that, instead of saying a small prayer for their soul, which DOES NOT HAVE ANY PERSONAL SINS, throws it [sic] at a margin of the cemetery like a kitten or a puppy, where those who committed suicide are being buried

Even baptized children who die before the age of 7 do not receive the full treatment. Their funeral service is of short duration and lacks the typical Orthodox chanting (Moise 2003). It is often held at a distance from the main church building—such as in an outside chapel or in the basement. Nicoleta, whose 4-month-old daughter died in a car accident, called this spatial separation an act of “painful discrimination.” Additionally, she was very disappointed with the financial exploitation she encountered when “putting the soul of her baby to rest:”

It hurts me to realize that, when you lose a child, other people just exploit your pain and try to make money out of it. It started in the mortuary. They kept on asking money for washing and preparing the child’s corpse. All of them were chasing me—“hey, please buy my coffin”—rather than helping me. ... (In the church) they took money depending on how many nights the coffin spent there. It was as if I had taken her to a hotel ... (And the priests made me pay) for the burial place. If I wanted to make a tombstone for my child, I was not allowed to use anything but what they had there—their monopolies and how they want it. And I did not want it; I wanted to build my own tombstone. I had to give money to the priest, to those who administer the graveyard, so that those who would come and build the monument would be allowed to. Everything in Romania comes down to business and money.

Like Nicoleta, many mothers who lost a fetus or baby felt a sense of disillusionment with the Romanian Orthodox Church. They felt that its rules and regulations, like the hospital procedures mentioned above, fail to recognize the existence of their deceased little ones. More positive opinions existed about the interactions some women had with the priest serving as their spiritual father (*duhovnic*). Such a *duhovnic* is supposed to offer support and advice in response to people’s intimate confessions. The perceived quality of such spiritual guidance depends on the personality of the priest and the usefulness of his advice. Some women claimed to have found great psychological relief after telling the priest about their loss; others felt that the advice they received was too canonical and far removed from their actual needs. Though prone to religious skepticism, these latter women did not abandon their faith; rather, their spirituality took a different, noninstitutionalized form.

A third area of discontent is related to the social context in which women have to come to terms with their reproductive loss. Most complained about the absence of a space to talk about what happened. Any attempts in this direction would quickly evoke reactions such as: “don’t think about

it anymore,” “don’t cry,” “maybe it’s better like this,” or “you are young and can have another one.” Denisa, aged 21, whose lifeless embryo was removed through curettage, encountered this attitude both in the hospital and at home: I was in the room with two other women and I cried with my back turned towards them. At some point they asked me: “Excuse me, why are you crying?” I said I just lost a pregnancy that had stopped developing. They said it wasn’t that bad. Then, a nurse entered who asked: “Who is crying here? You? Stop crying, it was only a pregnancy of 3 months; it consisted only of cells.” I was angry. Even if they were just cells, they were my cells! After the intervention, all people who visited me at home told me that I could just have another one.

There are various rationales behind silencing reproductive loss. The general idea is that excessive mourning and speaking about the dead would be bad both for the mourner and for the deceased. In the Orthodox mind-set, the realm of the dead and the realm of the living are distinct; this separation can be seen in church where prayers and candles for living people (*vii*) are separated in time and space from those for the dead (*morți*). Commemorative practices, though very present in Romanian daily life, are confined to special days devoted to the deceased only. Invoking the deceased or crying about them beyond such regulated moments would dangerously blur this order. It would prevent the mourner from properly functioning in this world, as it could induce a permanent state of sadness, and even physical or mental disease. Additionally, it would prevent the spirit of the deceased from finding rest in the other world, bothered as it is by the tears and lamentations of those left behind. A bereaved mother mentioning her lost pregnancy or baby a bit too often will therefore be reminded that she should leave “the dead with the dead, (and) the living with the living” (*morții cu morții, viii cu viii*)—if only to protect her own soul and that of her child.

Public speech about reproductive loss is also perceived to be potentially dangerous for anyone listening to it. Generally, words are believed to have an inherent power—with beneficial or harmful effects. This notion is especially present in religious life, filled as it is with confessions, prayers, and protective ritual formulas called *descântece* (Roșculeț 2006). But it can be encountered in everyday conversations about reproductive misfortunes as well. Apart from being potentially painful or creating uncomfortable situations, words about loss may be feared to be “contagious.” For this reason, bereaved mothers are told to refrain from mentioning their loss especially in the presence of pregnant women; having them think or talk about a reproductive misfortune could cause exactly that. Silencing the event renders it non-existent and thereby harmless to others.

