

THE STORY HOLE: PROVIDING DRAMA THERAPY IN GAY BATHHOUSES

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ABSTRACT

The Story Hole: Providing Drama Therapy in Gay Bathhouses

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This research paper accompanies my heuristic arts-based short film entitled: “The Story Hole.” The film combined with this research paper explore personal material that came up for me while completing an internship as a counsellor in gay bathhouses as part of my training as a drama therapist. This paper contains a literature review that looks at existing public health, counselling, sexual education, prevention and testing services available at bathhouses, as well as stigma faced by bathhouse patrons and owners. In the methodology section I outline the stages of this heuristic research process, review how I collected my data and discuss my decision to disseminate my results in the form of a short-film. The script for this film is included in the appendix of the paper and is available for viewing by contacting me at monsieurmccarthy@gmail.com.

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Chapter 1: Introduction

This project began with uncertainty not only about the research itself but about my future as a drama therapist in training as well. Shortly after beginning an internship where I provided counselling in gay bathhouses, I was debating whether I wanted to finish my master's degree in drama therapy. I questioned my intentions, my desire and ability to help others as well as my motivations for wanting to become a therapist. These dilemmas are explored in the film, examining my insecurities about both my studies and myself. The film also shows how providing counselling at bathhouses ultimately shaped my decision to complete my program. Upon starting this research, I was unsure of the direction it would take or the particular methodology I would use. Initially I proposed doing a theoretical research paper exploring what was the role of a drama therapist in a bathhouse. This idea evolved into a heuristic exploration of my personal experience providing counselling in bathhouses. A written explanation however, was unable to express the essence of what I had experienced both with my clients and on a personal level. As a result, I decided to alter my research method to include an arts-based component whereby I made a short film to capture my process and disseminate my results.

Chapter 2. Literature Review

Upon consulting the literature pertaining to gay bathhouses I broke it down into six themes that I deemed pertinent to my research: bathhouse counselling; bathhouse HIV/STI prevention and testing; bathhouse stigma; sexuality; environments, substance use and risk-taking; harm reduction; and differences amongst bathhouses based on gender and sexuality.

Bathhouse Counselling

Cattaneo, Cain, Cullen, Hart & Murray (2009) evaluated a Toronto based bathhouse counselling program called TowelTalk that “[...] seeks to address the psychosocial issues that have an impact on HIV risk for gay, bisexual, and other men who have sex with men” (p.5). Sessions varied from 10 to 45 minutes with a mean length of 28.2 minutes. The program reaches a population otherwise unlikely to seek or have access to counselling. While most sessions were one-time encounters, clients were able to schedule up to 8 follow-up visits and take advantage of a streamlined referral process. In addition to bathhouse and sexual health issues, counsellors addressed feelings of guilt, shame, sadness, loneliness, anxiety and isolation, relationship problems, racism, substance (ab)use, body image, sexuality, coming out and homophobia.

Challenges faced by counsellors included providing interventions in sex-rooms. Since clients are only wearing towels and seeking sex, counsellors were frequently hit on. Counsellors aimed to work with this sexual transference to engage clients while respecting the sexual energy of the space. They “transform the sexual dynamic into a therapeutic one” (Cattaneo et al., 2009 p.37). As a result, managing shift frequency and seeking clinical supervision were important strategies used to navigate this unique counselling environment. Challenges included providing counselling in a sexually charged atmosphere without isolating patrons and the effect this environment has on the therapeutic process itself. Tactics used to address these challenges included acknowledgment that the counsellor was in the patron’s space, continuous efforts by the counsellor not to shame the patron’s desires to flirt, and focusing on the positive aspects the unique environment brings to the therapeutic relationship such as the immediacy of the encounter.

Evaluation challenges include the program’s lack of a set approach, obtaining feedback from patrons who prefer remaining anonymous and the dual roles of the various stakeholders such as program funder, committee member, director and supervisor.

This evaluation concluded with suggestions of future improvements such as better promotion of TowelTalk, increasing the number of counselors, fostering existing collaborative relationships with outreach programs and clarifying roles within the program to ensure a more effective monitoring system for referrals.

TowelTalk was inspired by a similar initiative by the Test Positive Aware Network called Mr. Sexxxx which according to their website is an “[...] outreach/educational counseling program [...] meant to convey a variety of information about HIV treatment education, safe sex practices, high risk behavior, depression, chemical dependency, suicidality, relationship issues, stigma, coming out issues, ethics, and boundaries” (2016). The main difference between TowelTalk and Mr. Sexxxx is the training level of the personnel. Unlike Mr. Sexxxx, outreach workers who could only provide information, Towel Talk employees are certified to counsellors.

While the Mr. Sexxxx program has not been formally evaluated like TowelTalk, Mock (2007) wrote a public blog entry on ChicagoNews about the relaunch of the initiative at a bathhouse called Steamworks. A reader of this blog commented on his two separate experiences with Mr. Sexxxx. He lamented that he was only allowed to ask questions about sex and substance (ab)use. While the patron seemed to appreciate the initiative, he questioned its place at Steamworks and deemed the approach as judgmental.

Bathhouse HIV/STI Prevention and Testing

In addition to counselling services, another more common service found in gay bathhouses is HIV and STI prevention and testing. Bison, Blea, Cotton, Kant and Woods (2005) problematize developing and implementing effective HIV/STI prevention programs in gay bathhouses requiring the collaboration of multiple stakeholders. Bathhouses have traditionally faced stigma from public health officials who blame them for the proliferation of STI's and HIV/AIDS. A popular solution has been to raid bathhouses and/or shut them down despite research showing that high-risk behavior is not venue-specific and that such behavior is not frequently practiced by patrons in such settings (Steele, 2004; Bolton, Vincke & Mak, 1992; Disman, 2003).

