

Gay and bisexual men's experiences of bathhouse culture and sex: 'looking for love in all the wrong places'

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The aim of this study was to describe gay and bisexual men's experiences of bathhouses and their perceptions of HIV risk associated with sex in this context. Face-to-face, semi-structured interviews were conducted with a purposive sample of gay and bisexual men—14 HIV-positive and 9 HIV-negative—who reported ever frequenting a bathhouse. The sample was selected from the Polaris HIV Seroconversion Study, a longitudinal open cohort study of documented recent seroconverters and HIV-negative controls in Ontario, Canada. Interview transcripts were analysed using a narrative approach. Four major themes were identified concerning views of gay bathhouse culture and environments; moral conceptions of self and others at a bathhouse; identity management at a bathhouse; and psychosocial functions of gay bathhouses. HIV transmission is a salient component of bathhouse culture; therefore, bathhouses are critical environments for the promotion of safer sex activities among gay and bisexual men.

Introduction

In the Western world, the gay bathhouse plays a significant role in the lives of men who engage in 'anonymous' sex with other men. Bathhouse culture and sex are characterized by relative anonymity, non-verbal discourse, and de-personalized social rituals. These characteristics, in part, function to preserve the user's sense of both physical and social safety (Weinberg 1975, Shilts 1987, Elwood and Williams 1999, Flowers *et al.* 2000). However, the literature also portrays the bathhouse as more than a place to have sex. Bérubé (1996) reports that bathhouses also provide a place to defeat isolation and develop pride and community.

The urban bathhouse in Canada, with few exceptions, is a licensed, commercial venue where men can have sex with other men. While

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bathhouses vary considerably in size, décor, amenities and clientele, these 'men only' environments are structured to enable sexually-focused cruising and displays in the pursuit of sex. Entrance to a bathhouse is controlled by an attendant who the client pays to rent either a secured locker or a private room for a set number of hours. A key and towel deposit is usually required. Some bathhouses operate as private member clubs which require a membership fee.

Locker areas are commonly adjacent to the bathhouse wet area which consists of open or closed showers, toilets, urinals, sinks, dry and/or wet saunas and frequently a whirlpool. A few have swimming pools. Other amenities might include recorded music, television and erotic video viewing areas, common rest areas and fitness rooms. A few have areas licensed for alcohol and food consumption. The private rooms are linked by dimly lit hallways and corridors. The rooms themselves are small and feature a sheeted mattress and pillow on a built-in platform, a small shelf and locker. Room lighting is individually controlled by a dimmer switch. In addition, bathhouses may have darkened, open rooms, open and closed stalls, mazes, glory holes as well as sexual paraphernalia such as a leather sling. There is usually a bulletin board to provide information on community services and events. Community-based sexual health services are frequently provided on site at designated times in the week. Attire in a bathhouse is commonly a towel worn around the waist.

The emergence of HIV/AIDS in 1981 redefined early understandings of bathhouse culture and sexual behaviour. In Toronto, Canada's largest city, there was pre-HIV public involvement with bathhouses when police raided four of them on 5 February 1981. Following the raids, the gay community and the public mobilized by attending rallies in numbers over 80,000. The City of Toronto responded by commissioning an investigation into the raids and the police were subsequently criticized for their action. The report recommended that the city take 'emergency steps' to rebuild a more positive relationship with the gay community (Bérubé 1996).

Importantly, HIV disease did not result in the closure of Toronto bathhouses. Early consultations and discussions were held between public health officials and representatives from the gay community regarding public health's mandate to control the spread of disease versus the rights and abilities of the gay community to protect its members using peer-based strategies. Bathhouses became a target of government and community-based AIDS prevention initiatives. Early HIV/AIDS research in Canada that reported on the sexual behaviour and personal characteristics of bathhouse users supported the need for bathhouse-based prevention strategies (Myers *et al.* 1991). Currently, bathhouses in Toronto have a variety of HIV and health promotion services that evolved to better meet the needs of bathhouse users. These programmes are primarily organized by AIDS service organizations and carried out by a volunteer work force (Maxwell 2001).

