

Not with a Ten-Foot Pole: Core Stigma, Stigma Transfer, and Improbable Persistence of Men’s Bathhouses

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We examine how organizations that suffer core stigma—disapproval for their core attributes—survive. We explain how men’s bathhouses avoid negative attention and minimize the transfer of stigma to their network partners, including customers, suppliers, and regulators, through careful management of their business activities. Using observational, archival, and interview data across different institutional environments, we find that, in response to suffering core stigma, men’s bathhouses use a variety of strategies to shield their partners depending, in part, on the level of hostility that they face in their environment. Our work contributes to the emerging literature on organization-level stigma, especially by focusing on how core-stigmatized organizations are able to survive and by drawing attention to the special problem of stigma transfer. Our findings also focus attention on the use of legitimacy in organization studies and call for further examinations of core-stigmatized and other illegitimate organizations to expand our theoretical domain to the fullest range of organizational processes and outcomes.

Key words: core stigma; organizational stigma; stigma transfer; event stigma; legitimacy; illegitimacy; organizational boundaries; men’s bathhouses

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Scholars have long recognized the need for organizations to achieve social legitimacy and endorsement (Meyer and Rowan 1977, Deephouse 1996, Dacin 1997). Yet broad-based acceptance of every organization is not a given, and the legitimacy of organizations and/or their actions is often debated or contested (Meyer and Rowan 1977, p. 672; see also Meyer et al. 1987, Stryker 1994, Creed and Scully 2000, Galvin et al. 2005). Organizations that are not legitimate survive and thrive.

In spite of this acknowledgement, we know little about organizations that do not have broad-based social approval or legitimacy (Zuckerman 1999, p. 1399). One literature that has explored organizations that do not have broad legitimacy is the emerging literature on organizational stigma, which focuses on organizations that suffer negative social evaluations (Sutton and Callahan 1987). Early work examining social stigma and organizations can be traced back to Hughes (1958), who pointed out that some tasks in organizations were physically, socially, or morally tainted. Here, the target of stigma in the organization is the occupation itself, that is, dirty work (Hughes 1958, Ashforth and Kreiner 1999, Kreiner et al. 2006, Tracy and Scott 2006, Ashforth et al. 2007). However, the negative criticism from occupational stigma is not typically directed at the organization as a whole.

More recent work has begun to focus on the stigma directed at organizations. This work has mainly paid

attention to negative events such as bankruptcy (Sutton and Callahan 1987, Neu and Wright 1992, McKinley et al. 1996), industrial accidents, such as the Union Carbide disaster in Bhopal or the Exxon Valdez oil spill (Hoffman and Ocasio 2001, Lacey 2003), or significant product defects, such as Dow Corning and silicone breast implants (Ginzel et al. 1992). This type of organizational stigma has been labeled event stigma (Hudson 2008), the result of an unusual or anomalous event. In these instances, organizations attempt to repair their image and to overcome their stigma, and the emphasis is on the mobilization of resources to recover lost social support. For example, Sutton and Callahan (1987) found that management created alternative accounts of the problems that led to bankruptcy to distance themselves from those events and enable a recovery for the firm. Elsbach and Sutton (1992) found that, after a stigmatizing event, Earth First! and ACT UP recovered social support by decoupling stigmatizing events from the broader activities of the organization, by exhibiting high levels of conformity to other institutional demands, and by providing normalizing accounts of those events.

In addition to event stigma, another type of organizational-level stigma occurs when some social audiences discount or discredit an organization because of core attributes, such as outputs, routines, or customers, that are in perceived violation of social norms. This type

of stigma is called core stigma (Hudson 2008). Examples of core-stigmatized organizations include advocacy organizations when their core constituency is stigmatized (such as AIDS sufferers) or when their strategies and tactics are aggressive, disruptive, or violent and they are therefore judged negatively (Elsbach and Sutton 1992). Core-stigmatized organizations differ from event-stigmatized organizations because core-stigmatized organizations cannot, or will not, repair their stigmatized image to obtain broad social approval and endorsement. The distinction between core-stigmatized and event-stigmatized organizations is a recent one, and we still know little about how core-stigmatized organizations work and survive.

Although previous research has explored some of the conditions under which organizations suffering stigma operate, several important questions remain. For example, the literatures on occupational stigma and on event stigma have explored the consequences of stigma on organizational participants (Sutton and Callahan 1987, Ashforth et al. 2007) but have not looked at the impact on partners outside of the organization. In addition, the organizational stigma literature has tended to assume a monolithic opposition to organizational activities or events and as a uniform level of criticism from the external environment. This fails to recognize that the social standards on which these negative evaluations hinge are both fragmented, reflecting multiple constituencies, and uneven, reflecting different levels of concern across society. Finally, and perhaps most crucially, this work has not explored how core-stigmatized organizations, unable to gain broad-based approval and support, are able to survive.

In this paper, we explore how core-stigmatized organizations survive in the absence of broad-based social approval or legitimacy. To understand how these organizations survive we characterize the nature of the stigmatization they face, focusing on the various degrees of opposition that exist for these organizations. In addition, we explore the relationships between core-stigmatized organizations and their external partners. Using an inductive and grounded theory approach, with data collected from participant observation, archival sources, and interviews, we examined men's bathhouses. We found that, to survive, these organizations protect themselves from the negative effects of stigma through the use of different boundary management processes. Below we describe the typical men's bathhouse, explain how it suffers from core stigma, and describe how stigma transfer affects business partners, threatening the existence of the bathhouse. We also present the methodology used for this study and describe the processes that bathhouses use to manage stigma and the transfer of stigma. Finally, we note our contributions to the literatures on organizational stigma, organizational boundaries, and the use of legitimacy in organization studies.

Research Setting: Men's Bathhouses and Core Stigma

... from the front you can't tell what it is. [...] Past the corridors is a forest-green common area with couches and a crackling fireplace. African tribal artifacts hang on the walls. There's a pool table, a television room, a weight room, vending machines, and a couple of pinball machines. Poolside recliners surround a sauna and a 17-man jacuzzi. [...] a beautifully kept garden overflows with tropical flowers, cacti, palms, ferns, and fountains—sort of a primeval forest theme. In the middle of the garden is a gazebo with a roaring fire in the middle. The most popular room on the night I attended, however, was the back room devoted to gay porn movies. (Sine 1996)

Men's bathhouses are commercial venues that provide physical and social space for customers to engage in sex with other customers. The activities that take place there are broadly condemned in society, and, consequently, men's bathhouses suffer stigma. How these stigmatized organizations are able to survive and thrive in the face of wide-ranging and often intense opposition is the central question in this research.

Men's bathhouses evolved from sex-segregated public bathing establishments of the 19th century (Chauncey 1994, Bérubé 2003). These establishments became an important institution for gay men as venues for sexual liberation and political organizing in the 1960s and 1970s (Armstrong 2002, Bérubé 2003). Men's bathhouses gained public attention during the 1980s with the advent of the AIDS epidemic in the United States, when they were criticized as settings for the spread of HIV. Public health agencies closed many bathhouses, perhaps most notably in San Francisco (Shiltz 1988). Even during this period, however, negative evaluations of bathhouses were not universal. In fact, closures were very controversial in San Francisco and New York, where advocates and supporters rallied in their defense (Shiltz 1988). In spite of those closures, bathhouses across the country continue to operate.

The entry to the bathhouses we visited was typically a poorly marked door facing the street that led into a small reception area. Lobbies were small, plain spaces where customers could wait to be admitted. Lobbies had signs with prices for membership (usually for a day, a month, six months, or a year) and for locker and room rentals (for 6–12 hours, typically). At one end of the lobby a cashier was stationed behind a glass booth window, similar to the window at a movie theater or the reception window of a doctor's office, where customers paid for admission. In every bathhouse customers had to join and get a membership card, which allowed for multiple visits. After receiving a towel and a locker or room key, the customer was let in. The door into the main part of the facility always had a lock that had to be opened from behind the glass booth by the attendant.

One newspaper described the reception area of a local bathhouse by noting:

A towering palm, a lush little garden and a lighted address sign [led] the way to an alcove containing two frosted-glass doors and an inconspicuous sign [...] On busy nights, men wait in line on the sidewalk [...] A guy at the front desk checks IDs, puts customer valuables in a lock box and makes them sign a little card [...] A basic room goes for \$20, and a few dollars more will add a television or a deluxe bed. A few dollars less buys just a locker in which to stash clothes. There is also a membership fee. The [bathhouse] is open 24 hours a day, seven days a week. (Sine 1996)

The typical bathhouse had a television lounge, vending machine areas, locker rooms, a gym area, a bathing area, bathrooms, and small private changing rooms. Many had swimming pools and sun decks, and some had pool tables. The lounges usually had a large screen television playing broadcast or cable programming or movies as well as sofas and chairs on which men lounged in towels; there was artwork on the walls, and bulletin boards with community announcements. In some places safer-sex information in the form of pamphlets and posters was available, and some advertised safer-sex education programs. We observed evidence of outreach activities by health departments related to HIV and STD testing, education, and counseling, ranging from testing schedules to visits by AIDS community groups. Several bathhouses had a dedicated space for STD testing and education. The locker room and workout facilities were typical of a gym or health club. Bathing areas usually had open showers, a steam room, a dry sauna, bathrooms, and often a whirlpool tub. Private changing rooms had a padded bench or bed, and some had video monitors showing male pornography. Sometimes VIP and specialty or theme rooms were available. The changing rooms were lined up in rows along hallways, sometimes laid out as a maze, and were dimly lit. After a customer disrobed in his room or put his clothes in a locker and was wearing only a towel, he could walk around the halls, common areas, lounges, and bathing areas. After meeting other customers with compatible sexual interests, they could engage in sex in one of the private rooms or common areas.

