Chapter 7

Community Theater for Health Promotion in Japan

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7.1 Introduction

Health is a resource for everyday life and not the objective of living, states the Ottawa Charter (WHO 1986). Health is a precious resource, and it can advance our well-being. We all have a right to look after our health and well-being, and one potential way to attain that well-being is through art. We are aware of the positive impact of the arts on our being since ancient times and have been using art to support our everyday life (Stuckey and Nobel 2010). Every art medium functions to help us grow, heal, think, and self-actualize (Michalos 2005). This quality of art links to the ultimate goal of health promotion: well-being.

The implementation of arts interventions in the field of health varies from country to country. In the United States, the National Organization of Arts in Health (NOAH) white paper (2017) describes a variety of arts interventions in the health sector, providing examples in five fields: health care facilities, clinical services, caring for caregivers, health science education, and community health and well-being. The various interventions include utilizing arts as therapy, implementing arts for medical education, and promoting arts for health education within community settings (see also Chap. 1). According to White (2009a), policy in the United Kingdom

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integrates arts activities with community health to encourage people in the community to engage with health issues. White also introduces the cases of Australia and South Africa in his book, where he describes several examples of how arts-based interventions are used to address community challenges (White 2009b).

As for the impact of arts interventions on our health, one example is the use of art as a tool to promote healthy behavior and lifestyles. For instance, Frishkopf et al. (2016) implemented dancing to promote the importance of sanitization for preventing infectious diseases such as malaria and cholera in Ghana. Another example is where art is used not as a tool but as therapeutic media. Davies et al. (2016) shows the effect of recreational arts interventions on mental well-being in the general population in Australia. These examples show the breadth of art forms and the health fields in which they have been used, encompassing the arts as tools for health promotion, media for therapeutic intervention, and activities for social inclusion (Hamilton et al. 2003).

Arts-based interventions are practiced in settings from a range of different cultural backgrounds. As an example from Asia, Nomura Research Institute & Agency for Cultural Affairs (2015) published a report highlighting the current application of the arts in community settings. The report introduces 63 arts-related programs that aim to tackle social issues in the fields of economics, community environments, education, human rights, and health care. While arts-related programs are being increasingly implemented in community environments to boost economies in low-income communities, eight of the 63 arts-based interventions are being implemented in health care-related fields. These programs were organized to support child victims of natural disasters and pre-dementia members in communities. Not all reports are scientifically evaluated; yet this report does show a level of awareness of the benefit of arts-based intervention in Japan. Other examples exist of how theater has been popular in efforts toward stroke prevention and health education for diabetes patients in hospital settings (Suzuki et al. 2010). Theater workshops have proved effective for medical communication education in general (Ren 2015).

These recent developments build on a long history of such approaches in Japan, although no research reports are available on the earliest arts-based interventions. One grassroots movement that merits attention involved the implementation of arts-based interventions at Saku General Hospital in Nagano prefecture after World War II. Since 1945, the importance of health has been promoted within this farming community by means of live drama performances (Wakatsuki 1971). In 1945, economic events had undermined the importance of health care in the eyes of members of the local farming community. However, participating in health promotion drama events led the farmers to recognize that good health was a vital resource for their well-being and for the activities of their community. Theater-based health promotion provides an opportunity to build empathy and equalize social relations. Because it is audience-centered and engages audiences within the theater work, it also changes people's behavior (Massar et al. 2018). This impact leads to social inclusion in the community (Woodson et al. 2017). Notably, the community learned that the goal was not only to be healthy, but to use that state of health and well-being to live fulfilling lives (Nishirai 1983).

This chapter aims to highlight how theater-based health promotion encouraged medical and health practitioners in resource-limited, rural Japan after World War II, and how works of theater positively transformed community members' mindsets for health promotion.