This article examines the process of capacity building amongst three stakeholders, bathhouse managers, public health officials and researchers. Capacity building is a process that enables individual stakeholders to collaborate resources and individual skills to achieve common goals. In this case the common goal was the health of the bathhouse patrons.

Some of the challenges of such collaborations include trust-building amongst the three traditionally incompatible stakeholders, conflicts amongst interdisciplinary codes of ethics, and respecting the privacy and dignity of bathhouse patrons and their right not to be researched. It is concluded that for such collaborations to be effective stakeholders have to negotiate, communicate and share power.

Although bathhouse patrons were not included as stakeholders, Bison et al. (2005) assert that recognizing the tumultuous and violent history this vulnerable population has faced with law enforcement and public health officials is vital to ensuring that their safety remains the number one priority throughout the process.

Spielberg, Branson, Goldbaum, Kurth and Wood (2003) suggest bathhouse HIV testing reaches a high-risk population unlikely to otherwise have access to or seek testing. They explore potential barriers preventing bathhouses from offering testing. They also explore what factors about testing prevent people from getting tested or from returning for their results. Through a survey they identified reasons why men who have sex with men may avoid testing such as anxiety about results, fear of being reported for positive results, locating convenient clinics, and being obligated to see a HIV counsellor.

According to Spielberg et. al (2003), although owners feared onsite testing would disrupt the sexual environment of the bathhouse, patrons reported appreciation of the service and actively sought it out. At implementation, when testing was available it was announced over the loudspeaker but announcing the service in this fashion had limited success. Once staff took a more active recruiting approach however, participation increased. Providing the option of receiving results by telephone for standard testing increased the number of results received. When the option of rapid testing was provided almost all people tested received their results. Rapid testing also increased the number of people who returned for follow-up counseling and partner notification upon receiving a positive test result. An optional private onsite post-result counseling session was available and if necessary a referral to another mental health organization.

Bathhouse Stigma

While the previous section addressed the implementation of testing services in bathhouses, the following section looks at the stigma faced by bathhouse patrons, bathhouse owners and bathhouses themselves. Hudson and Okhuysen (2009) study gay bathhouses to illustrate the concept of core stigma. Core stigma occurs when “[...] 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” (Hudson & Okhuysen, 2009, p.134). They examine how core stigma is transferred to patrons and organizations through association with bathhouses.

Using participant observations, review of archival data and interviews with patrons Hudson and Okhuysen (2009) outline processes bathhouse use to survive. Five boundary management processes are detailed; isolation, integration, dramaturgy, associational and conventional. Isolation is when bathhouses avoid stigma by operating in remote locations with little or no identifiers. Integration processes occur when the bathhouse attempt to make external bodies internal. This is achieved by using gay friendly contractors as well as providing legal support to patrons arrested onsite. Dramaturgy is a process whereby bathhouses pretend to be another organization such a gym to obtain permits and public approval. Associational processes involve the use of discreet membership cards, allowing patrons to hide association to bathhouses and discreet advertising. Discreet advertising permits bathhouses to advertise without negatively affecting the probability that other organizations will advertise in the same publication. Finally, conventional processes which are the same processes employed by non-stigmatized organizations were employed only by bathhouses in more accepting urban environments such as San Francisco, New York, Montreal and Toronto.

Steele (2004) reports on a police raid of a Calgary bathhouse Goliath’s Saunatel on December 12th, 2002. Police claim they were following up on an anonymous tip that the bathhouse was actually a “common bawdyhouse” which is a public space that houses prostitution or other acts of indecency. In search of prostitution, the police conducted several sting operations where they posed as patrons of the bathhouses but only witnessed acts of masturbation. Activists suspect that the raid was motivated by homophobic intentions, which the police force denied claiming they would employ the same tactics in a heterosexual environment. The case’s defense lawyer argued that the undercover operation was a violation of patron’s right to privacy and right not to endure unreasonable search and seizure. He also argued that the police’s intentions prior to conducting the investigation were unclear suggesting they were merely fishing for reasons to charge the patrons. The crown prosecutor David Torske initially defended the undercover investigation using the vagueness of what constitutes grounds for reasonable suspicion and indecency. He later dismissed the charges claiming it wasn’t in public interest to prosecute. The

law under which the patrons were initially charged however has not been changed (Perelle, 2004).

Environments, Substance Use and Risk-Taking

Whereas the previous segment assesses the stigma created through association with bathhouse environments, the following assesses how such environments interact with substance-use to influence risk-taking behavior. Grove, Hirshfield, Remien, Humberstone and Chiasson (2011) examined the role venues play in high risk sexual encounters amongst men who have sex with men (MSM) using an event-level analysis from a U.S. national survey. The internet's influence on how MSM look for partners and whether this alters offline sexual risk-taking patterns is addressed. An anonymous survey about MSM's last sexual experience that year was posted on websites marketed to gay men. Of the 19,253 respondents, 2,865 were deemed eligible for inclusion in the final sample.