In our visits we found that the quality of bathhouses varied considerably. Some facilities were immaculate and continually cleaned by attendants. The reporter quoted above noted that “many decent hotels can’t match the range of amenities provided by the [bathhouse].” However, some bathhouses we visited were not as pristine as those mentioned above but were instead small, filthy, dingy, and even lacking in basic amenities. One bathhouse even had toilets that did not flush, showers that did not work, and several public areas that appeared derelict and abandoned.

Only the largest cities in the United States have more than one bathhouse. Many bathhouses are single-site operations, although a few chains operate more than one site around the country. When bathhouses compete, they attempt to differentiate themselves through the quality of their facilities and the customers they attract. None of the bathhouses in the United States are publicly traded; instead they are owned by individuals or private partnerships. Although the smaller bathhouses are run by owners with small staffs, some of the larger chains have professional managers in charge of operations.

Much of the stigma of the bathhouse comes from the activities in which bathhouse customers engage, as reflected in laws proscribing these activities. Until June 2003, when the U.S. Supreme Court declared them unconstitutional, some states had so-called sodomy laws, banning some types of sexual activity between any two persons (e.g., Virginia) or between persons of the same gender (e.g., Texas) (Anonymous 2001). Most U.S. states and cities have laws against public lewdness (Rotello and Wolfson 1993). Twenty-seven states have antiadultery laws (Savage 2002), and some have antifornication laws, which prohibit all sexual activity outside marriage (e.g., Louisiana). Using these laws, police have raided bathhouses across the country, arrested patrons, and suspended business temporarily or permanently (Orton 2005). Social attitudes about sex between men remain largely negative. Polls have shown that a majority of Americans believe that sex between men is morally wrong (Page 2003). The link of bathhouses to the AIDS crisis also stigmatizes their existence (Shiltz 1988). When a bathhouse is discovered, communities often try to shut it down (Sine 1996, Resnick 2003). Bathhouses also face stigma from some in the gay community who argue that sex outside of committed relationships is morally wrong (Sullivan 1996) and that gay men cannot be accepted in broader society if they engage in casual sexual activity (Kramer 1997). Some in the gay community also base their objections on health concerns, because sex with many partners can spread disease (Shiltz 1988).

The disapproval that bathhouses faced took forms ranging from negative public reactions to legal sanctions and closures. Underscoring the immediacy of these threats, during our data collection period two bathhouses were shut down by authorities. The stigma that these organizations suffer was also manifested in the way in which managers conduct their business. One manager told us that he went to great lengths to avoid calling the police or other city services for any reason to avoid attention. He explained, for example, that his staff was trained on how to handle customers who passed out because of an alcohol or drug overdose: revive him and get him out of the door and onto the street rather than calling police or paramedics.

We selected men's bathhouses in the United States as our research setting to explore an industry that suffers from a high level of core stigma but for which it is still possible to collect multiple sources of data. Nonetheless, within the United States institutional environments vary from places where bathhouses are highly condemned and sex between men has traditionally been illegal (e.g., conservative southern states) to places where bathhouses are almost accepted as mainstream businesses (e.g., some large urban areas). Consequently, some bathhouses engage in activities that provide a public face (i.e., advertising), facilitating the collection of archival data. Using travel guides, the Internet, and gay community publications, we identified slightly more than 100 bathhouses in medium and large metropolitan areas throughout the United States. We identified at least one bathhouse in each of 21 states and identified only a few cities with multiple bathhouses. In 29 states we were not able to find or identify any bathhouses. Our work progressed in two stages, which we describe below.

Data Collection and Analysis

Stage 1: Understanding the Research Context

In keeping with principles of inductive analysis, we felt it was important to be faithful to our setting and our participants in our data collection and analysis process, as well as to remain open-minded about the results the data indicated (Glaser and Strauss 1967). In our case, this led us to engage in some initial data collection to develop a nuanced understanding of this industry, which we detail here.

Data Collection and Analytical Methods. Because the social and business context of men's bathhouses is unusual, the aim of our initial data collection and analysis efforts was to help us understand our research setting. This initial process involved two different data collection methods: archival data and interviews. We began by collecting archival materials about bathhouses, including academic histories and analyses, published personal accounts, and newspaper and magazine articles. In addition, we also interviewed contacts in the industry using exploratory methods to develop narratives of their experiences as managers and employees in bathhouses. We also interviewed customers of bathhouses around the country, initially using a variety of convenience and snowball sampling techniques. In this early stage our approach was a broad one, reflected in the open-ended perspective we used in our interviews and archival searches. Our initial analysis helped us gain two important insights into our organizations. First, we saw differences in the characteristics of bathhouses in different institutional environments, and, second, we observed an apparent need for bathhouses to respond to the transfer of stigma to their partners.

Institutional Environments. In the initial stages of analysis we noted differences in the ways bathhouses operated in different cities. Suspecting that these differences might be due to the level of hostility that bathhouses faced, we incorporated this working proposition into our later data collection process. As our formal process advanced, we found that where core stigma was highest, bathhouses exhibited characteristics different from those in environments where core stigma was lowest. We then quantitatively characterized the environments in which bathhouses operate. Measuring opposition to bathhouses was problematic, however, because no direct measures exist. As a surrogate measure, we collected archival data to rank localities on their attitudes toward homosexuality. We collected census data on the prevalence of same-sex households in each bathhouse locale and data on the voting record of the respective members of the U.S. Congress on issues of importance to the gay community (such as the Employment Non-Discrimination Act), and we examined state and local laws, such as sodomy laws or hate-crime statutes inclusive of sexual orientation. These measures gave us multiple variables to rank communities based on their hostility toward, tolerance of, or acceptance of homosexuality. Using a clustering technique, we assigned each location into an environmental category of Condemning ($N = 27$), Tolerant ($N = 25$), or Accepting ($N = 56$). We include details on our approach in the appendix.

Stigma Transfer. The second insight that emerged in our initial data collection process was that stigma transfer from the bathhouse to its partners was an important aspect of bathhouse operations. Early in the process, we noted that customers continually referred to "shame" or "embarrassment" from being associated with bathhouses. Some customers explained that this was due to the stigma of having sex with men or, within the gay community, of "being a slut." To us, this showed that the stigma of the bathhouse was contagious and could infect those associating with it. Such stigma transfer is similar to courtesy stigma (Goffman 1963), in which others are stigmatized by association, including those, such as suppliers and regulators, who are not direct participants in bathhouse activities. We incorporated this working proposition into our later data collection process, and we found strong evidence of this process. Stigma transfer presents a problem for bathhouses because potential customers and suppliers may choose to avoid it, threatening its survival.

Stage 2: Exploring the Bathhouse

The study of core-stigmatized organizations presents significant problems for researchers. Because of their illicit or illegitimate nature, it was often difficult to access or even identify these bathhouses, and collecting detailed

data about them proved labor intensive and time consuming. To study these organizations, we needed to develop a research approach that would account for the obstacles that core stigma imposes on bathhouses and on us as researchers. To respond to the research context and allow us to maximize the amount of data gathered in this setting, we used three different methods of data collection in the second stage of our work: participant observation, archival collection, and interviews.

Participant Observation

Our visits as customers to 25 bathhouses provided the primary sources of data collection. These visits included three visits in the eastern United States, four in the Midwest, seven in the South, nine in the West, and two in the Northwest. During these visits we paid membership and rental fees, put our belongings into lockers, and, wearing towels, wandered the facilities. Acting as participant observers allowed us to gather information on many aspects of bathhouse operations. We could note membership requirements and collect information on the facility's location, physical layout, and posted notices, which included information on the bathhouse (such as policies and special events) and information about other services and events (such as STD testing or gay pride events). During these visits, we sometimes had the opportunity to talk to others including customers, some staff members, and occasionally service providers (such as STD educators). We present a detailed count of our visits and other data sources in Table 1, which classifies them according to the three different institutional environments detailed above.

Archival Data

Collecting archival data on individual bathhouses proved especially difficult, because these businesses attempt to

keep a low profile in their activities. If bathhouses advertise, they primarily do so in local gay newspapers. These newspapers are usually small weekly or monthly publications that exist only in print editions. To collect a broad sample of these advertisements, we contacted management faculty around the country and asked them to mail us copies of local gay newspapers. After receiving them, we identified advertisements that referred to bathhouses, clipping them to create a scrapbook and recording their origin. These ads varied in size and the explicitness of descriptions and images, showing the differences in how bathhouses present their public face. We also collected archival information from websites. Using search engines, word of mouth information, and tips from our informants, we found websites run by bathhouses, sites where bathhouses are reviewed, and sites where bathhouses advertise. We also purchased different gay travel guides to find bathhouses and collected stories from general and gay newspapers, including stories on closings, licensing, and community concerns. Historical treatments provided information on the emergence of bathhouses, their configurations, and their role in the gay community. We also collected archives of court decisions involving bathhouses.