Most research on the role of the bathhouse environment in HIV transmission has focused on levels of knowledge about HIV/AIDS, user characteristics and sexual behaviour of bathhouse users, with a few studies

focusing largely on the evaluation of HIV preventive education efforts. (McKusick *et al.* 1985, Richwald *et al.* 1988, Myers *et al.* 1991, de Wit *et al.* 1997, Woods *et al.* 2000, 2001, Binson *et al.* 2001). To date, however, research is inconclusive as to whether or not bathhouses are more likely sites than others for HIV sexual risk behaviour (de Wit *et al.* 1997, Williams *et al.* 2000, Binson *et al.* 2001).

Elwood and Williams (2000) have applied a cognitive escape model to explain why men who have sex with men at bathhouses continue to seroconvert even though preventive knowledge levels are high and safer sex apparati are available. The model provides an explanation for men's cognitive-emotional dissonance, as well as the frequent reports of alcohol and drug use at a bathhouse. They postulate that the use of alcohol and drugs at bathhouses facilitates a further disengagement from cognitive HIV awareness that results in participation in unsafe sexual behaviour. The same authors have identified that largely non-verbal social practices at a bathhouse result in silence and hence a potential barrier to practising safer sex (Williams *et al.* 2000). However, safer sex practices may not be negotiated verbally.

The purpose of this study was to describe gay and bisexual men's experiences of bathhouses and their perceptions of HIV risk associated with sex at a bathhouse. A qualitative research method was chosen to elicit men's narratives regarding participation in HIV risk behaviour and its management. This study further aimed to contribute to understanding of bathhouse culture through analysis of narratives of bathhouse sexual experience.

Methods

Qualitative interviews were conducted with a sample of 23 gay and bisexual men who reported attending a bathhouse. The sample selection was based on interviews at induction to the Polaris HIV Seroconversion Study, a longitudinal quantitative and qualitative cohort study of documented recent seroconverters and HIV-negative controls. Ethics approval was obtained from the HIV/AIDS Human Subjects Review Committee of the University of Toronto. Prior to the interview, informed consent was established. Participants agreed to an audiotaped interview on their bathhouse experience following completion of a follow-up quantitative questionnaire (not analysed in this paper) on their general health, relationships, risk behaviour and HIV testing. Participants received an honorarium of CA\$50 for completion of both interview protocols. The qualitative interviews of about 1 hour duration, were transcribed verbatim, and verified for accuracy. In this report of findings, pseudonyms are used to protect the identities of participants.

Fourteen of the men were HIV-positive and nine were HIV-negative. The men ranged from 21–59 years in age and were an average of 37 years. Twenty-one men self-identified as gay and two as bisexual. Twenty participants identified themselves as White, two as Aboriginal and one as Latin American. Of the 23 men, 15 reported having some post-secondary

education or having received a post-secondary diploma or degree. At the induction interview, HIV-positive men were asked to describe how they thought they became infected. Some believed they became infected through sexual activity at a bathhouse. This led to the current study.

Data were collected by means of face-to-face, semi-structured interview. It was believed that a face-to-face interview would allow for an in-depth exploration of bathhouse experience from the user's point of view. Questions were asked concerning men's reasons for frequenting bathhouses, what they liked about bathhouses and appraisals of bathhouse experience. Interviewers were trained to use active listening techniques and to take an engaging, probing stance in relation to the topic in order to acquire a detailed narrative of the participant's bathhouse experience.

A narrative approach was used to conduct the data analysis (Riessman 1993). Narrative analysis focused on the identification of what the participants thought and did in relationship to their bathhouse experience, and aimed to examine how men who have sex with men at bathhouses socially construct and behaviourally manage their experience (Berger and Luckmann 1966). Two investigators first independently conducted a line-by-line analysis of the transcribed texts to identify key words, phrases or concepts used by the participants in their narratives. The investigators then collaborated on their analyses to develop an open coding scheme based on recurring themes. Thematic files were created to sort the data using QSR NUD*IST software. Statements of the participants that most accurately represent the findings are presented in the results. Validation of the analysis was achieved through community consultations with a bathhouse employee and a HIV prevention outreach worker (MacLean 2001, Maxwell 2001).