Although the variation of type of sex reported was venue specific, the prevalence of unprotected sex did not change based on venue, with unprotected sex representing almost half of the men reporting having anal sex on a first encounter. Venues appeared to influence other factors surrounding sexual experiences including "[...] serostatus disclosure, HIV testing patterns, alcohol use prior to or during the encounter, multiple sex partners in the encounter, and type of sexual behavior (Grove et al., 2011, p. 297). Serostatus disclosure was highest online, followed by bathhouses, contradicting previous findings that bathhouse's culture of silence results in nondisclosure.

Limitations of this study include that it excluded people without internet access, it was based on a single encounter, it was a self-selection survey and that it lacked information possibly influencing decisions about unprotected sex such as undetectable viral loads. Furthermore, this survey was completed between 2004 and 2005 and in such may not reflect present day behavior patterns. Grove et al. (2011) suggest their findings underscore the need for environment and social context specific prevention and interventions.

Similarly, Woods and Binson (2003) call for environment specific prevention tactics instead of assuming one intervention to be effective in all public spaces where men have sex with men. They emphasize the importance from a public health stance of distinguishing bathhouses from other public sex environments (PSE) which essentially includes all environments except at home used for sexual encounters. To provide nuanced interventions tailored to each PSE, they

suggest distinguishing them “[...] according to whether the sex space was created intentionally, whether the venue operates primarily to provide a sex space, and whether it operates with exclusivity, i.e., requires a membership (Woods & Binson, 2003, p.5).

Balán, Barreda, Marone, Ávila and Carballo-Diéguez (2014) also examined how environments effect high-risk behavior in their ethnographic study of six venues that combined alcohol and sexual encounters including sex clubs, porn theatres and dance clubs. This study’s purpose is “[...] to describe the physical characteristics of the venue, patron characteristics, alcohol consumption, and social dynamics present in the venues studied and how these factors contribute to the creation of a high risk sexual space” (Balán et al., 2014, p. 2098).

Balán et al (2014) use Moos’ (1976) person-environment theory to examine how the intersection of venue characteristics and the consumption of alcohol shape patron behavior. They suggest this intersection must be considered in creating interventions tailored to the particularities of each venue-person interaction. The results of this study highlight heavier nuances dependent on venue type and the kinds of activities encouraged or discouraged by each respective venue. Dance clubs not specifically purposed for sexual activity seemed to encourage alcohol driven socialization, with visits to the dark room occurring later in the night after increased alcohol consumption. In contrast, adult theatres appeared to lack the focus on alcohol and socialization present in dance clubs, with more of an emphasis on fulfillment of sexual desires (Balán et al., 2014).

Binson and Woods (2003) also applied Moos’ (1976) person-environment theory to the bathhouse environment to hypothesize how structural level interventions can change the environment of the bathhouse and in turn transform individual risk-taking behavior into protective behavior. The researchers suggest that the application of this theory to bathhouses can not only show that an intervention is effective but also provide an explanation as to how interventions work, thus facilitating their implementation in different contexts.

Haubrich, Myers, Calzavara, Ryder and Medved (2004) interviewed 23 men who have sex with men (MSM) about their personal experience at bathhouses and their evaluation of the risk of contracting HIV there. Participants described the bathhouse as places “[...] characterized by social rituals of somatically focused and depersonalized sex [...]” (Haubrich et al., 2004, p.22). Bathhouse patrons reported a hyperawareness about HIV and described bathhouses as a place free from everyday threats of homophobia and law enforcement (Haubrich et al.). The

participants were asked about their serostatus and if they were HIV positive they were asked to describe how they believed they became infected. Many of these HIV positive patrons attributed frequenting the bathhouse to their seroconversion.

The participants framed the experience in moralistically, using negative and judgmental terms to denounce themselves and others which suggests internalized homophobia. People who engaged in group sex or sex with multiple partners were labeled as “promiscuous,” those who were looking for relationships as “pathetic” and those who were unattractive or old as “desperate.” Participants used identity management strategies such as emotional disconnection, substance (ab)use and the bathhouse’s culture of silence to gain cognitive dissonance and fulfil their need for sex.

The main psychosocial function of the bathhouse reported by participants was sex but also included a place to meet other MSM, a place to sober up, or a cheap place to spend the night. Other participants recognized that while the bathhouse was not a place to fulfil emotional needs, it served a purpose as long as you did not go there when you were feeling sad, depressed or intoxicated.

Harm Reduction

Building on the previous focus on risk-taking, Shernoff (2005) looks at how counsellors can help their clients navigate risk-taking behavior that feel safe to them instead of the counsellors prescribing behaviors they personally deem safe. Shernoff (2005) outlines a harm reductive approach to counselling men who have sex with men (MSM) without condoms. He proposes that condomless sex may be a symptom of an underlying emotional problems or substance abuse. He suggests that starting by treating these problems is necessary to help MSM practice safer sex. Ceasing unprotected sex may not however be an obtainable or desirable goal to some MSM and in such should not be used as a measurement of success or failure of treatment. In a harm reductive model counsellors must bracket their own belief system and help the client determine which behaviors are adaptive for them.

Differences Amongst Bathhouses Based on Gender and Sexuality

While the previous sections focused on gay male bathhouses, the following literature explores differences amongst bathhouses based on gender and sexuality. Brown and Gailey (2016) examined differences between gay male and LGBTQ bathhouses such as the culture of silence versus the culture of consent. Verbal consent at LGBTQ bathhouses helped create a safer

space and to foster an environment of care and respect. In a Toronto bathhouse the limits of care were clearly delineated and excluded pastoral care. A Halifax bathhouse had a team of outreach workers designated to counsel traumatized or triggered patrons who needed to talk. They specified however that they were not professionally trained therapists.

