ARTISTIC MEANS AND THERAPEUTIC EFFECTS IN SRI LANKAN HEALING RITUALS

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Abstract

Artistic expressions in the realms of mutually integrated sound culture and visual culture count as the essential elements of the traditional healing rituals in Sri Lanka. While music has a key role in the therapeutic process, visual ingredients provide the ritual setting with a glamour that exceeds the day-to-day domestic environment experience. Made for the occasion, a decorated ritual setting is the first sign to publicly announce the event and to create visual excitement. Its main aim is to welcome the invisible supernatural beings responsible for a disease. The sound produced by voices (chants, incantations, blessings, poetry, dialogues) and musical instruments (drums, handbells, hand cymbals, conch shells, anklets) aims to assure participation of community members and to act as a medium of connecting supernatural beings with the human world. Besides the visual and aural stimuli, the main roles in Sri Lankan healing rituals are given to unity thinking, community caring, and community setup. Lessons learned from traditional healing rituals which integrate music, dance, visual arts, crafts, and drama for the sake of individual comfort and the community’s wellbeing, have potential to benefit a variety of disciplines with a focus on artistic and/or therapeutic practices and outcomes such as medical and applied ethnomusicology and anthropology, psychomusicology, sociomusicology, visual arts, music therapy, including community music therapy and ethnomusic therapy, dance/movement therapy, psychotherapy, drama therapy, and more. The author’s arguments are expected to contribute to knowledge and understanding of holistic healing practices of Sri Lanka as non-pharmacological treatments marked by mutually interrelated artistic means and therapeutic effects.

Keywords

Community Music Therapy, Holistic Healing, Medical Ethnomusicology, Sri Lankan Healing Rituals, Sound and Visual Culture

1 An earlier version of this article in Chinese language was published in Mastnak, W. & Yang, J. (Eds.), Proceedings of the International Asia-Pacific Music Therapy Conference 2019, Beijing: ResearchGate, 2023: Asia Pacific Music Therapy Congress 2019.pdf

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Introduction

Main Features of Healing Rituals of Sri Lanka

The artistic means-based healing rituals for therapeutic effects are broadly used in various world cultures by music therapists, ethnomusicologists, art therapists, medical specialists, and many more. Sri Lanka is one of the countries in the Asia-Pacific region with rich ritualistic practices, aimed at restoration of individual and communal wellbeing. In addition to cases of prevention, rituals take place for curative purposes at times of prolonged illness of individuals and community needs such as epidemics, earthquakes, natural disasters like floods, droughts, epidemics, and other calamities. When such major problems occur, community members get together, discuss them with elders of the community, and take action to overcome them.

The importance of togetherness and united thinking in the Sri Lankan context is echoed in the experiences of several scholars and their research related to various geographical and cultural contexts. For instance, Penelope Gouk states that “indigenous cultures will reveal that the whole community may often be involved in the musical rituals connected with healing” (2000), while R. D. Putnam claims that “our relationship with other people will always be an important source in defining our state of health. (...) Our abilities to create relationships and to support each other will prevent social isolation, which is seen as the worst enemy to health” (2000, p. 326). Even Ruud reminds us that people become ill because they “become disempowered by ignorance and lack of social understanding” (2004, p. 11 & 2010, p. 126). June Boyce-Tillman claims that “isolation is often a cause and symptom of mental illness, and the task of a music therapist is to create a sense of belonging” (2004, p. 210) while Dorit Amir insists that “improving a quality of life means that as persons we feel better about ourselves, less isolated in society” (2004, p. 254). Nonetheless, Heidi Ahonen-Eerikäinen points to the fact that “we need each other and some sense of ‘we-ness’ in order to survive and have quality in our lives” (2007, p. 6). In Benjamin D. Koen's words, “the role of individual and group consciousness – the intention and attention of the performer/healer and all participants – can be seen as a key component in facilitating flexible psychological states, which give rise to healing” (2008, p. 117).

According to traditional beliefs, illness cannot be separated from its socio-cultural context and treated as an isolated component, which is often the case in modern Western medical practice. “Healing can be viewed as a dynamic process that occurs at multiple levels, from the individual to
all levels of relationships, to a particular group that is part of a larger sociocultural context, to the whole of humanity” (Koen, 2009, p. 202). Healing rituals worldwide try to accommodate this need because it is obvious that a human being is a social being, and healing of an illness requires its relevant social space and cultural environment. John Paul Lederach and Angela Lederach use the term “social healing”. According to them, “social healing is best understood and explored at the level of real-life, face-to-face relationships” (2010, p. 9-10). This is widely discussed within the fields of *community music therapy* and *medical ethnomusicology*. The common notion in traditional cultures indicates that illness is seen not as a problem of an individual, but of a community which addresses it through collective therapeutic actions providing a useful frame for cross-cultural research and cooperation.

