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An examination of some cases of mainstream and participatory health theatre in Cameroon

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Abstract

For years over, theatre practice in Cameroon has been used in various settings with objectives modified as per practitioner and participants. In this light, two common trends, mainstream and participatory forms dominate the theatre scene. They are used to address issues that are peculiar to societies as well as health-related matters. In this paper, the focus is on the use of mainstream and participatory theatre in health contexts in Cameroon. Through an analytical and exploratory approach, it is seen that health theatre in Cameroon is enhanced through the effective integration of the participants and practitioners in a symbiosis that diminishes the possibility of creating separation. It draws from theatre for development, theatre of the oppressed, and others to build a methodology that addresses issues of public health concern in various settings.

Keywords: communication, health theatre, participatory theatre, reception, change, therapeutic.

Introduction

The communication process in theatre considers an interplay of semiotic signs from the poles of production and reception. These signs communicate messages between the actor-actor (participant-participant) and actor-audience. Following Peirce's (1955) observation that a sign is always a sign for somebody, the interpretation of this sign is considered as part of the sign itself. This implies semiotics are situational, activated only by people in actual situations. Each act of interpretation begets another and leads to what Peirce calls 'unlimited semiosis', the endless play of meaning and regeneration of signs in time.

For theatre to have its effects, the communication process must be comprised of a sender and receiver. This makes the theatre-making process consider participants as co-producers of meaning in the process of enunciating collective (Helbo 1981). In other words, the reception of theatre cannot be successfully studied only from the point of view of reception itself. Production must be taken into consideration to better decipher how meaning is created and communicated, and how or in what way this performance form is therapeutic (in the health sense of the term). In this write-up, the main questions to which answers are sought are, who is the enunciator or sender in health theatre and who is the receiver? Under what circumstances do they cohabit and what makes this cohabitation process therapeutic? How can reception facilitate or enhance a therapeutic effect or affect in health theatre?

Health theatre as employed here is understood as the impersonation of a story, enhanced by health conflicts, enacted by actors (either staged by individuals directly involved in the health problem or by individuals not involved in the problem) who impersonate actions and eventually speeches of the characters of the story or their speeches. This is done with the primary aim of either sensitizing the audience on vital health issues, educating them, causing them to reflect, bringing them to reason, or combating stigmatization or for them to achieve catharsis as exposed in this study.

Analysed data

This paper uses data from two health theatre productions of 2004 by EmeldaNgufor Samba. Samba uses a combination of mainstream and participatory theatre techniques to tackle health issues in the community.

The two understudied productions are selected based on the themes that they treat: HIV/AIDS and Stigma.

The first production was a participatory theatre workshop which was titled *AIDS Education through Theatre* which took place in Ndotop from the 23rd to the 27th of March 2004. Sponsored by the United States Embassy HIV/AIDS Task Force in Cameroon, it was facilitated by two theatre practitioners¹ whose objective was to empower the then Association of Women's Information and Coordination Offices (A*WICO) Ndotop to challenge standard methods of disseminating information on the acquisition, prevention, and management of HIV/AIDS cases of stigma and related trauma.

In the workshop, after identifying and analysing the problems, the participants moved to story creation. In the first skit, the participants seek to answer the question 'What is AIDS?' The skit begins with two women, Agatha and Mami Wirba on the farm. One of their friends has just died and it is rumoured that she died from complications of AIDS. Agatha hears about this virus for the first time and asks Mami Wirba to give her more information. Mami Wirba who is half-informed on the virus shares the little she knows. To her, anybody who has resistant rashes is HIV/AIDS infected. These rashes, *zona*, are locally called 'cam no go' because no matter how hard people try to eliminate them, they remain resistant. Other symptoms of AIDS that Mami Wirba knows are persistent vomiting and dysentery, cough, and leanness. Agatha in turn concludes that all the people who had those symptoms in the village were AIDS patients. The timely intervention of two health workers helps to clarify the misconceptions about AIDS.