7.2 The History of Japanese Society and Community Arts

7.2.1 *Japanese Community Theater Stages: Eighteenth Century–1920s*

In the eighteenth century, before capitalism became mainstream in Japanese society, arts and cultural activities were integrated into daily living and labor within communities. Art was a central aspect of human life. Kabuki (traditional Japanese drama) and Ningyou-jyoruri (puppet plays) developed in the communities around temples or shrines. In the 1800s toward the end of the Edo era, the role of theaters was not only to stage Kabuki or puppet dramas, but also to create a community platform for farmers' businesses. Therefore, the location and function as a community gathering space were important attributes of the stages. Nagano prefecture was particularly attractive, as it is conveniently located in the central part of Japan where many community actors visited and stayed. As a result of these factors, Nagano prefecture had one of the highest numbers of community theater stages in Japan. In the late 1800s, community theater stages in Nagano prefecture changed their role from generating social capital within the community to serving as a stage for dramas. Yet, the dramatic arts remained a community resource and was important into the 1920s to mitigate against the influence of capitalism and provide a voice to farmers.

7.2.2 *Taisho Democracy*

Without happiness in society, happiness cannot be ours.
(Miyazawa 1957, p. 10, translated by the author)

In the 1920s—the Taisho era in Japan—Japanese society was trying to promote democratic rights among its citizens. This movement was triggered by historical events that led to countries using colonialism as a way of showing strength on the international stage. In the West, the United Kingdom had been colonizing and making alliances across the world, and the Ottoman Empire controlled the Middle East; Japan had a chance to join this powerful group of countries by winning the Russo-Japanese War (1904–1905). The victory enabled Japan to stand shoulder to shoulder with the West and led to the formation of alliances with the United Kingdom, the Ottoman Empire, France, and other Western countries (Funabashi 1992).

However, after World War I, many countries, including Japan, experienced hardship due to inflation. The resulting poverty led to the formation of labor unions to protest against political injustice and high unemployment and to stand up for the human rights of citizens. The United Kingdom and other Western countries saw the number of labor strikes increase day by day. In reaction to the carnage of World War I, internationally renowned philosophers and scholars, such as Henri Barbusse and Leo Tolstoy, led the spread of peace movements all over the world. During this period, “proletarianism” became a powerful social movement that encouraged farmers and laborers to unite to change society (Konishi 2015). Within this historical context, in 1920, Japan saw the birth of a major democratic movement, which historians refer to as “Taisho democracy.” As part of this movement, Japanese scholars wrote and proliferated philosophy that pitted a cultural movement against the modern civilization that Western counterparts supported (Ito 2003).

The world of the arts followed the same trend during this period. Many scholars considered the arts to be monopolized by the elite classes in society during the rise of capitalism in the early 1900s, and this bred antipathy among proletarian scholars. To counter capitalism, proletarian scholars initiated movements through works of literature to bring the arts back to farmers and laborers. In Japan, scholars followed the book by Romain Rolland, “*Le théâtre du peuple*”, where he focuses on “farmer’s arts” to restore the arts (Moriyama 1963). The book was translated into Japanese and had a huge influence on Japanese writers, including Kenji Miyazawa.

7.2.3 Kenji Miyazawa and Farmer’s Arts

Kenji Miyazawa (Fig. 7.1) is one of the most famous writers in Japan. Although he only published two books in his lifetime and died when he was 37 years old, he has a legacy of literary work, most of which was edited posthumously. Representative works include “*Gauche de Cellist*” (Miyazawa 1994) and “*Night of the Milky Way Railway*” (Miyazawa 1991).

Miyazawa was born in 1869 in Hananomaki, Iwate prefecture in Japan. He was raised by a pawnbroker father and a Buddhist mother, and although agriculture was the main occupation in his community and most of the community’s farmers were impoverished, Miyazawa lived affluently. As he grew up, he struggled with the gap between his living standards and those of the other members of his community. In 1921, at the age of 25, Miyazawa was assigned as a teacher to a farmer’s school in Hananomaki. He taught not only agriculture but also literature, philosophy, science, and the arts. In 1922, amidst an agricultural recession as the Taisho democracy was just gaining momentum, farmers in his community raised their voices against sharecropping. Miyazawa was influenced by this proletarian movement and by the agricultural recession.

