

Childless Women in Georgia

Between Religious Restrictions and Medical Opportunities

Elene Gavashelishvili

Abstract: In vitro fertilisation (IVF) is gradually becoming available in Georgia, but while the medical technologies are being developed, the Georgian Orthodox Church opposes the idea of having a child through what it declares to be unnatural ways. Despite the authority of the Church, the Orthodox discourse about IVF is not directly incorporated into the everyday lives of people. Ethnographical observation has allowed an exploration of how childless women in Georgia reconcile modern reproductive technologies with their religion. In order to explain the hybridity in women's attempts to make official religiosity better adapted to everyday life, I use the concept of bricolage as applied to the social practices of women who assemble different, seemingly disjointed, resources in coping with problematic situations.

Keywords: bricolage, everyday religion, Georgia, infertility, in vitro fertilisation, Orthodoxy, women

On 7 January 2014, the text of the Christmas epistle of the Catholicos-Patriarch of All Georgia, Ilia II, caused an uproar among parts of the public, members of the Georgian Orthodox Church and the Patriarch's supporters.¹ The Patriarch paid special attention to in vitro fertilisation (IVF) and surrogacy, stating that children born by 'artificial' methods could not be happy (Ilia II 2014).² The content of the epistle was especially challenging for women for whom Ilia II represents the highest clerical authority and who, nevertheless, had become mothers with the help of reproductive technology or were planning to use this technology.³ The following comment, posted the same day on the online forum 'Parents' Club', reflects the reactions of these women:

Do not worry, ladies, all is God's will. Technological advances are also God's will. No one can convince me that God loves a child born through artificial insemination



less than a naturally conceived child. I don't know why this kind of epistle was written . . . God is with us. I always feel his existence. Now let's joke a bit. One of my friends wrote on Facebook that the birth of Jesus also was not a natural one: He also was conceived through an alternative method. Maybe our Church should start thinking about this. (Tammmta1 2014)

The reactions of childless women to the epistle demonstrate that it was important for them to reconcile traditional and modern, sacred and profane, their choice and God's will.

Despite the importance of belonging to the Church and accepting the authority of the Patriarch, IVF is gradually developing roots in Georgia: the number of clinics is increasing, and the quality of technology and the competence of doctors are advancing. At the same time, cults of the miraculous have become increasingly popular, providing hope of fertility to childless people.

This study explores how childless women reconcile modern reproductive technologies (new and secular) with their religious affinity (traditional, sacred and in the domestic spheres) in their everyday lives. Analysing the hybridity of seemingly unrelated practices, I use the concept of bricolage to explain these processes of sociocultural change (Lévi-Strauss 1966). The first part of this article gives an overview of the methodology. The second part presents the theoretical framework. Next, I analyse the potential compatibility of religious restrictions and medical opportunities, based on my observations, in-depth interviews I conducted with women and doctors, and statements made on social media. In the final part of the article, I discuss the results of the research.

Methodology

Because of the multilayered character of the research subject, I needed on the one hand to conduct ethnographic observation and on the other hand to analyse the narratives of women who were part of my observed scenarios. The main sites of my research were Tsachkhuru Archangel Monastery, Dirbi Convent and Berta Monastery, located in different regions of Georgia. The respective saints venerated are considered to be able to perform miracles, especially in matters of infertility: these sites have become niches of support for the childless. I conducted the fieldwork from March 2016 to January 2017. I visited these sites by myself and participated in pilgrims' tours which allowed me to talk to individual pilgrims with whom I travelled.

I also collected women's narratives through a social media network (Forum.ge, Facebook) and in 20 interviews conducted in cafés, kitchens and women's offices. I spoke with women who said they became pregnant with the help of religious rituals or through medical intervention. The women in the data set belong to different age groups, come from different social groups and have different interests. Some are housewives, some are focused on careers,

some have nannies and some had left jobs because of maternity. The material conditions and levels of religiosity of my informants varied. For this article I changed the women's names to protect their anonymity.