A second skit is also developed along the same line as the previous one. In this skit, the socio-cultural reality of the people in the Ngoki-Tunjia area is brought out. It begins with two married women going to visit their boyfriends. Following their tradition, during death celebrations, women prepare special dishes and take them to their boy (men) friends, whose wives in turn have supposedly gone to visit their boyfriends. One of them is half-dressed. This, she says, is to entice her man friend. At the celebration, they eat, drink, and dance together with other villagers. Hours later, they withdraw to some secluded areas to have a quiet time with the women. The skit is interrupted by a poem which goes thus:

I am AIDS
 I can never cry like you
 Bodies hunched into a knot of pain
 And the body's defence mechanism
 Breaking into a thousand pieces
 Young and old, fully blossomed, loins more
 Fertile than the banks of the Nile
 Involved in risky intercourse
 You are my target.
 I will wait for you in your
 Extra-marital and risky sex
 I will cause you grief
 Like a Sharpeville bloodbath
 I must live with my grief
 ...
 I'm AIDS (Forba Abraham)

Months later, one of the women is diagnosed HIV positive and decides to consult a traditional doctor who asks for money, goats, and other food items with the claim that these items will energise her as she prepares the concoctions. As the patient leaves, the traditional doctor gets into a dance of triumph, rejoicing for swindling money from another fool who refuses to heed the medical doctor's advice.

The third skit offers information on modes of prevention. An elderly married man is on a drinking spree late in the evening hoping that a woman will come by with whom he can have sex. Not long after, a young woman comes to the bar and sits next to him. He offers her a drink and asks if she will accompany him to his house. Just before they leave, an AIDS social worker stops by and warns them against late nights out and alcoholism. She offers and teaches them how to use the male and female condoms. When she leaves, the man throws away the condom with the argument that sex with condoms is not as fulfilling as sex without. Months later, the woman is diagnosed HIV positive.

¹ This workshop was facilitated by Emelda Ngufor Samba and Cynthia Hendersen

She contemplates suicide and moves from one hospital to another hoping that her results will be different. The doctors counsel her that she can live with HIV if she feeds well, lives in hygienic conditions, and abstains from unprotected sex.

The second production 'The Boomerang²' is a non-participatory health theatre that presents the story of a man, Pa Ngong who has a son, Frank studying in the city. The son has a girlfriend, Bih, also a university student with whom they are planning to get married. When the story begins, Frank has just discovered that he is HIV positive and deliberately decides to contaminate Bih. Bih in turn goes for her research in Frank's village and coincidentally comes across Pa Ngong who assists her financially. They end up having unprotected sex and Pa Ngong is infected and, in turn, infects Ma Ngong and Titi, a village Belle. A few years later, Pa Ngong dies of HIV/AIDS, and Bih accompanies Frank for the burial. At the burial, Bih learns Pa Ngong was her boyfriend's father. With this tragic discovery, Frank decides to reveal that he intentionally infected Bih without knowing she was going to infect his father who will also infect his mother. This is the Boomerang effect: what goes around comes back around. Through the interaction of a chorus representing the community, the fight against stigma and revenge is initiated and this prevents Frank from committing suicide and Bih forgives him.

Though the play is considered non-participatory, the pre-production phase was highly participatory. Before it could be written, research was carried out at various levels. The first was a scientific study undertaken to understand the HIV/AIDS quilt in Cameroon. Data was collected as concerns the infection, spread, and means to prevent this pandemic. In phase two, a theatre facilitator Emelda Ngufor Samba, was called into action to produce a play on HIV/AIDS. The facilitator, who had earlier carried out a project on HIV/AIDS in Ndop, used the data she gathered during this period to construct a script which was to be in the form of a musical. She had first-hand data and experience in handling such subject matters from the point of view of a theatre activist and facilitator.

The last phase was that of production. The play was produced in Yaoundé and taken on tour to other communities like Bamenda and Buea. The former was the region where the HIV/AIDS quilt is highly recorded and the latter, was a university community where students are mostly vulnerable due to financial challenges in life as portrayed in the play. These performances were spread from November 16, 2004, to February 2005 with a total of 05 community-staged performances and one (01) TV recording which was later broadcast a couple of times on the national television channel CRTV.³

Participants and Target audience/population

From a general perspective of communication, two essential entities are noted: the sender and receiver. Theatre per se as a form of communication adheres to this principle in the construction of meaning. For this reason, it goes that the essence of theatre is incomplete if there is no receiver, or better still, the study of theatre that ignores the important role played by the audience or observers is considered incomplete. The sender in the theatre is considered as the one conveying ideas or messages to others, to express a thought or emotion, provoke a reaction, entertain, educate, sensitise, conscientize, change behaviours, or heal. On the other side of the continuum, the receiver is considered the person to whom the messages or ideas are conveyed. The message on its part is the tangible formulation of the idea or emotion conveyed to the receiver. This is enhanced through a channel, which is the communication carrier which in this case, is the performances or representations. The communication process becomes complete once the receiver can decode the signs used by the sender to interpret the meaning of the messages or emotions.

