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“Risks Both Known and Unknown”: A Qualitative Method to Assess the Role of Situation in HIV/STD Risk and Prevention

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ABSTRACT. The idea of situation has gained increased attention in HIV/STD prevention research and practice. In the context of prevention, *situation* does not simply connote *setting* or *place* but also incorporates meanings people attached to the physical setting and how the complex interrelation of setting, meaning, and behaviors influences decisions regarding sexual behaviors and prevention measures. Kenneth Burke’s pentadic analysis provides a means to illuminate how situation influences decisions regarding sexual behaviors and risk taking. This manuscript describes the pentadic method, its application to situation and sexual risk behaviors, and its utility through content analysis of transcribed interviews (or texts) with men who patronize bathhouses, bath-

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house staff members, and release forms from bathhouse establishments in three geographic areas. In this case, the analysis reveals that bathhouse patrons and policies perceive bathhouses as situations that privilege expedient sexual release rather than individuals and over how those releases occur. This predominant perspective impedes, but does not preclude, risk reduction. The authors provide recommendations for promoting condom use for anal sex in the bathhouse setting as well as for the utility of pentadic analysis in related research. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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Bathhouses have been the object of discussions regarding HIV and AIDS since the advent of the epidemic. Suspected at first as a "cause" of HIV infection, bathhouses were closed by law in many United States cities. Like any tangible setting, bathhouses cannot compel patrons to engage in sexual risk behaviors; however, some public health research has found that men who have sex with men (MSM) who were bathhouse patrons were more likely to be infected with sexually transmitted diseases than MSM who did not patronize bathhouses (Binson et al., 2001; Izazola-Licea et al., 1991; Merino, Judson, Bennett, & Schaffnit, 1979; Morris, Zavisca, & Dean, 1995; Newell et al., 1985). Despite this well-publicized finding, MSM continue to engage in sexual risk behaviors in bathhouses (Binson et al., 2001; Elwood, Greene, & Carter, 2003; Elwood & Williams, 1998, 1999; Goode, 2001).

Some scholars argue that bathhouses have been settings for sexual encounters since their inception (e.g., Bérubé, 1996). Recent archeological findings in Pompeii suggest that the ancient Romans commonly considered bathhouses to be a setting for sex among patrons ("Italy," 2001; "Unisex bathhouse," 2001). Nevertheless, one might say that latter-day MSM who attend bathhouses and other sexual environments (e.g., sex clubs, tearooms, cottages, and adult bookstores) are simply individuals who take risks in terms of public exposure and HIV/STD infection. Binson and colleagues (2001) examined data from a telephone survey of 2,881 MSM in four U.S. cities and found that men who used

party drugs and had unprotected anal intercourse (UAI) with non-primary partners were more likely to patronize sex venues than men who did not report such behaviors. Furthermore, these researchers found that men who attended both bathhouses and public cruising areas were more likely to report risky sexual behaviors than men who frequented only public cruising areas or who attended neither setting. Other research, however, has found that some bathhouse patrons avoid engaging in sexual risk behaviors (e.g., UAI) because these men perceived bathhouses as settings where their sex partners were more likely to be infected with HIV and other STDs (Elwood & Williams, 1999). Clearly, not to understand the significance MSM place on the settings in which they have sex is to risk losing opportunities to understand risky and protective behaviors and to use those understandings in future public health interventions.

Researchers have explored the notion that some MSM attend sexual environments including bathhouses to be in situations where they can fulfill desires to escape cognitive awareness of daily stressors including HIV/AIDS and its prevention. According to McKirnan, Ostrow, and Hope (1996), "Settings such as gay bars or bathhouses, sexually-oriented events, or a particular partner, may both present opportunities for sexual risk and cognitively release the person" from safer sexual norms (p. 658; see also Elwood & Williams, 1998; Kelaher, Ross, Rohrsheim, Drury, & Clarkson, 1994; Kippax et al., 1998; Ostrow & McKirnan, 1997). Similarly, Levine (1998) posited that gay sexual scripts, acquired during youth and/or the coming out process, are those "urging high-frequency recreational sex and discouraging emotional affiliations" (p. 23). In other words, MSM may attend bathhouses to pursue a sexual escape opportunity in which they may be predisposed to have sex according to traditional gay sexual scripts, rather than to think more rationally—and about HIV/STD prevention—before engaging in sexual episodes.

SITUATIONAL THEORY: SETTINGS, BEHAVIORS, AND SIGNIFICANCE

Individual motives, psychoactive substance use, and other factors that exist within bathhouse settings clearly influence risk behaviors and risk-avoidance behaviors in bathhouses. Much attention has been placed on bathhouses over the past two decades; however, few conclusions have been reached as to the nexus of the bathhouse sexual situa-

tion and MSM's sexual risk behaviors. Situational theory posits that people behave in response to their physical settings, the significance they attach to those settings, and their responses to others' behaviors within their proximity (Cantor, 1981; Elwood, 1999; Magnusson, 1981). To understand such a complex phenomenon, we must turn to the discourse about sexual behaviors in specific settings because people's recollections of behaviors within given situations provide the ways each individual perceived that setting and how specific behaviors reflected those situational perceptions (Burke, 1984, p. 35).

