

The Corporeal Continuation of the Holocaust: A Look at Miscarriages

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Scholarship on women's experiences is recently surfacing to understand a broader and more nuanced picture of Holocaust history. This case study wishes to add to the currently emerging interpretations of gendered experiences through the events of miscarriages that persecuted women experienced before, during, and after the Shoah. While the topic of miscarriages is only a segment of the larger subject of pregnancy, this research aims to offer a methodological example of including corporeal experiences into the gender analysis of the examined time period. This case study thus presents its relevance in bearing the ability to alter previous scholarly understanding on the demographics of Jewish communities after 1945 by showing that women's reproductive and fertility experiences have not been included in social scientific discussions.

Keywords: Women and the Holocaust, gendered experiences, gender analysis, pregnancy, miscarriages, Jewish women.

In this paper, I examine experiences of miscarriages caused by the Holocaust in order to present the idea that defined timelines of history and demographic indicators do not necessarily align to the social reality of corporeal and gendered experiences. Originally, the wider scope of my research was about returning Holocaust survivors who had been deported from Hungary,¹ and the initial step was to review demographics concerning the Jewish population from the immediate postwar period in comparison to the past decades of the twentieth century, especially the interwar period. My examination of the demographic data led me to the discovery that Holocaust survivors are mainly treated as a homogenous group in Hungarian scholarly work, and this failure to draw distinctions among them has led to some unexplored ground in the history of survivors.² The aim of this paper, therefore, is to look deeper into the

1 For my thesis work at the Central European University, see: Szabó, *The Return and New Beginning for Hungarian Holocaust Survivors, 1945–1949*.

2 Several recent works examine different experiences among different groups of survivors, for example child survivors, see: Borggrafe et al., *Freilegungen: Rebuilding Lives – Child Survivors and DP Children in the Aftermath of the Holocaust and Forced Labor*; Ouzan, *How Young Holocaust Survivors Rebuilt Their Lives*; several biographies and testimonies of LGBT Holocaust survivors show differences in coping mechanisms and

social history of the Hungarian Jewish population in the so-called transitory period of the early postwar years in Hungary from liberation in 1945 to the beginning of Communist rule in 1949.³ The purpose of such a case study about a specific group of people within a specific timeframe is, ultimately, to provide a lens we can glean insights into societal changes from a wider but also from a closer perspective. Therefore, this paper is going to complement quantitative research with a qualitative approach. Through this examination, I seek further explanations and a more nuanced understanding of alternate *realities* that lay behind macrosociological knowledge with the help of a feminist approach.⁴

Such an approach provides further questions about the context and actors of a given societal reaction or change, especially about women and their role. Given the outstanding shifts in the demographics of the Jewish community in Hungary post-1945, sociological and historical analyses specifically highlight the low amount of live births, which becomes an even more so focused aspect when taken the contemporary general claim into consideration that it became the Jewish woman's social duty to recuperate the lost souls of the Holocaust.⁵ Therefore, the aim of this paper is to turn towards the survivors with an inquiry that allows us to understand further possible reasons of the low statistics through a qualitative approach instead of a quantitative one, yet with the aim of integration. Consequently, my examination has led me to the understanding that women miscarrying in this era was just as significant, if not greater, as in other contexts. However, claiming definite causality is not the aim of this paper, in that the traumas of the Holocaust affected all of the women's reproductive health and led to high rates of miscarriage; the intention is rather to present that such casualties *did* happen, as by nature, such explanations are omitted from the statistics.

life after the war; marked differences among survivor groups can also be traced based on the places of resettling, see Pollin-Galay, *Ecologies of Witnessing*.

3 This investigation is mainly based on post-1945 Hungarian sociological works: Karády, *Túlélők és újrakezdekők*; Stark, *Zsidóság a vészéjszakákban és a felszabadulás után 1939–1955*; while political histories have already addressed the period of 1945–1949, see Novák, *Ármenetben*; Kovács “Hungarian Jewish Politics from the End of the Second World War until the Collapse of Communism”; Barna and Pető, *Political Justice in Budapest after World War II*; Horváth, *A DEGOB Története*.

4 The aim is to go beyond presenting gender dichotomies, yet with the approach of a gendered view, see: Ringelheim, “Women and the Holocaust”; Lorentzen and Turpin, *The Women and War Reader*; Kaplan, “Gender: A Crucial Tool in Holocaust Research”; and further feminist works cited in this paper.

5 Waxman, *Women in the Holocaust*, 115.

Demographics after Survival

As Viktor Karády's extensive work on the Hungarian Jewry after 1945⁶ clearly shows, the main change in the social structure of survivors was the high demographic losses due to casualties (illnesses and the poor physical state of survivors, self-destruction, and even pogroms), conversion, emigration, and mixed marriages. Moreover, a significant upsurge can be observed in terms of Jewish marriages, and a change in family structures. Given the importance of the latter two shifts, I have chosen to consider the realities of starting a new family, as such decisions amount to and represent significant social changes.