Health theatre functions within the praxis of personal and collective change. This praxis entails that there is action, observation, reflection, and reaction to the action. The reaction side of the praxis is seen as an indicator of change (Landy and Montgomery, 2012, p.xvii). The reaction is possible in an interaction between participants and the target audience/population. In most cases, the participants are concomitantly the senders and receivers or the actors and audience in the production and reception continuums. There is therefore heightened and interactive audience participation and the anticipated resultant empowerment of the target audience is observed.

²The *Boomerang*, a play on HIV/AIDS was produced in 2004 by the Fobang Mundi Theatre for Social Change, co-directed by Emelda Ngufor Samba and Kwasen Ngwangwa'a and taken on a national tour in Cameroon.

³ Cameroon Radio Television

In this light, The Boomerang was staged in some communities in Cameroon. In these communities, there was a combination of audience members from all works of life. This project was first intended to touch the lives of members of the People Living With AIDS (PLWA) group which the Fobang Foundation runs and later, those of other audiences. The group members are constantly on the premises of the foundation either for educational programmes, counselling, or for financial assistance. By this approach of handling HIV/AIDS through health or therapeutic theatre, they were to be sensitised on some additional facts on their disease as well as offered encouragement on possible reintegration into the community.

Amongst the production team, there were six teachers, three journalists, four performing arts students, one TV producer/director, and one researcher. Their participation in the project was not going to be for formality only but to first and foremost impact their lives before touching those of their audience. They were the first people to receive this therapeutic creation before any other person. They were the first category of the audience or what Dospinescu calls 'the implicit spectators' (2005, p.50).

Another category of audience was the civil society considered as the actual spectators. In all of the five (05) stage performances⁴, the entire community was represented. One could identify government workers, international organisation workers, embassy workers, teachers, business persons, pressmen, students, and even job seekers. The possibility that there were HIV/AIDS patients both the infected and the affected in the halls cannot be discarded. This merge permitted the existence of group dynamics that can be witnessed in no other such setting. This performance allowed people of all works of life to be gathered in the same space for one hour thereby enhancing the creation of systems of behaviours amongst them.

Using theatre space that does not give preference to some people permits the development of new behaviours among the audience members. When I analyse this setting, it can be concluded that through health or therapeutic theatre, social groups are formed to develop potential and qualities. By socially accepting to interact with somebody who occupies a different class from you during the period of a performance can be a means to enable you to know and experience something different from your daily encounters.

As for the Ndop workshop, participants were drawn from the community amongst which were two HIV/AIDS-positive women who were part of the A*WICO group. This organisation had a series of objectives that they hoped would be met through the group dynamics created in the workshop. Amongst their expectations was the quest to know how to:

- protect uninfected persons;
- support HIV/AIDS infected [affected] persons [how to fight stigma];
- acquire knowledge on how to live with HIV/AIDS ;
- acquire capacity to convince the local population of the existence of HIV/AIDS;
- acquire skills to initiate youth programs on HIV/AIDS;
- acquire knowledge on HIV/AIDS education to pass it on to others.⁵

Other participants were made up of a man, a woman from AWICO, a medical doctor invited as a resource person, community workers, two facilitators, an assistant, and a cameraman. These participants constituted concomitantly the implicit and actual spectators of the production. However, at the end of the workshop, the entire community became part of the therapeutic process adopting the role of actual and explicit spectators respectively. Performances were held in the market square which is a meeting point for people from all works of life. During the market days, people come from far away villages to sell or buy goods and this could only present the best opportunity to pass a message to the community members who would later be the ambassadors of the project by taking the messages to their various homes.

Audience reception/perception of the productions

Perception is the process of analysing the effects of performance on the spectator and reception works on expectations. Expectations have conceptions and the construction of the enunciation. Discussing the public or audience of a performance implies looking at their expectations.

The Boomerang

⁴ The first performance was in the Yaoundé Hilton Hotel, followed by one in the University of Buea, Bamenda Congress Hall, Yaoundé I University, and Yaoundé City Hall ended the tour.