**DRAMATISM:
AN APPROACH TO UNDERSTAND SITUATIONS
AND BEHAVIORS**

Perhaps best described as a philosophical sociologist or even the accidental founder of cultural studies (McLemee, 2001, p. 27), Burke (1941) first gained attention in this regard upon publication of his critique of *Mein Kampf*. Burke asserted his theory of human behavior, *dramatism*, as a theoretical and ontological approach for understanding human behavior. Simply put, "Things move, persons act" (Burke, 1967, p. 331), and language is "a mode of conduct," another human behavior, that acts upon and within the world (Burke, 1955, p. 259). The language one uses, then, delineates one's view of the world, what behaviors are deemed appropriate for oneself, and what treatment is suitable for others. Burke defined his lifelong project as "to formulate the basic stratagems by which people employ, in endless variations, and consciously or unconsciously, for the outwitting or cajoling of one another" (Burke, 1969, p. xvii). Scholars have argued over *dramatism* as an ontological or epistemological approach since Burke's emergence in the 1920s; the 21st century has wrought increasing regard for *dramatism* as ontological and literal (see Crable, 2000a, 2000b; Hawhee, 1999; McLemee, 2001).

Dramatism: Language as Symbolic Behavior

Similar to situational theory, Burke posits that situations cannot be understood without exploring people's behavior and their individual meanings, which he calls *motives*. In Burke's words, "Motives are shorthand terms for situations" (1969, p. 29). Parenthetically, fans of re-

ording artist Harry Chapin can find Burke's lyrics and music on his grandson's albums (Coan, 1987).

For Burke, language is symbolic, constitutive behavior because language constructs the situation that facilitates how one should consider the meanings attributed to places, things, people, and their behavior (Burke, 1969, p. 84; 1966, p. 359-360)—or, as he stated more simply, “what people are doing and why they are doing it” (Burke, 1969, p. xv). To define or delineate an entity is to constitute it within a context, setting, or situation. For example,

To call a man a friend or a brother is to proclaim him consubstantial with oneself, one's values, or purposes. To call a man a bastard is to attack him by attacking his whole line, his ‘authorship,’ his ‘principle,’ or ‘motive’ (as expressed in terms of the familial). (Burke, 1969, p. 57)

Burke posits that our words reveal attitudes that inform our observations and behaviors: “Our introspective words for motives are rough, shorthand descriptions for certain typical patterns of discrepant and conflicting stimuli” (1984, p. 29). As motives simply do not jump into the consciousness of individuals who account for their behavior or to the scientists who examine them, Burke provides instruction for investigation:

We take it for granted that, insofar as men cannot themselves create the universe, there must remain something enigmatic about the problem of motives, and that this underlying enigma will manifest itself in inevitable ambiguities and inconsistencies among the terms for motives. Accordingly, what we want is *not terms that avoid ambiguity, but terms that clearly reveal the strategic spots at which ambiguities necessarily arise.* (Burke, 1969, p. xviii).

Burke's Pentad: Five Components to Dramatism

According to Burke, “Dramatism is a set of five terms that delineate the necessary requirements for action” (1969, p. 3). Burke's method to analyze human discourse that illuminates their motives and physical behaviors is the pentad. According to Burke, the pentad allows us to see “What is involved when we say what people are doing and why they are doing it” (1984, p. xv). According to Edwards (1998), Burke's “useful

analytical device” is “the tool of inquiry [that] unpacks the elements of a situation so that their dynamics can be understood” (p. 168).

The pentad consists of five interrelated components that empower an analyst to determine an individual’s motives—that is, how one perceived one’s self in a specific setting and how those perceptions shaped one’s actions. More specifically, “For there to be an *act*, there must be an *agent*. Similarly, there must be a *scene* in which the agent acts. To act in a scene, the agent must employ some means, or *agency*. And there cannot be an act, in the full sense of the term, unless there is a *purpose*” (Burke, 1967, p. 332, see also Burke 1968, p. 446). In particular,

You must have some word that names the *act* (names what took place, in thought or deed), and another that names the *scene* (the background of the act, the situation in which it occurred); also, you must indicate what kind of person (agent) performed the act, what means or instruments he used (agency), and the *purpose*. Men may violently disagree about the purposes behind a given act, or about the character of the person who did it, or how he did it, or in what kind of situation he acted; or they even may insist upon totally different words to name the act itself. Be that as it may, any complete statement about motives will offer *some kind of* answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose). (Burke, 1969, p. xv)

An analyst using dramatism looks for terms that correspond to the pentadic components and how those terms correspond to one another. All sets of relationships among the components are possible; the preponderance of specific pentadic relationships defines or illumines human motives related to specific behaviors. For example, if one listened to a colleague’s anecdote about a trip to an annual professional meeting and heard an abundance of passive language, one likely would find a predominance of *act-agent* ratios, or an approach to life in which “everything happens” to your colleague and, perhaps, an innate belief that your colleague believes that s/he has scant power regarding career choices. Thus, it is important not only what elements are found but their relative frequency and co-occurrence.