Another difference between LQBT and gay bathhouses was that gay men usually go alone looking for anonymous encounters where LQBT patrons often attend events with their partners. Some struggles faced by LQBT organizers include how to embrace sex-positive feminism and create a space that is simultaneously safe, transgressive, kinky and inclusive of QBT identities without violating the norms of certain groups of lesbians or becoming “[...] ‘derivative’ of gay male sexuality, and as such, undesirable” (Brown & Gailey, 2016, p. 256).

Cooper (2009) also discusses the differences between male commercial and female not-for-profit bathhouses where much attention is paid to the ethics of care. Toronto Women’s Bathhouses were actively concerned about the emotional welfare of patrons and in such had policies like designated areas for sexual activity, services including provision of safer sex materials, and facilitation of activities by volunteers. Despite these efforts what happened in the bathhouse did not always reflect the rules which enticed the organizers to continuously try to do better. When interviewed, the organizers said they initially debated “[...] whether to have a counselling room for traumatized women, whether to intervene if participants had unsafe sex and how to contain SM activities” (Cooper, 2009, p.119). In the end they opted to contain SM activities but decided against intervening and counselling rooms.

Chapter 3: Methodology

Although choosing my topic was relatively instinctive for me, selecting the appropriate methodology to explore it was more of a process. Since one of the agencies where I did my practicum does bathhouse counseling, I was curious as to if there was a role for drama therapists in this alternative space. At first I thought about doing a theoretical paper studying what was the role of a drama therapist in these spaces but since I was already experiencing what that role was I decided to do a heuristic exploration of the process. While this exploration was satisfactory, I decided to add an arts-based component in order to more effectively disseminate my results and capture my heuristic process in a manner that was accessible to a broader audience.

The Heuristic Process

My research question explores what is the experience of a drama therapist providing interventions in gay bathhouses. Upon completing a literature review I discovered material about bathhouse interventions such as HIV testing, counselling and psychotherapy, but nothing directly related drama therapists working in this environment (Cattaneo, Cain, Cullen, Hart & Murray, 2009; Bison, Blea, Cotton, Kant and Woods, 2005). The goal of my research was to explore my personal lived experience as a drama therapist and not to test a specific hypothesis about the efficacy of drama therapy in this environment, thus a heuristic exploration rooted in my tacit understanding appeared to be the most logical approach (Moustakas, C. 1990; Sela-Smith, 2002). Sela-Smith (2002) defines tacit knowledge as “a continually growing, multileveled, deep-structural organization that exists for the most part outside of ordinary awareness and is the foundation on which all other knowledge stands” (p.60).

I had many ethical considerations about using a heuristic research methodology to explore this topic since my reflections are about working with real people. While my research is about my own personal experience providing interventions, these experiences are based on relationships to others. To protect the identity of my clients, throughout this process I took steps to ensure that my research did not risk identifying them. To ensure confidentiality I use pseudonyms when I talk about my reactions to clients and their experiences. I also created composite characters based on my experiences with several clients. (Leavy, 2009). Any material used from my sessions has been altered significantly using descriptions rooted in fiction. In an attempt to further protect the identity of my clients, I did not identify the agency where I did my practicum nor the bath houses where the interventions took place.

In addition to the regular confidentiality agreement of the therapeutic relationship, there are additional factors that increase the importance of maintaining confidentiality in this unique environment. Many men who are patrons of these establishments face feelings of shame and stigma about being associated with bathhouses, some of them are not publically open about their sexuality, while others are married or in closed relationships with either men or women (Haubrich, Myers, Calzavara, Ryder & Medved, 2004; Hudson and Okhuysen, 2009).

The sexually charged nature of bathhouses creates another ethical consideration while conducting heuristic research in this environment (Cattaneo et al., 2009). The transference and countertransference occurring between clients and me was intensified since the interventions took place in sex cabins instead of an office. While I was fully clothed, wearing a t-shirt labelled “counsellor,” my clients were only wearing towels. Furthermore, their primary purpose as patrons is cruising for sex, not seeking therapy. As a therapist, to safeguard my clients from feeling rejected when I declined their advances I had to work with this sexual energy and transform it into therapeutic energy (Cattaneo et al., 2009). This meant responding to the client’s flirtations in a manner that let them know I was there to provide counselling, without making them feel rejected or ashamed in their own environment.

Due to the dual relationship as researcher and therapist, I constantly reevaluated whether my intentions were based on what was best for the client or what was best for my research. I journaled about moments where I was in doubt about whether my curiosity about my clients was professionally or research based. This helped me determine whether I was truly putting the client’s interests above my own research interests and alter my approach accordingly.

Data Collection

The data collection process of this research involved journaling about my experience after each session. Like Sela-Smith (2002), I approached the data collection phase of my research as the “I-who-feels”, meaning that my data was shaped by my feelings related to my experiences. Sela-Smith (2002) contrasts the “I-who-feels” with the supposedly objective observation of other types of research such as ethnography where the researcher is thinking and observing instead of feeling. I also reflected on my role as researcher and how my cultural background and lived experience was influencing my feelings and resulting themes I extrapolated (Creswell, 2013). These journals helped capture the essence of my feelings and allowed me to establish a reflexivity that positions me as a researcher, student and individual.