⁵ Emelda Ngufor Samba and Mercy NebaMafor, 2004, p.5-6, cited by Emelda Ngufor Samba, 2006

Analysing the perception/reception of any work of art implies looking at its content and evaluating how the audience reacts to the production. In this light, elements like dance and music played a major role in enhancing the reception of The Boomerang by the audience.

The play was designed in the form of a musical dominated by choral music. To develop the characters or push along the plot, the songs used must be clear enough for an audience to grasp on first hearing. Anything that confuses an audience damages the dramatic action of the play, so lyricists must make their points in a precise, fresh manner, while composers (and arrangers) must not drown the words. The Boomerang as a health theatre aimed at sensitising and fighting stigmatisation and related trauma needed music and song that was precise and concise.

In health theatre, music can also be used to stir up reactions from the participants. It is in this direction that Serge Minet uses music in his therapeutic theatre sessions with patients in the psychiatric hospital in Brussels. Minet calls this the imaginary game (2006, p.125) which consists of the participants listening to a piece of crystalline music. The participants sit or stand in any comfortable position they can find in order to allow themselves to be immersed in the music. In the end, participants discuss the feelings developed during this musical interlude. This happens because music knows no language barrier and especially touches the heart. A musical piece can easily be retained by the audience than a dialogue. As observed during the performances of The Boomerang, spectators could be heard expressing their feelings from the songs that were being sung. It is even a common practice to hear spectators singing along with the performers as the play goes on if it is a song they know. Three song choices were of particular importance to the reception of this play.

The 'Opening Number' is the first song choice which sets the tone for the rest of the performance and it goes thus:

HIV/AIDS where are you from, you torture humanity
 Choosing from us the most active, you hamper our development
 Join hands to bar the way to HIV/AIDS 4x
 Young University student
 What troubles you so?
 Your future lies before you
 The country depends on you
 Cheer up for your dreams will soon come true
 Is your heart burning for a woman?
 Has your love jilted you?
 Did you fail your exams?
 Did you quarrel with your parents?
 Have you been thrown out of your room?

In this song, there are various themes treated. The chorus questions the origin of HIV/AIDS without knowing that the young university student who comes to them is suffering from the same infection. It is an entry song that is captivating and also reflects what is going to follow in the rest of the play.

The second song choice is called the 'Eleven O'clock Number' and it takes place about midway through the play. It does not necessarily have to mark a climactic moment in the plot but it must be strong enough to energise the audience for the final scenes. The Boomerang presents a song titled 'The contry Sunday Song' enacting actions taking place in a traditional beer parlour setting:

We long for contry Sunday 2x
 The day of liberty for the married
 We go around and play with girls and women 2x
 Oh contry Sunday ye ye
 Sweet contry Sunday ye ye.
 How we long for you to dance and drink palm wine
 We sometimes get tipsy but it's OK
 We sometimes go with our friends' wives but it's OK
 Contry Sunday we long for your return
 A day of liberty and sexual frivolity
 We release our libidos and make merry
 What a wonderful tradition our fathers left for us.

We meet our girlfriends in dark corners
 And sometimes take them home with us
 Ma is never around for she too has her own business
 Sweet contry Sunday yeeyee 2x

The song explains how people love their tradition and show their attachment to it. In this community, during the 'contry Sunday' every man/woman, married or unmarried, has the right to go out with another woman/man of his/her choice. At the level of self-protection, little do they know or even use preservatives to protect themselves from getting infected with HIV/AIDS. From the analysis of the dramatised actions in the song, it is purported that the traditional setting itself facilitates the spread of HIV/AIDS. This practice, drawn from the Ndop workshop, justifies the high percentage of HIV/AIDS infections in that community.

This song was accompanied by dance which is widely used in health theatre to relieve participants from stress and portray the mood in this scene. It was used as a form of entertainment and even as such; dance permits the evacuation of stress and liberation of emotions. For the audience to feel the impact of dance, they are called upon to connect with the ongoing action through identification with the protagonists. This is not limited to the dance alone but applies to all the other aspects of the performance. Dance in this scene did not only have an impact on the audience but had a greater impact on the performers because it was an "expression and transference through the medium of bodily movements of mental and emotional experiences which individuals can express by rational or intellectual means" (Nwamuo 1993, p.3). The performers were hereby engaged in complete mental and emotional experiences as they executed the bottle dance steps. In this dance, movements and gestures are universal and are not bound like language to nationality or culture. This transcends the communicational boundaries and participants are brought together in a bond, thereby facilitating the flow of information, education, behavioural change, and entertainment. The performance thus becomes info-edutainment oriented.