The demographic boost in marriages within the surviving Jewish community in Hungary in the immediate post-war period becomes significant in comparison to before and during the active years of the Holocaust. This compensatory demographic process is noteworthy if we seek to understand familial choices, at least in part, as fundamental coping strategies of Holocaust survivors on a macrolevel. A prevalent response was to (re)marry, and this led to a surge of approximately 1,000–1,200 more Jewish marriages in 1946 than in 1943/5, and more than 2,200 Jewish marriages were held in Budapest in 1947.⁷ The demographic upswing is extraordinary if one considers the growth of the numbers of Jewish marriages to the stagnant number of marriages among people of other faiths in this time period in Budapest.⁸

The tremendous growth in the numbers of new marriages did not, however, mean a similar upward trend in birth rates. The demographic recuperative tendency of Jewish communities in Hungary, according to Karády, is not significant in other than getting (re)married; recuperative fertility is thought to have lessened or ceased due to several reasons, such as the destruction of households, losses of property and wealth, psychological effects of persecution, etc.⁹ The female experience of not being *able* to bear a child for psychological reasons, physiological reasons, or a complex combination of the two, and further realities, remains unexplored. Therefore, after carefully presenting the demographic data on the number of live births, I will turn my attention to those mothers who are not counted in the statistics due to unsuccessful pregnancies.

6 Karády, *Túlélők és újrakezdők*, 67–135.

7 Ibid.

8 The numbers, however, are rough estimates in the case of Budapest and unknown in the case of the rest of the country.

9 Karády, *Túlélők és újrakezdők*, 83–87.

I find this dimension extremely important because it constitutes an essential, if not overlooked, component of the social history of Holocaust survivors; it shows that the trend of Jewish births after the Shoah, compared either to the number of Jewish marriages or the live birth rates among couples of other faiths, is not exclusively due to inherent structural differences in Jewish families. My discussion of some of the reasons behind the numbers will show that, at the time, this was a silenced social reality, and it remains a silenced part of the past to this day. This is true in part because women who lost pregnancies or were unable to conceive are not included as distinct categories in demographic data and in part because sociological inquiry on the Holocaust has, in general, failed to include gender as a perspective.

I will complement my discussion of the background of this social history with elements of oral history by concentrating on the voices of women about intimate topics related to the establishment of families. I thus focus on the unexplored and rather unarticulated topic of miscarriages as one of the many almost unmentioned events in the lives of women survivors and the several different responses with which miscarriages were met and the outcomes they had. My paper will show that miscarriages were (and are) a hidden yet significant topic and that pregnancy losses changed the responses and roles of women even after the Holocaust. My discussion thus also adds to the theoretical literature on how gender is a fluid social category and women do not have an “essential nature” under any circumstances.¹⁰

Women and the Holocaust

To begin an inquiry from the perspective that women survivors did not consistently respond in “typical” or expected ways to pregnancy or a miscarriage is to suggest that women should be studied independently in Holocaust history. The historiography on women in the Holocaust follows an evolution of thought, beginning with an insistence on distinguishing women from men, since history and the study of history have been largely influenced by men, yet men have had different sets of experiences than women. This starting point includes emphasis on allowing women to speak for themselves and also to be seen and heard.¹¹ However, gender analysis in Holocaust scholarship has been a rarity, though a

10 Turpin, “Many Faces: Women Confronting War,” 13.

11 Waxman, *Women in the Holocaust*, 3–4.

more recent trend of studying women separately in the Holocaust follows the same route as studying women in general history, and this has made women somewhat more visible in Holocaust studies.¹²

Feminist scholarship on war and women, moreover, has gone beyond conclusions based on simple gender dichotomies and has been able to shed light on new realities while deconstructing myths that limited further knowledge production.¹³ A crucial distinction which has been drawn is that war affects women, and it affects women in different ways than men in terms of torture and murder (for instance), an aspect which has been marginalized by the standard that war is “men’s business.”¹⁴ Yet, there are several experiences that easily debunk this standard. For instance, a specific form of psychological torture as a result of wartime rape affected only women, namely being made pregnant by one’s rapist, who was also the enemy in the larger conflict, and then being stigmatized within one’s own group. Moreover, women in the wars of the twentieth century constituted a significant share of direct casualties as civilians due to the strategy of so-called total war, which drew no distinction between combatants and civilians,¹⁵ while Jewish women, together with Jewish men, were “nonpersons” unworthy of life according to Nazi ideology.¹⁶