Related pentadic applications. The pentad has been used to explain a variety of human attitudes and behaviors including, for example, political opinion (e.g., Brummett, 1982; Edwards, 1998; Ling, 1970) and euthanasia (Kenny, 2001). Among the applications most germane to this

present study of MSM and bathhouses is Solomon's (1985) analysis of medical reports from the Tuskegee Syphilis Project (for a description of the Tuskegee project, see Jones, 1981). Solomon found that the reports' detached language typical of medical and public health research depicted patients as scene and agency. Specifically, the reports generally portrayed syphilis (*agent*) as acting in the *scene* of the patient or that patients served as the *agency* for the *purpose* of increasing knowledge of the effects of untreated syphilis in human beings. Such symbolic action, according to Solomon, tacitly perpetuated Jim Crow attitudes and practices against African-Americans and also perpetuated a framework of (Burkean) motives that empowered the Tuskegee project to continue for decades.

Brummett (1979) examined the motives associated with arguments promoting and dissuading gay rights ordinances. According to Brummett, the motives that emanate from the pro-gay rights argument concentrate on *agent-act* ratios; in other words, gay people have romantic feelings and sexual relationships with people of their own sex because of innate characteristics. Consequently, proponents assert that citizens should consider an agent's right to be gay (*agent-act*) separately from opinions regarding gay people's private sexual behaviors (Brummett, 1979, p. 253). In contrast, opponents base their arguments on *act-agent* ratios (Brummett, 1979, pp. 255-258)—that people are gay based on their sexual behaviors which are forbidden in the Old Testament (Brummett, 1979, pp. 256-257).

Summary

In the present study, to attend MSM's descriptions of their bathhouse sexual encounters is to begin to understand why MSM profess the importance and practice of safer sex behaviors yet engage in sexual risk behaviors in bathhouses. Pentadic analysis to MSM's descriptions of their sexual behaviors in bathhouse settings illuminates their understandings of the bathhouse situation and how this specific situation influences their choices and behaviors.

METHODS

In-depth semi-structured interviews were conducted in 1996 and 2001 with men who reported recently having had sex with another man in a bathhouse. Forty-one of these men were interviewed in Houston in

1996. These interviews were extended using the same interview guide with 40 participants in Key West, Florida, and 20 men in and around New York, New York. The Houston sample consisted of men mostly in their 30s, although ages ranged from 18 to 58; these men were predominantly white/Anglo, although three African-American and seven Latino men were interviewed. The Key West sample consisted of men mostly in their 30s, although ages ranged from 22 to 89. There were 20 white/Anglo, 10 African-American, and 10 Latino participants in Key West. The New York area sample consisted of men mostly in their 30s; ages ranged from 19 to 51. There were seven white/Anglo, five African-American, six Latino, and two Asian-American men. For the entire sample, most of the men were employed, often at managerial positions. Four men reported being in committed romantic relationships, and seventeen reported being infected with HIV.

Candidates for the study were recruited through advertisements in local newspapers and by referral from men already participating in the study (see Patton, 1990; Watters & Biernacki, 1989). Advertisement and participant referrals asked men to call one of the authors to determine study eligibility. During the initial phone conversation, participants were screened to meet the following criteria: to be at least 18 years of age, to report having had sex with another male in a bathhouse within the last six months, and to give verbal consent to be interviewed. For participants who met the criteria, the phone interview was concluded with an appointment for an interview at a later date.

Data were collected using an interview guide that included questions concerning sexual behaviors and history, sexual behaviors in bathhouses, attitudes toward HIV, STDs, and prevention methods including condoms, gay mores, sociodemographics, and life history. Although the questions served as a prompt and guide for the interviewer, participants were encouraged to elaborate on topics that appeared to contain information relevant to the study. Interviews generally lasted two hours (range: 45 minutes to 3 hours), were (audio) tape recorded and were transcribed verbatim into text files. In turn, text files were content coded using objective analytical codes. Included were codes for the research subjects' perceptions of bathhouses, attitudes and beliefs toward HIV, STDs, and condom use; and perceived community norms regarding sex and condom use. Other predetermined codes included the five terms associated with Burke's pentad (e.g., act, agent, scene) as well as pentadic ratios (e.g., scene-act, act-purpose).

One of the authors and a research assistant coded all interviews; each coded an additional 10% in common, with reliability of 95% across

codes. These instances were analyzed and kappas were calculated for presence/absence and positive/negative, and they ranged from .92 to .97 (mean = .95). Disagreements were discussed between coders until 100 percent agreement was reached. Data that best illustrate analytical patterns were excerpted for presentation in the text below.

We also conducted a content analysis of 10 bathhouse membership applications and release forms from establishments in the metropolitan areas of New York, New York; Houston, Texas; Miami, Florida; and Key West, Florida. Coding and analysis procedures closely followed those outlined in the previous paragraphs; the intercoder reliabilities remained the same.