Bricolage as a Feature of Modernity

In the second half of the twentieth century, the invention of contraceptive drugs and IVF procedures expanded women's perceptions of their bodies (Mottier 2008) and modified women's biological clocks to their chosen social rhythms (Castells 1996). These changes created the need to make new technologies compatible with traditional practices and moved institutional discourses, as well as people's behaviours, towards bricolage. According to Seymour Papert's (1993) definition, bricolage is an action by which individuals and cultures use familiar objects and behaviour patterns for the assimilation of new ideas. Bricolage was first introduced to anthropology by Claude Lévi-Strauss (1966) in order to explain the process of construction of myths in so-called primitive societies. According to Lévi-Strauss, a bricoleur can create an original scheme and change the final image of objects and their application. In Meredith McGuire's view, such merging of resources is not logical to an outside observer; however, for a bricoleur, it is meaningful and logical. Eclectic practices and their diverse meanings create experiences in the world of the bricoleur that facilitate good outcomes (2008: 195).

In countries like Georgia, opportunities arising with the development of biomedicine are in constant conflict with ethical issues; they create moral dilemmas. As a result of the decline in their power and the threatened loss of 'moral monopolies' (McDonnell and Allison 2006), religious leaders in more traditional cultures see modern reproductive achievements as a challenge (Inglis 1998; Inhorn 2003; Landau 2009). As social science research illustrates, the concept of 'the woman' and her roles in society as constructed by religion can also define attitudes towards maternity (Paxson 2006). The connection between medical progress and the concept of God's will can lead people to use modern reproductive technologies (Bhadrawaj 2006); further, modern medicine, which belongs to the secular, scientific sphere, can be filled with sacral symbols (Roberts 2006). Bricolage is a relevant concept for an understanding of these influences on everyday religiosity and to explain its hybridity (Hervieu-Léger 2000; McGuire 2008). Rituals that contain elements of magic and aim at the satisfaction of material wishes may be unacceptable to the official discourse of the Church (McGuire 2008), but participation in rituals and faith in sacred figures define many people's lives in the modern world (Orsi 2010). While the theology of the Reformation put faith above practices and opposed medieval religiosity's emphasis on the expectation of miracles, in the Orthodox Church the 'long Reformation' did not take place, and the Church remained focused on rituals rather than on pastoral issues (Naletova 2007).

According to McGuire, certain societies and eras have specific social conditions which stimulate the growth of bricolage in all aspects of culture (2008: 195). Indeed, the merging of mutually contradictory logics is a characteristic of modernity (Bauman 2000; Greenfeld 2004) and is relevant to issues of gender, religiosity and rationality. In the contradictory discourses of everyday life, it is particularly relevant for expectations and attitudes towards women and fertility (Blackwood 1995; Ong 1995; Paxson 2006).

Maternity as Mandatory

‘Be fruitful and multiply’ (Genesis 1:28).

In order to understand perceptions about the causes of infertility in Georgia, it is important to briefly review the materials on the traditional image of the Georgian woman and its modern transformation. The traditional view of women’s reproductive functions in most scenarios is based on the normative ideas of a patriarchal society that claim motherhood to be key to a woman’s role (Ortner 1974). According to the scientific literature on the culturally defined image of the Georgian woman, a ‘true’ Georgian woman should be a selfless mother and heroically devoted to family and homeland (Alasania 2006; Gurchiani 2017; Kiziria 1992; Ninoshvili 2012; Paulovich 2016; Tsofurashvili 2008).

In the early years of the Soviet period, the liberalising of family institutions led to contrasting policies. During Stalin’s rule, the state paid special attention to increasing the birth rate (Hazard 1946). After the collapse of the Soviet Union, during the post-Soviet socio-economic crisis, a redefinition of gender roles towards greater personal autonomy of women took place (Davidenko 2013; Frederiksen 2013; Paulovich 2016). Despite the changes, the perception of women in society is still influenced by traditional discourses: the main function of a woman is believed to be the upbringing of children, while the major role of a man is to provide economic security for his wife and family (Javakhishvili 2008; UNDP 2013). As for the attitudes of modern youth with regard to the role of woman, we see an attempt at reconciling the traditional with the modern, using bricolage: for example, young people aspire to have sexual freedom but at the same time preserve the perception of the religious, normative Georgian woman (Tsuladze 2012).

Although the clergy consider maternity to constitute a woman’s major role, and Orthodox religious leaders often speak with concern about demographic issues, the Church holds a negative attitude towards the use of modern reproductive technologies when dealing with involuntary childlessness (Akhaldze 2012).⁴ The medical establishment generally takes a traditional normative stance as well, focusing on the purported ‘need’ of women to have a child. However, in contrast to the Church, the clinics also claim that ‘childlessness is not a verdict’ (Kvira 2016) and offer women who cannot conceive the ‘natural’

way almost any type of option to have children nevertheless, such as using a donor egg, freezing embryos or planting the parents' genetic material into another woman's body (Rajnita 2016).