Low-income status is noted to be one additional reason for an increased rate of HIV/AIDS cases in this particular community.⁶ It is difficult for the community members to afford a packet of condoms. As seen in the Ndop workshop, community members who were assisting in the performance almost fought during the distribution of condoms. Everyone wants to have at least a condom which shows how valuable they hold a condom though some of the children who know little or nothing about condoms use them as balloons. This too is problematic because the population is presented with something that they don't know its use and importance. Extra efforts are needed to teach the population the importance of using condoms.

In the final position, The Boomerang used a song termed 'The Finale'. It should carry an emotional wallop, leaving the audience with a powerful last impression. This was done in the form of a curtain call which featured all the characters. The song summarised the whole play and left the audience shouting and clapping, signs which are evident of a performance well received.

Frank: How many times have you despised me, friend

Because I am HIV plus
 Yes in how many times have you rejected me,
 Because I'm an AIDS patient?
 Yes in how many times have you abandoned me,
 Because I'm a burden to you?

The answer my friend is blowing in the wind

Chorus: The answer is blowing in the wind.

Bih: How many patients have you taken to the village,
 To die in pain and loneliness?

Tell me, how many of them have you abandoned in the village

And you say it's too much, I'm tired
 The answer my friend is blowing in the wind

Chorus: The answer is blowing in the wind.

Pa Ngong: How many times have we killed friends and neighbours

Because of our looks and attitudes?
 Tell me how many of them have died from stigma
 From you, from you, and from me?

⁶Cf. The Impact of HIV and AIDS in Cameroon through 2020, National AIDS Control Committee and Central Technical Group, September, 2010, p.10

Tell me how many murders have you committed
 By rejecting HIV/AIDS patients?
 The answer my friend is blowing in the wind
Chorus: The answer is blowing in the wind.
Titi: How many times have you seen an AIDS patient,
 And offered a word of help?
 How many times have you said to yourself,
 It could have been me?
 Yes in how many times did you pass me on the way
 And said 'Hmm' that's an AIDS patient?
 The answer my friend is blowing in the wind
Chorus: The answer is blowing in the wind.
 No the answer my friend, is hidden in our hearts,
 The answer is hidden in our hearts. 2x

For a non-participatory health theatre, the reciprocity of reception to acceptance and possible change can be questioned. To me, this is a limitation that the non-participatory approach has as opposed to the participatory approach. It is also top-down and the audience most of the time, is left without any follow-up to ensure that change has been effectuated. However, Landy seems to propose that this limitation can be avoided if the project takes into consideration, the central idea of engaging the audience in an interaction process with the praxis. To him, the “idea is to engage in a process of making a play around a central issue, [...] and performing the play to an audience and then engaging with the audience in some form of dialogue” (Landy 2013, online). Engaging the audience in a dialogue through the performance bridges the gap left by the non-participatory method of health theatre. This implies indirectly, the play becomes participatory. The relationship between the audience and the performers/performance is where change happens.

From this analysis, it can be affirmed that music and dance are strong tools used in passing across messages in any context irrespective of linguistic barriers. It is much easier to keep the tune of a song from a theatre performance than it is to keep lines and phrases from the actors' speech. In the performances, an audience member will stand up and sing and/or dance with the performers to his/her satisfaction before sitting down. It is portrayed from experience and testimonies from audience members that at the end of a performance, audience members go home with songs and dance steps fresh in their minds than they do with words or dialogues. This is a method of sustaining dramatic action and even prolonging it beyond the performance space or area and time. Judith Hanna Lynn seems to be of the same view when she states that “music, song, dance, and movements are symbiotic and can be used to sustain dramatic action” (1987, p.3).

Ndop Workshop

Answering the question which seeks to know how the Ndop workshop was received by the audience or better still, how its performance facilitated the therapeutic process, its constituents are explored simultaneously. The objectives of the workshop were to use theatre in creating awareness and demystifying HIV/AIDS amongst the Ndop population.