Miyazawa empowered community farmers to liberate themselves from capitalism. In his work “*Nougyou-geijyutsu*” supposedly written in 1929, he argued that the arts were an integral part of all community activities related to religion, science,

Fig. 7.1 Kenji Miyazawa
(Rinpoo Inc. [n.d.](#))

and agriculture, and he emphasized art as the one and only medium that can express a farmer's life ("Farmer's Arts", Miyazawa 1957). This was Miyazawa's approach to community building. Accordingly, when teaching one of his pupils, Jinjiro Matsuda, how to build a truthful farmer's community, he told him: "I have these words for you, be a peasant, do farmer's drama" (Matsuda, as cited by Aikawa 2003, p. 3–5, translated by the author).

Miyazawa foresaw the consequence of the proletarian movement, envisaging the spread of better education, entertainment for farmers, and women's liberation. With this vision in mind, he encouraged Matsuda to build farmer-centered community theater in line with his philosophy of "Farmer's Arts." Matsuda pursued Miyazawa's concept by forming youth circles to improve farmers' lifestyles in Yamagata prefecture, Japan.

7.3 Health Care in Japanese Farming Communities and Saku General Hospital

7.3.1 Health in Japan 1910–1940

In the early 1900s, the health of Japanese farmers depended on their financial status. This was caused by the adverse effects of the worldwide depression, from which the agricultural sector suffered the most. Consequently, the livelihoods of most farmers

were damaged or destroyed. Financial stability was a priority over the farmer's health.

The resulting neglect of personal health led to a wide range of issues among Japanese farming communities, including an overall high mortality rate, a high infant mortality rate, and a high rate of tuberculosis (Aoki 2008; Ministry of Health, Labor and Welfare 2014). Despite the farming communities' desperate health care needs, it was difficult for farmers to seek medical care because universal health coverage was not fully operational in those days. The Japanese government had already introduced the idea of universal health coverage, but its coverage did not depend on household income but rather on an individual's occupation. Those who were in charge of managing peasants had to pay 14% of their health care costs from their own pockets; in comparison, the peasants themselves had to pay 22% of their health care costs. Therefore, universal health coverage was financially out of reach for the majority of farmers, who rarely visited medical facilities as a result. Ironically, only when a member of a farming family had died did relatives go to doctors to ask for a death certificate (Fujii 1999a, Fujii 1999b).

7.3.2 Health in Usuda Village

In Nagano prefecture, the resources available to agricultural communities were better than those in urban areas, yet the number of health care facilities was still limited. Farmers did not take an interest in their health, a situation that was caused not only by the financial burden of their medical treatment, but was also exacerbated by the history of farmers neglecting their own health since World War I (Fujii 1999a, Fujii 1999b). To improve the health of the farming community, farmers needed to improve their health literacy as well as have the opportunity to seek medical attention without incurring overwhelming financial burdens.

Take Usuda village, for example, which was located in South-Saku county, east-central Nagano prefecture. Agriculture was the largest industry—the community consisted mostly of farmers. According to the national survey published in 1940, South-Saku county had 23 physicians and 15 dentists out of 781,111 people (Fujii 1999a). In the case of Usuda village, there were very few general practitioners, and no surgeons were available at any of the medical facilities. If farmers were in need of surgery, they had to go to general hospitals outside of the village and risked having to spend more than half their annual income for the whole household on the visit.

7.3.3 Saku Hospital and Dr. Toshikazu Wakatsuki

In 1943, Usuda village built a general hospital named “Saku Hospital.” It was the first hospital in the area with proper medical facilities. The hospital was needed to improve the health of people living in the village, but was also part of a national

program to produce healthy soldiers. While the Japanese government may have had military motivations, ultimately Saku Hospital had a mission to improve the health of farmers in the community.