Nazi ideology was genocidal based on racial distinctions, thus it might seem as it took no consideration of gender, but it has already been established that Nazi practice was not gender neutral,¹⁷ so it is important to note that it was so because Nazi policy never neglected the aspect of gender, rather it added to the complexity of its power structures. The Holocaust was inherently a gendered process, wherein the forced changes of location, forms of forced labor, forms of treatment, etc. were all gender based and thus had formative effects on experiences, survival, and death.¹⁸ A significant example includes the initial selection upon arrival in the camps, which determined the fates of the persecuted based on gender. Visibly pregnant women and women with children were immediately sent to their deaths.¹⁹ Those who were not sent to the gas chambers after arrival were then segregated, also based on gender, which then

12 Pető, “Writing Women’s History in Eastern Europe,” 173–83.

13 Lorentzen and Turpin, *The Women and War Reader*, xii.

14 *Ibid.*, xi.

15 Turpin, “Many Faces: Women Confronting War,” 4.

16 Goldenberg, “From a World Beyond: Women in the Holocaust,” 669.

17 *Ibid.*, Burleigh and Wippermann, *The Racial State*, 242–66.

18 Waxman, *Women in the Holocaust*, 114; Caplan, “Gender and Concentration Camps,” 82–107.

19 *Ibid.*, 79.

marked the differences in how women and how men faced hardships and experienced the modes of survival.²⁰

Moreover, specific strategies applied in genocidal practice are gender-focused, such as sexual assaults and other means of targeted attacks on reproductive abilities, which coheres to the main aim of annihilating an ethnicity and culture.²¹ Women's bodies could function as a weapon of war, as raping women who were regarded as part of the "enemy" group had the effect of stripping their husbands and fathers of their masculinity and destroying their status as protectors within their communities.²² This practice was also part of the Holocaust, although the policy of *Rassenschande* under the Laws for the Protection of German Blood and German Honor might suggest otherwise, given that it prohibited sexual relations with anyone identified as Jewish.²³ Whether the rapes which were committed during the Holocaust were part of a military strategy or acts prompted in part by the genocidal desire to dehumanize, historians agree that sexual violence against them did happen and is an important part of their experience.²⁴

Survivor accounts also inform us that the fear of suffering any sort of sexual violence was constantly present, and sterilization is a central theme in many of the women's memoirs.²⁵ However, accounts in which experiences of sexual assaults, menstruation, pregnancy, etc. are elaborately discussed are rather scarce. Women did not talk about them in part, as Joan Ringelheim comments in her discussion of interviews with Holocaust survivors, because the assaults were seen as having "no significance within the larger picture of the Holocaust," even by the victims themselves.²⁶ Whether this is the result of a male-dominated memory of the Holocaust or of the stigmatization mentioned above, the silencing added to the exclusion of female experiences from the history of the Holocaust. And although not every woman may have suffered any or every form of sexual assault or gendered violation, the sources concerning practices of sexual assault in some camps suggest these experiences were more common than not. For example, in the Ravensbrück Concentration Camp, the methodologically planned steps against menstruation were coffee-like drinks which contained bromide, and as

20 Goldenberg, "From a World Beyond: Women in the Holocaust," 671.

21 Bemporad and Warren, *Women and Genocide*, ix.

22 Alison et al., "My plight is not unique," 4.

23 Sinnreich, "And it was something we didn't talk about," 2.

24 Sinnreich, "And it was something we didn't talk about"; Beck, "Rape"; Katz, "Thoughts on the Intersection of Rape"; Mühlhauser, "The Historicity of Denial"; Ephgrave, "On Women's Bodies."

25 Goldenberg, "From a World Beyond: Women in the Holocaust," 672.

26 Ringelheim, "Women and the Holocaust," 745.

in other camps, invasive sterilization methods were used to prevent pregnancy, while infants and children were sent to the gas chamber.²⁷

A Feminist Framework

Study and discussions of exclusively female experiences are not intended to measure the sufferings of women and compare them to the sufferings of men, but rather to learn about fertility before, during, and after the Shoah in order to gain a better understanding of the success or failure of the coping strategies of survivors regarding family structures. Much as women's responses to experiences are not universal, the timelines of physical and psychological recuperation were not either. Therefore, when discussing miscarriages specifically happening to survivor women, I refer to fetal loss as a possible corporeal continuation of the Holocaust to strengthen the need to include this aspect not only to sociological analyses but to an overall historical understanding. The basis of this approach is Lenore J. Weitzman's and Dalia Ofer's *sequential framework*, which offers a methodological scheme to understanding women's responses to the Shoah in Holocaust historiography.²⁸

The sequential framework complements the continuity and the disruptive frameworks by inviting Holocaust historians to broaden their view of women in a timely manner, which in my interpretation means looking at the "longue durée" of women's lives, to follow the shifts in responses and behavior through the entire course of the Holocaust, and not statically.²⁹ This framework is divided into three stages: 1) the general reaction of the continuity model at the beginning of the Nazi assault on Jews, 2) the in-between stage of coping strategies changing into disruptive patterns as Nazi measures intensified, and 3) the tipping point, when change came about in the women's perspective, and the "new me" was born, usually due to a fatal trigger (e.g. a miscarriage, the death of a loved one, etc.).