Interviews

In an effort to collect detailed information on the activities of these core-stigmatized organizations, we also conducted a series of interviews with individuals including customers, potential customers who had never been to a bathhouse, managers, workers, and individuals in service or client relationships with bathhouses. We made initial contacts through associates in the industry, followed by a snowball sample with interviewees providing names of others to contact. This allowed us to interview

Table 1 Data Collected, Organized According to the Institutional Environment in Which the Focal Bathhouse Operates

Data for bathhouses**	Observation data: Site visits	Archival data			Interview data				
		Company websites	News articles	Advertisements***	Managers*	Workers	Customers*	Suppliers	Regulators/outreach workers*
Condemning environments	9	7	1	8	2	1	10	1	1
Tolerant environments	8	13	5	16	3	1	7	3	2
Accepting environments	8	18	4	21	2	3	8	1	4
Total (N)	25	38	10	59	5	5	12	5	6

Note. This table does not account for data of a general nature, such as historical narratives, general articles about bathhouses, academic articles on bathhouses, and so on.

*Some managers, customers, and regulators/outreach workers provided information on multiple bathhouses.

**Data for each bathhouse are counted only once per column in the institutional environment rows (when several customers commented on the same bathhouse, it is included only once). Thus, for example, we have information from customer interviews on 10 bathhouses in condemning institutional environments.

***Multiple advertisements were collected for several bathhouses. Each unique bathhouse is counted only once in the column, except in the Total row, where all of the advertisements we collected are included.

a constellation of persons with different relationships with bathhouses. As before, the core-stigmatized nature of bathhouses presented special challenges. We did not contact regulators or law enforcement unless we were assured that it was okay to do so by bathhouse managers to avoid unwittingly alerting these agencies to the bathhouse's existence. This was a requirement from our Institutional Review Board and also a reflection of our own ethical obligation to minimize the risk to individuals associated with the bathhouse. This obligation to lessen risk also means that each constellation of interviews has a slightly different makeup, depending on the individuals available to interview. The interviews with each participant lasted 45–90 minutes and were semi-structured in nature. Both researchers were present for most interviews, which were tape-recorded. When participants did not wish to be recorded, we took extensive notes during the interview and immediately taped a conversation between the authors reviewing the interview, omitting identifying information.

Analysis

Following a grounded theory approach (Glaser and Strauss 1967, Miles and Huberman 1994), our analysis began during data collection, when we noted specifics and developed working propositions. Our initial propositions led us to focus particularly on actions or structures that shielded the bathhouse from attention or a partner from association with the bathhouse. To assess the validity of a proposition, we then engaged in data reduction and verification (Miles and Huberman 1994). Taking a backward view, we reduced the data of all types already collected for evidence of the prevalence of the practice as verification. For example, we evaluated the portrayal of gym facilities against our data from printed media, our observations, and interview transcripts. If we found strong or mixed support for a working proposition, we incorporated it into our forward look and gathered evidence with the new theme in mind. We tailored later visits, document searches, and interviews to gather information and develop an in-depth understanding of specific elements of bathhouse operations identified earlier. A process tailored to working propositions allowed us to determine whether an observed practice was widespread.

Our initial analytical goal was to develop a detailed account that would explain how these core-stigmatized organizations manage to survive. As we worked, we iterated between our propositions, the literatures on organizational stigma, organizational boundaries, inter-organizational relationships, and the raw data. Often, one of us would argue in favor of an idea and the other would act as a devil's advocate, attempting to disconfirm the proposition using our data. This working proposition orientation often required coding and recoding our data to answer specific questions. If we found support in the

data for an emerging theme, we retained it. If an idea did not have significant support, we either modified the idea in accordance with the data or discarded it.

We initially focused on the differences across institutional environments, as mentioned above. As our work progressed, we found additional dimensions that helped to explain some of the similarities and differences we observed. After our attention to institutional environments, for example, we focused on differences across network partners: customers, suppliers, and regulators. We subsequently explored the processes that bathhouses used to interact with each partner. The outcome was a fine-grained presentation of evidence in an extended format according to the different institutional environments and processes used by bathhouses to interact with each partner, whether customers, suppliers, or regulators. This step was useful because it highlighted inconsistencies in the ways bathhouses operated, such as the presence of signage, plaques, and membership policies prohibiting sex on the premises. In addition, this analysis showed when some processes were more prevalent in one environment than in another. However, this analysis suffered from too much complexity. In search of a parsimonious explanation for our data, we looked for commonalities across these processes. We considered characteristics such as the volition of the relationship (whether voluntary or mandated), the nature of the exchange (whether financial or otherwise), and so on, to characterize different boundary interaction processes. Below, we detail the nature of the challenge presented by stigma transfer and how bathhouses address it through the use of five boundary interaction processes.

Findings

In our setting we found that the threat of stigma transfer to customers, suppliers, and regulators was an important consideration to understand many of the activities we observed at the bathhouse.

Stigma Transfer

Customers. Because bathhouses are core-stigmatized, their relationships with their customers differ from those of other organizations. While bathhouses strive to serve their customers, customers do not necessarily broadcast their patronage. We found significant evidence that customers thought their association with the bathhouse stigmatized them. Newspaper articles described the mortification of being seen by friends or acquaintances at the bathhouse (Scott-Bush 2001). Interviewees told us that they did not want others to know they frequented bathhouses. Even enthusiastic customers kept this information from some friends and family. As one customer of multiple bathhouses told us, "I don't talk about this with my mother." Another described his bathhouse visits as "this whispered thing I don't want anyone to know"

and something that people “joke about.” A manager also talked about customers hiding their patronage, noting, “people come in, they buy the membership card, [and] they don’t want someone to find it,” so “they throw out the membership cards.” He told us, “You find them all over the streets out there.”

Our data showed that some of the stigmatization felt by bathhouse customers came from their own internalization of societal beliefs or from internalized homophobia (Crocker et al. 1998, Herek 1998). Some interviewees, with or without bathhouse experience, described thinking of bathhouses as “diseased” and customers as “desperate,” and talked about the “humiliation” of going there. In addition, the more men internalized messages about customers at the bathhouse (“Bathhouse Betties,” “whores”) or about the bathhouse itself (“diseased,” “risky”), the more likely they were to stay away. In fact, customers uniformly recalled their first visit to a bathhouse as a time of apprehension and anxiety. One customer even noted that his goal on his first visit was simply “to get myself through the door.” In a newspaper article, an anxious reporter commented that after checking in, he had to

...look at myself in the mirror, wipe the sweat off my brow. I need an extra minute to fend off a few demons. Then I strip off my clothes, wrap a towel around my waist, and walk back out into the corridor.

The stigma that customers felt from being associated with the bathhouse was not merely imagined. A lawyer described for us a police sting in which officers posed as customers, went into the bathhouse, and let men touch them in what he labeled “inappropriate ways.” Officers then arrested the men as they left the bathhouse. Because arrests were matters of public record, customers became maximally exposed to the effects of stigma. Customers convicted on lewdness charges might have to register as sex offenders, on par with child molesters and rapists. The transfer of stigma to the customer created a problem for bathhouses because it threatened their business by keeping potential customers from becoming patrons.

Suppliers. Although we heard many comments about how bathhouses could be good business partners because they paid well and on time, we often heard stories about suppliers who would not work with a bathhouse, regardless of financial rewards. A marketing executive commented that other clients “[got] uncomfortable” when they found out that he handled the local bathhouse’s account. One accountant told us that one bathhouse had to settle for inferior suppliers because “not everybody wants to deal with that type of business.” He also quit working for the bathhouse as “soon as he could.” Providers forgo the financial benefits of working with bathhouses because of personal objections (stigmatization of the bathhouse) or because they fear being seen working with the bathhouse (stigma transference).

Regulators. Stigma transfer is also a concern for statutory regulators like building inspectors, who oversaw compliance with building codes; environmental health agencies, which oversaw the maintenance of equipment like tanning beds, steam rooms, and hot tubs; and health departments, responsible for public health. A public health manager told us that a health inspector asked a health educator, who sometimes worked at the bathhouse, to accompany him during his visit to lessen his discomfort and embarrassment. Newspaper accounts showed that statutory regulators working with bathhouses faced public and political criticism and were sometimes pressured to stop such work. In one case, an agency issued an operating permit for a bathhouse in spite of negative publicity because it did not want to become further embroiled in the public discussion about the bathhouse. In still other cases, stigma transfer to regulators could lead to difficulties for the bathhouse because regulators responded to public pressure by engaging in overly aggressive enforcement.

A bathhouse manager explained that even partnerships with regulators for the purposes of educating men about health concerns such as preventing STDs and HIV were controversial. He noted, “There’s just a lot of people out there that would like to see [safer-sex education] restricted.” A health agency official working with the same manager described how he did “not broadcast” the relationship and worked at “keeping it quiet.” Another manager in a different health agency, working with the same manager and other bathhouses in the area, worried that her partnership would end if elected officials discovered it, because those officials were more responsive to public pressure.

We have shown above that core stigma and the transfer of stigma are significant threats to the continued survival of the bathhouse. Next we show how bathhouses manage these threats through a set of structures and activities that operate at the organizational boundary, and also define and maintain that boundary. In Table 2 we detail some of the data from advertising sources and our own visits that shed light on this phenomenon. We found five types of boundary setting and boundary management processes: isolation, integration, dramaturgy, associational, and conventional. Each process enables the concealment of stigmatized attributes and/or the minimization of stigma transfer. Figure 1 summarizes our findings, showing the five processes we describe and the activities we use as illustrations for each process.