In 1945, a year and a half after being established, Saku Hospital welcomed a surgeon from Tokyo named Dr. Toshikazu Wakatsuki (Fig. 7.2). Before his arrival, the hospital had not taken on any patients for hospitalization, serving only outpatients. This medical treatment structure reflected the gap in the medical services available at the hospital as well as the limited awareness of medicine within the community. Wakatsuki decided to dedicate his work to not only providing modern medicine but also to expanding the functions of the hospital and improving health literacy among farmers.

Under his leadership, Saku Hospital carried out many surgical operations—including breast cancer treatments—and started to accept in-patients for hospitalization. Furthermore, Wakatsuki (1971) encouraged the families of patients to observe surgical operations to improve the transparency of the hospital and its medical care. These new approaches led to greater trust between the community and the hospital.

Fig. 7.2 Home visits by Wakatsuki (Saku General Hospital [n.d.](#))

7.3.4 Health Promotion for Saving Lives

In 1957, while Saku Hospital was improving its health services to the rural population, the Japanese government was trying to achieve universal health coverage and established a new payment system for such coverage. With the new system, patients were asked to pay at medical hospitals/clinics immediately after their medical treatments. Before the new system had been introduced, all farmers' medical expenses were paid upfront by a town hall and farmers paid it back to the town hall later on, so that farmers could defer payments until they had the finances to cover it. However, with the new payment system, the mayor of Yachiho village (one of the villages served by Saku Hospital) and staff at Saku Hospital shared concerns that farmers would be demotivated from going to the hospital due to the expected financial burdens.

Initially, the village decided not to follow the new system; however, their anti-government action lasted no more than a year before the mayor of Yachiho village and the people running Saku Hospital had to change their approach. If the community members they served were too poor to pay medical fees, the best solution might be to avoid getting sick in the first place. They created two strategies: raising people's health awareness and providing medical checkups for villagers. To raise health awareness, a theater group from Saku Hospital implemented health promotion more actively in pieces of community theater and film. The second strategy of providing medical checkups was initially not welcomed by villagers, since they had no real concept of disease prevention, so the hospital provided medical education sessions and distributed a medical handbook to each villager. The villagers were accustomed to maintaining good health in their livestock by giving them vaccinations and recording health checks in notebooks. For them, livestock was almost equivalent to money, and they needed a stock of money to survive. However, they had never used these notebooks for themselves or their families. To guide the villagers in prioritizing their health and to encourage them to use a notebook for their own health, it was necessary to raise awareness and promote changes in behavior.

7.4 Wakatsuki's Strategy of Theater-Based Health Promotion

7.4.1 Planning Medical Drama

Wakatsuki's strategy to make use of medical drama began to develop when Saku Hospital was invited to perform at a festival in Usuda village in 1946. Inspired by Miyazawa's philosophy of "Farmer's Arts," Wakatsuki took this as an opportunity to bond with local community members and to provide drama as a means of promoting health education.

In those days, the main problems in the Saku community were misunderstandings about medical care and a low awareness of the importance of healthy living. Wakatsuki was concerned by the extremely low health literacy within the community, and he realized that the existence of Saku Hospital by itself did not provide good community health care. Through pieces of drama conveying health care messages, Wakatsuki and Saku Hospital became health promoters in the community to improve access to and utilization of health care services. The goals of their medical drama pieces were set as: (1) promoting a better understanding of medical care, and (2) initiating community building through medical drama.

7.4.2 Scripts Using Jargon and Everyday Words with Local Dialogue

In 1950, the unadjusted primary school enrollment rate was 61% in Japan (Sumi 2014), and Japanese people in general were able to read and write everyday words. This held true for people living in Nagano prefecture. However, medical terminologies were difficult to understand for villagers. To improve their understanding of the role of medicine, every drama script was carefully written to mix jargon with everyday vocabulary from the region. During their visits to clinics, physicians from the Tokyo area had difficulty understanding the local dialect of the Saku community. Understanding the local dialect was critical to connect medical staff from outside of Saku with the local community, so Wakatsuki included local dialect as the key component to bridge Saku Hospital staff with the Saku community.