I have chosen the sequential model to put survivors' testimonials that mention instances of miscarriages into a framework because of the attention this model devotes to time. The other frameworks either consider the roles of women from the prewar period as mothers, wives, and homemakers as roles

27 Sidel, *The Jewish Women of Ravensbrück Concentration Camp*, 210–11.

28 Weitzman and Ofer, "The Sequential Development," 27.

29 Ibid., 35–38.

which were kept up or roles which retained their relevance³⁰ or they focus on forms of female behavior that were or are considered discontinuous, i.e. the dramatic ways in which women abandoned their prewar roles and conventions eventually to engage in activities that would have been unthinkable prior to their experiences of the reality of the Holocaust.³¹ The main argument of this paper about miscarriages concentrates on the time aspect in a sequential sense, i.e. that it is not only characteristic of the female experience during the Holocaust statically, in singular point(s) of time ending 1945. According to this view, I find it important to reconsider the sociological findings on the population of Hungarian Holocaust survivors in the immediate postwar setting and, more specifically, to explore the underlying reasons for the low number of live births in a retrospective manner.

Demographics Revisited

As a demographic examination of the Jewish population shows, although there was a high compensatory upward trend in the immediate postwar years in Hungary, this was mainly visible in the number of marriages but less so in the number of births.³² In 1945, the number of Jewish births (529) was about half what it had been in 1944 (1,164). This figure rose significantly to approximately 1,500 births by 1946/7, but this meant only a return to the prewar figures (1,540 births in 1938).³³ Moreover, the main argument of Karády's chapter on reproduction and the family structures among Holocaust survivors is that after the compensatory upward trend of demographics, in the long run, the Hungarian Jewish population returned to its tendency towards decrease.³⁴ This statement fits the overall thesis of Jewish social studies about a general trend of decline in terms of Jewish populations most commonly due to a low number of live births, conversion, and mixed marriages, etc., namely, that there is a threat of "Jewish disappearance."³⁵

30 Ibid., 28–32.

31 Ibid., 32–34.

32 Karády, *Túlélők és újrakezdők*, 83–92, and Stark, *Zsidóság a vészéjszakában és a felszabadulás után 1939–1955*, 77–90.

33 Karády, *Túlélők és újrakezdők*, 86.

34 Ibid., 83.

35 See Don and Magos, "The Demographic Development of Hungarian Jewry," and for criticism on the topic see: Hart, *Social Science and the Politics of Modern Jewish Identity*.

However, conclusions concerning a “Jewish disappearance” as a general trend turn out to be too vague and lack a qualitative approach for more precise consideration, offering explanations borrowed from history through the lens of statistical data as decontextualized pieces of information.³⁶ Even if changes in demographics concerning a decreasing Jewish population is worrisome at a given time, the interpretation of a “Jewish disappearance” does not work in all cases. In this respect, other, deeper analyses of given set of demographic data could show that the numbers have been decontextualized and this decontextualization explains why social histories fall victim to general conclusions concerning loss or “disappearance.” In a study on Breslau Jews, for instance, Till Van Rahden shows that the linear understanding of intermarriages leading to integration was not applicable to the Jews of the city. Rahden demonstrates how this understanding or assumption (that intermarriage leads to assimilation) does not do justice to the complex identities of the Jews of the city and that choosing a Gentile partner did not always represent a break with the Jewish tradition, since in many instances, the intermarried spouses continued to follow Jewish religious practice, and in several cases they did so with the children born to the mixed families.³⁷ Similarly, the decreasing demography in Hungary after 1945 can hold further realities which offer other explanations for low birth rates.

When contextualizing the declining numbers of births, Karády elaborates on the possible reasons for this drop by reviewing the corporeal explanations. He reviews the statistics from a vast societal starting point on an annual basis, and he includes a list of the psychological effects of persecution alongside a more detailed explanation of the consequences of migration, political shifts (the increasingly powerful Communist Party, the rise to power of which caused a new wave of shock among Hungarian Jews), the disproportionately large number of women aged 0–20 in comparison to men, and the structural changes of families in terms of trends (having one or two children after the war instead of seven or eight, which had been typical before the war).³⁸ However, Karády does not include, in his discussion, the possibility that some couples had other underlying reasons, or that women were not able to become or remain pregnant, though in