Results

Four themes related to participants' appraisals and meanings attributed to bathhouse experiences emerged from the data: views of bathhouse culture and environments, moral conceptions of self and others, identity management, and psychosocial functions.

Views of bathhouse culture and environments

Participants viewed gay bathhouse culture in three different ways: as an HIV aware environment, characterized by social rituals of somatically focused and depersonalized sex, and as a personally safe environment in which to engage in sexual activities with other men.

Participants assumed that because sexual activities were prominent in bathhouses, there was a risk of HIV transmission. They perceived the bathhouse to be a place where there was considerable risk of HIV transmission given that they knew or assumed many of the men who frequented bathhouses to be HIV-positive.

There's an assumption that you know what you're walking into, that HIV is prevalent out there and if you're going into an environment that is just for sex, that whoever you're having sex with is gonna be [HIV] positive. (Jack, 32, HIV+)

Men also reported the bathhouse to be an environment where unsafe sexual activities were common practise despite accessibility of condoms. The majority of participants reported unsafe sexual practices of others and not themselves.

There's an awful lot more risk-taking at bathhouses that I've noticed. There's much, much more [unprotected sex] going on. It just seems to be happening. I see it happening when I go there and my friends see it happening too. (Doug, 37, HIV-)

I don't [have unprotected sex at the bathhouse], but what astounds me is how many people want to. That is truly frightening. (Norman, 49, HIV+)

Nevertheless, some did report having unprotected sex at a bathhouse in their lifetime and several seroconverters mentioned that they believed they became infected with HIV as a result of unsafe sexual activity in this same environment.

I think bad memories because I think that is the place I get HIV. I repeat, I don't blame nobody. I think it is my own fault, my own mistake, but still I find the place are not safe for anybody. (Henry, 42, HIV+)

The visibility and availability of safer-sex information and materials, such as condoms and lubricant, reinforced participants' perceptions of HIV risk transmission. They also reported that because condoms and lubricant were widely available, men who engage in unsafe sex do so out of personal choice.

Well the good thing about the baths is there's really no excuse for you to not use a condom, because in the office area, it's full of lube, there's poppers, and condoms are free. Even if you don't have a toonkie [Canadian two dollar coin] you can probably get free lube and stuff, so there's really no excuse for you to have unsafe sex unless you want to. (Paul, 31, HIV-)

Participants described the bathhouse as an environment where men who have sex with men could engage in depersonalized and somatically focused social rituals. Bathhouse sex was most often anonymous, frequently non-verbal and ends with no commitment or obligation.

The less I know the better. I mean I'll get to know their name, where they're from, but that's about it. It's better with no strings attached. You can be somebody different when you're there. You can just let go of all your inhibitions and become a sex machine. (Jason, 26, HIV+)

Men contrasted the social rituals and expectations of bathhouses with those in gay bars. The participants described the bathhouse as an environment that was devoid of social pretence and therefore a venue for easy access to sex.

If I'm going to a bar, I'll meet somebody and will actually get to know them. Whereas at a bathhouse, I don't care who they are; they don't care who I am. You're just out for sex and that's it. (Doug, 37, HIV-)

Participants reported a sense of personal safety at bathhouses, especially when compared to other anonymous sex locales, such as parks and public washrooms. They spoke about being safe from the risk of gay bashing and

law enforcement. A participant's sense of personal safety, however, was not always inclusive of safer sex practices.