The characterisation of childlessness as a problem has several explanations, but the major reason is the existing expectation of the role of women. My informants called the desire to have a child an '*idée fixe*' and the process of waiting for a pregnancy as a period when everything spins around one idea and the rest is less significant. Almost all interviewed mothers claimed motherhood to be the way to achieve completeness. What unites the narratives is the opinion that without experiencing motherhood, one can never understand what it means to be a complete woman. According to the women I interviewed, different roles are important, but if a woman is not a good mother, then all other achievements are tarnished.

The childless women I met are aware of medical terminology, review each other's problems, suggest different doctors and clinics to each other, and sometimes ask about diagnoses and procedures. In spite of this, their narratives and conversations are full of phrases such as 'with God's help', 'God will aid us', 'God bless you'. The various scenes in the women's narratives feature different main actors, but the one present in each scene – in their imaginations, hopes and dreams – is God.

Popular Religion: Healing Churches

Women trying to cope with infertility face religious restrictions, but at the same time, cults in places of purported miraculous healing have become increasingly popular. When I visited these places accompanying pilgrim groups, most pilgrims there were women. They come to the places where the minibuses depart wearing trousers and sports outfits. When they approach the various church destinations, they quickly change their outfits: they dress up in long robes or skirts they have brought along in their bags, and they all put a headscarf on. After leaving a church, everybody immediately changes clothes again until they reach the next church. This bodily transformation suggests that the pilgrims' religiosity is flexible, allowing them to mix different items that at first glance seem incompatible.

The encouragement of popular religion by religious officials in some cases implies the restoration of old traditions touched up by Christianity and in other instances the invention of new traditions. In the view of religious officials, the popular cults demonstrate the fact that religion is able to fulfil spiritual needs as well as material desires during difficult periods.

The fresco of the pregnant Virgin Mary in Dirbi Convent is rare in the Orthodox world (Gagoshidze 2006).⁵ The convent builds its symbolic meaning and activities around this fresco (see Figure 1). Later this fresco became the inspiration for the creation of an icon of the pregnant Virgin Mary. Special



Figure 1: The fresco of the pregnant Virgin Mary at Dirbi Convent (photograph by Elene Gavashelishvili, 13 March 2016).



Figure 2: Couples waiting to purchase a 'package for childless people', Dirbi Convent (photograph by Elene Gavashelishvili, 13 August 2017).



Figure 3: The feast of the Dirbi Virgin Mary, in the Convent yard (photograph by Elene Gavashelishvili, 13 August 2017).

prayers for childless people have been held there since 2010. The church building is small, and during the prayer, conducted by an elderly nun, the church is so full of people that it is hard to breathe. Nevertheless, pilgrims try to stand and pay attention to the nun's words. After the prayer, a nun calls for couples to purchase a 'package for childless people' in the store at the monastery and to follow its instructions (see Figure 2).⁶

The main content of the package is the 'Virgin Mary's belt'. The belts are knitted by the nuns, accompanied by constant prayer, the convent's Facebook page declares. According to the instructions, the buyer must treat the belt as a blessed object, like a cross, and the wearer ought to read a troparion when putting the belt on and taking it off.⁷ The pilgrims are advised and encouraged by fellow pilgrims whose earlier pilgrimages had been successful, and after the prayer, nuns give hope to the pilgrims during casual conversations. A young nun who sells the 'package for childless people' writes down the names of the buyers and asks how many years they have tried unsuccessfully to have a child and then asks the believers to inform the convent of the miracle of the Virgin Mary's gift of a child when they get pregnant. Dirbi Convent collects these letters and posts them on Facebook. On the feast of the Dirbi Virgin Mary, the yard is packed with children taken there by grateful parents (see Figure 3). Their photographs can be seen on the convent's Facebook page under the caption 'Children of the Dirbi Virgin Mary'.

The bewildering coexistence of seemingly opposing beliefs and practices felt harmonious for the women I listened to, such as Lali. I met Lali at her workplace



Figure 4: The crowded yard of the Tsachkhuri Archangel Monastery (photograph by Elene Gavashelishvili, 5 May 2016).