Boundary Management Processes

We identified five different boundary management processes that allow bathhouses, as core-stigmatized organizations, to survive. A key insight from our analysis was that many of the same structures and activities that served to protect the bathhouse from the consequences of suffering core stigma also protected important external stakeholders (customers, vendors, and regulators)

Table 2 Prevalence of Particular Features in Bathhouses According to Their Institutional Environments (Advertisement and Visit Data)

Feature	Condemning environments	Tolerant environments	Accepting environments
Out-of-the-way location (visits)	9/9 100%	6/8 75%	7/8 87%
Discreet signage (visits)	9/9 100%	8/8 100%	7/8 87%
Explicit names (visits)	0/9 0%	0/8 0%	1/8 12%
Restricted entry (visits)	9/9 100%	8/8 100%	8/8 100%
Soda machines stocked by suppliers in buffered locations (visits)	5/6 83%	6/8 75%	2/8 25%
Discreet membership cards (visits)	9/9 100%	8/8 100%	6/8 75%
Suggestive text (advertising)	1/8 12%	8/18 45%	18/33 55%
Sex-negative messages (visits)	4/9 44%	2/8 25%	1/8 12%
"At your own risk" signage and announcements (visits)	4/9 44%	2/8 25%	1/8 12%
Soda machines stocked by employees (visits)	3/9 33%	0/8 0%	0/8 0%
Gym mimicry (visits)	9/9 100%	8/8 100%	3/8 37%
Gym imagery (advertising)	8/8 100%	7/18 38%	3/33 9%
Branded gym equipment (advertising)	2/8 25%	5/18 27%	0/33 0%
Personal trainers (advertising)	3/8 37%	3/18 16%	0/33 0%
Mentions of sex (advertising)	0/8 0%	0/18 0%	10/33 30%
STD and HIV testing and counseling (advertising)	0/8 0%	2/8 25%	14/33 42%
Safer-sex messages (visits)	4/9 44%	5/8 62%	7/8 87%
Sex-positive messages (visits)	3/9 33%	5/8 62%	8/8 100%
Dedicated space for STD and HIV testing and counseling (visits)	0/9 0%	1/8 12%	6/8 75%
Safer-sex information and links to community health group and health department websites	1/6 16%	3/5 60%	5/6 84%

from stigma transfer. These structures and activities, in turn, allowed bathhouse customers, vendors, and regulators to “pass” (Goffman 1963). These features are a component of boundary management, and their ongoing realization configures the organizational boundary. Within each boundary management process presented below we describe our findings by comparing across condemning, tolerant, and accepting institutional environments. This presentation clarifies which responses exist when core stigma is high, which might be absent when core stigma is low, and *vice versa*. This shows how varying degrees of stigmatization elicit different responses from bathhouses and allows us to address our research question of how these core-stigmatized organizations survive, and often thrive, without broad-based social endorsement and support.

Isolation Processes

The stigmatization of bathhouses led to the establishment of physical boundaries and the use of discreet locations and signage, both of which allowed the bathhouse to hide from stigmatizing audiences. These boundary processes, however, also allowed for the concealment of the bathhouses’ relationships by hiding customers and network partners from observation as they entered and exited the bathhouse. Our visits showed us that bathhouses were located in out-of-the-way warehouse or light industrial areas, where there was little foot and automobile traffic. One customer, commenting on Canoe,¹ said “It is located in a [sic] industrial part of

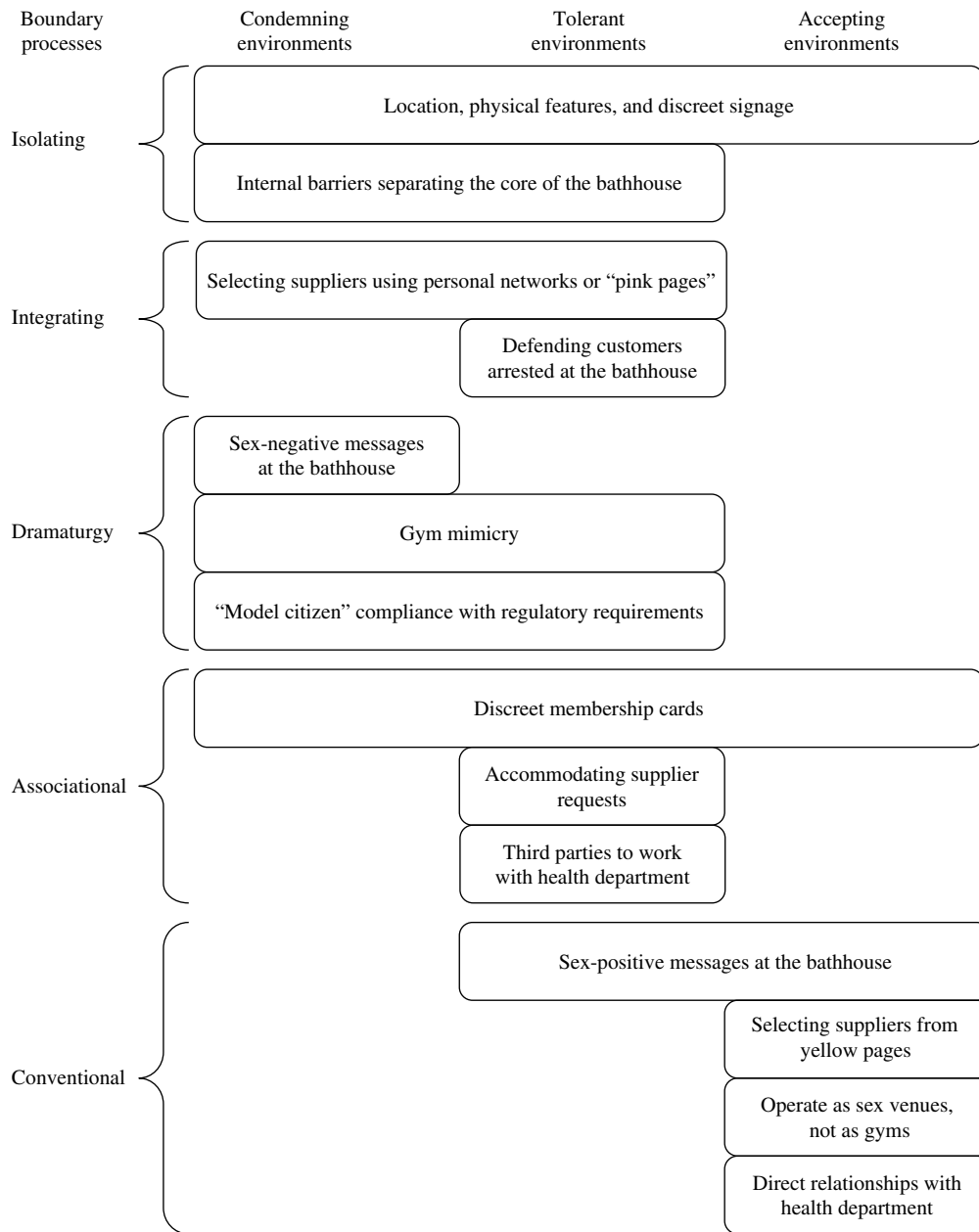
town, which is vacant at night,” and this “appeals to some people so their cars are not seen.” As another patron noted, discussing Angel,

If you don’t know that it’s there, you wouldn’t know that it’s there [...] you would think it was some sort of business but because the doors are frosted, you can’t see in... there is a high wall... it’s relatively quiet... [Another bathhouse] was, it’s like, “where is this place?” “Ok... [Looking at his hand], this matches the address I have on this piece of paper so that must be it... .”

We visited several bathhouses at night, when they were busiest, and found the neighborhoods deserted. Bathhouses had nondescript architecture, similar to that of small office or light industrial buildings. The outdoor signage was limited and outdoor lighting minimal. Crew had a very small sign (the size of the nameplate on a faculty office) identifying it by name. A casual passerby would barely notice the building on a side street. The location, architecture, and limited signage made bathhouses nearly invisible and anonymous, obscuring them from scrutiny by anyone other than those intentionally looking for them.

These boundary arrangements were almost universal. For us, it was striking that these characteristics were present even where bathhouses faced less stigma. In tolerant environments we noted only slightly brighter outside lighting and clearer signage on the buildings. Troy prominently displayed the initials of its nondescript name; Tin had a large sign in a higher-traffic sidewalk in a predominantly gay neighborhood; and Tack had a sign

Figure 1 Boundary Processes by Institutional Environment



that showed a muscular male torso. In accepting environments, only a few bathhouses deviated from even one of these elements. Atlas was discreet in its appearance but was located on a street with both high foot and automobile traffic, across from a large grocery store. Atom was the only bathhouse we found where the signage was large, well lit, and straightforward in its mention of sex, though it was located in a light-industrial part of the city and its architecture was discreet.

In our visits we also became aware of a second form of isolating activity, used with outside suppliers for vending machines or other routine deliveries. Regular deliveries of soft drinks were made through a side door, which isolated the vendors from places where customers

engaged in sex. As a manager at Tin noted after extensive renovations had been completed, “All the vending machines are down here [by the side door] now, so [suppliers] can get in and out [without coming] to the front.” He noted how one vending machine, stocked by bathhouse employees, had remained in a higher-traffic area of the club. Managers told us that these physical arrangements were important not only to shield the privacy of customers, but also to prevent embarrassment for the contractors. We also noted other attempts to construct internal boundaries, such as using black plastic sheeting between outside workmen and customers during maintenance or repair work. This allowed workmen to avoid the stigmatized core of the bathhouse and isolated customers

from being observed. This isolating activity was effective, as evidenced by an incident where a soft drink vendor at Tack voiced his suspicion that, with all the men in towels walking and lounging around, the place was a bathhouse and asked us for verification.