RESULTS

This project relies on three sources of data to understand the complexities of MSM's bathhouse behavior. The first section of results explores pentadic themes that emerged in interviews with bathhouse patrons. The second section analyzes bathhouse release forms and includes interviews with bathhouse staff and patrons. The third and final section, bathhouse practices, focuses on reported behaviors. By utilizing this triangulation for data, we gain a more comprehensive picture of risk behavior and perceptions in this setting.

Pentadic Themes Represented in Interviews with Bathhouse Patrons

We found four dominant ratios in the discourse of the men that we interviewed: scene-purpose, scene-act, scene-agent, and agency-act. Participants' descriptions were resoundingly clear when they recounted the influence of scene (bathhouse) on their purpose (orgasm/release), act (UAI), and self (agent). Their descriptions of protected sex demonstrate that condom use requires multiple and complex interactions in a situation where basic and forthright interactions are commonplace.

Scene-purpose. The first ratio that emerged from the interviews was scene-purpose. During the interviews we conducted, men reported that they patronized bathhouses (*scene*) because the setting virtually guaranteed that they would achieve their goal of orgasm (*purpose*). According to one man, "I know that I can go there and get what I want, whereas I've gone to the bar and gone home alone." In the words of another patron, "I pay, I get in, I get off, and I go home." According to a New York white gay man in his 30s, "It's worth the [admission] fee. There's no

hassle that way, you get what you want.” Another New Yorker, an Italian man in his 40s, echoed this sentiment with greater detail: “I got tired of paying for dinner or all those drinks [in a bar]. Eventually I wanted a sure score. In the long run it’s much cheaper and predictable.” According to a Key West man, “I go there because I just want someone to get off with the way that I want.” Thus, participants clearly articulated the purpose (sexual release) of the bathhouse setting. This described purpose is accomplished through acts described next.

Scene-act. Perhaps our favorite quotation from this data set exemplifies this ratio in reverse, “Hey, you don’t go to a bathhouse [*scene*] to have a conversation [*act*] about Bosnia.” According to a New York man, “Some ads and articles talk about bathhouses as spas or gyms. I don’t know anyone who thinks that way. Everyone knows that bathhouses exist only so guys can get together and fuck.” A New Jersey man stated, “I don’t want to talk, I just go and have sex, lots of it, any way I want.” A Houston man who juggles many responsibilities said, “I’m a very busy person. I don’t have time to date or find a boyfriend. But I tell myself all week long that, on Friday, I’m going to the bathhouse. Because when I’m in the bathhouse, I just fuck, fuck, fuck.” Thus, the bathhouse setting is linked in participants’ minds with the act of sexual release.

Scene-agent. The innate connection of bathhouses as situations for sexual release appears to explain the thought processes, or lack thereof, related to the “heat of the moment.” A 25-year-old Houston Latino patron told a story that demonstrates how perceptions of the bathhouse setting preclude condom use:

There was this big Black man in the maze. A *real* man, huge cock, bulging muscles everywhere, you know? I just had to have him, so I backed right up on him. It felt so good. I thought we should have used a condom while he was fucking me, but I didn’t want to stop or he wouldn’t be there later.

In the words of another participant who boasted of his ample endowment, “Hey, their eyes are on the prize. Once they see what I have to offer, they just get down to it. They don’t think about condoms.” This “top man” description demonstrates that some bathhouse patrons recognize the influence of this situation on receptive partners’ attitudes and behaviors and rely on the complex setting to assure them of unprotected anal sex.

Agency-purpose. Sex with condoms is more complex and involves other acts aside from sex—specifically, negotiation between the sex partners for condom use. According to a New York bathhouse patron, “If I top him, I don’t really want to use a condom, but if he asks I would. Getting asked doesn’t happen very often, maybe once or twice in three years.” A 25-year-old Houston man repeated this perception of condoms: “If they’re there and convenient, and if I have them, I’ll probably use them. If I don’t have one, it’s not used probably unless they request it.” Patrons who reported being penetrated confirmed this pattern. As a 38-year-old Key West man described, “If you ask them to put on a condom, most will. I’ve had maybe one who refused to wear it, so we just didn’t have sex.” Some men are vigilant about condom use and have developed that reputation among their peers: “I know a man with HIV who goes here [bathhouse], and he always uses condoms, has them with him. [Laughs.] One time, I even borrowed a condom from him. He’s very clear and that puts some people off.” Both insertive and receptive MSM generally link condom use to a specific request, a request most often initiated by the receptive partner.

