Developing Forum-Sanni Theatre Model: A Comparative Study on the 'Forum Theatre' and 'Sanni Yakuma' Ritual Theatre as an Empowering Tool for Public Health Interventions

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Although Brazilian dramatist and cultural activist Augusto Boal developed Forum Theatre (FT hereafter) to empower oppressed masses such asworkers, shanty dwellers, children, women and the poor, today it is widely used in public health sector because its performance structure has the capacity to empowercommunities. In Sri Lanka, FT has been used as an intervention tool in public health for the past two decades. Even though the performance structure of FT is powerful, it is vital to deliver the message in a culturally sensitive way in public intervention. In an attempt to develop a culturally sensitive public intervention theatre model, in this study we compare the strengths and weaknesses of FT and Sanni Yakuma(the ritual of the 18 demons, SY hereafter) that is predominantly practiced in Western and Southern Sri Lanka. Although original purposes are different, like in FT, SY ritual works as a tool to interact, to communicate, and to empower communities particularly on issues related to the health and wellbeing of communities.

There are three main components of FT, namely: the oppressor (Antagonist), the oppressed (Protagonist) which are opposing forces and the Facilitator (Joker) who helps the oppressed to overcomethe situation. Like in FT, in SY there are two main opposing characters namely, Sanni (disease) and Athuraya (the patient). Like Joker in FT, Yakadura (ritual priest) in SY facilitates the reconciliation between two opposing forces. However, there are some differences between these two models. Audience in FT directly interacts with the play and therefore they are called "spect-actors" meaning spectators who become actors. In SY audience does not

become actors in the same way as in FT. While FT encourages overcoming the oppressor by empowering the oppressed, SY facilitates a reconciliation through a deal between opposing parties. In conclusion, combining the spect-actor aspect from FT and the reconciliation objective of SY, it is possible to develop a culturally sensitive theatre model for public health interventions in Sri Lanka.

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