Well just the opportunity to have safe casual sex, meaning safe, there are no cops. There's nobody gonna come in and catch you doing something with their husband or something you're not supposed to be doing. (Brent, 36, HIV+)

In a park, I've always got my eyes open for the flashlight, but when I go to the baths, I don't have to do that and I shouldn't have to do that. (Paul, 31, HIV-)

I think it goes back to Stonewall and the [Toronto] bathhouse raids. When you go to a bathhouse, the front door is locked and that gives you a feeling of security in the place that you are in. (Peter, 46, HIV-)

Moral conceptions of self and others

Overall, the bathhouse was an environment in which participants described themselves and others in moralistic terms. This was indicative of having internalized societal beliefs about gay sexual prowess and promiscuity in bathhouses. Some participants expressed negative appraisals about themselves going to a bathhouse, particularly in hindsight.

I'm less inclined to beat myself up now than I used to. It's not a behaviour set that I particularly like. I don't think I ever go if I'm in a good mood, if I'm feeling satisfied with work or with school or anything else. (Matthew, 49, HIV+)

I don't like going and I haven't gone in a while. It's like, oh why did I do that? I should have just gone home and jerked off or something. It's like, okay I'm going to a bathhouse, I feel like a really bad boy or something. I hope nobody catches me. It's sort of like having sex in your parent's house and they're upstairs or something, you know that kind of thing. (Doug, 37, HIV-)

Others reported that negative appraisal about themselves referred to them being HIV-positive and included a concern regarding potential discrimination while at a bathhouse.

I feel there's still a stigma attached to it and I still am to a large degree on occasion, not regularly, but on occasion, really ashamed of myself that I am HIV [positive]. Unfortunately there are still some people who will walk away from you because you're HIV-positive. (Brent, 36, HIV+)

Participants also reported negative moral conceptions of others at a bathhouse regarding older men, men who have sex with multiple sexual partners, those involved in the sex trade, and those who had expectations of finding a long-term partner.

I guess he was having sex with lots of people throughout the evening and he seemed to know what he was doing. Yeah, he knew what he was doing, like he wasn't a beginner. I got depressed cause it was gross and I just left and didn't have sex with anyone. (Jonathan, 24, HIV+)

Other times they're sitting in their room with their trousseau and a wedding gown and the Ashley's china catalogue going, 'come in, have sex'. And you know they're not looking for that. They want to get married. (Bill, 38, HIV+)

Older and unattractive men were reported as undesirable sexual partners and therefore bathhouses were one of the only places where these men could find sexual partners. Those who witnessed episodes of group sex

commented negatively about the perceived high-risk sexual behaviour. Some men reported that they would not go to specific bathhouses that allowed sex trade work to take place on the premises.

And there's the seedier ones I usually choose not to go to. You know there's that hooker element. (Paul, 31, HIV-)

Identity management

Identity management consists of a set of cognitions and behaviours that mediate the disclosure of personal identity and discomfort in a bathhouse environment. Participants reported ways of thinking and behaving at bathhouses that facilitated their getting needs met in this environment. Participants reported that they functionally managed their identities through disconnecting their emotional and sexual needs from appraisals of the bathhouse environment. Some participants believed that their affectional needs would be met by having sex at a bathhouse. Nevertheless, most reported feeling emotionally conflict about having used the bathhouse in retrospect.

Going to a bathhouse is not the answer to whatever it is that gets me there in the first place. Part of me is looking for some semblance of affection. It's seldom an issue of being particularly horny, interestingly, or wanting sexual release. I mean I'm sort of using sex as a vehicle for things I still haven't fully worked through. (Norman, 49, HIV+)

Occasionally there were visits to the bathhouse where my time would have been better spent picking up the phone and calling a friend. You can, at times, use sex to numb things out, make you feel better about everything and at times you're just in a crap mood and nothing is gonna make you feel better. And this isn't the place to do that, because when you're not there for the right reason, it's the loneliest place on earth. (Bill, 38, HIV+)

Being in that kind of place, I just shut down you know. I start disconnecting myself from my body. (Albert, 24, HIV+)

Alcohol and drug use were perceived as having an impact on sexual practices at bathhouses. Some respondents reported that substance use mediated the decision to go to a bathhouse, while others indicated that it predisposed them to engage in unprotected sexual activity. However, in this study the link between substance use and sexual risk behaviour was not substantiated.