Summary. Our examination of bathhouse patrons’ discourse finds that men ascribe specific attributes and functions to bathhouses. They perceive bathhouses as commercial establishments that provide them with guaranteed orgasms with other men for the price of entry. Consequently, the physical setting of the bathhouse is filled with patrons who, consciously or impulsively, are determined to achieve orgasms with others. Pentadically speaking, this single-mindedness informs men’s perceptions of the *scene*, a setting where men “have sex, lots of it, any way I want.” As we stated previously, three of four main pentadic ratios privilege scene. The fourth ratio, *agency-act*, that appeared in our participants’ discourse demonstrates that the sexually charged scene precludes the agency of condom use without the addition of condom negotiation—an act not included in men’s perception of the bathhouse situation. In addition to the data from our bathhouse participants, we examined release forms and policies and interviewed bathhouse owners, managers, and employees.

Bathhouse Policies

We examined the release forms from bathhouses in Houston, Key West, Miami, and New York/New Jersey and found five themes that emerged from the documents:

1. There are “risks both known and unknown” in all human encounters.
2. Patron agrees to hold establishment harmless for injury or illness contracted on premises through own behavior.
3. Patron provides personal assurance of patron’s good health.
4. Patron recognizes that HIV and other STDs exist.
5. Patron agrees to behave “in responsible manner.”

Clearly there are legal aspects to these documents, designed to protect businesses from legal action and financial loss (*scene-purpose*). For example, one Florida establishment’s release form has patrons acknowledge that there are “risks both known and unknown” in all life experiences. Given the business’s gay market and its existence to sell time in a space dedicated to men’s sexual encounters, this clause presumably protects the owners from liability for any infection or injury to a patron on site (affirmed by several managers we interviewed). The second (*scene-act*) and third themes likely are familiar to anyone who has joined a health club or gym which presumably protects these establishments from lawsuits for injuries sustained through improper weight-lifting, clumsiness, or insufficiently disinfected shower floors. The release forms, then, contain both familiar and unfamiliar language for patrons.

Four of 10 release forms that we reviewed specifically asked patrons to acknowledge the existence of risk for HIV and other STDs. None of these documents ask patrons to disclose HIV status (positive, negative, or untested), nor did the release forms expressly ask these men to abstain from sexual risk behaviors on site. It is possible that the third theme, assuring the establishment that the patron is “in good health,” could be understood to mean that the patron does not have HIV—although this is not expressly stated. In fact, one man with HIV from New York said he had read the form but did not disclose his infection because it was not specifically requested. Our project found that, regardless of the intent of the release forms, the customers we interviewed paid them little attention.

Few patrons recalled any verbiage from the documents they signed; some did not recall seeing or signing any forms whatsoever. One man said, “What form, I never signed anything.” Another man from New Jersey recalled, “Yeah, there was something that first night, but who remembers?” (even though the first night he refers to occurred less than 3 months previously). This forgetfulness was countermanded by others’ recollections and the frank statement by one New York patron: “Hell, I

don't know what was on it. I signed it and didn't even read it. I just wanted to get inside and see what it was like." This dearth of recollection suggests that MSM concentrate on the traditional meanings and motives MSM associate with bathhouses and remain concerned with specific establishment rules unless, presumably, staff members intervene and enforce rules that contradict men's behaviors.

Bathhouse Practices

The described policies within membership documents appear to absolve businesses of responsibility to monitor patrons' behavior. Patrons apparently perceive these documents as perfunctory paperwork to complete before they satisfy their desires. The following quotations from patrons illuminate the idea that MSM patronize bathhouses (*scene*) so they can pursue their intense *purpose* of sexual release with others.

For example, one New York patron said, "I remember when they used to have the sex police running around making sure that everyone was using condoms. I stopped going for a while, but now no one comes around any more." A Houston man intuitively reflected on the *scene-purpose* ratio, "I've been to San Francisco where they have clubs where you're not supposed to do more than hand jobs or blow jobs. Guys still do what guys want to do. The clubs have guys that patrol with flashlights, but I never saw them break up anything. Who'd go if they did? Then they'd go bust." There is a clear link in participants' minds between enforcement of safer sex practices, particularly condom use, and interference with their pleasure and thus bathhouse business and patronage.

Bathhouse managers and staff members provided forthright answers to our questions regarding their prevention policies and practices. According to managers at the establishment whose release form asks patrons to acknowledge that there are "risks both known and unknown" in all human situations, "We're a social club that provides men with an opportunity to get together with one another. We promote safer sex within the greater gay community, but we can't monitor everyone's behavior all the time. They're adults and they're our customers. They know what they're doing." A New York bathhouse staff member was much more succinct, saying, "They make choices, they know the risk." Nevertheless, this man also described his establishment's prevention efforts: "We have a few signs around. People know they should use condoms." A bathhouse assistant manager from Houston said,

People are responsible for their own behavior—even gay men, although you'd never know it from how they act in here. And when it comes down to it, we're a business, not a social club, or a non-profit community center. And when you're a business, the customer is always right. We have condoms available all around the facility and they can always ask an attendant for them, but we can't make them use them.

Indeed, all facilities that participated in our project made condoms available to their patrons. Some distributed condoms as a common-sense business expenditure and practice; others cooperated with local health departments or AIDS service organizations as free condom distribution sites. Regardless of the predominantly implicit health promotion efforts—posters, signs, and condoms—bathhouse staff members readily acknowledged their patrons' risky behavior.