Healing rituals of Sri Lanka pay homage to centuries-old cultural beliefs, and arts-assisted purification process through communal involvement. Even though several religions co-exist on the island, including Hinduism, Islam, Christianity, and sets of animistic beliefs practiced by the indigenous Vedda people, Buddhism appears to be the prevalent religion in both spatial and temporal terms. While seeking spiritual happiness through Buddhism, people practice rituals to fulfill their psychological needs in everyday life. Healing rituals are interconnected with several spheres, as suggested by Figure 1.

![Figure 1: Healing Rituals and Their Spheres of Interactions](image)

This figure suggests that healing rituals give life to villagers’ old-aged traditional beliefs and customs, connecting the human world with the supernatural world through community involvement, using sound culture (music and other sounds), visual culture (painting, sculpture,
crafts, costumes, make-ups, masks, ornaments, ritual sets and props), and other arts as tools in holistic healing.

Sri Lanka is predominantly an agricultural society. Considering the way of farming, seasonal advantage, selection of crops, vegetation, animal husbandry, and means of work, Sri Lankan farmers are known for practicing annual rituals expecting gods’ blessings for good harvest and to protect them from natural disasters and epidemics. The rituals reflect the values, beliefs, needs, and customs of the community. They cater;

1. The wellbeing of an individual
2. The welfare of a community (through annually based rituals)
3. Community’s well-being in situations of unexpected dangers, epidemics, or troubles

The main rituals generally imply preparations lasting for weeks, labor, and community involvement. They are basically nightlong performances and their purpose is to help rural communities of Sri Lanka overcome social, economic, biological, as well as psychological, emotional, and spiritual problems while bringing entertainment and catharsis to their lives (see Figure 2).

![Figure 2: Main Aims of Healing Rituals](image)

Traditional rituals of Sri Lanka aim to satisfy these three groups to remove deeply rooted fears and phobias, and to enable the building of individual confidence and strengthening of communal ties. In this article, I focus on the two principal Sri Lankan healing rituals practiced by the majority of
the Sinhalese population, Bali and Tovil, and relate them to the theoretical and practical notions developed within the fields of community music therapy and medical ethnomusicology. Bali takes place when the influences of planetary deities become malevolent, while tovil addresses exclusively demons (powerful non-human beings) held responsible for making people sick and causing other dreadful troubles. These musically rich rituals are understood as tools for the removal of malevolence (dōsha) and for the re-establishment of psychophysical balance.

**Relevant Scholarly Reflections in Community Music Therapy and Medical Ethnomusicology**

Music has been used for promoting well-being in traditional cultures for many centuries. Its healing capacity has been discussed by numerous scholars within various disciplines (Rohrbacher, 2007; Ruud, 2010; Stige et. al, 2010; Skyllstad, 2013; Mastnak, 1993 and 2016; Koen, 2018a). In this article I focus on two relevant disciplinary realms only: Community music therapy, which has been present in scholarly discourse and practice for around five decades, and medical ethnomusicology, which is in its second decade of existence.

Community music therapy is concerned with community needs, beliefs, and healing traditions. According to Mercédès Pavlicevic and Gary Ansdell, “Florence Tyson was probably the first music therapist to use the term ‘Community Music Therapy’ in 1971. Equally, the Scandinavian tradition of music therapy has taken a community-oriented, socio-cultural stance since the 1970s under the mentorship of Even Ruud. Brynjulf Stige has been calling his work ‘Community Music Therapy’ since 1993 (and working in this way for ten years before this)” (2004, p. 18).

Even Ruud defines it as “an approach to the use of music in therapy that is sensitive to cultures and contexts [and] speaks more of acts of solidarity and social change. It tells stories of music as building identities, as a means to empower and install agency. Community Music Therapy talks about how to humanize communities and institutions and is concerned with health promotion and mutual caring” (Ruud, 2004, p. 12). He later adds “In other words, this new discourse enables a new way of reading and understanding music therapy” (Ruud, 2010, p. 126, 127). According to Brynjulf Stige et al., community music therapy “goes beyond conceptions of music therapy in community settings to also embrace music therapy as community and music therapy for community development” (2010, p. 10). While explaining functions of community music therapy,
Kenneth Bruscia shows its twofold purposes as, “to prepare the client to participate in community functions and become a valued member of the community, and to prepare the community accept and embrace the clients by helping its members understand and interact with the clients” (1998, p. 237). In 2012, Stige and Leif explain seven qualities of community music therapy with an acronym, “PREPARE” as follows: Participatory; Resources-oriented; Ecological; Performative; Activist; Reflective; Ethics-driven (2012, p. 18). These concepts and ideas reflect the main core of the healing ritual culture of Sri Lanka.

