In *Not Trying: Infertility, Childlessness, and Ambivalence*, Kristin J. Wilson weaves her personal story of infertility with an analysis of other women’s experiences with childlessness. Wilson contrasts the picture that the media has painted of the desperate, suffering woman, experiencing great crisis over her childlessness, against the real-life experiences of twenty-five women she interviewed, and finds great discrepancies. All of these women “belong to socially marginalized groups,... are not seeking treatment [for infertility], and ... see themselves as ‘off course’ in terms of the social expectation that they should become or should have become mothers” (p. 7). Her goal is to offer an alternative, more liberating picture of infertile and childless women.

*Not Trying* problematizes the standard medical definition of “infertility.” “In medical usage,” this term includes any woman who “has not gotten pregnant after six months of ‘unprotected’ and ‘regular’ heterosexual sex if she is under thirty-five years of age, or after twelve months if thirty-five or older” (p. 9). This definition does not account for such variables as frequency of sex or partner fertility, nor does it consider whether a woman wants to get pregnant or not. As Wilson succinctly puts it, “one woman’s infertility may be another’s good fortune” (pp. 9-10). Moreover, infertility is a moving target. A woman may be fertile at one point in her life and infertile in another, depending on such factors as age, lifestyle, and interaction with medical technology. In seeking suitable interviewees, Wilson discovered that she was projecting her own experiences onto others by assuming women were rarely childless by choice. When she recognized this “pronatalist bias” in her respondent seeking, Wilson opened up her survey to women who were simply childless, either voluntarily or involuntarily.

Wilson argues that Americans (and most other people in the world) see motherhood as the norm for women, the higher purpose that they all aspire to achieve. At the same time, many cultures seek to restrict motherhood to those able, by
virtue of race, class, and age, to be “suitable” mothers. She argues that as a result of ideas about who is “suitable” to be a mother, poor women and women of color are less likely to gain access to fertility treatments, and the medical community is more likely to blame their infertility on sexually transmitted diseases than on common, treatable conditions such as endometriosis. Wilson points to anthropologists Faye D. Ginsburg and Rayna Rapp, who employed the term “stratified reproduction” to describe this phenomenon (p. 32).[1]

The majority of women who are infertile or childless do not seek to have children either through medical assistance or adoption. Using her interviews as evidence, Wilson deftly deconstructs a number of myths about these women. Most are not the career-oriented feminists the media portrays as the typical childless women. Instead, they choose childlessness because they feel incapable or unwilling to take on the responsibility of children. Most of her respondents do not feel dissatisfied with their childless state, and Wilson points to a survey conducted by the Pew Research Center in 2008, and interpreted by Gretchen Livingston and D’vera Cohn, as confirming her findings.

Wilson outlines the many reasons that the women in her study were childless. Her conclusions further emphasize her point that the medical definition of “infertile” is inadequate, especially because the status of so many of these women fluctuated throughout their lives. Some were childfree by choice. Others were delaying childbirth for a while because of their careers, education, or romantic relationships. Some women were ready to have a child should they become pregnant but were not actively trying. A few had tried unsuccessfully to get pregnant. Interestingly, all of Wilson’s interviewees identified the capacity to “mother” as an important part of womanhood. However, how these women thought about “mothering” indicates that they imagined motherhood as a spectrum. For example, some talked of “real moms,” and described them with adjectives like “patient,” “loving,” and “selfless” (p. 47). Others spoke of “bad mothers,” or what Wilson calls “nominal mothers” (p. 46). Many of the respondents thought of these women as too selfish or immature to “be there” for their children. Wilson categorized some interviewees as “godmother aunties,” women who “mothered” the child of a friend or relative. Many of these women found these voluntary “godmother auntie” relationships satisfying, and some women in this role even suggested that they were better mothers than “nominal mothers” because they offered a nurturing, loving relationship to a child who needed it (ibid.).

While many of Wilson’s interviewees saw motherhood as an essential part of life fulfillment for women in general, they often thought of themselves as the exception to this rule. The women offered an array of reasons a woman might want a child, including companionship, the need for emotional closeness with a spouse, old-age insurance, a biological drive, and an expectation from God. Many interviewees said that they just were not ready to have children. Some thought they might not ever be ready. They were held back by the absence of “Mr. Right,” by not finding the “right time” because of their careers, or by the fear that they were too old or too young. A lot of interviewees saw their childlessness as “God’s will” or attributed it to other forces beyond their control. Wilson argues that this view was the opposite of the one the media often paints of the desperate infertile woman trying “to get pregnant even if it means submitting to dangerous, improbable, morally questionable, or intrusive treatments” (p. 101).

Wilson also found that many women did not see their childlessness as a fixed condition. Some went back and forth even in the space of the interviews between claiming to want children and not wanting them. Others said that they knew that there was more to life than having children, and
though they felt sad at the moment about not being able to have them, they felt that someday they would get over it. She found that the women were constantly renegotiating their feelings about childlessness. Some women found themselves coping with childlessness one day and feeling liberated the next.

Wilson touches on a variety of infertility interventions, including assisted reproductive technologies (ART), such as in vitro fertilization, and adoption. She found that, in spite of the “motherhood mandate,” most of her interviewees had not attempted these methods. Some had heard horror stories of other women’s experiences with ART and adoption. Others were uninterested in interventions because they distrusted the medical and adoption systems. Most felt that their lives were complete enough already and did not feel the need to become mothers.

Wilson wraps up by reflecting on her experiences and her research. She suggests that scholars rethink the traditional approaches to studying infertility and childlessness, especially the tendency to think of motherhood versus non-motherhood as polar opposites, with nothing in between.

The voices of the interviewees shine through on every page. Wilson includes long passages from the interviews in almost every chapter, and it is refreshing to learn about the experiences of ordinary childless women in their own words, even though the inclusion of long quotations occasionally breaks up the narrative. Nevertheless, the book reads very easily, and the author does an excellent job of boiling her ideas down to their practical implications.

Challenging the static image of the desperate infertile woman is an important contribution to the growing literature on women, motherhood, and health. *Not Trying* serves as an excellent complement to studies that examine the culture of motherhood and the medicalization of women’s bodies.[2] Scholars of women of color and reproductive rights have expanded the notion of choice to include such issues as freedom from sterilization abuse and the right to raise a child free from poverty.[3] Wilson further complicates this idea by considering the choices women make surrounding their infertility.

Notes


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