Sela-Smith (2002) infers what she views as the main components of Moustaka's (1990) six steps of heuristic research: initial engagement, immersion, incubation, illumination, explication and creative synthesis. During the initial engagement stage the research question is unearthed from a deep curiosity whereby the researcher makes social and autobiographical connections to topic. After my first intervention at the bathhouse I could not deny feeling what Sela-Smith (2002) describes as "an internal draw and hear[ing] the call from the deepest recesses of the self [that is] almost impossible not to notice" (p.64). I felt this same internal draw after my second intervention where I still felt uncertainty but somehow knew I was meant to research this subject (Sela-Smith, 2002).

The second stage of immersion where the research question basically becomes the researcher was difficult for me to fully embrace considering how in addition to being a researcher I was also a student amongst other things. I approached this stage of my research by spending as much time possible doing bathhouse interventions and actively reflecting upon how these experiences were shaped by my tacit comprehension and worldview (Sela-Smith, 2002). During this phase, I continuously questioned whether I was full surrendering to the "I-who-feels" or if I was being guided by the observing-self meeting the deadlines of my academic institution (Sela-Smith, 2002). While this was difficult to navigate, with the support of my supervisor I was able to permit myself to take the time needed to surrender to the "I-who-feels", which as a result allowed me to focus on the important moments and sit with the struggles I faced.

During the following incubation phase, the researcher must take a break from the intense concentrated nature of the immersion phase. (Sela-Smith, 2002). During this phase, mainly because my practicum was terminating, I stopped doing interventions at the bathhouse to consolidate my observations and reorganize my thoughts and reflections about my question. I found this stage difficult to process as it seemed as if I was sitting around waiting for the answer to come to me. I struggled with not knowing when this phase would end, knowing I still had a deadline. How would I realize when the following illumination stage occurred?

The illumination stage, which as the name suggests is supposed to happen organically is the phase when the researcher as dialogues with their feelings (Sela-Smith, 2002). After feeling like I was in the incubation stage for way too long, unsure of what direction I was going to take with this research, illumination occurred. I decided that instead of disseminating my results in the

form of a paper, I was going to do so in the form of a short film. Once I made this decision I was able to quickly organize my reflections into themes and write a cohesive script.

Moustaka's (1990) explication phase or what Sela-Smith (2002) coins the "self-search" assures that the search is coming from within and not from others. During this phase I had to weed out other's opinions and experiences from my own. To do this I looked at my reflections and discarded ones that I felt were more about my clients than they were about me. I then reflected about whether the remaining ideas actually came from myself, from the literature, from my supervisor or colleagues, keeping only themes that touched me personally. The themes that I was left with became the skeleton for the scenes of my short film, each one exploring the nuances of my feelings throughout this process.

In the final creative synthesis stage the story of the research was told through the creation of a short film. Sela-Smith (2002) claims that if this stage is effectively completed there will be evidence of a transformation in the story as well as a transformation in the viewer. The screening of my film was followed by a question and answer period, where the viewers were also able to give me feedback. As a researcher, I personally experienced a transformation, which I attempted to illustrate in my film. The comments and questions from the audience led me believe this attempt was successful as the majority of their comments indicated a sense of transformation in them as well.

Data analysis in this method involved narrowing the focus of the data collected in my journal entries to several themes (Creswell, 2012). To do this I went through my journal entries by hand and attributed codes to segments. Although this research is about my lived experience, while safeguarding for confidentiality I included codes that Sadaña (2009) calls "in vivo coding" to "[...] prioritize and honour the participant's voice" (p.74). This coding process involved using words and phrasing of clients that evoked strong feelings in my reflections during the data collection phase. I used this same process when coding my own voice, using words that occurred frequently in my journal and affected me deeply on a personal level. Codes such as "bathhouse betty," "daddy's boy," "savior complex," and "countertransference" helped me create the subsections for the script of my video.

Validity/Quality

To address concerns about validity, when discussing feelings evoked by encounters with my clients I created composite characters to "offer triangulation through their supporting

statements (Leavey, 2009, p. 148). This process helped provide logical validation for the themes I selected as important (Creswell, 2012). Another way I ensured validity is by writing thick descriptions about my feelings which I later examined from a multitude of standpoints including my own (Creswell, 2012). Through a constant reflexivity in my journal writing I positioned myself in my research to ensure my biases were transparent (Creswell, 2012). While heuristic research is about one's own experience and is as a result inherently biased, I was sure to be transparent about my biases about working in a bathhouse and about bathhouses in general. Additionally, it was important for me to be clear about my positionality as a researcher which involved sharing vulnerable information about what shaped my biases.

Since heuristic research calls for an immersion stage, this intensive period in the field helped insure my reflections are valid and representative (Sela-Smith, 2012; Creswell, 2002). By basing my observations on repeated visits occurring at varied hours over an extended period of time, it increased the likelihood that my sample was representative of the diverse clientele that frequent these establishments. To address concerns of reliability I continuously verified that the meaning of my codes did not shift throughout the coding process (Creswell, 2012).

To determine the merit or quality of my research I consulted Tracy's (2010) eight criteria for classifying qualitative research as excellent. Per Tracy (2002) "worthy studies are interesting and point out surprises issues that shake readers from their common-sense assumptions and practices. Therefore, studies of little-known phenomena or evocative contexts are intrinsically interesting (p.840). Since bathhouses are taboo places (Hudson and Okhuysen, 2009) there is little research about them being ideal places for therapeutic interventions and nothing is written about them in relationship to drama therapy. Once I processed my own preconceived notions about bathhouses, my goal was to challenge negative assumptions about bathhouses and shake up common-sense assumptions that drama therapy has no place in this environment by presenting my experience doing so.