In all three types of environments the use of location, architecture, and signage of bathhouses simultaneously marked the physical boundary of the bathhouse and isolated it, hiding it from casual recognition. Nonetheless, customers and suppliers also benefited from the isolated location, discreet façade, and discreet signage of the bathhouse, because their involvement with the bathhouse went largely unobserved or unrecognized. Customers and suppliers additionally benefited from internal, secondary physical boundaries. These physical boundaries isolated customers and also prevented vendors from observing sexual activity or even recognizing the business as a bathhouse.

Although the isolating processes we observed served to protect customers and suppliers from transferred stigma, they also imposed restrictions and inconveniences on customers and suppliers, precisely because they hid the organization physically. Such boundary configurations could work only because customers were willing to suffer the inconvenience of out-of-the-way locations and poor signage. Suppliers, likewise, needed to be willing to suffer limited access to vending machines and to conduct repairs and renovations within the confines of the physical barriers imposed on them. In this way, the physical boundaries used to isolate the bathhouse, to avoid unwanted scrutiny of the organization and its relationships, required cooperation from partners to be constructed and maintained.

Integrating Processes

Bathhouses also managed organizational boundaries through integrating processes, which made outsiders into organizational insiders. This was done at the bathhouse's discretion and control. We present two examples that highlight this process. The first example describes the way in which bathhouses select suppliers to make them insiders, and the second example describes how bathhouses sometimes defend customers arrested by police for engaging in sexual activity while at the bathhouse.

We frequently observed facility maintenance, repairs, painting, remodeling, and renovation activity during our visits. Often the bathhouse's own staff handled this work to avoid using external contractors. At Crew, a manager painted the walls himself and even did his own carpentry work. At Cedar and Clay we noted that employees stocked the soft drink machines, rather than outsiders. At Clan, an assistant manager told us he was responsible for buying soft drinks at a wholesale club, bringing them to the bathhouse, and stocking the vending machines. We found that bathhouses attempted to have limited contact with outside suppliers by performing

many tasks in-house and creating self-contained operations. By keeping these operations inside the organization, managers avoided unwanted attention.

When the use of outside providers was unavoidable, bathhouses sought to select trusted partners. A manager at Crew said that when he selected suppliers, contractors, and other business partners, he relied on personal networks to draw from people in the gay community. These networks allowed him to exercise greater control over who he let into the facility. Managers in tolerant environments were also concerned about the selection of suppliers. A manager at Tin described his selection of suppliers, noting, "There's a gay yellow pages, there's the lambda pages, there's all kinds of resources there for, you know, exterminators or contractors who want to target this market." A manager at Tack said he screened contractors by telling them that Tack was a "gay men's health club." Some had no objections, whereas others found "reasons" (emphasis by the manager) to decline the work. Suppliers and vendors drawn from personal networks, the "pink pages," or who were prescreened were fitting partners for the bathhouse because they were either stigmatized themselves as gay-run businesses or were otherwise less sensitive to the effects of stigmatization. Managers expressed fewer of these concerns in accepting environments. A manager at Arena, for example, told us he used the general yellow pages to select contractors.

An intriguing example of integrating activity, which we observed only in tolerant environments, occurred when police officers arrested patrons at the bathhouse for indecent activity and the bathhouse provided a lawyer for the customer's defense. A lawyer for Tack described how, after a raid in which customers were arrested, a "self-appointed watchdog" group of citizens "took it upon themselves" to harass these men at home and at work, "adding insult to injury." The harassment continued until the lawyer, representing the customers as part of his contract with Tack, made the "pervert patrol" desist from its "vigilante" activities under threat of legal action. The involvement of the attorney was a clear example of the bathhouse acting to protect the customer from the negative effects of additional stigma. By providing legal representation to a customer, bathhouses were acting in part to protect themselves, but also to protect the customer. When the bathhouse chose to defend a customer arrested for his activities at the bathhouse it extended its boundary to encompass the customer, integrating him into the organization, separating him and protecting him from hostile audiences.

Whether by selecting contractors or defending customers, the integration of outsiders into the organization occurs as the bathhouse extends its boundary. Although the bathhouse retains significant control of its boundaries in this process and is able to choose when and where to extend them, such integration is marked by

the fully mutual relationship that is created. The bathhouse determines whether (and which) suppliers are hired and whether customers are defended. However, the supplier selected and the customer being defended must also be willing to integrate into the bathhouse. Just as the discreet location and other physical boundaries require cooperation from customers and vendors to properly function, integrating boundary-setting activity also requires cooperation between the partners.

Dramaturgy Processes

The third classification of boundary management processes we observed at bathhouses was dramaturgy processes. In these processes, the bathhouse and its regulators act out their roles with precision, matching one another's needs. These dramaturgy processes allowed the bathhouse and regulators to retain control in the demarcation of their mutual boundary through independent but coordinated action. In this section, we use three examples to highlight the use of dramaturgy processes including the presence of sex-negative or sex-prohibiting messages within bathhouses, the deployment of gym-like equipment and facilities, and responses to statutory regulatory requirements.

A fascinating characteristic of some bathhouses was the juxtaposition of sex-negative or sex-prohibiting messages with the reality of sexual activity on the premises. We saw single-occupancy notices posted on changing room doors (Coral) and health department or law enforcement notices forbidding sexual activity (Cedar, Clan, Clay, and Troy) apparently in place to comply with regulatory requirements. This signage was clearly in place in conformity with demands of regulatory agencies, and the agencies were the audience for these postings. For, although the signs were posted, sexual activity among customers was also taking place on site. This sex-negative activity appeared as superficial ceremonial conformity to local institutional requirements (Meyer and Rowan 1977, Oliver 1991), implying a particularly artificial or hypocritical conformity to regulatory demands when juxtaposed with obvious sexual activity. But to potentially hostile outsiders, such as law enforcement, these signs presented the venue as one where sexual activity was not allowed.

Although the regulatory agencies were the primary audience for these compliance activities, they also had implications for customers, who sometimes participated with the bathhouse in acquiescing to the letter of the law. During a visit to Cedar we observed a particularly strong example of this type of dramaturgical activity. In a dark basement room where patrons were engaged in sexual activity we observed an attendant walk in, seemingly at random. As soon as he arrived, all sexual activity immediately stopped, patrons retrieved their towels from the floor, and simply stood around. As soon as the attendant left, customers dropped their towels again and resumed

their activities. During a second midday visit to Cedar, a flashing blue light came on and a siren sounded. Customers scurried toward their changing rooms and the locker room, as if a raid was in progress. Soon after, the attendant's voice came over the PA system, apologizing for the "false alarm." That the bathhouse, where sexual activity openly occurs, had equipment and procedures for warning of police raids, and that customers knew how to respond in the situation, highlights how customers and the bathhouse work together to create a law-abiding image. The sex-negative signage and policing activity were, at a minimum, highly disingenuous.

We observed a second type of dramaturgy process at bathhouses across all institutional environments: the adoption of gym-like characteristics such as workout spaces and equipment. We found that advertisements for 20 of the 25 bathhouses we visited mentioned gym facilities and had images of toned bodies, athletic torsos, or models in gym attire. One site we visited and another we identified in a travel guide explicitly used "gym" in their names. Gym mimicry was useful for bathhouses because, with two exceptions, cities would not license venues for sexual activity. Given that bathhouses could not operate openly as sex venues, they adopted the image and model of the gym to acquire a license to operate a facility that allowed for use as a sex venue. Again, the targets of the dramaturgy were the regulators, who could regulate the bathhouse as a gym. We observed gym mimicry at all bathhouses in condemning and tolerant environments and in three bathhouses in accepting environments.

This gym mimicry was particularly important in the relationship with statutory regulators like building inspectors, who oversaw compliance with building codes, and environmental health agencies, which oversaw the maintenance of equipment like tanning beds, steam rooms, and hot tubs. This relationship with regulators is qualitatively different from those with customers and suppliers, which are voluntary: the bathhouse and the regulators were forced into a relationship by statutory law. Yet bathhouses were quite vulnerable in these interactions, because physical evidence could betray the facility's purpose as a sex venue during inspections, and these regulators had the authority to close them down.

The main interactions with regulators occurred while applying for permits or during inspections. In these sporadic interactions, we found that bathhouses were very responsive to requests and requirements from regulators. To avoid additional and unwanted scrutiny, managers strictly complied with all regulations. A manager at Clan said that the facilities and equipment had to be "in perfect order." The manager at Tack explained that discrepancies risked "attracting attention," and, if an inspection identified a shortcoming, he had it corrected "the next day." He mentioned how important it was to "make sure we meet all the [city] codes perfectly." As

long as the business complied with ordinances regarding zoning (e.g., commercial zoning), licenses (e.g., exercise equipment when operating with a gym license), and equipment maintenance (e.g., scheduled cleaning for swimming pools), agencies issued the necessary permits. In this way, the bathhouse helped regulators simultaneously focus on requirements for health clubs and ignore any clues that suggested other activity, even in cities where that activity was illegal.

One court case highlighted the importance of compliance with regulations. Community activists were trying to prevent Civil from reopening, as they (correctly) suspected that it was to be a bathhouse. Neighborhood pressure on the zoning board was effective, and the board denied the business a license. In the court appeals process Civil presented itself as a gym and showed that its facilities, equipment, and permits complied with all the requirements for a gym. The court agreed; it found that Civil met all the regulatory requirements of a gym, that the business license should be issued, and that any other evidence was irrelevant to the situation. In this manner, bathhouses became model citizens.