DISCUSSION

Bathhouses are commercial establishments that cater to MSM who pay the price of admission so they can have sex with other men. To continue like any other business, bathhouses must cater to their customers' desires that are, briefly stated, to achieve specific sexual goals within a limited time period. Although bathhouses themselves constitute settings in which men have sex with one another, these physical sites constitute only part of a sexual situation. The complete situation includes the physical setting, the significance each man attaches to the setting and to sexual intercourse, their behavior, and their responses to others' behavior within the setting. The means that researchers have to determine the complex situation of bathhouse sex is to examine MSM's motives (Burke, 1984), their descriptions and attributions of their sexual encounters in bathhouses.

The pentad is a method for dissecting texts (interview transcripts and release forms in this study) through use of five dramatic elements of act, agent, scene, agency, and purpose. By examining the ratio among the elements, it is possible to discern which elements or features humans privilege or mute in a set of texts. Our study found that men who patronize bathhouses do so because they perceive bathhouses as commercial establishments that ensure sexual release in a desired fashion. In Burke's terms, three-quarters of the main pentadic ratios privileged scene over the other four components. This finding demonstrates the utility of pentadic analysis to illuminate the influ-

ence of situation on sexual behaviors, or, that Burke's ideas have relevance in the application of situational theory to public health. Participants did not report that the physical setting of bathhouses compelled them to engage in sexual risk behaviors; nevertheless, a closed commercial space with sexually charged men whose "eyes are on the prize" constitutes a situation that facilitates exposure to bodily fluids that may permit disease transmission.

Our examination of MSM who patronize bathhouses in three areas of the United States found that they commonly perceive sexual partners in the bathhouse setting as part of their situation rather than partners in their sexual acts. As our participants stated earlier, they attend the bathhouse *scene* to fulfill the *purpose* of sexual *acts*. In general, they have no interest in establishing relationships of any kind. As one patron told us, "I don't even want to know his name. Let's be blunt, I want his body." Consequently, there is a tacit policy in MSM culture that men avoid conversation in bathhouse public areas. This policy expedites individual attainment of sexual satisfaction; the lack of conversation also preserves confidentiality and the purpose one attaches to the sex act and the other MSM who constitute the bathhouse situation (see Elwood et al., 2003).

Although bathhouse sex is public sex, its commodification ironically renders it an individualized experience. Patrons avoid conversations; they also avoid reading the paperwork associated with purchasing time in the bathhouse setting. Our analysis of bathhouse release forms found that they serve the purpose of protecting businesses from lawsuits associated with injury and, perhaps, infection with HIV and other sexually transmitted diseases. These forms have patrons acknowledge that there are risks involved in all human behavior and that they, the patrons, are individually responsible for their behavior and the consequences thereof. Some release forms expressly mention HIV and other STDs; all forms require patrons to behave in a reasonable manner, but the forms do not delineate the *agency*, or reasonableness, of the acts to occur in a bathhouse. No forms expressly require their patrons to engage in safer sex and/or to avoid sexual risk behaviors. Not that this matters much anyway—our participants either had no recall of the release form content, or did not even recall release forms at all! In any event, our examination of this documentation and interviews finds that these forms accomplish their presumable goal of minimizing the risk of financial loss from potential future lawsuits from bathhouse patrons.

CONCLUSIONS

Our research project reinforces recent research which concludes that MSM's sexual encounters in bathhouses constitute a complex situation (Binson et al., 2001; Elwood et al., 2003; Elwood & Williams, 1998, 1999). It is hoped that our findings can be used to inform future public health interventions with MSM and can lead to future work with MSM's mental and physical health. Obviously, our qualitative study has generated hypotheses and conclusions and cannot be generalized to the larger population of MSM who patronize bathhouses; however, the hidden nature of this population (e.g., Watters, 1993; Watters & Biernacki, 1989) may help other researchers and practitioners more than a similar study conducted with, say, a sample of undergraduates at a large, Midwestern university. Our study also provides an example of Burke's pentadic method that other researchers may use with other populations and on nonsexual topics. That aside, our project leads us to make four general conclusions.

First, no one should expect bathhouses to be anything more than commercial establishments that sell time in a controlled space that allows patrons to have sex with one another. Bathhouses are not community centers. They are not health education centers, even if they are licensed as health centers. They exist to make profits by satisfying customers, and this is acknowledged by patrons and staff alike. Their release forms obliquely and directly acknowledge the possibility that their customers may sustain harm while on their premises—some forms come close to stating that patrons may become infected with HIV during their time on site. Bathhouse employees stated their interest in providing opportunities for men to avoid HIV transmission; nevertheless, they also stated a *laissez-faire* attitude, namely, that bathhouse patrons are responsible for their own behaviors.