7.4.3 The Wider Impact of Theater-Based Interventions

Dramatic work is globally recognized as having the potential to motivate social change. During the Taisho democracy, many theater practitioners had also worked on theater-related practices like that of Kenji Miyazawa. Bertolt Brecht (1898–1956) was the one of them. A theater practitioner and theorist born in Germany in 1898, Brecht's concepts saw theater as a practice that “reveals truths, exposes contradictions, and proposes transformations” (Boal 1985). His plays contained messages of politics and social norms, and he imbued his characters with authenticity. By doing so, he encouraged audiences to think and to be critical of the messages actors conveyed in order to change audiences' mindsets and bring political changes (Gordon 2017).

Brecht's work also sowed the seeds for the work of Augusto Boal (1931–2009), who developed the “Theater of the Oppressed.” Boal was a Brazilian theater practitioner who used theater to empower peasants who were oppressed by society. Theater of the Oppressed encouraged audiences to participate in theater, making

Fig. 7.3 Theater work “Haraita” (Saku General Hospital 1953)

them reactors to the drama rather than just observers. The emphasis of his work was on active participation, in that he encouraged participants to utilize their bodies on the stage (Fig. 7.3). Based on this philosophy and strategy, Boal implemented his own theater work in community settings, which led to various social movements (Boal 1985).

Both Brecht’s and Boal’s theater styles aimed to generate social changes by encouraging audiences to think and act based on messages conveyed by actors on the stage. One of the fundamental problems in the Saku community was the persistence of feudalistic mindsets. Wakatsuki used medical drama to promote liberation from old ideas prevalent in the village. Wakatsuki’s ideas aimed to replace “naïve awareness” with “critical awareness,” bringing back autonomy over one’s own health to the community (Werner and Bower 1982). To empower the community, medical dramas addressed both medical problems and solutions to train the audience’s ability to think and make decisions on their own.

The work of Brecht and Boal shared commonality with Miyazawa’s philosophy and Wakatsuki’s medical drama work, encouraging people to think and take action to overcome the problematic norms faced by their communities. During this period of time, theater transformed from a tool of entertainment into a tool for social change.

7.4.4 *Involving Medical Professionals in Dramas*

Starting with Wakatsuki himself, many medical staff at Saku Hospital were involved in the medical dramas. This was not just due to limited human resources; it also helped toward the goal of increasing their communication with farmers as well as boosting cohesion among the medical staff. Wakatsuki believed in the importance of getting closer to the local community to communicate with farmers. Art and culture were ways of expanding the minds of both the local community and the health care staff. One drama after another, the Saku community began to trust hospital staff. Wakatsuki stated his fundamental philosophy in his book, explaining: "...changing the farmer's health literacy must be the first and the final goal among all healthcare professionals" (Fujii 1999b, p. 215, translated by the author).

Theater-based health promotion created new connections between medical professionals and community members. Back in those days, medical professionals—especially medical doctors—were distant from other members of the community, as medical doctors were historically seen as people with a higher social status (Wakatsuki 1971). One of the intentions behind Wakatsuki's drama work was literally working with community people, and through this Wakatsuki revolutionized the hierarchy of doctor and community by letting doctors act in front of people in the community. Farmers began to recognize doctors as community members who made efforts to conquer the health challenges of the village together.

7.5 Results and the Development of Community Health

The first medical drama, titled "People with white coats," was performed in 1945. There was limited entertainment besides the drama in those days, so people in the Saku community welcomed it, and there were large audiences for every performance. It became the main event for the community and had considerable influence. The community farmers became aware of the role of hospitals and a variety of health services.

