DYKE PSYCHE:

Is it a Relationship If We're Not Having Sex?

by Esther Rothblum

In past decades, "spinster" women who lived together and shared their lives were considered to be in a "Boston Marriage," a term that reflected the number of educated women living in Boston, site of many universities. When we read about such women today, we may assume that their relationships were, in fact, sexual. Whether or not such Boston Marriages were in fact sexual, there is very little question that the women involved would have kept knowledge of their sexuality secret from their community.

Do such "Boston Marriages"exist today? In our lesbian communities there are women who are lovers in every sense of the word except for the fact that they are not currently sexually involved (and may never have been lovers). Sometimes they live together. Often they travel together, move to live in the same part of the country, make out wills for each other, and share long histories. Often, in total contrast to the Boston Marriage of bygone eras, these women keep knowledge of their asexuality secret from their community.

Several years ago, Kathy Brehony and I interviewed a number of lesbians involved in romantic but asexual relationships, and then included these interviews in a book we edited. Some of the types of relationships are described below (all names are pseudonyms).

1. Laura moved to San Fransisco and became attracted to her heterosexual roommate Violet. Violet seemed to encourage the relationship in multiple ways, such as having heart-shaped tattoos made with each other's names and telling Laura it was okay that people mistook them for lovers. The title of Laura's chapter is "When we were whatever we were: Whatever it was that we had." When Laura suggested they become lovers, Violet said she couldn't do it; Laura was devastated.
2. Elizabeth and Marianne were briefly sexual, then Marianne broke that off saying that the age difference of 20 years was too great for her. Marianne, the younger of the two, became involved sexually with another woman, Eve, and Elizabeth decided to move out of state to get away. Elizabeth and Marianne continued their friendship over the telephone and both agree that they are the most important people in each other's lives. Elizabeth says about Eve, Marianne's sexual partner, "she will never have access to the total person that I have."
3. Angie and Cedar write separately about their relationship. They met at the Michigan Women's Music Festival, became lovers, and were sexual for six months. They moved in together and slept in the same bed. Then they slept in separate rooms one night a week, then half the time, then they slept together only one night a week. They stopped having sex. After three years of celibacy, Angie had an "affair" (another difficult term when two women are celibate). Cedar was devastated and Angie broke off her "affair" with Linda. Linda was confused since as soon as she found out that Angie and Cedar weren't having sex, she didn't think they were really a couple. Angie and Cedar entered couples therapy, but decided to lie to the therapist that they were doing the homework assignments to be sexual when in fact they didn't want to be sexual. They have recently celebrated their eighth anniversary and are still "monogamous" (that is, not having sex with each other nor with anyone else).
4. The next chapter is titled "Cast of characters." Pat is a retired teacher and age 60. She was involved with Cathy for 16 years, and they were sexual the first four or five years. Cathy has a niece whom they called "Little Cathy." Pat and Cathy often wondered whether Little Cathy and her roommate Barbara were a lesbian couple. One day, Pat discovered that her lover Cathy had become sexual with Barbara (Barbara is Cathy's niece's roommate). Little Cathy was devastated that her aunt had become sexual with her roommate and was considering suicide (even though Little Cathy said she had never been sexual with Barbara). The last Pat heard, Cathy and Barbara had moved to Texas and were currently asexual but still together. This constitutes a number of Boston Marriages: between Pat and Cathy, between Little Cathy and Barbara, and between Cathy and Barbara.
5. Janet and Marty met at Cape Cod. Both were alcoholics and abused drugs. They became lovers, had sex a few times, and moved in together. They became sober. Suddenly, Marty announced that she did not want to have sex. Marty had been sexually abused as a child, and considered sex to be a hostile act. Now that she was in love with Janet, she wanted them to be asexual. The couple has built a log cabin together, tells everyone they are asexual and a couple, and has been celibate for 18 years.
6. Ruth and Iris call what they do together in bed "bliss." Ruth is involved sexually with a man, and Iris with another woman. Both partners want them to remain monogamous. Consequently, they have an agreement that they have only a spiritual connection, and say it is ecstacy. Ruth says "It's like coming to the goddess." They say that it is the most important relationship in their lives, more important than their respective partners, yet they have trouble with people taking it seriously. They see the same therapist, and Iris says of her "Bless her heart, she's trying!"
7. Sarah is in her mid-twenties and in love with Hannah in her mid-thirties. They have a primary relationship, but without sex. They have an agreement that they can have other lovers, but only men. Sarah is confused because she is a lesbian, and now her friends only see her with male lovers. It has shaken her whole identity as a lesbian. Hannah is primarily heterosexual. They are both afraid that sex would make them even more intense, given their closeness already. Because theirs is a new relationship, Sarah calls it a "Boston engagement" instead of a "Boston marriage."