Second, sex is a commodity to bathhouse customers, at least while they have sex in that setting. Our participants consistently voiced a capitalistic approach to bathhouses and sex while on the premises. They pay admission fees because they expect sexual satisfaction during the time they are present. Obviously, sexual satisfaction differs by each individual, including type of sex, condom use, and whether their means toward orgasm even requires a condom to avoid the chance of HIV transmission. Regardless, sex is a personal, individual act for the patrons we interviewed. It is about achieving their own orgasms and fulfilling their own desires, albeit in the presence of one or more men. Given this ego-centric perspective, it is not surprising that the motives surrounding a

lack of condom use—"I'll only wear one if they ask"—emerged during our interviews. It did seem clear that participants believed casual bathhouse partners rated different treatment than a dating or relational partner.

Third, health education efforts with MSM might seek to establish and encourage the cultural more of speaking about condom use during sexual encounters in bathhouses. We have demonstrated that many insertive men specifically pursued anal intercourse without condoms; some receptive men did not request condom use because to do so would violate an established tacit policy of avoiding conversation. Publications using the initial data collected for this project found that men frequently negotiated condom use in bedrooms and in private bathhouse cubicles—but they did not do so in bathhouse public areas (Elwood et al., 2003; Elwood & Williams, 1999).

According to Vázquez-Pacheco (2000), "Broaching the subject [of HIV transmission] means we have to take some kind of responsibility. . . . Strange that twenty years into the epidemic we as gay men can't seem to negotiate this with each other. It's sort of like being one of two people stranded in a life raft and not cooperating with the other person in the boat" (p. 25). Bathhouses have found that it is good business to make free condoms available to their patrons. Our public health efforts should work toward providing patrons with the motivation to negotiate condom use in bathhouse public spaces with their sexual partners in ways that maintain the egocentric nature of bathhouse encounters, and to show how this is good personal business.

The current bathhouse situation generally precludes condom use because MSM reportedly do not consider the agency, or means, through which they achieve their purpose of sexual release with anonymous others. What is required of researchers and interventionists is to help them develop a consciousness that encourages MSM to include the agency of condom use in their sexual acts.

REFERENCES

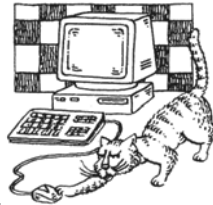
- Bérubé, A. (1996). The history of gay bathhouses. In Dangerous Bedfellows [E. G. Colter, W. Hoffman, E. Pendleton, A. Redick, & D. Serlin] (Eds.), *Policing public sex: Queer politics and the future of AIDS activism* (pp. 187-220). Boston: South End Press.
- Binson, D., Woods, W. J., Pollack, L., Paul, J., Stall, R., & Catania, J. A. (2001). Differential HIV risk in bathhouses and public cruising areas. *American Journal of Public Health, 91*, 1482-1486.

- Brummett, B. (1979). A pentadic analysis of ideologies in two gay rights controversies. *Central States Speech Journal*, 30, 250-261.
- Brummett, B. (1982). Burkean transcendence and ultimate terms in rhetoric by and about James Watt. *Central States Speech Journal*, 33, 547-556.
- Burke, K. (1941). The rhetoric of Hitler's battle. In K. Burke, *The philosophy of literary form* (pp. 191-220). Berkeley: University of California Press.
- Burke, K. (1955). Linguistic approaches to problems of education. In N. B. Henry (Ed.), *Modern philosophies and education* (pp. 259-303). Chicago: University of Chicago Press.
- Burke, K. (1966). *Language as symbolic action*. Berkeley: University of California Press.
- Burke, K. (1967). Dramatism. In L. Thayer (Ed.), *Communication: Concepts and perspectives* (pp. 327-360). Washington, DC: Spartan.
- Burke, K. (1968). Dramatism. In D. L. Sills (Ed.), *International encyclopedia of the social sciences, Vol. VII* (pp. 445-452). New York: The Macmillan Company and Free Press.
- Burke, K. (1969). *A grammar of motives*. Berkeley: University of California Press.
- Burke, K. (1984). *Permanence and change, Third edition with a new afterword*. Berkeley: University of California Press.
- Cantor, N. (1981). Perceptions of situations: Situation prototypes and person-situation prototypes. In D. Magnusson (Ed.), *Toward a psychology of situations: An interactional perspective* (pp. 229-244). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Coan, P. M. (1987). *Taxi: The Harry Chapin story*. Port Washington, NY: Ashley Books.
- Crabbe, B. (2000a). Burke's perspective on perspectives: Grounding dramatism in the representative anecdote. *Quarterly Journal of Speech*, 86, 318-333.
- Crabbe, B. (2000b). Defending dramatism as ontological and literal. *Communication Quarterly*, 48, 323-342.
- Edwards, J. L. (1998). The very model of a modern major (media) candidate: Colin Powell and the rhetoric of public opinion. *Communication Quarterly*, 46, 163-176.
- Elwood, W. N. (1999). Victories to win: Communicating HIV/AIDS prevention and tolerance. In W. N. Elwood (Ed.), *Power in the blood: A handbook on AIDS, politics, and communication* (pp. 415-421). Mahwah, NJ: Lawrence Erlbaum Associates.
- Elwood, W. N., Greene, K., & Carter, K. K. (2003). Gentlemen don't speak: Communication rules, condom use, and the Theory of Reasoned Action. *Journal of Applied Communication Research*, 31.
- Elwood, W. N., & Williams, M. L. (1998). Sex, drugs, and situation: Attitudes, drug use, and sexual risk behaviors among men who frequent bathhouses. *Journal of Psychology & Human Sexuality*, 10, 23-44.
- Elwood, W. N., & Williams, M. L. (1999). The politics of silence: Communicative rules and HIV prevention issues in gay male bathhouses. In W. N. Elwood (Ed.), *Power in the blood: A handbook on AIDS, politics, and communication* (pp. 121-132). Mahwah, NJ: Lawrence Erlbaum Associates.