The first working day consisted of getting to know each other, establishing a sense of safe space and an effective way of working. During the self-introductory phase, it was decided that for the workshop to move on within an atmosphere of safety, personal titles were to be kept aside. This also permitted the entire team to work as equals. In this way, the tradition of addressing someone by Mr or Mrs, Dr, etc. was not to be taken into consideration. Workshop names were derived from the first letter of each person's surname or middle name. As such, the facilitator's name Ambo Emelda was transformed into Ambitious Emelda. Others followed with names like Tolerant, Serious, Confident from Cynthia, Love from Lovelyn, and Invisible for the Camera Man.

A semiotic interpretation of these names can be made. According to Marvin Carlson, “names given to characters potentially provide a powerful communicative device for the dramatist seeking to orient his audience as quickly as possible in his fictive world” (1990, p.26). These names expressed the feelings which the participants felt at that moment in time. Naming is a very important thing in Cameroonian culture. When there is a newborn in a family, the parents take into consideration the conditions under which that child was conceived, the pregnancy period, and the birth. They also consider the circumstances surrounding their own lives before and during the pregnancy with the child. This influences the name the child will have.

On the other hand, the child may be named after a family member, relative, or friend who has marked their lives. These workshop names can also be seen from the direction of roles that are going to be played in the process. Commenting on this, Landy holds that:

In choosing a name for a role, a client [participant] dares to look at the connection between a feeling state and a behavioural state [...] The naming, then, forces the issue of examining contradictions between appearance and reality [...]; this leads to a search for a connection between the ideal and the real. (1994, p.48)

With this in mind, semiotics permits a clear understanding that names chosen by the participants in the workshop were subconsciously transmitting their feelings or projecting their expectations. They were adhering to Zola's conviction that "a mysterious correlation exists between the man and the name he bears" (Carlson 1990, p.29). Ambitious revealed the ambition that the facilitator had to run the workshop; Tolerant reflected the new attitude that one of the A*WICO women wanted to adopt and develop through the workshop; Serious portrayed the level and determination to fully engage in the workshop, Confident showed the desire to be confident in assisting the group achieve its objectives and building confidence in life; Love transposed the desire to love despite all odds and Invisible referred to the neutral position and role played. This constitutes a rich repertoire of internal feelings and desires transposed through the canal of naming in a health theatre workshop.

To create a play that exposed the hidden truths about HIV/AIDS, it was important to begin by finding out what was being said about the disease. During information gathering, participants shared every piece of information they had on/around HIV/AIDS. This included false conceptions and those they considered to be true. It was interesting to note however that, most of the participants had certain misconceptions about HIV/AIDS and how the virus spreads. Some did not even believe AIDS existed due to inadequate access to concrete information on the subject.

This phase highlighted some issues related to HIV/AIDS:

- Shame;
- Stigma which generates trauma;
- Denial (both by family and community);
- No adequate counselling techniques;
- Negative approach;
- Fear of taking the test etc.

The presence of a medical doctor in the workshop was important as he gave verifiable information on HIV/AIDS to the participants. From these identified problems, prioritisation and story creation took place. The participants put their thoughts together and a story line was brought up which was based on a storytelling method. Using this method in health theatre was judged to be a useful tool, which can easily decimate information. Robert Landy seems to concord when he affirms that storytelling is one of the methods used in dramatherapy to heal the participants. The target audience could therefore easily identify with the performance because of the method used which was very common among them. The performance was enacted through the use of songs, dances, and dialogues/monologues.

The first song which the participants came up with goes thus:

HIV is shaking Ngoki-Tunjia⁷ eh

HIV is shaking Ngoki-Tunjia eh! (Sung several times over)

The next song touched on the fight against HIV/AIDS by the people. It was sung in Pidgin English but the literal transcription presents it as:

HIV/AIDS eh eh, We'll fight it until victory is Ours. Mother, we'll fight, eh eh; Father we'll fight it, eh eh! We'll win the fight.

In the African context, song or music is mostly accompanied by dance. By implication, all these songs were accompanied by dances that were drawn from the local community. This made the community members identify more with the performance. By drawing and using local songs and dances, the audience became much more eager to know what the performance was all about. In addition, these songs drew many other audience members who were present in the marketplace and could hear and come closer to take a look at what was happening.