Which of these relationship do you consider "real" partnered relationships? What did you use as your criteria in determining what was "real" and what was "just" a friendship? This will have important implications for how lesbians define what is sex and what is a sexual or romantic relationship.

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The book Boston Marriages: Romantic But Asexual Relationships Among Contemporary Lesbians, edited by Esther Rothblum and Kathleen Brehony, was published by the University of Massachusetts Press in 1993. For a copy of this article, write to Esther Rothblum, Dept. Psychology, John Dewey Hall, University of Vermont, Burlington, VT 05405, email e_rothbl@dewey.uvm.edu.

Resurrecting the Body Politic

by John Hannah

The National Association of People with AIDS (NAPWA) is in the process of drafting a "Bill of Rights" for its constituency. It is due to be published early in 1998, and not a moment too soon. It will be a critical benchmark for AIDS and HIV politics in this country, formally repositioning PWA's at the focal center of the medical and social apparati which purport to be serving us, and restoring to us the ethical high ground necessary to properly direct our own battles against the disease.

Up till now, AIDS has kept us in a reactive mode. Organizations and policies which sprang up *ad hoc* to deal with the crisis have strained to assimilate an unrelenting flow of new information. Decisions have necessarily been made on the fly — without a view to the big picture.

When a patient is dying on the operating table, ethics are thrown into relief. Preserving life becomes a singular imperative. It is pursued *on behalf* of the patient by the medical professionals involved. What happens, then, when the patient comes to? The situation immediately becomes more complex. The easy ethics of life or death transform into a subtle balancing of quantity and quality of life. The power to make decisions as to treatment and intervention *must* be restored to the patient at this point. This is, metaphorically, where the AIDS crisis is today. With the advent of combination therapy, many (but certainly not all) people living with AIDS have been granted a reprieve from the knife.

Tremendous advances have been made in HIV treatment and management, but a cure has yet to be found — AIDS still kills. The most significant aspect of combination therapy is *not* the transformation of HIV into a manageable condition. We have yet to see what the long-term effects of any of these much-heralded new drugs will be, and for many PWA's, they are not an option, due to systemic intolerance, cross-resistance or lack of quality healthcare. In the six months since I set foot on the golden path of combination therapy, I've switched cocktails once already. I've experienced numerous nasty side-effects, filled out an endless stream of forms, battled moralizing social workers and fired my doctor. It's been one hell of a fight. But something wonderful has been won with recent advances, and that is *time.* At least for those of us who are responding to combination therapy, we have gained the ability to survey the landscape of AIDS with cooler heads, and *from the inside.* We are no longer subject to anyone else's ethical imperatives. We have come to, and we are not entirely pleased with what we find.

This is not an occasion for blame or admonishment, yet there is much to set right. HIV and AIDS are clearly not following any *rules.* Treatment methodologies dependent on fixed opinions (medical, ethical or political) are inadequate to the changing nature both of the epidemic and of the virus itself. Here in Vermont, the medical and social-services establishment has largely lost the crucial fluidity needed to confront the disease, *the shape of which is particular to every patient.*

I propose that we, the PWA's of Vermont, in anticipation of the NAPWA Bill of Rights, aggressively reject the *status quo* that has emerged in our local AIDS treatment and service organizations, and assert, in its place, a set of guiding *principles* by which we may be better served. I propose a Declaration of Independence from process, bureaucracy, fixed ideas and entrenched interests.

OITM is an ideal forum for this. To get the ball rolling, I've put together a list of principles of care, based on my own experience, by which Vermont PWA's may evaluate their medical and social-service providers:

1. Providers must aim to maximize quantity and quality of life, the balance of which must be determined by the patient, with all available facts and counsel.

2. The medical team must support decisions of the patient and contribute in a positive and committed manner to his or her chosen course of treatment.

3. All legally available drugs, therapies and laboratory services must be made accessible to the patient, regardless of cost or red tape. Financial obstacles must be approached with a constructive attitude.

4. Provisions must be made to ensure that the patient's needs and questions are competently addressed and answered as they arise — 24 hours a day, 7 days a week.

5. Interaction of patients must be encouraged and supported. The experience of other PWA's constitutes a vital resource in determining a course of treatment. With a little inventiveness, issues of confidentiality need not obstruct communication.

6. Local AIDS service and treatment organizations must not isolate themselves, either from one another or from more experienced front-line institutions in other parts of the world.

***Resurrecting the Body Politic** will be a monthly feature of* OITM, *addressing all aspects of the HIV-positive experience — medications, daily management, policy direction, questions of funding and provider accountability. Readers are encouraged to write in with comments, questions or suggestions for discussion. In this way, I hope we can bolster one another in our struggle against AIDS and improve the infrastructure on which we depend for survival.*