Surprisingly for us, the relationship between statutory regulators and bathhouses was also problematic for regulators, who were somewhat afraid of interacting with the bathhouse, because doing so could lead to their own stigmatization. We found that in response to this concern regulators tried to treat bathhouses like any other business to avoid unnecessary scrutiny of their own interactions with the bathhouse. A newspaper account told of a local inspector who denied an approval because she saw evidence that Truck's facility was to be a bathhouse. Agency supervisors overruled her, concluding that Truck met the statutory requirements for a gym. The article mentioned that higher-level managers at the agency did not want to get involved in whether or not the bathhouse should exist because to do so, according to the article, would have brought additional criticism to the agency.

The inspection procedures and regulatory compliance were important to the bathhouse and the regulators, but the relationship itself was awkward, because it had potentially negative consequences for each. So bathhouses minimized stigma transfer to statutory regulators by complying perfectly with requests and following the letter of the law, except of course in their core activities as a sex venue. In response, the regulator narrowly enacted its role through strict regulation of attributes in their purview. By adopting dramaturgy processes the bathhouse acted as a model citizen and the regulators could claim that they were regulating a gym and could dispute any claims that they were approving a bathhouse.

An important point in this dramaturgy process was that the maintenance of the regulators' boundaries was essential. Newspaper accounts mentioned that, when regulators were pressured to go beyond the regular demands of their job and into conflicts over the bathhouse, they

viewed this as a distraction and wasted effort. Some regulators we spoke with suggested that the enactment of perfect citizenship helped them avoid criticism and political interference from local government or community groups (that is, stigmatization) from their association with a bathhouse. Having the bathhouse in compliance helped the regulator avoid stigma, allowing the interaction to remain at the threshold of the boundaries and protecting the regulators' boundaries. Interestingly, we found no evidence of overt coordination between the statutory regulators and the bathhouse. The result of their activities was a sort of performance where each party willingly enacted its own part independently, but in which the result appeared to be coordinated. This activity was a sort of *contredanse*, a form of dance in which dancers partner with one another, but where the steps and sequences are defined beforehand. When properly executed, a *contredanse* gives the illusion that the dancers are creating it in the moment, in spite of its highly choreographed, predetermined, and independent nature.

Associational Processes

The fourth boundary management processes in our findings are associational, where partners have greater control in acknowledging or denying their own inclusion in the bathhouse and in the process define the boundary. Because the partner defines the association and the boundary, the partner can also minimize the transfer of stigma from the bathhouse through unilateral choices that expose or do not expose the association with the bathhouse. Associational processes were some of the most common we observed, and we describe three examples including the use of discreet membership cards, accommodating supplier requests, and establishing relationships with public health agencies.

Bathhouses issued membership cards that allowed customers to frame the boundary according to their own interests. The necessity to hide from stigmatizing audiences was evident in the membership cards, which, unlike those of other organizations or clubs, had little or no information on them. Some cards had the customer's name on them, others had only a customer's signature, and some had no customer information on the card at all. These cards had little or no information about the establishment on them. At Crew, the card had only a stylized drawing of an athletic male figure holding a globe, a brief, nonidentifying part of the bathhouse's name (as if an arboretum card was labeled "the garden"), and a membership number. The reverse had space for a signature and a legal waiver regarding injuries from the use of gym equipment. After visiting Tin for the first time, one customer commented that, "two weeks later, I discovered the little blue membership card in my wallet, and it took me a while before I could figure out what it was." The discretion of membership cards was almost universal, with only two cards from bathhouses in accepting environments deviating from this pattern.

Such discreet membership cards served no purpose for the bathhouses except to hide the relationship with customers to protect them from the effects of transferred stigma. By limiting the identifying information on the cards, customers could hide their association with the bathhouse but still maintain membership to allow multiple visits. The cards did not advertise the relationship, instead allowing the customer to define his association differently to various audiences, as he chose. To audiences that might stigmatize him, the customer could deny or avoid acknowledging the association. With others for whom the association was not stigmatizing (including the bathhouse itself), the customer could acknowledge it. In this situation, the customer had the freedom to define the boundary between himself and the bathhouse.

We also found evidence of associational processes in the relationships between bathhouses and suppliers. The editor of a gay and lesbian paper told us that in the 1970s these newspapers were heavily stigmatized and relied on the “three B’s” (bars, bathhouses, and bookstores) for advertising revenue. As the stigma of homosexuality lessened, the newspaper began attracting advertisements from mainstream businesses targeting the gay market. The first time a dentist placed an ad in his newspaper, the editor considered it “a great breakthrough.” However, this posed a difficulty for the paper as many potential advertisers did not want to share space with “less savory” advertisers such as a bathhouse. In particular, the relationship with Tack was becoming a liability and could cause the loss of revenue. The editor told us he asked the manager to “tone down” the ads. Tack’s manager respected the editor’s wishes, and the editor noted that Tack had been the newspaper’s longest-running advertiser, for more than 25 years. The request to modify Tack’s advertising represents a desire to define the association between the newspaper, the newspapers’ other clients, and the bathhouse differently, so to minimize the potential transfer of stigma. The willingness of the bathhouse to acquiesce to the request also reflects a desire by the bathhouse to allow the newspaper to define the association between the two.

Associational processes were also present in the relationships between bathhouses and public health departments. As we described earlier, bathhouses sometimes worked with the public health department in education outreach for sexually transmitted diseases and sometimes incorporated the public health department into their facilities and ongoing routines. The bathhouse often initiated the relationship, and the public health departments delineated it. For example, a manager at Casco mentioned how his overtures were rejected when he approached one health department to develop such a partnership. Such rejection was not unusual, because the relationship between the bathhouse and the public health department can be problematic. As the manager at Tin

noted, “you find that the public health department and you [are] natural adversaries.” He discussed the difficulty of getting the health department to “understand that we’re a vehicle for them to use rather than, you know [...] shut us down.”

Clearly, these partnerships were not simple, and the association between the two parties had to be carefully negotiated. When Tin started to work with public health agencies, the agencies requested that a third party mediate the relationship and Tin agreed. In this case, an active relationship existed, but the agencies’ work (such as surveys, counseling, and on-site testing) was performed by a community health advocacy group that the agency funded. Using a third party kept the health department from being exposed to transferred stigma that could result in political and public criticism. The involvement of the third party protected the public health department from transferred stigma because the association remained concealed. In other locations, the relationship between the bathhouse and the health department could be open and forthright. Arena, for example, provided dedicated space for these activities, and its managers told us that they took their “civic” or “community” responsibility seriously. Websites at Tin, Tire, and Tack included links to safe-sex sites and some direct links to public health agencies.

Just as with membership cards and customers, the development of these relationships allowed the public health department to work with the bathhouse but to acknowledge or deny the association at its own discretion, and so to define the boundary between them. As with dramaturgy processes, associational processes require that the bathhouse forgo some control over the setting and maintenance of its boundary. In this case, the control of the boundary definition is given to the partner, even as the bathhouse provides the means to achieve it. As before, boundary setting and maintenance require the relational complicity of the external partner with the bathhouse.

Conventional Processes

The final category of boundary management processes our data revealed are those that are little different from what normal, nonstigmatized organizations use. These processes existed when bathhouses could act openly in their environment, with few risks for the consequences of disapproval and stigma. Although these bathhouses still suffered from core stigma, it was lessened sufficiently so that they could sometimes act as normal organizations. Conventional processes were most evident in accepting environments, where concerns about stigma were the lowest. When we questioned one customer about being seen entering or exiting Arena or Atlas he dismissed our question, noting, “There’s nothing to hide.” Conventional processes are important because they show the important role that the level of stigma in

the environment plays in the development of boundary management strategies. Although some bathhouses in accepting environments share the same core-stigmatized attributes as those in other environments, in accepting ones the threat is reduced, allowing the bathhouses to define their boundaries in more conventional ways.

As we described earlier, accepting environments were the only places where we saw bathhouses that deviated from the use of discreet addresses, architecture, names, and signage. Here bathhouses could act more openly, alerting potential customers to their presence to increase their patronage. Two membership cards in accepting environments fully identified the business or its nature. The card for Atom included sexually playful language of the fun to be had at the club, and the card for Atlas included its sexually explicit name, a sexual image, and its safer-sex policies. The more public and explicit form of these membership cards was similar to those of more conventional businesses.

Under some conditions, bathhouses could also advertise honestly and forthrightly their purpose, like any other nonstigmatized business might. We found sex-positive messages in advertising and décor in both tolerant and accepting environments. Sex-positive messages ranged from a coy approach to suggesting sexuality to an overt proclamation of the business as a venue for sexual activity. Tack had a humorously suggestive advertisement for a Valentine Day's party that read: "Honey, I love you, and I'm going to the tubs!" Tack also advertised as a place "where the best men are!" Customers told us that front-desk attendants at these bathhouses greeted them with suggestive and sex-positive messages, with "a wink and a nod," and wishing them "good luck!" as they entered. We often observed suggestive artwork, such as Greco-Roman-styled iconography at Troy, and Atlas ran a rotating gallery of erotic art by local artists.

More overtly, both Atom and Aspen advertised explicitly as places where oral sex was the predominant activity, hoping to attract the attention of potential customers. Angel, Atom, Aloof, and Aspen all had posters, internal signage, and safer-sex policies using explicit language, including common slang and street lingo. Atom and Atlas required us, as customers applying for membership, to acknowledge and accept their safer-sex policies, which were written using explicit, distinctly nonclinical language. Many bathhouses also used male pornography on video monitors throughout these bathhouses to create sex-positive environments.