Tracy (2010) outlines other criteria for quality research which I have addressed in this paper such as sincerity, which is achieved through self-reflexivity, acknowledging biases and transparency about challenges. She also urges for credibility which is achieved through thick descriptions, triangulation and the use of tacit knowledge which are also things I have outlined as important to my research.

Arts-Based Research

My decision to combine heuristic and arts based research and create a short film was an attempt to “[...] relocate inquiry within the realm of local, personal, everyday places and events” (Finley, 2008, p.72). My initial plan to disseminate my results in written form never sat right with me since I struggled with how words could authentically communicate what I had experienced. Furthermore, I wanted my results to be reachable outside the realm of academia and feasibly used as an accessible tool for counsellors and community organizations doing similar interventions. As a result, I deemed combining the two methods as the most effective way to communicate the authentic essence of my experience in a manner that was most accessible to others. My initial heuristic frame allowed me to explore the tacit meaning of my work based on my direct experience providing interventions in bathhouses and the evolution of my feelings throughout this process (Sela-Smith, 2002). Adding an arts-based component allowed me to capture this experience in a manner that felt more authentic to my artistic self and more appropriate to showcase my process than a written paper.

Chapter 4: Conclusion

Since my research question is about the experience of a drama therapist providing interventions in gay bathhouses the conclusion cannot be unambiguously expressed. The experience as a whole, which I tied together with themes, expressed my personal experience in this setting, which would differ drastically from another's experience. I intentionally ended the film without stating a particular conclusion because I wanted to leave that up to the viewer. The screening of the film was followed by a question and answer period where the viewers were able to ask questions or provide feedback. Here I learned what my experience brought up for others and what their conclusions about the work I did were.

Since my research is an exploration of my personal response to providing drama therapy in bathhouses how will these vague conclusions benefit others? Per Tracy (2010) "Heuristic significance moves people to further explore, research, or act on the research in the future [...and] develops novel concepts that can be further questioned and explored in other settings" (p.846). I hope my conclusions will pave the way for future avenues of research exploring the possibility of practicing drama therapy in bathhouses and other nontraditional spaces. While my conclusions are about my own personal experience, hopefully they will motivate other research that may influence the creation of new programs where drama therapists can reach populations that otherwise would not have access to drama therapy (Tracy, 2010; Cattaneo et al., 2009; Spielberg, Branson, Goldbaum, Kurth & Wood, 2003). For access to the film that accompanies this paper please contact monsieurmccarthy@gmail.com.

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Appendix

THE STORY HOLE

SCENE 1: I Don't Want to Do This Anymore

LOCATION: MICHAEL's house

MICHAEL is getting ready to go to his shift at the bathhouse. He irons his shirt, and multitasks as he rushes to get to his destination.

SONG: New Day Dawning – The Hidden Cameras

MICHAEL (*voiceover*): I can't go on like this anymore. Why am I even doing this? I can't help people. I can't even help myself. Maybe I'm the one who needs therapy. What do I know? What if I give someone bad advice? Do I really want to spend all day listening to other people's problems?

SONG: Shame – The Hidden Cameras

MICHAEL (*voiceover*): I have enough problems of my own. Why did I ever think I wanted to be a drama therapist? You should just drop out Michael. So what if you only have a year. You're not making a difference? Nothing makes a difference. You're so fucking stupid for thinking you're going to change the world.

SCENE 2: Bathhouse Bill

LOCATION: Bathhouse

SONG: Ecstasy – Purple Planet Music

MICHAEL (*in head*): Why am I here exactly? What am I trying to prove? People are here to fuck not to talk about their problems. I should just leave (*stands up, sit back down*). I'm doing my internship in a bathhouse? Really? Who's going to come see a counsellor at a bathhouse anyway. I must look like such a creep sitting in here fully clothed with the lights on blast. Nobody is going to come in here for help. How much longer before I can go? (*looks at phone and then see's shadow in door frame*) Oh God. Somebody is coming in. Oh my God! Oh my God!

MAX: Hey there sexy! Looking for company?

MICHAEL: (*in head*) Oh God! Oh God! What have I gotten myself into?

MAX: What? Cat got your tongue hot stuff?

MICHAEL: Sorry, it's my first time. Errrr. Um my first time here as a counsellor that is.

MAX: A counsellor?

MICHAEL points to his shirt that says "counsellor."

MICHAEL: Yeah, I'm here to provide help....

MAX: Well I certainly could use some help if you know what I mean. (*MAX points towards his crotch*)

MICHAEL: Unfortunately, I can't help you in that department but if you have anything you'd like to talk about from sexual health to depression or addiction or really anything you have on your mind. I'm here to listen.

MAX: Well it can get pretty lonely here at times. It might be nice to have someone to talk to.

MICHAEL: Yeah I bet. Why don't you come in and tell me about it?

MAX enters and sits.

MAX: Ok. I guess. But how do I know I can trust you?

MICHAEL: Trust is something that is earned. But I can tell you about the ethics of my practice.

MAX: Your practice hey? Why don't you show me?

MICHAEL: (*laughs*) I understand your desire to flirt. This is your space and it's a place where people come to have sex so that's totally legit. But I'm a drama therapy intern and I'm here to provide counselling. If you'd like to chat, it's free, confidential and non-judgemental.

MAX: Yeah, yeah, I get it. But why do they have to send beautiful counsellors like you? Why can't they send ugly ones?