I need to have a little cocktail in me sometimes to be a little more sexually adventurous. You know so I might be a little more free-spirited or a little more risqué and more open and more of an exhibitionist. (Paul, 31, HIV-)

I bring my own booze in there too. I never went there sober. I don't go there when I'm sober. (Bob, 33, HIV+)

Mild stimulants, poppers, I did crystal meth once—just all because I was horny and I wanted a heightened experience. The more men, the better. The more fucking, the better. (Jason, 26, HIV+).

Participants reported verbal dialogue between men to be minimal in bathhouses. Bathhouse sex was characterized by a culture of silence. Men reported that silence facilitated the management of identity, such as HIV status or other biographical information.

A lot of people don't even ask your HIV status, they don't care. (Brent, 36, HIV+)

You lie on your bed or walk through the hallways and give out the signals. (Isaac, 59, HIV+)

Psychosocial functions

Gay bathhouses serve multiple constructive purposes for men who have sex with men. Some participants identified both sexual and non-sexual uses. Most participants reported sexual release on the predominant reason why they went to a bathhouse. In addition, men reported using the bathhouse to recuperate from alcohol and drug use, as an inexpensive place to stay overnight, and as an opportunity to socialize with other men who have sex with men.

I'm all worked up, I want to have sex. I want to get my release of sexual tension, so I went straight to the bathhouse. (Albert, 24, HIV+)

These guys will actually call me at home or send me e-mails and we will make a date and we will meet at the baths purely because the sling is there and it's easier and we go for a beer afterwards. I use the bathhouse more as an ancient Greek, Roman social centre and also a fucking centre and a fisting centre as well, and there's a lounge where I can sit and relax with a coffee and a cigarette. (Peter, 46, HIV-)

Some men reported that positive self-regard helped them to create and maintain internal conditions and social boundaries that were compatible with practicing safer sex. Several men also reported engaging in a self-reflective process whereby they examined their behaviour, cognitions and feelings in hindsight, and reached a more integrated understanding and response to the bathhouse environment. On reflection, men described recognition that the bathhouse could fulfil a sexual need in their lives and that for them, it did not function as a place to meet affectional desires. Nor was it a place particularly sensitive to emotional needs. Being clear about one's affectional and cognitive expectations results in behaviour which was more likely to be life affirming and less likely to result in life threatening behaviour. While using a bathhouse, men who were most clear about its primary function, that is, as a place in which to have a somatic sexual experience with minimal psychosocial requirements or benefits, were more likely to report positive experiences.

I make sure that the mood I am in is horny, not sad, not anxious, not lonely, but looking for sex. Now I enjoy them for what they are. (Bill, 38, HIV+)

I don't go if I'm feeling depressed. Usually when I'm feeling confident, then I'm more likely to go because I can deal with the possibility of rejection. (Steven, 49, HIV-)

Discussion and conclusions

The bathhouse is an HIV aware environment characterized by somatically focused and depersonalized social rituals in order to obtain easy access to sex. However, bathhouses were also viewed as a sexual venue that was personally safe. Moral conceptions of self and others perpetuate negative

appraisals and stereotypes of men who have sex with men. Identity was managed in several ways including use of cognitive-emotional dissonance, use of alcohol and drugs, and non-verbal discourse. Psychosocial functions, in addition to those that are sexually based, include use of the bathhouse to meet various social needs, such as a place to sober up before driving home or meeting other men who enjoy having sex with men.

Negative moral conceptions of self and others at a gay bathhouse may reflect the extent to which internalized homophobia remains intrinsic to men who have sex with men. In his book *Stigma*, Erving Goffman writes that in response to the management of a spoiled identity, members of stigmatized groups who have internalized negative beliefs and stereotypes about themselves will employ various strategies to separate themselves from that group and from themselves. As such, they are left with ambiguous feelings towards themselves. Subsequent sexual behaviour may not be self-protective.