36 Ibid., 2.

37 Rahden, “Intermarriage, the ‘New Woman’.”

38 Karády, *Túlélők és újrakezdők*, 85–87.

some cases, this inability to bear a child would constitute a further effect of the Holocaust which did not cease with liberation.³⁹

I contend that a woman's inability to have a child after the Holocaust must be included among the possible reasons for low birth rates among Jews and must also be studied if we seek to arrive at a nuanced understanding of women's sexual vulnerability and the potential consequences of the experiences of persecution that Jewish women suffered during (and in this case also after) the Holocaust. These are issues which remain largely unexplored in the secondary literature.⁴⁰ In order to initiate such an understanding, I have conducted qualitative research based on oral history using the Visual History Archive of the USC Shoah Foundation. When I searched for survivor testimonies using the indexing term "miscarriages," I found 16 accounts in English, which I have chosen to use as the basis for the present case study. A larger sampling could be achieved by adding further indexing terms and by including other resources and databases, which is an aim for further extended research on the topic, wherein I can go beyond identifying miscarriages as an additional explanatory point, and achieve a deeper understanding of the extent of miscarriages, its direct and indirect effects on the population, its scope in connection to the era's politics of reproduction, and other related questions. Nonetheless, given the framework of the paper, I corroborate my argument about the urgency of identifying the survivor women's reproductive issues by using the results found in the narrower search of the VHA testimonies.

It is important to note the time scope of the oral histories examined. The survivors' accounts were videotaped in the 1990s and early 2000s, and a very small number at the end of the 1980s. This might, of course, mean that elements of memory and remembrance are problematic, since over 45 years had passed since the actual events had taken place, yet in the specific case of miscarriages, I believe that being embedded in the social matrix of the time of speaking is of greater impact. In case of the VHA Shoah Foundation interviews, women talking about pregnancies can be articulate, but surely not as emphatically as today, when there is a more assertive mindset and vocabulary with which to talk about sexuality (or the vulnerability of sexuality, for that matter). This might further explain the low number of testimonies in which women discuss their experiences of failed pregnancies. The majority of the searched testimonies,

39 About the process of liberation simplified to "the happy end of the Shoah," see Stone, *The Liberation of the Camps: The End of the Holocaust and Its Aftermath*.

40 A conclusion to which Zoe Waxman also arrived in 2017, see: Waxman, *Women in the Holocaust*, 126.

moreover, discuss the event of a miscarriage before or after the Holocaust, and there are less recollections of pregnancy losses during the murderous Nazi persecution when forcibly removed from home.

Instances of miscarriages during the Holocaust, either in ghettos, camps, or in hiding, are more silenced due to the fact that the pregnancy itself had to be kept a secret for the woman in question could thus avoid being murdered immediately or, because of the lack of medical help, the mothers passed away after the miscarriage. Here, the risk of comparing experiences before, during, and after the Holocaust might arise. Any attempt to measure or quantify sufferings, in my assessment, would be misguided, as each of these three time periods was unique for its own reasons. Moreover, each experience is distinctive and unmeasurable since these events happened to individuals, much as, more generally, the pain and torments suffered by woman cannot be meaningfully compared to the pain suffered by men and children.

Qualitative Research: After the Holocaust

Of the 16 testimonies, one is a duplicate (possibly a system error of the search engine), so the actual number of interviews on which I based my case study is 15. Of the 15, two accounts were told by men about their wives and their lost children. Almost half of the people (seven) mention miscarriages that happened after liberation, while two mention miscarriages which took place before ghettoization in Poland and six speak of miscarriage which took place during the active years of the Holocaust, out of which four happened in Auschwitz and two in hiding. Although the quantity of the testimonies is too narrow to be of representative value of an entire society, it does include these different sets of experiences that allow the sampling to be an indicative case study, i.e. miscarriages occurred in this period and thus its examination needs to be elevated into the historical inquiry, however small a number of witnesses testify.

One of the male interviewees claims that he and his wife were constantly trying to get pregnant and his wife had several miscarriages for about twelve years after liberation, during which time they migrated to Israel, and they were only successful in their attempts at childbearing later, in Canada.⁴¹ This indicates the complex circumstances of the aftermath of the Holocaust in a survivor's life, which might illustrate the different tolls this complex new reality might have

41 Baruch K., interview 54511, segments 100–102.

had on restarting life. Another male Holocaust survivor speaks about his wife's miscarriage after their marriage in 1956.⁴² Considering the over ten years that had passed since liberation, discussing this miscarriage in terms of Holocaust trauma might rather be of a speculative nature but especially because Charles does not elaborate further on the fatality. Nevertheless, this testimony is also of crucial importance in the discussion of miscarriages as it instigates the question how far can we think in terms the continuation of the Holocaust in women's bodies if 1945 cannot be declared as an end point, and whether such a question could be sufficiently examined at all.