In earlier sections we noted that bathhouses in condemning and tolerant environments were sometimes loath to contact outside suppliers. In accepting and in some tolerant environments managers expressed less reluctance in reaching into the general business community to find contractors or suppliers, as conventional businesses would. A manager at Arena said he preferred to draw partners from the gay community or the "pink

pages" but that, when he could not find a supplier within the gay community, he simply used the regular yellow pages. We also found that vendor relationships were more conventional, such as in the delivery of soft drinks. At Arena, Angel, Atlas, and Alfa, the arrangements for deliveries were unimpeded, with no care taken to shield vendors from the activities at the bathhouse.

Conventional boundary management was also present in relationships with regulators. We found no evidence to suggest that compliance with regulatory requirements was a significant concern for managers in accepting environments. Rather, managers at Arena and Angel noted that regulatory compliance was a normal part of their business, just as it might be for any other type of business. Five facilities we visited, Atom, Aloof, Atlas, Agua, and Aspen, did not bother to imitate gyms. The openness with which bathhouses operated in some accepting environments even included their relationships with police. A manager at Arena told us that he freely called police for assistance, without concern for embarrassing drunk, high, or unruly customers, and a manager at Angel noted that he had "a great relationship" with the police.

In some accepting environments we also found that the relationship with the public health department was part of the normal work of bathhouses. Unlike in condemning environments, relationships with public health officials could sometimes be open and forthright. Several bathhouses had dedicated space for STD testing and education used by the health department. One manager at Arena told us, "we do what we can to help the [health] department." A health official working with Arena told us that he would be comfortable arguing that the outreach at the bathhouse was valuable to his superiors and in public forums. As the director of an HIV-prevention organization explained in a newspaper article:

We can debate morality, but [our organization] looks at the risks instead and chooses to be [in the bathhouse]. Our role is to be present in a preventative way wherever the risk of AIDS is present.

The bathhouse then could be a fully cooperating partner. As a manager at Arena noted:

[STD education] is another thing that we do here 'cause we want to stay in business, we want it to be safe, we want to let people know that you can come and do this kind of stuff [sex] and not spread diseases and that we are trying to help.

Perhaps even more remarkable was that, in some accepting environments, bathhouses had the ability to refuse to work with the health department and reject their authority without suffering negative consequences. Atom and Atlas had no relationships with health departments because of previous confrontations with city government. Both still had dedicated space and facilities for HIV/STD testing and counseling, but these activities

were performed by community groups unaffiliated with the health department. A manager at Arena described how those two bathhouses could ignore or deny requests from the health department with little fear of negative repercussions because of the accepting nature of the city in which they operated.

As indicated earlier, although these bathhouses still suffer core stigma, in some ways they are able to act as normal organizations. Consequently in these environments we see evidence of more conventional boundary management processes, with bathhouses pursuing their commercial interests in a relatively open manner and interacting with customers, suppliers, and regulators with a lessened concern for stigma transfer and lessened need to exercise other boundary management processes.

Summary

Our data and analysis show that one of the ways in which men's bathhouses survive, as one type of core-stigmatized organization, is through the careful deployment of five boundary management processes: isolation, integration, dramaturgy, associational, and conventional. As shown in Figure 1, boundary processes are different across three types of environments, further supporting the conclusion that these processes are heavily influenced by the level of core stigma these organizations face.

Discussion

The work presented here has several implications for our understanding of organizations. The primary contribution is to our understanding of core-stigmatized organizations, but our findings also have implications for the literatures on organizational boundaries, institutional environments, and organizational legitimacy. Here, we present how this work adds to these literatures and we highlight how our approach can serve as a starting point for the investigation of other core-stigmatized organizations.

Organizational Stigma. Our work contributes to the emerging literature on organizational stigma (Sutton and Callahan 1987, McKinley et al. 1996, Devers et al. 2008) by exploring the impact of core stigma (Hudson 2008) on organizations. Unlike event-stigmatized organizations, core-stigmatized organizations like bathhouses do not and cannot repair their stigmatized attributes to gain social approval. To do so, they would need to abandon their core attributes and cease being a bathhouse. We found that men's bathhouses instead survive by managing their boundaries to minimize scrutiny from hostile, stigmatizing audiences.

We also found that stigma transfer is a significant challenge that core-stigmatized organizations must contend with, a factor that has received very little attention in the literature. We found that customers, suppliers, and regulators can suffer by their association

with a bathhouse. This stigma transfer at the organizational level is similar to courtesy stigma at the individual level (Goffman 1963) and the negative counterpoint to "reflected glory" (Cialdini et al. 1976), where positive attributes of an organization are reflected onto individuals. Additionally, whereas the effect of stigma on organizational employees has been given attention in the dirty work and event stigma literatures (Sutton and Callahan 1987, McKinley et al. 1996, Ashforth and Kreiner 1999), the impact of stigma transfer to network partners considered organizational outsiders has not been previously documented or explained. Our work also shows the importance of understanding the activities that prevent stigma transfer, such as the boundary processes that bathhouses enact. Obviously, without customers these core-stigmatized organizations could not survive, which makes managing stigma transfer to customers important. Less obvious, but no less important, is the recognition that without the cooperation of suppliers and regulators bathhouses would also face survival threats. For this reason, managing the transfer of stigma to these partners is also an essential aspect of the life of these core-stigmatized organizations. Furthermore, anecdotal evidence suggests that stigma transfer is not unique to bathhouses but is instead a phenomenon with broader applicability. For example, newspapers have reported on building contractors targeted for harassment for working with an abortion clinic (Root 2003) and on suppliers targeted for working with an animal testing company (Kinzer 2004, *The Economist* 2005). Examining such guilt by association and the ways in which stigma transfer is managed by other organizations is a topic that deserves attention.

From a theoretical standpoint, stigma transfer is also interesting because it highlights an understudied aspect of stigma, the fragmented nature of stigmatizing audiences. In the case of men's bathhouses we can observe that the stigmatizing audiences were different for customers, who feared being stigmatized by friends and family for their patronage; vendors, whose other clients might stigmatize them for their relationship with the bathhouse; regulators, who felt strongest pressure from elected officials and from the electorate; and bathhouses themselves, who were stigmatized by neighbors or other ideologically and morally inspired groups. Future work should examine the role of stigmatizing audiences more closely, to understand how and when particular segments of society voice opposition to given organizations or organizational forms, how that opposition is enacted, and how those who are stigmatized respond.

Organizational Boundaries. The work presented here also adds to the literature on organizational boundaries (Delapierre and Mytelka 1998, Schilling and Steensma 2002, Scott 2004, Santos and Eisenhardt 2005). Our

examination allows us to see the boundaries for bathhouses as permeable and dynamically constructed through the interactions with partners. As such, our work views the continuous construction of boundaries as an integral part of the ongoing process of organizing, rather than seeing boundaries as static or defined properties of organizations (Scott 2004, Santos and Eisenhardt 2005).

In addition, our work highlights the importance of conceptualizing the dynamic construction of boundaries as relational (Scott 2004). The five different types of boundary management processes we identify (isolation, integration, dramaturgy, associational, and conventional) all require the acquiescence or agreement from relational partners. However, this acquiescence or agreement is not merely passive. Instead, in each case the partner must act to complement the activities of the bathhouse and thus help construct the boundary. The necessity for this complementary activity on the part of partners also highlights a shortcoming with current conceptions of organizational boundaries, which rely on ill defined (and often implicit) notions of insiders and outsiders in their characterization. The difficulty of defining insiders and outsiders is best seen in the case of a customer who might be considered an outsider when he denies the association among friends or family, but who might be an insider when he is in the bathhouse and it takes on responsibility to legally protect him in case of a police raid. Such microdynamic changes in roles by a single partner at the boundary of the organization have not been noted in earlier research. Importantly, such processes and relationships may not be confined to core-stigmatized organizations. For example, a similar situation may be faced by suppliers who take on increased responsibility for design and assembly for client organizations. A supplier designing subassemblies might participate as an integrated insider when the parameters of the design are specified but conventionally considered an outsider when the subassemblies are evaluated by the client organization. Similarly, the same supplier may enact an insider status when coordinating just-in-time deliveries but respond as an outsider when penalties for delivery difficulties are assessed. The insight here is that different boundary strategies apply to the same relationship partner. In this example, when the boundary relationship is an integrating or associational one, the partner may be an insider. However, when a conventional boundary strategy is in place, the same partner may be an outsider. That the same partner may be in both situations at the same time, yet be differentiated on the basis of the specific interaction, is an intriguing proposition that deserves additional attention in future research.

We treat the five processes for boundary management as a collection or repertoire of alternatives that core-stigmatized organizations use to survive. Our use of these processes to explain the survival of core-stigmatized organizations creates a theoretical perspective to understand the management of stigma, but these

boundary management approaches also have some generalizability. For example, descriptions of adult bookstores and adult movie theaters often include references to hidden locations and discreet signage (Kirk 2002). In a similar manner, abortion service providers often hide using discreet signage and nondescript façades (Simonds 1996). They also implement procedures and internal arrangements, such as the provision of prenatal services and high levels of patient care, which are typical of other medical establishments (Simonds 1996) and may represent a form of mimicry parallel to the gym mimicry of bathhouses. However, nonstigmatized organizations may use these processes as well. Strategies like fully integrated supply chain management suggest that organizations extend their boundary to integrate outsiders. Likewise, universities dramaturgically extend their boundaries during official ceremonies that welcome the parents and families of students into the university family and use associational practices to include alumni in the current university routines.