Without the bathhouse environment, identity management issues, alcohol and drug use, as well as non-verbal discourse pose challenges for HIV prevention. Cognitive-emotional dissonance was reported as a component of the men's personal experiences at a bathhouse. In particular, many men described use of both alcohol and drugs before going to and while at a bathhouse. One man recounted a period in his life when he never went to bathhouses unless he was inebriated. The use of alcohol and drugs in this environment further facilitates cognitive disengagement from self and knowledge of HIV risk Williams *et al.* (2000).

Some men reported non-verbal communication as a barrier to negotiation of safer sex, while others gave accounts of non-verbal safer sex practices such as condoms being made visible. Weinberg (1975) postulates that the function of silence is to ease depersonalized social rituals by men who have sex with men at bathhouses. More recent work has suggested that silence among bathhouse users may pose barriers to the negotiation of safer sexual practises (Elwood and Williams 2000).

Men reported a process whereby they reflect upon their reasons for going to bathhouses. In particular, some men described the bathhouse as a place to meet one's sexual needs only. They no longer saw the bathhouse as a place where they might meet a potential long-term partner. Other men reported using the bathhouse as a place to access specific leather paraphernalia such as a sling. Others reported meeting social needs in these environments while living an otherwise heterosexual lifestyle. Yet others were unclear about why they frequented such settings.

I'm a big boy now. There were things in the past that stem from insecurity, you know, looking for love in all the wrong places. I know why I go there now. (Paul, 31, HIV-)

Overall, bathhouses continue to play a significant role in gay culture and remain an important setting for the promotion of HIV risk reduction strategies. They are critical environments within the commercial gay community for the promotion of safer sex and the reduction of HIV transmission. Further research, however, needs to examine the multiple

meanings of bathhouse use and the oppressive and functional aspects of bathhouse culture among men who have sex with men, and their relationship to HIV.

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Résumé

L'objectif de cette étude était de décrire les expériences de sauna chez les hommes gay et bisexuels, et leurs perceptions des risques liés au VIH dans ce contexte. Des entretiens semi-structurés en face à face ont été menés auprès d'un échantillon calculé d'hommes gay et bisexuels – 14 séropositifs et 9 séronégatifs – qui déclaraient avoir déjà été dans un sauna. L'échantillon était sélectionné à partir de la Polaris HIV Seroconversion Study, une étude de cohorte ouverte portant sur des cas documentés de séroconversions récentes et sur un groupe contrôle de personnes séronégatives en Ontario, Canada. Les transcriptions des entretiens ont été analysées grâce à une approche narrative. Quatre thèmes majeurs ont été identifiés, relatifs: à la culture et aux environnements des saunas gay; aux conceptions morales de soi et des autres dans un sauna; à la gestion de l'identité dans un sauna; aux fonctions psychosociales des saunas gay. La transmission du VIH est un élément majeur de la culture des saunas; par conséquent, les saunas constituent des environnements critiques pour la promotion des activités sexuelles protégées chez les hommes gay et bisexuels.

Resumen

La finalidad de este estudio era describir las experiencias de hombres homosexuales y bisexuales en las casas de baños y conocer cuáles eran sus percepciones en este contexto sobre el riesgo de contagio del virus del sida a través de las relaciones sexuales. Se llevaron a cabo entrevistas cara a cara y semiestructuradas con una muestra deliberada de hombres homosexuales y bisexuales – 14 VIH positivos y 9 VIH negativos – que afirmaron haber visitado alguna vez una casa de baños. La muestra fue seleccionada del Polaris VIH Seroconversion Study en Ontario, Canadá, un estudio longitudinal y abierto con seroconvertidores recientemente documentados y VIH negativos como grupo de control. Se analizaron transcripciones de entrevistas usando un enfoque narrativo. Se identificaron cuatro temas principales: qué opinaban de la cultura y los ambientes en las casas de baños homosexuales; las concepciones morales de uno mismo y de los demás en las casas de baño; el control de identidad en las casas de baño; y las funciones psicosociales de las casas de baños para homosexuales. La transmisión de VIH es un componente dominante en la cultura de casas de baños; por consiguiente, los baños son ambientes decisivos para el fomento de actividades sexuales más seguras entre hombres homosexuales y bisexuales.