Similarly, the women who speak about miscarriages which took place after 1945 note that they lost several pregnancies, some at a late stage. Two female survivors mention multiple miscarriages which took place in 1947–1948. One of them gave birth in 1946, right before making Aliyah, but her baby died in infancy.⁴³ Another mother, Tobi was seven months along when she had a miscarriage.⁴⁴ Tobi got married to her husband in Canada in 1950, after which she had a miscarriage when she was in her seventh month (the child would have been their first born). When seeking medical attention in the local hospital, she was told by the doctor that she would have to start trying to have another baby immediately and not spend too much time grieving.

Seven months after the loss of her first pregnancy, Tobi gave birth to her son, who weighed five pounds. Similarly, her second child was born prematurely at six months and was kept in an incubator for seven weeks. The hospital required payment for the child to grow strong while in the incubator, which was a financial burden for Tobi who had her firstborn child at home while his husband earned \$45 a week. As she had to pay rent and feed her family, Tobi offered the hospital a deal: “or you gonna take 15 dollars from me per month or you keep the baby. And when I’m gonna have money, I’m gonna come for the baby to take it home. And he was ‘Ok, ok, 15 dollars...’” She thus managed to pay for the intensive care her baby needed in a year's time, spending \$1,000 to save her children.

Tobi's recollections about the beginning of a new (family) life after having survived the unthinkable shows the politicized significance of a woman survivor from a social and biological viewpoint. She was to bear a child, not mourn the loss of a pregnancy, to fulfil her familial desires, and perhaps a social, and even

42 Charles K., interview 53904, segment 130.

43 Sonia H., interview 54151, segment 104.

44 Tobi B., interview 54504, segments 161–167.

a religious duty.⁴⁵ The demographic indicators, as well as the interview questions (embedded in the framework of VHA's interview methodology in 1996) do not allow us to extend this investigation further, and thus leaves room only for speculation. For the “business” of keeping her child alive, she was the primary caretaker and the primary executive power concerning the financial aspects of the necessary healthcare in an emergency situation, thus reversing the prewar gender differences of spatial orientation within the family structure. Her husband was earning the income for the household, but it was she who had to negotiate for the future life and health of their children, outside of the home.

However, the multiple and late miscarriages from the sampling of this case study show that stability was trembling in women's bodies to the extent that even successful childbearing did not guarantee life for the newborn. One of the stories told symbolically invokes the sensation of trembling, possibly a result of a seemingly never-ending persecution: Lena,⁴⁶ Jewish Holocaust survivor born in Thessaloniki, got pregnant again around 1947 after her husband arrived back from deportation, at a time when they were living in a small room in their previously confiscated apartment with several Greek strangers. Once, while she was having a shower, one of the men pushed the door in and entered the bathroom to which Lena's sudden reaction resulted in her falling to the floor, and losing her child, a baby girl. “I fell down, and I had miscarried. And was a girl. A little girl. And I start to cry, all the time, I was crying because they took me in the hospital, to clean me, to do whatever it was, it was a miscarriage, it was not like normal. And I was all the time crying that it was a girl, it was a girl, a little girl, a little girl. That was the problem.”

Lena's account shows that the underlying psychological effects are in a complex relationship with physical fear that could have resulted fetal loss in such a direct way because of falling, but presumably also in indirect ways. The underlying reasons of fear can be not only complex in its nature but caused by a number of causes, such as the stress of having to live in a previously confiscated apartment with others, the justifiable or unjustifiable threat of Gentiles in the early postwar period, or that of antisemitism that was prevalent in several

45 Religious duty comes to mind as Tobi is registered to have practiced Orthodox Judaism before the war, but her postwar religious affiliation and practice remains unclear for that section of the biographical profile is empty.

46 Lena H., interview 55046, segments 93–107.

countries even to the extent of newly occurring pogroms⁴⁷, and possibly several other factors depending on the time and space (in Greece, for example, the overshadowing of the Holocaust and the survivors returning to Greece by the Greek Civil War⁴⁸).

Pregnant women were also exposed to unsafe conditions since they were often on the move, as emigration was one of the most common coping strategies for previously deported Holocaust survivors, and this also constituted a risk to a healthy pregnancy. Maria W., for example, was on her way to make Aliyah when, in Marseille, she had a miscarriage. As she did not speak French, she felt even more vulnerable and was rather an observer of what was happening to her. After she had spent some days in the hospital, she was taken to a DP camp, where she was left lying on the floor for two weeks. Only later, after having arrived in Israel, was she given the professional medical attention that a miscarriage would necessitate.⁴⁹ Maria never had a child after this experience. In her recollections, she does not elaborate on not having had children, i.e. she does not indicate whether this was for physiological or psychological reasons. However, it becomes clear that for all the women whose accounts I read, the circumstances of childbirth were rather difficult, often even harsh. Women had to deal with the continuation of the Holocaust in their bodies, both mentally and bodily, and they also had to address the circumstances and environments in which they found themselves at a moment of emergency.