(interview, November 2016). I knew she had given birth to a child following artificial insemination, and thus I did not expect her to approve of religious rituals for fertility. However, I learned from her story that she thought the Virgin Mary's belt had contributed to her pregnancy. Her first attempt to become pregnant with IVF had been unsuccessful. When, after three years, she planned to try again, Lali went to Dirbi Convent with her husband and purchased the Virgin Mary's belt. When the second IVF was successful, she linked the success to the belt. Lali remembered wearing the belt throughout her pregnancy: 'Just as I am wearing this cross, I wore the belt during the nine months. I believe it was protecting me. My husband wore one too during the nine months'.

Every year on the Thursday after Easter, from morning till evening, an endless stream of believers moves towards the Tsachkhuri Monastery in the mountains of West Georgia (see Figure 4).⁸ On this day, locally a public holiday, the nearby village is filled with life – children don't go to school, nobody works and there are feasts for everyone. Among the pilgrims are not only people from the village and residents of other regions but also people from larger urban centres. Because of the crowd of pilgrims, it is impossible to reach the church by car. Some pilgrims plan the day in advance and go to the monastery at night. Others begin to march there in the early morning and cover almost eight kilometres on foot. Many pilgrims who previously participated in this ritual take 'God-gifted' children along to the monastery to show their gratitude.

Most pilgrims carry traditional cradles as a symbol of fertility, believing that when they participate in this ritual God will grant them a child.⁹ Some cradles



Figure 5: A miniature petitionary cradle, Tsachkhuri Archangel Monastery (photograph by Elene Gavashelishvili, 5 May 2016).

are actual size; others are miniature copies (see Figure 5). Gender stereotypes are visible in the cradles' decorations: a light pink one with a baby girl doll or a light blue one with a baby boy doll. The pilgrims obviously spend a lot of time decorating the cradles: several of the ones I saw were hand-painted, and the dolls were placed on specially designed miniature sheets. The cradles are left in a special location. Most pilgrims are not aware of the rules and constantly ask each other what to do and how to act. Other pilgrims give advice, and one continually hears phrases such as, 'If this is the first year, you should leave the cradle here, and you should not take it'; 'Next year you will come here with a child'; 'Next time you will be allowed to take a cradle'; 'Let's count on coming here next year with our little children'; and 'You should not leave this place with doubts'.

A festive service is held in the monastery. Some members of the clergy tell people where to put the cradles and what to do with them, some record the names of childless couples in order to mention them in prayers, some bless the cradles and some stand by the donation boxes.

A sign on the road to the Berta Monastery, founded in 2004, depicts a church with the image of a fish.¹⁰ The symbol of the fish carries a double meaning.¹¹ The monastery's popularity comes partly from the water flowing out of the altar of the basilica-type church into a small reservoir with both indoor and outdoor sections. The pool of water is considered a site where miracles happen, and childless women and people with health problems gather there. Trout swim back and forth through the large opening between



Figure 6: Pilgrims dressed in long robes at the outdoor pool, Berta Monastery (photograph by Elene Gavashelishvili, 21 October 2017).



Figure 7: A pilgrim immersing her head in the ice-cold water, Berta Monastery (photograph by Elene Gavashelishvili, 21 October 2017).

the two areas of water. The pilgrims try to touch the trout, but to get the full benefit of the healing water, some dress in long robes which they rent on site, step into the reservoir and put their heads into the ice-cold water three times (see Figure 6). Emerging soaking wet from the cold water, many say that they 'feel special' as if they had been born again (see Figure 7).

The pilgrims' journeys; the sacrifices they offer; the despair and desire they express when handling cradles, candles and crosses; the ongoing services in the churches; the icons sold in the yards and the spontaneous chants of pilgrims are all links in a chain, combining official Church practices with lived traditions. For an outsider, an observer like myself, this may look exotic. But watching the pilgrims I realised that their rituals are part of a complex puzzle. Those who spent years visiting doctors for what they see as a medical problem also search for deliverance from infertility within the fold of the Church. Upon their return from the rituals, they will go back to doctors, but this time more assured, more optimistic and empowered.