This theater-based health promotion activity was successfully conducted, and Saku Hospital combined medical drama and home visits as a community health intervention "package" provided free of charge. The intervention was carried out initially only on Sundays and national holidays, and was considered additional work for the hospital staff. However, once they saw the positive impact on the community, Wakatsuki and his colleagues decided to increase the frequency of offerings. Accordingly, in 1959, this increase in activity allowed Saku Hospital to set up a village health checkup system in Yachiho village.

7.5.1 *The Work of Saku Hospital's Theater Group*

Saku Hospital established a drama group whose mission was promoting health in the community by providing it with medical theater, as initiated by Wakatsuki in 1945. Wakatsuki and other doctors in Saku Hospital wrote a script for each drama. Examples of drama themes are listed in Table 7.1.

Table 7.1 Examples of drama themes extracted from Fujii 1999a, Fujii 1999b, p. 324, translated by the author

Theme	Title	Summary	Year of the first performance
Role of Medicine	People in white coats (Hakuino-hitobito)	Describing the work of hospital staff in 1945	1945
Role of Medicine	A village song (Murano uta)	The need for a contagious disease unit in the hospital	1950
Role of Medicine	After the rain (Ame harete)	The hopes and challenges of a doctor in a famers' village	1956
Role of Medicine	At Ranbaneket (Ranbarene nite)	The life of Schweitzer in Africa	1974
Disease Prevention	Darkness (Kurayami)	The tragedy of a girl who develops coxotuberculosis from taking a therapy based on superstition	1946
Disease Prevention	Livetrapp (Ikedori)	Ascariasis and Santonin therapy	1948
Universal Health Coverage	Health insurance card (Hoken-syou)	Seeking help from a local fortune teller due to financial difficulties	1947
Universal Health Coverage	Stomachache (Haraita)	A comedy about Ascariasis and universal health coverage	1953
Environmental Health	From the small window (Chiisaki mado yori)	The problems caused by agricultural chemicals containing mercury	1982
Social Norm	Hope (Kibou)	A soldier inspired by the democracy of the hospital union after World War II	1946
Social Norm	New departure (Atarashiki shuppatsu)	A movement to build a nursery school for widows	1948
Social Norm	Scream of liberation (Jiyu no oakebi)	A man's fight for democracy	1952
Social Norm	Medical laboratory (Igaku- dai kyoushitsu)	A message of anti-war sentiments and hope for the next generation through depictions of a medical laboratory and a doctor from China during World War I	1954

(continued)

Table 7.1 (continued)

Theme	Title	Summary	Year of the first performance
Social Norm	An old lady's death at dawn (Rouba akatsukini shisu)	The story of aging problems in a farmers' village	1986
Philosophy	Crime and punishment	Describing the mental anguish and moral dilemmas of Rodion Raskolnikov	1950 (original story written by Dostoevsky 1866, adapted for the stage by Dr. Wakatski)

The dramas had several themes such as the role of medicine, advocacy of universal health coverage, environmental health, the introduction of social norms, and life philosophy. They had a role in promoting well-being as well as health, and the drama group successfully wove both components into its work. As a result of the series of dramas, farmers in the community integrated medicine into their lifestyle and the community's health literacy increased (Sugiyama 1999). Consequently, the Saku community welcomed new medical facilities, such as new hospitals in distant areas, as well as their first nursery school. In addition, the dramas motivated hospital staff in their village health checkup work. Importantly, the medical dramas provided a source of knowledge for the village farmers (Wakatsuki 1971; Fujii1999a, Fujii1999b).