Qualitative Research II: Before and During the Holocaust

The sources indicate different reactions to the growing tension and hostility during the period leading up to the Holocaust as well and to the changing structures of family lives. Some of the findings offer significant examples of the experience of unsuccessful pregnancies due to the growing tensions of Nazism in Poland in the 1930s. One account is about a neighbor who was pregnant, while another survivor talks about her own story. Chronologically, the first incident happened before ghettoization, but when German soldiers were already strolling in the streets of Kazimierz (a district of Kraków) in Poland. One day,

47 The most outstanding examples include that of Kielce in Poland (see Gross, *Fear*), but there were several cases of atrocities all over Europe. For pogroms in Hungary, see Barna et al., *Társadalmi és etnikai konfliktusok a 19–20. században*; Apor, “The Lost Deportations.”

48 See Králová, “The ‘Holocausts’ in Greece.”

49 Maria W., interview 55436, segments 102–105.

soldiers entered a store-holders' property and were greeted and served by the store-holder's daughter, who had recently gotten married and was pregnant with their first child. For unknown reasons to the narrator, the pregnant daughter was kicked in the stomach by one of the Nazi soldiers, causing her to miscarry. After having lost her child, the mother also passed away. The acquaintance of the storyteller remembered this regrettable event specifically because the funeral which was held for both mother and child was the first funeral she had ever attended.⁵⁰

Similarly, when more drastic measures of persecuting Jews were implemented in Poland, a woman named Fay lost her father to “some gangsters” in their town, and later her mother also died during the German invasion. Fay remembers the Germans entering Grodzisko Dolne, the small village in which they lived, with their huge motorbikes and cars. According to her account, the fear she experienced caused her to miscarry. “I was so scared,” she said, “I lost a baby.”⁵¹ Although Fey was not directly attacked by any of the Nazi invaders, the fear of the unknown preceded the actual events of aggressive persecution, and it may have been this fear (as she herself seems to have thought) that caused the death of her unborn child. This is the only information she provides in her testimony in 1988, without further comment. She does not talk about the emotional aspects of this experience or of her grief. Her articulate but hardly detailed account offers an example of one way in which a Jewish woman felt it acceptable or appropriate to speak about the loss of a pregnancy.

Of the fifteen testimonies, two tell vividly detailed stories of miscarriages which took place while the mothers were still in the camps. Marika, a Hungarian Jewish woman held in Ravensbrück, formed a close relationship with a woman named Elvira in the camp, and Elvira eventually told her story.⁵² Marika had become pregnant in the previous concentration camp she had been taken to in Frankfurt am Main (Elvira hints that Marika may have been a victim of rape). Marika did not tell anyone anything of her pregnancy, but she started to become very sick, and eventually, she could not eat or stand anymore. Those in the same barrack with her realized that she was pregnant when the older women interpreted these signs as clear indications of pregnancy. The miscarriage happened when she was lying on the top bunk. Elvira and the other women saw blood flowing down onto the floor from the top bunk, so they took her down (“And we had

50 Ethel K., interview 54163, segment 12.

51 Fay W., interview 54432, segment 12.

52 Elvira N., interview 10705, segment 20.

to drag her down from the top”). They wrapped her in a blanket and took her to an isolated part of the camp where corpses were lying and they left her there, crying out in pain. According to her account, Elvira went back to where Marika lay several times, possibly tormented by the (a)moral decision they had made, against the other girls’ warnings not to return. Eventually, she left her there. Elvira said several times that there was nothing they could have done for her, but she also showed doubt as to whether the decision to abandon Marika, who was presumably in the midst of losing her baby, was the best choice.

The act of giving an account of this event, whether as an intentional compensatory act or not, seems to have been critically important for Elvira throughout her testimony. And her account is, indeed, an important part of Holocaust history, as it demonstrates the extent of secrecy that pregnancy called for in camps and how a pregnant woman would attempt to tackle such a situation in order to escape immediate murder at the cost of (unanticipated) pain (not to mention offering an example of one of the reactions of those in her immediate surroundings). Marika’s attempt to keep her pregnancy a secret as long as she could tragically suggests that similar events (pregnancies and miscarriages) during camp life remain not only untold but unexplored.⁵³ Although I find the tendency towards reticence on this subject common among the different survivor groups for the abovementioned reasons, the secondary literature on the world of the concentration camps is again outstanding in this respect, i.e. in its failure to explore this subject, much as it has largely failed to explore the subject of rape as a sexual and not just violent act.⁵⁴ It is crucially important, therefore, that Elvira told Marika’s story, as it now offers textual evidence of Marika’s tragedy (and thus makes her part of Holocaust memory), even if by telling it, Elvira risked moral judgement.