Bricolage – An Art of Merging

Bricolage implies the merging of what to an outsider appear to be unrelated resources but which make the actor confident of bringing about an intended effect. Manana offers a case in point (interview, November 2016). She had a husband and a good job but no child. First she received medical treatment in Georgia, then in Israel, where she also visited sacred places in Jerusalem and collected 'holy' objects, but to no avail. Then she went to France. The IVF there was successful, but she miscarried. Next she engaged a surrogate mother in Ukraine, but this did not lead to a child either. In the end, Manana decided to go to a clinic in Israel again. But before she left, she visited the Georgian Patriarch, Ilia II, and told him about her plans. The Patriarch told her, 'Nobody can treat and bless you like a Jewish doctor', she remembers, and he gave her two big candles. She interpreted these two candles as meaning that the Patriarch knew she would have twins as a result of the IVF. Manana's twins were born in Israel because the doctors had advised her to move there for the last period of her pregnancy. The children were baptised on their fortieth day in Israel, in the yard of the church where, according to tradition, the grandmother of the Virgin Mary had walked. In the end, Manana's efforts were successful.

The women who decide to use IVF say the desire to have a baby cannot be considered a sin. The decision to undergo artificial insemination was their independent choice, some of my informants said; they did not want to transfer this responsibility to the priest. Lali put it like this: 'In the end, if you are a believer, you know that being made in the image of God means that you have free will to choose. If you let your priest decide everything for you, you are no longer a human being. I made this decision on my own' (interview, November 2016). Independent communication with God is clearly expressed

in the words of one of the childless women: ‘One day, I got up and set out to arrange for having a child through surrogacy . . . on my way I told God, My Lord, I know I may be sinning and going against your plans. If I am sinning . . . please, prevent me, break my hand, break my leg, and if I am not sinning, help me’ (Imedi 2017).

Even though it is characteristic for such bricoleurs to directly communicate with God, this does not imply that they dismiss institutionalised religion or see it as incompatible with their own actions. While describing the Church’s position, the women do not dwell on the inflexibility of some church teachings. Rather, in the narratives, clergy express the official Church’s stance in giving advice but do not explicitly prohibit artificial insemination. The women often emphasise that, despite official restrictions, priests still baptise children who were born through alternative reproductive technologies and give communion to women who go to IVF clinics.

The analyses of infertility discourses and of the interviews conducted with fertility specialists suggest that doctors’ positions are flexible too. Doctors use religion for their own benefit: they welcome it when clergymen give their blessings to patients for IVF procedures; they talk about clergymen who are their patients; they emphasise their own religiosity by bringing God into the discussion as being the key to any new life. According to them, the fact that many couples have the blessing of their priest contributes to the patient’s psychological condition of well-being and confidence and increases the likelihood of success of the fertility treatment. Patients who are denied this blessing refuse to continue treatment or do not succeed despite the doctors’ efforts. Eka, a young embryologist, said: ‘If the patient believes that when she takes the cradle she will have a child – do “in vitro” and let her take the cradle, too. One should not prohibit anything she believes will help her’ (interview, November 2016).

Eka does not believe that her profession can be considered sinful. However, since she started providing infertility treatment, she has stopped keeping the fast, taking communion and going to confession, she says, because she does not understand how to confess what she does not regret. Eka’s cognitive manipulation of categories of soul and body is pertinent: ‘We don’t create anything, we only create a body, unite two cells, nothing more. . . . If we believe that everything is God’s will, the invention of “in vitro” is also God’s will. Secondly, no child is born without God’s will, and not a single soul will dwell in a body without God’s will’. Stigmatising fertility specialists is an insult for Eka. She defends herself, saying, ‘This is our duty – we serve the patients. We, too, are Christians, we go to church, we are interested in everything good, and we want to get to paradise’.

After this interview, I asked the embryologist at the IVF clinic if she could put me in contact with one of their patients. The doctor made a call to a former patient, Maka. After getting her consent and her telephone number, she ended the conversation, saying, ‘Greetings to your pretties. Don’t worry, your little child is doing well’. The doctor explained that Maka had borne twin girls, had

frozen another embryo and now was asking about the embryo's condition. According to the embryologist, Maka is among the rare patients who do not hide their cooperation with the clinic. Later, when I met Maka at a café, the 35-year-old mother of twins explained to me that she was free only until she had to pick up her children from kindergarten (interview, October 2016). She was proud of her maternal duty.

The selection of doctors and of holy places depends mostly on how well known the doctor or place of miracles is and on positive feedback from many people. Visits to either involve bodily exertion: just as one has to find a good doctor, make appointments, get to the clinic and undergo treatment, popular religious practices require physical effort, discomfort and expense. One must walk on rough roads during a pilgrimage; endure hardships like immersion in ice-cold water, fasting and prayer; and give donations.