MICHAEL: I could put a paper bag over my head if that would help?

MAX: No, no, it would be a shame to cover up that pretty face.

MICHAEL: Besides my pretty face, is there something you'd like to talk about today?

MAX: You said you were a drama therapy intern? What does that mean exactly?

MICHAEL: Well, I provide counselling using theatre techniques mostly. We can role play, use role reversal or props and toys to figure out what's on your mind.

MICHAEL (*inside head*) Role Play and Toys?? Great choice of words Michael! Idiot!!!

MAX looks MICHAEL up and down.

MAX: Role play and toys, sounds pretty kinky to me.

MICHAEL: (*laughs*) Yeah, I guess it does. But it's not! We can just talk for now though. What's going on in your life?

MAX: My life's a fucking mess right now. My job sucks, I feel like a fraud. My father doesn't know I'm gay, he thinks sodomy's a sin and well my mom she's too drunk to care (*pause*) and I think I'm following in her footsteps.

MICHAEL and MAX are sitting in silence on bed. Looking more comfortable than before.

SONG: Give it Up Daddy – Albinia Jones

SCENE 3: Daddy's Boy

LOCATION: MICHAEL's kitchen

MICHAEL arrives home from his shift at the bathhouse and opens a bottle of sparkling wine which he proceeds to drink alone.

MICHAEL (*narration*) Fear of following in my father's footsteps is something that's followed me since I was just a teenager. My father did nothing but disappoint and embarrass me. From making excuses to my friend's parents when he flaked on picking us up, to helping my mom wrap Santa Class presents for my little brothers while he was at the pub, to him drunkenly flirting with my date at my high school graduation. Then he had the nerve to blame his drinking on my homosexuality. These things stick with you. I vowed to never be like my father.

SCENE 4: AA

LOCATION: Alcoholics Anonymous meeting

MICHAEL: Hi my name is Michael and I'm an alcoholic

CROWD: Hi Michael.

SCENE 5: Confessional

LOCATION: MICHAEL'S bedroom

MICHAEL: (*narration*) When I agreed to accompany my client to an alcoholics anonymous meeting for support I never anticipated having to face my own demons at the same time....especially not in front of my client.

SCENE 6: Masters in Drama Therapy

LOCATION: Michael's Library

MICHAEL is sitting in a cozy chair drinking coffee with his cat GOOMBA.

SONG: Rondeau – Jean-Joseph Mouret

MICHAEL: According to Yalom (2012), "It is counterproductive for the therapist to remain opaque and hidden from the patient. There is every reason to reveal oneself to the patient and no good reason for concealment" (p.83). This view contrasts with the earlier psychoanalytic model

of therapy that prescribe the blank screen framework “[...] in which the therapist remained neutral and more or less anonymous in the hopes that patients would project onto this blank screen major transference distortions” (Yalom, 2012, p.75).

MICHAEL: *(to GOOMBA)* Goomba! Come back! We haven’t finished yet.

MICHAEL: A good research assistant is hard to come by these days.

Scene 7: Glory Hole

LOCATION: Classroom

A FEMALE SINGER sings song live with choir book in hand

SONG: Angels We Have Heard On High *(instrumental)* – Edward Shippen Barnes

Glory hole’s a hole in the wall

Men perform fellatio

Anonymous through a stall

Echoing their joyous calls

Glory hole in excelsis deo

Glory hole in excelsis deo

SCENE 8: The Story Hole

LOCATION: Bathhouse

The story hole is a wall with a small hole cut in it. Two mouths enter the holes one at a time and start talking in progression, projecting their issues on the therapist.

SONG: Angels We Have Heard On High *(instrumental)* – Edward Shippen Barnes

MOUTH ONE: You think I’m a slut don’t you?

MOUTH TWO: You think I’m lying.

MOUTH ONE: You’ll abandon me just like everyone else does.

MOUTH TWO: You wouldn’t understand.

MOUTH ONE: You’re probably in a relationship.

MOUTH TWO: You don’t know what it’s like to be alone.

MOUTH ONE: You’re not here because you actually like me. You’re getting paid to care.

MOUTH TWO: I can feel you undressing me with your eyes right now.

MOUTH ONE: I know you want me.

MOUTH TWO: You don’t know what I’ve been through.

MOUTH ONE: You think you're so much smarter than me don't you. Sitting there all smug and judging me.

MOUTH TWO: You have no idea what it's like to be me.

SCENE 9: Blank Slate

Found footage with voiceover

MICHAEL: (*narration*) Like a gloryhole, the therapist should act as an impersonal receptacle for the client to insert all their projections, feelings, problems and transference. The therapist eagerly takes everything the client dumps upon them without ever letting the client know who they really are.

SCENE 10: Opportunity Knocks

LOCATION: MICHAEL's Office

MICHAEL: I'm so glad you decided to come to my office for a follow up session.

MAX: It wasn't easy, believe me.

MICHAEL: What parts were the most difficult for you?

MAX: Last time we talked you just happened to be there so it was chill. I just wanted to fuck. I never thought I was going to see a shrink.

MICHAEL: So it was the unexpectedness of the encounter that made it easy?

MAX: Yeah, I'm not the type of guy who relies on others to solve their problems you know?

MICHAEL: Could it be that admitting you need help is difficult for you?

MAX: (*pause*) Yeah.

MICHAEL: Well you took that first step today. How does that feel?

MAX: Scary. (*pause*) Scary but good.