Our work also contributes to the literature on organizational boundaries by showing how the institutional environment in which organizations operate can shape the processes used to enact those boundaries. Our findings show that differences in the level of stigma in the environment lead to differences in the relationship with some external actors and that those differences can also affect the processes used to enact the boundaries of the organization. Thus, considering the effects of institutional environments as uniform is likely inappropriate, and future research is needed to elaborate how organizations under different environmental circumstances construct their boundaries.

Institutional Environments. Our work also adds to the literature on institutions and organizations. To begin, our findings challenge characterizations of institutional pressures as ubiquitous and omnipotent. Our work shows that, at least in some cases, presumed powerful regulators operate with constraints that derive from their own institutional environments. For example, we noted that, although health department regulators in condemning environments were feared, in at least one accepting environment they could be ignored with impunity by the bathhouse. We also found that some building and health inspectors carefully avoided oversight not directly associated with their regulatory purview and played a role in the dramaturgical enactment of boundaries. These findings add to recent challenges to the portrayal of organizations as trapped in an “iron cage” of institutional conformity (Washington and Ventresca 2004). Just as an organization can institutionalize leniency for nonconformity by its employees (Anteby 2008), powerful regulators institutionalized conformity in their narrow purview, creating an institutional gap for bathhouses to operate.

Our findings also challenge conceptions of broad-based legitimacy and conformity as necessary conditions

for organizational survival and highlight the difficulty of using legitimacy to explain organizational actions and outcomes. We believe that these difficulties arise because of imprecise definitions and tautological operationalizations; examinations of other-than legitimate structures or routines in already legitimated industries or populations; and treatments of legitimacy as ubiquitous or monolithic evaluations by the environment.

Others have noted the imprecise definitions and tautological operationalizations of legitimacy (Zucker 1989, Baum and Powell 1995, Stryker 2000). For example, organizations are said to be legitimated when they have enough support for survival (see Pfeffer and Salancik 1978, p. 194) or when they are decriminalized, as in the case of abortion service providers (see Ruef 2000, p. 672). Yet highly not-legitimate organizations survive and thrive, including nonlegal ones. Moreover, examinations of nonconformity in already legitimated industries and organizational forms give us only a limited or partial understanding of the nature of social evaluations of organizations. These difficulties with the construct of legitimacy prove problematic for explaining or predicting some types of organizational outcomes.

Others have begun to address the difficulties with the construct of legitimacy by utilizing the construct of illegitimacy to examine “other-than” legitimacy conditions faced by organizations (Elsbach and Sutton 1992, Dougherty and Heller 1994, Kraatz and Zajac 1996, Zuckerman 1999). These studies begin to account for the reality that legitimacy is not always attained or attainable by organizations. Yet illegitimacy lacks a consistent definition or operationalization as well and is often confounded with illegality. For example, Zuckerman (1999) uses illegitimacy to mean a lack or absence of legitimacy, an absence of social approval or support. Elsbach and Sutton (1992), however, use illegitimacy to mean social disapproval, condemnation, or a “negative” legitimacy. And although organizations with illegal operations certainly exist, other legally protected organizations like tobacco firms may also face high levels of social disapproval. So again, the use of illegitimacy as a predictive or explanatory construct remains problematic.

Our findings suggest that another of the difficulties with the use of legitimacy and illegitimacy arises because these social evaluations are treated as though they reflect a general, ubiquitous, and even monolithic judgment of the environment. In other words, many studies using legitimacy or illegitimacy assume that the organization or its action is universally evaluated as legitimate or not legitimate, with subsequent organizational responses reacting to that single social fact. Our findings that organizations are subject to social evaluations by multiple audiences suggest that using any one general social evaluation is a mischaracterization of the social and institutional setting firms find themselves in. We noted earlier that bathhouses are stigmatized for their

core attributes, but not by everyone. Customers, suppliers, and even some regulators may recognize the stigmatization of the bathhouse but may not participate in the process themselves. Rather, they may act to support and form relationships with the bathhouse, albeit with care. We also found that levels of core stigma varied across environments, suggesting that the strength or power of the audiences that stigmatize bathhouses varies as well.

The work presented here shows that to fully understand core-stigmatized organizations we must ask “stigmatized by whom?” and “stigmatized how?” Similarly, we propose that we must also ask “legitimate to whom?” or “endorsed by whom?” in our discussions of legitimacy. The implication is that legitimacy may not be a categorical variable or state space within which the organization exists. No organization enjoys total legitimacy, just as no organization suffers complete illegitimacy. The former does not exist, because all organizations and institutions suffer criticism and stigmatization by some audiences at some times. The latter does not exist either, because an organization must achieve acceptance by at least some to gain access to a minimum level of resources and comprehension.

Our use of core stigma as a concept to evaluate “other-than” legitimate organizations may be a case of a strong or extreme form of illegitimacy and may be a helpful construct to examine organizations that do not, and cannot, achieve broad-based social acceptance. An examination of the full range of legitimacy and illegitimacy, including strong forms of illegitimacy such as core stigma, the varying levels of legitimacy, illegitimacy, and stigma organizations face, and the multiple evaluative audiences that organizations face all deserve further attention to unpack the multiple and various forms of social comprehension, understanding, and evaluations of organizations.

Conclusion

Highly core-stigmatized organizations, such as men’s bathhouses, abortion service providers, or strip clubs, tend to be small and atomistic, serving narrow markets or other social niches. However, our work suggests that core stigma is a more generalizable phenomenon, one that can also affect larger and more traditional organizations, which may suffer core stigma because of core attributes of the organization. For example, critics assail Wal-Mart for practices such as paying low wages and pressuring suppliers to sell at lower costs, two key components of its competitive strategy. This criticism of core routines has created difficulties for Wal-Mart’s expansion in some locations (Barbaro and Greenhouse 2007). We suggest that even organizations with high degrees of legitimacy, such as universities, sports franchises, cosmetic companies, petrochemical companies, police departments, and fast food restaurants can all suffer stigmatization when some of their core attributes are

negatively evaluated by some segments of society. In fact, it seems likely that all organizations or populations of organizations face criticism and stigma at some time to a greater or lesser degree. Given its ubiquitous nature, further research on core stigma and the organizational responses to a greater range of core-stigmatized organizational attributes is, we argue, very much warranted.

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Appendix. Characterization of Environments

In this appendix, we explain the analytic process and data we used to classify condemning, tolerant, or accepting environments. The results formed the basis for the categorization used to organize the presentation of our qualitative data. Although we could not obtain data that would directly measure hostility to bathhouses, we were able to collect data to categorize the communities in which the bathhouses existed based on their hostility or friendliness toward gay and lesbian individuals. We used this as a proxy for hostility to the activities that take place in a bathhouse. To develop a categorization of localities, we used the following data for each of the locations where we identified a bathhouse:

- Percentage of same-sex couple headed households in the urban area, from the U.S. Census (2000).
- The presence of Defense of Marriage laws at the state level (2003).
- The presence of sodomy laws at the state level (2003).
- Voting records of U.S. Congressmen on gay and lesbian issues, as rated by the Human Rights Campaign (HRC, 2003).
- Voting record of U.S. Senators on gay and lesbian issues, as rated by the HRC (2003).
- Inclusion of gay persons in Hate Crime Statutes at the local level, collected from the National Gay and Lesbian Task Force (NGLTF) (2003).
- Inclusion of gay persons in antidiscrimination laws, at the state level, NGLTF (2003).
- Inclusion of gay persons in antidiscrimination laws, at the local level, NGLTF (2003).
- The presence of domestic partner registries and the awarding of employment benefits (by government agencies) to same-sex partners at the local level (2003).

With these data, we used the SPSS Two-Step Cluster analysis technique. This technique is useful to reveal natural groupings in a data set. Cluster analysis allows for the classification of individual cases (i.e., bathhouses) based on the properties of their environment, as described by the collection of variables mentioned above. The two-step procedure allows for the use of categorical and continuous variables for the classification

process, making it appropriate for our data. Finally, clustering analysis makes no assumptions regarding the independence of observations. Based on our desire to discriminate among environments, we set an arbitrary number of clusters at three for the algorithm to use to organize the cases. This allows us to distinguish among condemning, tolerant, and accepting environments. The cluster analysis indicated that 27 bathhouses operate in condemning environments, 25 in tolerant environments, and 56 in accepting environments.

Sensitivity Analyses. To verify our solution for robustness and to understand boundary conditions, we varied three parts of our analysis. First, we modified the ordering of the cases in the analysis to determine whether ordering had a significant impact on the assignment of cases to clusters. In addition, we used different characterizations of our measures to ensure that our choice of scales was not driving the analysis. For example, clusters were created using alternative measures for the domestic partner registry variable, including coding as a categorical variable (zero and one) and as a ratio scale variable (using the age of the registry). Finally, we also performed analyses varying the number of clusters created from the data. In addition to the solution with three clusters, we also developed solutions creating two, four, five, six, and seven clusters.

In each iteration of our analysis we found that the solution remained stable, with only minor changes in the resulting clusters. For example, when we changed the ordering of cases in the analysis the solution maintained cluster boundaries that were substantially similar. When we varied the number of clusters, the main impact was the subdivision or aggregation of clusters. For the two-cluster solution, the clusters for tolerant and accepting environments collapsed into one. For the four-cluster solution, the accepting cluster was split into two. Across this sensitivity analysis, we found that the results for the classification were fairly robust.

Endnote

¹We use pseudonyms instead of actual bathhouse names, based on the first letter of the environmental category in which the bathhouse exists. Thus, Clan is a pseudonym for a bathhouse in a condemning environment and Angel is a pseudonym for a bathhouse in an accepting environment.

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