Several informants also linked the silence around reproductive loss to the past communist oppression. As Ceaușescu hunted for any subversive ideas and practices—such as those relating to outlawed induced abortions—through a pervasive secret police apparatus, it was unwise to publicly reveal any information about one’s general intentions, or about one’s reproductive experiences in particular. The schism between people’s intimate lives and their public personae resulted in a ‘culture of duplicity’ (Kligman 1998), of which traces can still be found in present-day Romania. Even if not dangerous anymore, public mention of reproductive loss is generally met with unease, suspicion, and a desire to avoid the topic altogether.

Not only verbal but also visual recollections of reproductive loss are perceived to be damaging. Pregnant women are discouraged from buying a layette until they know for sure that their baby has been born healthy and will live; the presence of the layette would be too painful a contrast with the baby’s absence, should reproduction go awry. Those who actually lost their babies are advised, by priests and by others, to give away the baby’s clothes to needy children, as part of a more widespread tradition of post-mortal almsgiving (*pomană*).⁴ Carmen, who lost a child prematurely 14 years ago, was told to bury him 30 kilometers away from home for she would never be able to overcome her sadness if the grave was too accessible—a piece of advice that she still regrets having followed. Many of my informants find this *social* obliteration of reproductive loss the most painful manifestation of misrecognition—since it comes not from doctors or priests, but from those to whom they are closely related.

It is not surprising, then, that despite the intense sadness and the occasional tears that accompanied most post-loss conversations I had with Romanian women, my interlocutors always

expressed gratefulness for the opportunity to talk about their dead fetus or child. Confronted with pervasive societal silence, they rarely found people interested in their stories; yet many of them felt the need to “unburden” themselves in order to maintain their mental or physical health. As Maria from Zirna once said, “when the glass is filled to the brim, you should empty it a bit.” It is with this thought in mind that quite a few of my informants approached Organizația EVA—online or in person. Writing or talking to other women with similar experiences made them feel understood and gave them the motivation to continue with life. In their own words, the NGO had been like a “lifebuoy” that saved them from drowning in the sea of grief and depression in which they had found themselves after the loss.

Not everybody was eager to exchange ideas with peers, though. Women who did not join the organization said they were either unaware of its existence, or afraid of exposure to others’ suffering, or suspicious about potential hidden agendas—a “typically Romanian” attitude, according to the organization’s volunteers. Some simply had other needs and priorities. When I asked Adina, a working-class mother from Zirna who had lost her daughter after birth, whether she ever considered seeking out help from the NGO, she said with a rather skeptical tone in her voice:

I don’t know it, but I am anyway too busy with work. I work in three shifts (in a factory) and have my children (a mentally disabled teenage daughter and preteen son) at home. And the real problem is the system here in Romania. There’s no use in sharing your story with others, because your voice isn’t heard anyway.

As most of the (medical, religious, or social) problems around reproductive loss are perceived to be of a structural nature, many women—especially those belonging to more disadvantaged strata of society—felt there was not much they could do about the situation. Aside from being critical of ‘the system’, their approach was rather fatalistic; their stories were accompanied by the typically Romanian shoulder shrug and the common expression “it is what it is” (*asta e*). For these women, reproductive misfortune represents just another instance of hardship in a life that has become characterized by degeneration and disillusionment since the Revolution.

The women who joined Organizația EVA were explicitly aware and critical of this disempowering entanglement of intimate reproductive events and Romanian macro-politics. While sharing their personal experiences with others, they actively sought alternative ways of engaging with ‘the system.’ Yet, as I will show in the following section, the effects of their efforts were mainly personal rather than political.

Proud to be an ‘angel mother’

Of all the women I talked to, those who had already shared their personal stories with peers—also called ‘EVA girls’ in the context of the organization—were more likely to open up to me as well. As they were used to verbalizing their thoughts and to revealing their feelings to some degree, they talked for longer and expressed their emotions more freely than others. Their narratives also revealed more explicit traces of hope, desire, and pride. Though clearly inspired by, and used to, a Western talkative mind-set in which internal interrogation and public confessions are considered essential elements of “working on the self” (Zigon 2006), their reflections were at the same time very much locally grounded. At least two recurrent themes consistently framed their losses in terms of hope and pride. These built on existing Orthodox notions of life and death, and reinterpreted ideas about the vulnerable individual life course that are widespread in the current postcommunist context.