7.5.2 *Development of Health Promotion with New Media*

The medical dramas became annual events for community members in the Saku community. Farmers were delighted to watch the dramas. Gradually, however, farmers' interests shifted to new media such as TV and radio when the Japanese economic boom arrived in 1955. Day by day, fewer farmers showed up at community stages to watch medical dramas. As technology developed, media that could connect people and the hospital changed. Audience numbers decreased, and this led to the exploration of new media for health promotion (Sugiyama 1999). Wakatsuki forecasted this transition of the media in the community, and he and the drama group formed a new group to make films for medical educational purposes in 1952. The filmmaking group advocated health beyond the community. As a result, one national newspaper company—"Mainichi Shinbun sya"—brought attention to Saku Hospital's health promotion work, and the work was featured on a TV show and in the newspaper. After all of the drama work in health promotion initiated by Wakatsuki and his colleagues at Saku Hospital, the importance of a healthy lifestyle became ingrained in the communities of Saku and Sakuho villages (The name of the

village was changed from Yachiho to Sakuho in 2005). As a result, Nagano prefecture became one of the healthiest prefectures in Japan (Nagano prefecture 2015).

7.6 Conclusion

Drama had not been used previously for health promotion in Japan when first implemented by Saku Hospital in 1945. However, to date, many health promoters implement works of theater as part of health promotion campaigns in community settings (Danbara and Morita 2010; Kaneko et al. 1991; Yokota et al. 2006), combined with health checkups and health education lectures in Japan. A main benefit of utilizing drama work for health promotion is its adaptability. In the 1940s, the Saku community was classified as a middle- to low-income community and had limited resources. In that context, community theater was financially efficient to provide medical education for all villagers. The impact of medical theater on the community served by Saku Hospital suggests that implementing theater-based health promotion can be an efficient intervention in other resource-limited settings. One example of this is “Theater for Change Ghana,” a non-profit organization established in 2003 and based in Ghana. Theater for Change Ghana provides works of theater to tackle problems related to health, human rights, education, capacity building, and livelihood (Theater for Change Ghana 2019).

Wakatsuki’s main purpose was not just to educate communities about medicine and the importance of healthy lifestyles, but also to change people’s mindsets. He strongly recommended integrating cultural components from people’s lives in the community. The arts and our lives have a close relationship; consequently, utilizing arts can be a springboard to address what communities need to know (see also Chap. 21).

It has been 75 years since the first medical drama was performed in the Saku community in Nagano prefecture. As people’s health literacy increased, technology also developed. Presently, in the field of health promotion, many online-based educational opportunities are accessible. At the same time, medical drama is still used in the field of health promotion despite its non-digital quality. This is because—as Brecht, Miyazawa, Boal, and Wakatsuki proved—drama is an enduring and powerful intervention for changing people’s mindsets. In particular, drama has unique characteristics whereby the relationship between the audience and the characters creates empathy. Empathy brings us the emotional experiences of the characters on stage as if the action of the play were happening to us (Boal 1985), triggering self-awareness and new mindsets, as was Wakatsuki’s goal. Therefore, dramatic works can be a powerful intervention for health promotion regardless of a community’s resources. Because of the reputation these dramatic works created, theater for health promotion has been now implemented for several decades (Mbizvo 2006).

Despite the positive impact of theater-based health promotion, research on theater for health promotion is limited. This may be due to low awareness of the importance of evidence-based practice among arts-based health care providers (Jahan

2012). In the case of health promotion, Inman et al. (2011) argue about the importance of evidence-based health promotion resources to enhance the effectiveness of these programs. Despite this, arts for health promotion interventions often prioritize the actual play and leave out evaluation of outcomes and related research (Richard 2002). Especially in Japan, research evaluation of arts-based interventions has been neglected, because theaters are not yet counted as important resources for improved health and quality of life. In order to codify theater-based health promotion interventions, it is important to increase research on their practice and potential.

Theater-based health promotion might not convey messages as fast as the Internet can, but it creates human connection that cannot be provided by apps or websites. The successful past intervention of theater works gives all health promoters a new strategy for addressing communities' problems, and challenges them to transform those problems into a performance that can be observed and discussed. History gives a strong argument for the power of theater-based health promotion to lead us to answers we could not find in existing non-theater-based approaches.

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