⁷Ngoki-Tunjia is a division whose head quarter is Ndop

Another important song used in the course of the performance resumes the main themes that were handled in all three skits.

Some sick don come for Ngoki-Tunjia	womoh oh!
Wetidem di callam oh	womoh oh!
Dem di callam say na AIDS	womoh oh!
Weti we go do wit am?	womoh oh!
We go fight am na for fight am oh	womoh oh!
How we go fight am oh!	womoh oh!
Na through abstinence	womoh oh!
Na for get one massa	womoh oh!
Na for use boots oh	womoh oh!

This song in English goes thus:

A disease has come to Ngoki-Tunjia

What is it called?

It is called HIV/AIDS

What should we do with it?

We should fight it.

How do we fight it?

Through abstinence

We should have one sexual partner

We should use condoms (boots).

The closing song and dance steps were very familiar in Anglophone communities that have been involved in community theatre workshops. It is a commitment song to actively take part in the sensitisation of people and elimination of discriminatory acts in which they have all been living. It calls upon the participants and the community as a whole to act as ‘one family’.

In one family

In one family oh!

In one family, we shall change the whole!

Brothers oh! Together, together we shall heal the whole world!

Parents oh! Together, together we shall heal the whole world!

My sisters! Together, together we shall heal the whole world!

This song was jointly sung and danced by the performers and audience. The choice of the audience to participate in this performance on health-related issues is already a step towards a possible acceptance or refusal of the messages therein or towards the process of change. This is the relationship which Landy considers important in therapeutic (health) theatre:

In the relationship, when the process works, the actors discover ways to engage more deeply with the theme. Their relationship ... deepens, shifts, changes. Because the process is therapeutic, directors engage in special ways with the actors. They think like therapists they are therapists. They consider aspects of resistance, distance, and catharsis, help work through difficult moments of impasse and crisis, draw upon play and spontaneity, encourage dialogue, and maintain clear boundaries in terms of roles and relationships. They do this as the actors engage with the text in the role and interact with each other out of the role. (2013, online)

Again, actively taking part in the performance and being an ambassador of the propaganda further culminates the bond to an effective way of treatment and change of behaviours. As an audience member views an actor, some processes occur which seem to involve and disengage them concerning what is happening on stage and by so doing, adhering to the idea that “to come to see oneself is to effect change in oneself in the very act of seeing” emphasised by Wilshire (1982, p.5). Songs, music, and dance all contribute to enhancing the reception/perception of health theatre in ways compared to none. Participants who are usually on a quest for change or healing are thrilled towards these goals by the interactive techniques employed by the theatre practitioner. When a participant can undergo the theatre-making process and experience the transformational power of theatre, s/he supposedly comes out healed/changed. Commenting on the healing or change of participants, Landy states:

For the therapeutic theatre actor, performance is healing because it allows the actor to reflect upon the journey from self to other to self and to become aware that such a journey can be transformational. As an actor, the parts of my body that fade and that flourish perform. In recognizing the meaning of the performance, I am changed.(2013, online)

This was clearly illustrated in the understudied performances.

Conclusion

When reception is ensured in health theatre, the therapeutic process itself is guaranteed. It is enhanced through an interaction between the actors/participants and the audience. A health theatre stands as a communicational method between the performers and the audience. This allows the audience to be immersed and consequently transformed depending on their perceptions and strategies for becoming involved in the therapeutic process.

When health theatre is well used, a series of things might be achieved:

- It can interest and retain the attention of a much larger population, much more than traditional socio-educative or psychotherapeutic methods. This is justified by the fact that health theatre is a live-art based on reality; it combines verbal communication, bodily expressions, and the use of sounds like music and songs.
- Health theatre creates an atmosphere of emotions that favours a durable impact on the people involved.
- Health theatre adapts to local realities. In the case of The Boomerang and Ndop workshop, the languages used reflected local realities. While English was used in The Boomerang which was staged in urban cities, Pidgin English was used in the Ndop workshop because it was enacted with local populations amongst whom were many non-literates. This local population, who to a large extent, do not even have access to the media or even when they do, do not understand the language used; be it French or English, are presented with a performance in a language accessible to them, using their everyday reality and enacted by their community members. This permits them to be more receptive to the messages than they would otherwise be in conferences, lectures, seminars, and other forms of information communication.
- Health theatre within a community addresses issues or problems that are current or considered a priority to the society.
- The achievement of therapeutic effects is also ensured by the safe space that is created during the production. This gives room for the participants to talk openly on some subjects, which they consider taboo thereby enhancing reflection and group dynamics within the community.