SCENE 11: Savior Complex

Footage of MICHAEL as Jesus

SONG: Mild Mannered Army – The Hidden Cameras

MICHAEL: (*narration*) My desire to help others often feels insatiable. It's been like this for as long as I can remember. Some people would call it a savior complex. But making people happy truly makes me happy. Perhaps that's why I decided to become a therapist. I'd like to believe my motivation to take care of others comes from a good place but does it really? Sometimes I have to wonder if that place is good for me. Like a good catholic boy, I was taught to sacrifice my

needs for others because it is the right do. The right thing for whom though? My friends? My family? My clients? Strangers? What about me? What about what's right for me?

SCENE 12: Drama Therapy

LOCATION: MICHAEL's office

MICHAEL: Now that you've separated your roles into the categories of *Who I Am*; *Who I Want To Be*; *Who Is Standing In My Way*; and *Who Can Help Me*, is there a certain role that stands out for you?

MAX: *Pest*

MICHAEL: Ok so you placed *Pest* in the category of *Who I Am*, can I hear a monologue from the point of view of *Pest*?

Found footage or rodents and snakes

MAX: I am *Pest*. I want to consume every man I see. I want to bite them and suck their blood dry. When I'm done I throw away their corpse and move onto to my next meal. Even when I'm full I keep on eating until I'm over-flowing and can't take anymore...but I keep on taking even though it hurts.

MICHAEL: Thank you *Pest*. Is there anybody here who *Pest* is drawn to?

MAX: *Beast*

MICHAEL: Is there anything *Beast* would like to say to *Pest*?

Found footage of an alligator swimming

MAX: *Beast* would say to *pest*, drink from my bottomless cup sweet misunderstood one. My nectar will lubricate your darkest desires. Don't worry about a thing. My magic potion opens the door to joy, bliss and instant gratification. And if tomorrow you're filled with regret, I'll refill your cup so you'll forget.

MICHAEL: Is there anybody here who could help?

MAX: (*pause*) I don't know. I think I need to stop for today. I'm tired.

MICHAEL: Of course. We've done a lot today. It sounds like this may have been a bit intense for you?

MAX: Yeah.

MICHAEL: No problem Max. See you next week.

MAX smiles and nods – he exits. MICHAEL is alone in office. Takes a deep breath

Rhapsody in Blue – Paul Whiteman & George Gershwin

SCENE 13: Countertransference

LOCATION: MICHAEL's office

MICHAEL is in clinical supervision talking with his SUPERVISOR about his work with MAX

MICHAEL: I've been thinking a lot about Max outside of our sessions. I'm beginning to realize he really reminds me of my father. But this is different because I have a really really bad relationship with my dad. We don't really talk or anything.

SUPERVISOR: Since this client reminds you of your father do you think it is possible that your desire to help him could be a result of the fact you were unable to save your father from his alcoholism?

MICHAEL: (*defensively*) But I don't want to save my dad! I hate him! No, no, it's not that at all.

MICHAEL (*aside to camera*) It's totally that.

SCENE 14: Hanging on the Telephone

LOCATION: MICHAEL's office

MICHAEL is leaving a series of messages on MAX's answering machine

MICHAEL: Hi Max, it's Michael. Just calling to see if everything's alright. You missed our session today. Call me back at the office if you'd like to reschedule.

MICHAEL: Hi, it's Michael again. You missed our session again this week. I understand if continuing is not something you're interested in but I just wanted to let you know that if you are I am still here.

MICHAEL: Hi Max, it's Michael. Just calling to say that I hope you're ok.

SONG: A Good Man Is Hard to Find – Bessie Smith

Scene 15: Rehab

LOCATION: MICHAEL's office

MICHAEL: It's good to see you.

MAX: It's good to be back.

MICHAEL: Do you want to talk about what happened since our last session?

MAX: Not really. (*long pause*) I had a relapse. I showed up drunk at work and got suspended. I'm a worthless piece of shit.

MICHAEL: It sounds like you're disappointed in yourself.

MAX: Yep! That's me alright. A fucking disappointment. Not happy until I've let everyone down.

MICHAEL: Do you think you let me down? Is that why you never returned my calls.

MAX: No...maybe.

MICHAEL: Nothing you say or do could let me down.

MAX starts crying. MICHAEL comforts him.

MICHAEL: It's ok. Let it all out.

MAX: *(sobbing)* I can't go on like this. I never thought this would be my life.

MICHAEL: It sounds really difficult what you're going through.

MAX: No shit!

MICHAEL: What's next?

MAX: Rehab.

MICHAEL: You're checking into rehab?

MAX: Yeah. I don't have a choice. AA has been helpful but it's not enough. It's either this or I lose everything, my job, my house, my life.

MICHAEL: How do you feel about your decision?

MAX: Trapped. Scared. Alone.

MICHAEL: I'm proud of you for making this difficult decision.

MAX: Thanks. And thank you for everything. Thanks for being yourself. Thanks for not judging me. Thanks for not pressuring me. Thanks for actually giving a shit.

MICHAEL: Thank you for trusting me. I'm glad you found our time together helpful but you above all you have yourself to thank, I was just here to facilitate your process.

MAX: *(sigh)* I'm going to miss this.

MICHAEL: Me too but I'm hopeful that you're taking the right steps so you won't need me anymore.

MAX: I hope so too.

MICHAEL: Good luck Max.

MAX goes in for a hug. MICHAEL accepts

MAX: So long man.

MICHAEL: So long.

SONG: Good of Life – The Hidden Cameras