First, all EVA girls who talked to me clung to a positive discourse about their deceased babies. Contrary to common distinctions between miscarriage, stillbirth, and post-partum death, my informants maintained that any instance of loss entails the transformation of a (potential) child into an innocent little angel (*îngeruș*), no matter its (gestational) age. In the support groups of Organizația EVA, it was exactly this common fate that unified the group members; in the end, all of them could call themselves ‘angel mothers.’ Conceptualizing their lost little ones as angels confirmed both the existence of their babies—as, in Romanian, living children are also often called “angels”—and their

own status as mothers. But what seemed most important about the idea of angelhood was its spiritual significance. According to Orthodox belief, angels occupy a special place and status in God's realm as they are morally pure and connect the heavenly and the earthly worlds. Since unborn, newborn, and older baptized children are perceived to be free of earthly sins, upon death they can immediately turn into angels and enjoy unconditional Godly protection—a comforting idea for mothers who often feel that they failed to protect their children. Yet, as angels, they also remain connected to their parents in this earthly life. It is this connection that 'angel mothers' explicitly searched for and cherished. Many would identify with what Anca, the founder of Organizația EVA, experienced after the stillbirth of her daughter:

I had a period of immense spiritual openness and I perceived messages—I don't know how to say it—in any trivial conversation. I had all sorts of revelations that helped me to grow, to evolve.

The examples 'angel mothers' gave of the signs, dreams, and other appearances of their deceased children in their lives were numerous: from a bird circling above the coffin to a white feather found on the child's grave; and from the appearance of a small footprint in some liquid to the unexpected encounter of the child's name. Such instances were photographed and narrated with pride, even if they were sometimes met with disbelief from outsiders or elicited skeptical reminders that one should leave "the dead with the dead, (and) the living with the living." 'Angel mothers' actively contested the general advice to forget about their reproductive mishap. Rather than get rid of anything reminding them of their babies, they clung to all they could find and even made small commemoration corners at home—especially in the absence of a grave. By doing so, they tried to keep not only the memories of their little ones alive but also their own maternal sentiments of love, hope, and pride.

A second positive tendency emerged when women reflected on the effects of reproductive loss on their own life courses. Rather than accepting the event as yet another manifestation of their individual vulnerability, almost all of them talked passionately about an empowering quest to discover the deeper spiritual meaning of the event. Notwithstanding the variety of their stories and experiences, women agreed on one thing: "nothing is coincidental" (*nimic nu e întâmplător*). Corina, who lost her second pregnancy midterm, said:

I believe that all is given to us with a goal. And I believe that nothing of all that happens to us is coincidental I don't know what the eventual goal is; maybe I will never discover. Maybe I already discovered it and I have done what I needed to do. Or maybe I will live a full life without discovering Maybe my sister-in-law will experience such an event—God forbid—and then I will be able to assist her. That's why I say: "I don't know the goal". Maybe it has been, maybe it will come, but [the pregnancy loss] has happened and I have changed a lot.

Rather than occurring randomly, reproductive misfortunes would be 'given' by God with a purpose, to those strong enough to carry the burden. Sometimes women would make comparisons with Jesus, who was given the burden of carrying the cross, or with the Virgin Mary, who had to sacrifice her son. Interpreting these events as personally targeted, women turned the spiritual notion of 'fate' from something one passively undergoes to something constructive and empowering. The transformative effects of the loss could be of personal, social, or societal importance. Some women felt like a more empathic or more spiritual person; others got involved in charity work or other social activities; and the most active volunteers felt encouraged to fight for positive changes within 'the system.' Irrespective of their specific personal projects, all of them assured me that "in every loss there is a gain." Some even saw their reproductive loss as a 'blessing.' Founder Anca, a source of inspiration for many EVA girls, told me:

In some books I read the testimonials of mothers who had experienced something like this, who said that the loss of their child had been a blessing. It was far too early for me to understand that, and I thought: "How can she say something like that?" I couldn't! I put the book aside, because it upset me. After which I got back to it again, you know, because it attracted me like a bee to a honeypot. And now I can understand it. Of course. I also see it as a blessing.

Like many others, Anca felt she was blessed because the reproductive loss had eventually resulted in a close connection with her little angel in heaven and in a deeper understanding of the self. These two positive effects of loss were perceived to go hand in hand: deceased children would be helping their mothers achieve their new personal projects, be it self-development or other life goals. In 2015, a new ‘angel therapy’ was introduced in the support groups that capitalized on this supposed capacity of angels to assist human beings. Through meditation, women would enter in direct contact with angels and ask them for advice. Quite a few participants acknowledged that it had helped them to find inner peace and to give a meaningful direction to their lives. Disempowered by the system, they felt empowered by the spiritual connection with their little angels. It offered them a nonpolitical way to cope with the structural obstructions in society, an intimate source of strength to transcend the hardships of life, and a reason to call themselves proud mothers despite the absence of their children in this world.