As we can see in the interviews, bricoleurs select actions based on their resources and situations. As well as undergoing the treatment, Maka was praying and going to church. She went to Berta Monastery too, but did not get into the miraculous water because she had health problems and was afraid of catching a cold. However, at home she prayed in front of the St Panteleimon icon that is considered helpful with health issues and was planning to purchase the Virgin Mary's belt at Dirbi Convent. In the end, Maka consulted an IVF clinic and tried to persuade the doctors to implant embryos in her body. However, because of her health conditions, the doctors refused and suggested surrogacy. Her brother supported her decision, Maka said, but after he discussed it with a priest he became doubtful and asked Maka to speak with the clergyman. Maka listened to him but did not change her mind. Her husband's own priest also learnt about the decision but was supportive: 'We can say, he blessed us', Maka said. The important thing was not the nine months of the pregnancy, this priest also explained to them, but how well they would raise their children. Would she have made the same decision if she had not met this open-minded priest? Her desire was so great, Maka felt, she probably would have hired a surrogate mother anyway. She added, 'Thanks be to God, we met this priest'.

IVF is expensive but surrogacy is four times more expensive yet. Even though government officials often point out the country's demographic needs, the government does not finance IVF. Doctors are concerned about this and think that the government should do more to solve infertility. Not all patients are wealthy enough to use all available opportunities, they argue, such as visits to clinics abroad. Many infertile couples are poor and incur great debts trying to have a child. Maka and her husband had to mortgage an apartment they owned to cover basic expenses, she said, and then they had to spend more money for the comfortable environment Maka wished to provide for the surrogate. The nine months of the surrogate's pregnancy were the most important in Maka's life. She visited the surrogate mother frequently and called her a couple of times a day. Often, Maka would ask her to place the phone on her belly so she could talk to her future child. Later, when her children misbehaved

or she had a hard time understanding them, she tended to blame it on these nine months when she was not able to carry the children within her own body.

Maka and her husband arranged a lavish baptism for the twins. They invited the surrogate mother with her family, but she declined the offer. Maka thinks she can never repay the great debt she feels she owes this woman. Besides creating a happy family by bringing the children into the world, she said, she added two good people to Christianity and to the country. At this point, Maka did not want to think of the future of the frozen embryo because she had not repaid the loan she had taken out for the twins. Also, because the children were so young, raising them demanded a lot of energy.

In the waiting period before the hoped-for pregnancy, women get involved in a variety of activities meant to offer something to God or a saint in exchange for help to achieve their desires. This reciprocity is often expressed by giving their children the saint's name, spreading the word about the power of the saint's cult, involving the 'God-gifted child' in religious life, or intensifying their own religious commitments. Beyond this, however, after giving birth to the child, my respondents went back to their normal lives as soon as possible. Consequently, the materials that were meaningful to them during the bricolage period now seemed meaningless, not worth remembering, or else the former bricoleurs try to avoid talking about this subject altogether. The act of bricolage thus resembles a liminal phase where rules and logics are different from those in normal, everyday life.

After a child is born, the most important objective for a bricoleur is to bring 'God's gift' into a normal life, which, the women say, includes raising them to be patriotic and pious. The first step in this process is the child's baptism. The religious institutions and authorities opposed to any 'artificial' method of producing children abandon their negative position after baptism, which helps the baby to become 'natural' and 'normal'. Their mothers don't enjoy talking about the methods they used to have children; in most cases they hide them. Most of these new mothers don't tell their children the true story of their birth and even stop greeting the clinic doctors.

Conclusion

'When someone wants a child, all means are justified' (BadbadGirl 2015). The image of a Georgian woman achieving completeness only through 'proper' motherhood is a strong cultural construct documented in the literature and in contemporary studies. According to my ethnographic research, religious as well as medical authorities contribute to the idea that every woman should become a mother, but they suggest different ways of achieving maternity.

Religion in Georgia appears as a key player in reconstructing traditional patriarchal discourses, including that of a 'proper' woman built on self-sacrifice. This image is also embraced by the young generation (Omanadze

et al. 2016), but in the face of the manifold requirements and opportunities of modernity, these discourses are changing, creating the need for a bricolage of the 'traditional' and the 'modern' (Tsuladze 2012). Officially, the Church disapproves of having a child through the 'unnatural' ways that modern medical technologies offer. Childless women ought to cope with their problem through prayer and faith, the Church suggests, yet the Church also directs them to features of popular religiosity such as pilgrimages and the cult of saints (Ammerman 2007; McGuire 2008; Naletova 2007; Orsi 2010). According to my research, 'everyday religion' existing within the 'official' doctrinal religion and in women's own imagination creates a paradoxical combination of firm adhesion to and trust in official Orthodoxy, while at the same time creating adhesion to and trust in modern medical technologies.