- Goode, E. (2001, August 19). With fears fading, more gays spurn old preventive message. *The New York Times*, pp. 1, 30.
- Hawhee, D. (1999). Burke and Nietzsche. *Quarterly Journal of Speech*, 85, 129-145.
- Italy: The heat in Pompeii wasn't just volcano. (2001, November 15). *The Miami Herald*, p. A13.
- Izazola-Licea, J. A., Valdespino-Gomez, J. L., Gortmaker, S. L., Townsend, J., Becker, J., Palacios-Martinez et al. (1991). HIV-1 seropositivity and behavioral and sociological risks among homosexual and bisexual men in six Mexican cities. *Journal of Acquired Immune Deficiency Syndromes*, 4, 614-622.
- Jones, J. H. (1981). *Bad blood: The Tuskegee syphilis experiment*. New York: The Free Press.
- Kelaher, M., Ross, M. W., Rohrsheim, R., Drury, M., & Clarkson, A. (1994). Dominant situational determinants of sexual risk behaviour in gay men. *AIDS*, 8, 101-105.
- Kenny, R. W. (2001). Toward a better death: Applying Burkean principles of symbolic action to interpret family adaptation to Karen Ann Quinlan's coma. *Health Communication*, 13, 363-385.
- Kippax, S., Campbell, D., Van de Ven, P., Crawford, J., Prestage, G., Knox, S. et al. (1998). Cultures of sexual adventurism as markers of HIV seroconversion: A case control study in a cohort of Sydney gay men. *AIDS Care*, 10, 677-688.
- Levine, M. (1998). *Gay macho: The life and death of the homosexual clone*. New York: New York University Press.
- Ling, D. A. (1970). A pentadic analysis of Senator Edward Kennedy's address to the people of Massachusetts, July 25, 1969. *Central States Speech Journal*, 21, 81-86.
- Magnusson, D. (1981). Wanted: A psychology of situations. In D. Magnusson (Ed.), *Toward a psychology of situations: An interactional perspective* (pp. 9-35). Hillsdale, NJ: Lawrence Erlbaum Associates.
- McKirnan, D. J., Ostrow, D. G., & Hope, B. (1996). Sex, drugs, and escape: A psychological model of HIV-risk sexual behaviours. *AIDS Care*, 8, 655-669.
- McLemee, S. (2001, April 20). A puzzling figure in literary criticism is suddenly central: Did Kenneth Burke, intellectual maverick, accidentally create cultural studies? *The Chronicle of Higher Education*, pp. A26-27.
- Merino, H. I., Judson, F. N., Bennett, D., & Schaffnit, T. R. (1979). Screening for gonorrhea and syphilis in gay bathhouses in Denver and Los Angeles. *Public Health Reports*, 94, 376-379.
- Morris, M., Zavisca, J., & Dean, L. (1995). Social and sexual networks: Their role in the spread of HIV/AIDS among young gay men. *AIDS Education and Prevention*, 7(supl.), 24-35.
- Newell, G. R., Mansell, P. W. A., Wilson, M. B., Lynch, H. K., Spitz, M. R., & Hersh, E. M. (1985). Risk factor analysis among men referred for possible acquired immune deficiency syndrome. *Preventive Medicine*, 14, 81-91.
- Ostrow, D. G., & McKirnan, D. J. (1997). Prevention of substance-related high-risk sexual behavior among gay men: Critical review of the literature and proposed harm reduction approach. *Journal of the Gay and Lesbian Medical Association*, 1, 97-110.

- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage Publications.
- Solomon, M. (1985). The rhetoric of dehumanization: An analysis of the medical reports of the Tuskegee Syphilis Project. *Western Journal of Speech Communication*, 49, 233-247.
- Unisex bathhouse unveiled in Pompeii. (2001, November 25). *The Miami Herald*, p. G7.
- Vázquez-Pacheco, R. (2000, June). A code of silence: Gay men, dating, and disclosure. *Body Positive*, pp. 22-26.
- Watters, J. K. (1993). The significance of sampling and understanding hidden populations. *Drugs and Society*, 7, 13-21.
- Watters, J. K., & Biernacki, P. (1989). Targeted sampling: Options for the study of hidden and elusive populations. *Social Problems*, 36, 416-430.

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