Another miscarriage that we know of happened in Auschwitz, where initial secrecy was just as much a factor, but here the mother’s life was saved by some medical attention. The story of the woman involved, Eszter, perfectly illustrates the lack of adequate medical treatment and hygiene. She managed to keep her pregnancy a secret until giving birth to her son on December 5, 1944, when she was taken for medical care to one of the healthcare facilities in Auschwitz. After the birth, her placenta did not come out, and a Polish woman attending to her (not a Jewish woman, yet it is not quite clear who the personnel were from the

53 For instance, obstetrician Gisella Perl’s case shows that intended abortions also happened in camps and were told, see: Goldenberg, “From a World Beyond: Women in the Holocaust,” 672.

54 See Sinnreich, “And it was something we didn’t talk about”; Mühlhauser, “The Historicity of Denial.”

testimony) did not call the doctor for medical attention and help. Though she was bleeding continuously, the doctor arrived only two hours later and pulled the placenta out, when the bleeding finally stopped. Eszter recalls that the people treating her did not wash their hands, though she did not come down with an infection. The people who knew about her childbirth did not put her back in the barracks, because then she would have been sent to the gas chambers, so they gave her a job in the hospital.⁵⁵

Although the medical staff saved Eszter's life by keeping her pregnancy a secret, the mistreatment she had to undergo put the health of her reproductive system and indeed her very life at risk. Most definitely such events in the camps had an impact on the women's future ability to bear children, but if one accepts the definition of health (including reproductive health) found in the preamble to the constitution of the World Health Organization, according to which health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,"⁵⁶ the health of women who did not have miscarriages during the historically defined timeline of the Holocaust were also affected, not necessarily at a specific moment of the Shoah, but throughout it.

Conclusion

Overall, I find that though we have only a small number of sources which touch on miscarriages suffered by victims and survivors before, during, or after the Shoah, it is important to examine them closely in order to gain some insights into the personal stories which demographic statistics alone do not offer. After having reviewed the sociological findings with the inclusion of survivor testimonies, I found that sociological analyses do not suffice in achieving far-reaching conclusions. The damaged state of women's reproductive systems could easily constitute as a significant reason for the lower rate of childbirths in Hungary in the period of 1945 to 1949.

This conclusion suggests that in order to add nuance to our understandings of societies which were strongly influenced by the Holocaust, we should expand the scope of our inquiry to include groups and forms of trauma which have been largely overlooked. This is not an easy task. The difficulty is caused by the intimate nature of women's experiences and the fact that their experiences were

55 Eszter K., interview 52181, segments 9–10.

56 "Reproductive health."

not given voice or were actively silenced for so long. Therefore, unsurprisingly, sexuality, sexual vulnerability, or miscarriages specifically and the sufferings they caused were not easily brought up, nor were questions specifically concerning miscarriages asked by the interviewers. My findings, however, could be grounds or directives for further research on the allocation of resources for the study of testimonies and ego-documents as well, which could complement sociological findings and offer a wider perspective and more intimate knowledge of the continued traumas of the early postwar era. Such a wider scope of investigation could even result in a historiographical rebalance which would put more trust (back) into memoirs as primary historical sources, a concern which has been resurfacing in the works of other historians as well.⁵⁷ Without meaning to overstate the potential implications, it is perhaps unsurprising that by including women's voices through a feminist approach to a structural rethinking of history, one may draw more attention to and encourage more interest in survivor narratives.

Finally, after we have discussed these experiences and allowed gender analysis to inform “the memory of violence and the destinies and decisions made by those targeted for annihilation.”⁵⁸ it would be important to analyze modes of expression. Further research could explore how the narratives were formed, what this entails, and how potential results could add to the conventional narratives of the Holocaust and of other genocides. Women's narratives shed light on experiences which have been left untold, and they offer new perspectives even when describing the same events. A significant example could be emotion as a determinative factor⁵⁹ due to the unique connection between gender and memory.⁶⁰ This would represent just one of the additions further research could offer towards the general aim “to give women the voice long denied them and to offer a perspective long denied us.”⁶¹

57 Laczó, *Confronting Devastation*, xviii.

58 Bemporad and Warren, *Women and Genocide*, 9.

59 Ibid., 1.

60 Kaplan, “Gender: A Crucial Tool in Holocaust Research,” 105; see further: Leydesdorff et al., *Gender and Memory*; Horowitz, *Gender, Genocide, and Jewish Memory*.

61 Kaplan, “Gender: A Crucial Tool in Holocaust Research,” 106.

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