As a form of communication, health theatre more than any other form of communication (written press, cinema, television, or radio), puts the audience at ease without any mystification of the techniques used or creating a distance between them and those sending the message. It permits direct contact with the audience, allows for interaction, and gives a listening ear to the needs of the community and immediate feedback. This justifies its rightful place as a therapeutic modality in communities.

The above analysis portrays a methodology that is particular to the practice of health theatre in Cameroon by Anglophone theatre practitioners, which can be appropriated and applied in other settings by other practitioners. The objectives of this method are in line with the advantages of theatre in response to HIV/AIDS presented in a UNESCO/ONUSIDA Project (Pont et al., 2003, pp.36-37). There are, however, advantages and limits linked with using theatre within the realm of HIV/AIDS which can likely be applied in all cases of the use of theatre in health contexts.

The advantages are:

1. Theatre is an additional tool in the domain of HIV/AIDS prevention and an alternative to classical techniques of animation. With time, it has diversified and become much richer.
2. Theatre is a tool for education, sensitisation, and information. It is more of a collaborative method than a confrontation: everything is said with tact and humour. It can help in the de-dramatisation of an illness and remove every taboo surrounding questions on sexuality. [cf: Ndop workshop and The Boomerang].
3. Theatre within the realm of prevention appears to be an innovative method, which is creative and imaginative to offer the audience [who are sometimes the participants] the opportunity to develop their knowledge in the domain of HIV/AIDS while permitting the audience to put into question beliefs, attitudes, and behaviours. Theatre creates an atmosphere of dialogue around the problem, leading to a better comprehension of the illness. It helps in fighting against false ideas, fears, and rejections linked to the illness. In this sense, theatre contributes to the adoption of positive attitudes and secure behaviours by individuals and communities.
4. One of the most important potentials of theatre is the value of example. Every theatre production puts on stage the realities of everyday life thereby being the mirror of society. It helps in presenting concrete situations that

stick in the mind and allows the public to identify with them. This is vital to the change of behaviours and habits.

5. Theatre is an instrument or tool of sensitisation appreciated by the public, particularly by women and youths who are most of the time the vectors for social change. It is also important for them as they are the ones who are the most affected by HIV/AIDS in developing countries. Theatre offers them the opportunity to gain new knowledge and deepen their knowledge of reproductive health in general. It also provides a possibility to put into question people's established attitudes as far as their personal development is concerned.
6. Theatre constitutes a pedagogical tool of choice when it comes to working with children. It does not only serve in transmitting knowledge but also enables the children to evolve towards new attitudes and opinions, rendering them more prepared to be in solidarity vis-à-vis the infected persons.
7. Theatre, most especially in its interactive form, incites collective reflection and facilitates dialogue and exchanges between different sectors of a community. In this light, it becomes an instrument of advocacy and social mobilisation.⁸

Despite these advantages, there are limitations to the use of theatre within HIV/AIDS or in linking theatre to health in general. These limits are:

1. Theatre loses its efficacy as a tool for sensitisation once its approach is not interactive.
2. Theatre professionals are humans and products of the society. They are not out of the society. The problem that emanates sometimes is that they are at a shifting phase in rapport to the actuality of AIDS. This can constitute a danger if due to limited knowledge, by their attitudes and the messages transmitted, they reinforce false ideas, taboos, and judgments.
3. If theatre is poorly or wrongly used, it can reinforce attitudes and behaviours of stigmatisation or discrimination. For instance, a theatre production can hold the responsibility of the propagation of HIV/AIDS on certain groups of people like migrants, sex workers, or homosexuals. This can also occur when information on HIV/AIDS is not correct or is presented stereotypically. Another instance can also be when the words, terms, and expressions used are not adequate.

These are just some of the cases wherein theatre within the realm of HIV/AIDS or any other health phenomenon could have a rather negative impact. However, health theatre as presented in the analysis above takes great precautions to minimise the possibility of such limitations infiltrating the production by encouraging interaction between the senders and receivers, and also by using a theatre-making process that emanates from the community, by the community, and for the community.

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⁸ Personal translation from original text in French

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