Discussion

In this article, I have shed light on the experiences and discourses of some of the women whose deceased fetuses and babies contribute to the aggregate statistics that make Romania a “country with too many angels.” Moving beyond the static surface of numbers allowed me to break the institutional, social, and individual silences that surround reproductive loss in the country. Conceptualizing these misfortunes as potentially transformative life events that might generate sociopolitical contestations also enabled me to investigate the nexus between individual predicaments and broader societal issues. Apart from the highly personalized emotional turmoil that women experienced after their reproductive misfortunes, many of their grievances are widely shared criticisms of structural shortcomings related to the medical system, religious institutions, and social networks. These issues are multifaceted and historically embedded. They relate directly to postcommunist societal transformations, such as neoliberal health care reforms, the increasing ideological influence of the Romanian Orthodox Church, and a lingering ‘culture of duplicity’ that hampers open communication about reproductive issues.

My informants were aware of the complexity of the problems they encountered, and their critical analyses of ‘the system’ were manifold. Critical voices about public and structural issues are omnipresent in the country, not only raised when reproduction goes awry. Over the past decades, the proportion of the population openly believing that Romania is heading in the wrong direction has been consistently high—74 percent in 2016 (Maxim 2016). And yet, despite this obvious discontent, my informants and many other Romanians seem to feel discouraged and disengaged as well. Manifestations of civil society and organized protest have historically been delegitimized by Romania’s intellectual, political, and economic elites (Kideckel 2002, 2009; Trif 2013; Tufiş 2014; Varga and Freyberg-Inan 2015), and are thus often rendered insignificant and ineffective. The resulting collective ‘crisis of faith’ (IRES 2015) and skepticism about structural reform may also inform my informants’ fatalistic responses—their shoulder shrugs and silence—to the various societal problems they encounter when reproduction goes awry.

Obviously, there may be other reasons why women keep quiet about their experiences. In the lives of my informants, silence about ambiguous reproductive losses is also a religious imperative, and an ever-present legacy of communist oppression. In addition, women’s silence could point to their inability to articulate painful experiences; it could be, just like the apparent indifference Scheper-Hughes (1992) found among poor Brazilian mothers, a strategy for survival; or it could actually be a “currency of power” (Achino-Loeb 2005). Although in this article I aimed to provide an analysis of women’s explicit narratives rather than an understanding of their silence, investigating the quietness around loss and its stratified meanings, causes, and effects may be an important—although methodologically challenging—future activity in our anthropological attempt to unravel experiences of reproductive mishaps, in Romania and elsewhere.

Attempts to ‘break the silence’ on the ground do, however, provide some important insights into the complexity of hidden stakes and struggles. In Romania, ‘EVA girls’ explicitly denounce and try to counter the multilayered public misrecognition of their lost babies. Yet, the transformative effects of

their efforts are less public than personal. Their shared discourse foregrounding a noninstitutionalized, spiritual bond with their deceased little angels counters the disregard from Romanian medical, political, religious, and social institutions. It frames their experiences not only in terms of pain and disappointment but also in terms of pride and desire. It offers an “ethics of hope” (Zigon 2006) that gives a new direction to their individual lives in a postcommunist world characterized by various losses and insecurities. Evidently, such discourses and deeds are not necessarily representative of the experiences of the heterogeneous group of Romanian mothers losing little ones—for ‘EVA girls’ tend to be urban, more highly educated, and more attracted to Western normative frameworks of self-transformation than those who do not join the organization. But, by being more public and explicit than others, the practices and discourses of EVA girls give insight into some shared disappointments that come into play when babies turn into ‘angels.’

Notes

1. The violent Revolution, concluded by the show trial and execution of dictator Nicolae Ceaușescu and his wife Elena on Christmas Day 1989, brought an abrupt end to 42 years of communist rule in the country and was followed by many political, economic, and social reforms. Transformations in the health domain were mainly led by external forces that could now access the previously secluded country.
2. I studied all losses that can possibly occur throughout the reproductive trajectory: infertility, miscarriages, stillbirths, neonatal deaths, infant deaths, and child deaths. Though each of these events has its own particular characteristics and consequences, in this article I focus on the commonalities in women’s stories about them. However, my sample was biased, as it consisted of women who were willing to talk and who presumably attached certain meanings to their losses. It is possible that those who did not feel the same need to talk (especially those with early pregnancy losses) may not fully identify with the described results.
3. To prevent such a situation, one can subject a live-born baby with minimal survival chances to a ‘hasty baptism’ (*botez grabnic*). It entails a simple procedure with plain water that can be performed by anybody—a doctor, a nurse, a relative—in the hospital. Recognized as baptized, also by the Orthodox Church, the baby can then be brought home and properly buried after death.
4. The essential idea behind the complex and multifaceted ritual called *pomană* is that the act of giving (of food or products) in the name of the deceased not only helps to commemorate the dead but also leads to redemption of the giver. This idea also inspires the annual visit of EVA girls to an orphanage.

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