Yet it would be naïve to divide the women I worked with into rational versus irrational people based on the choices they have made in the process of achieving maternity. Rather, the social practice that defines women's actions is a bricolage (Lévi-Strauss 1966): the women who struggle to have a child use all possible means – they go to doctors and churches, attend rituals, purchase miraculous oil and other items, borrow money for IVF – and beyond all these efforts they consider inner beliefs to be the main solution for their problem. Simultaneous recourse to medicine and faith, science and religion, does not seem contradictory to them. Motherhood – portrayed as essential to normal womanhood – generates the desire for a child, an 'idée fixe' motivating them to overcome any feeling of incompatibility. People share the Church's position depending on their goals and resources.

Similar to practices of health insurers, opportunities for having a child are offered in various packages according to different levels of effort and price. The women make decisions based on their material and physical abilities and on their access to resources. For instance, they are offered the following package: one IVF treatment + wearing the belt of the Virgin Mary + keeping the fast. This is a relatively cheap choice. Most expensive would be: surrogacy or treatment abroad + visits to popular sacred places in Israel. The components of these packages appear in different narratives, with variations. Most importantly, for the women these bricolage configurations promise – and often lead to – success. The way in which women handle their choices always includes God as well: neither religious nor medical authorities are alone with the 'customers'. Rather, as far as the women are concerned, the doctors and the Church (via the saints) are mediators between themselves and God: they carry out God's will. In most cases, women see themselves in a triangle of God–woman–Church/medicine that allows for direct communication between God and the woman seeking help. They sometimes express distrust of doctors and/or don't agree with the clergymen, and are occasionally disappointed by the Church or the medical establishment, but they always find solace in the belief that God justifies their actions.

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Notes

1. *Catholicos* is the term used for the head of the church in some Eastern European Christian traditions. The Patriarch's sermon and how it dealt with fertility problems, especially in vitro fertilisation, remained a topic of debates for weeks. It is understandable why the sermon caused such turbulence: according to surveys carried out in recent years, the Georgian Orthodox Church remains the prime institution in matters of trust, and the Patriarch has enjoyed the greatest popularity among public figures for over three decades now. His opinion cannot be dismissed easily (CCRC 2015a, 2015b, 2015c).
2. An English translation is available on *Civil Georgia* (2014). All other translations in this article are my own unless otherwise indicated.
3. Doctors in the interviews said that 15 per cent of Georgians have fertility problems, but statistical data are not available. For more information, see UNSD (2016).
4. The survival of the traditional family is threatened by potential demographic catastrophe, many church leaders in Georgia believe, and the only way to avoid that is for women to give birth to a minimum of three children. The initiative of the Patriarch in 2007 to personally baptise the third and any subsequent child of each family deserves special attention here. This idea was so successful that

- 52 baptismal ceremonies have been performed; currently the Patriarch has more than thirty thousand godchildren.
5. The Dirbi Virgin Mary's Convent is located in eastern Georgia. It was founded in the tenth century, and the modern monastery was built on its base in 2001.
 6. The 'package for childless people' includes a Virgin Mary icon, two belts (one for each parent), two flasks of oil from the lamp of the Dirbi Virgin Mary icon, candles, instructions for the use of the oil, and the belts. The small icons included in the package are copies of the icon attached to the wall of the church in Dirbi.
 7. A 'troparion' is a short hymn to a saint in the Eastern Orthodox Church.
 8. The Tsachkhuru Archangel Monastery is located in the Samegrelo Region of Mar-tvili, western Georgia. Christian worship was restored in the late 1990s, and the Monastery was founded several years ago.
 9. For more information about the symbolic meaning of the cradles, see Abakelia (2017).
 10. Berta Monastery is located in the Tsalka Region of Lower Kartli, eastern Georgia.
 11. The symbol of fish is widespread in Christianity and is mainly associated with Christ. Some sources indicate that in the pre-Christian world, the fish symbol was linked with fertility.

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