Medical ethnomusicology is a multi-disciplinary field with roots in both sciences and humanities and with a focus on three principal, mutually related domains: music, medicine/health, and culture. Its worldwide relevance starts with The Oxford Handbook of Medical Ethnomusicology (Koen et al. 2008). According to Benjamin D. Koen, “Medical ethnomusicology is a field of research, applied practice and performance concerned with health, healing, wellness, and well-being through music, sound and related practices and phenomena. It is not only concerned with how music and the expressive arts can participate in health and healing, but also how they relate to illness and healing etiologies” (Koen, 2018a, p. 250). Elsewhere, he states that “Medical ethnomusicology is a broad and innovative field of holistic and integrative research, applied practice, … aims to advance knowledge with respect to the efficacy of music, sound, and related practices in healing, health, and wellness, and apply that knowledge to benefit people” (Koen, 2018b, p. 111-112). “Across diverse cultures, musical healing is practiced within the context of broader belief systems and religions, which often function as holistic entities” (Koen, 2009, p. 4).

The two study fields, Community music therapy and Medical ethnomusicology share the awareness of the crucial importance of culturally specific communities in using music for healing purposes. As theoretically grounded research fields, they provide a suitable basis for the study of Sri Lankan traditional healing rituals. Both fields take into consideration the basic ingredients of the rituals, such as cultural beliefs and related customs, social needs, community involvement, local music, and healing/ prevention or welfare. The common procedure can be visualized as follows:
Sinhalese peasants in Sri Lanka often tend to relate invisible, unclear, intangible, or unimaginable objects to evil spirits and unexpected or continuous problems as curses of supernatural beings. Whenever the described problems arise, they pray to supernatural beings asking for their help. Gods, planetary deities, demons, and dead ancestor spirits (the last-mentioned ones especially by indigenous Wanniyaletto or Vedda communities) are considered the sources of power that are able to influence villagers’ lives beneficially or detrimentally. According to Buddhism, rituals, animistic beliefs, and other occult or sorcery-related practices are not permissible. “Buddhism is not a theistic religion. It does not therefore believe in a God or gods-operated world system. It does not believe in demons or evil spirits manipulating the world system. (...) But, in the post-canonical Buddhist textual traditions and in the ritual practices, which have been adopted in functional Buddhism, it seems that both gods and evil spirits have been accepted as those to be kept in good humor for individual and community wellbeing” (more in Kalinga Dona 2013, p. 26). In A. G. S. Kariyawasam’s words, “those rituals that have been adopted from folk religion. Hence these are mainly semi-religious in character ...” (Kariyawasam, 1996).

Traditional ritual practices were present in Sri Lanka before the introduction of Buddhism to the island. Some of these practices were related to Hinduism and others to animistic beliefs, which were supposed to help locals to fulfill their day-to-day needs. Later, they “buddhificated” the

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3 For more about the Sri Lankan indigenous Wanniyaletto or Vedda people see Kalinga Dona, 2019a.
rituals to meet the norms of Buddhism and its paying respect to the *trividha ratnaya* (triple gems): *buddha, dhamma* (Buddha’s preaches/teachings), and *sangha* (Buddhist monks). Buddhist communities did not sense any restrictions in taking part in these rituals, which produced effects comparable to contemporary psychotherapies, music therapies, sound therapies, and other health-beneficial practices.

According to Buddhist philosophy, a human being is a holistic entity and should be treated as a whole. A human being cannot be treated or repaired as a machine, part by part. This notion has echoes in healing rituals and in relevant scholarship. Wigram, Pedersen, and Bonde state that, “Recently, after nearly 250 years of separation - medicine, health psychology, and music therapy are approaching each other again, realizing that man is not a ‘machine’, but a complex, bio-psycho-social being” (2002, p. 21). He and the others, such as Claus Bang, provide useful references for the rethinking of the validity of Eastern philosophies for the Western world today. According to him, “Man is considered to be a unity and not looked upon as a being that is divided into two parts, body and soul” (Bang, 1985, p. 21). According to Donna Marie Wing, “... the Western-oriented health care system is the only one that separates the body from the mind and the soul. Within folk cultures, healing and spirituality are one” (1998, p. 145).

Community thinking, collective action, joint energy, and nature bear considerable potential for curative and preventive therapeutic efficiency. As demonstrated by Figure 4, art-centered therapy starts as an action toward a malady, then the healing occurs as a process, and finally, a cure occurs as the ultimate product. “These three notions are very much present in ritual practices, where busy lifestyles are negated by the time reserved for wellbeing and focused attention on individuals in need and community networking” (Kalinga Dona 2016, p. 123). Achieving the final step, a permanent cure is not an easy task. Healing is a time- and energy-consuming process. Both artistic expressions and therapeutic effects are considered essential in this regard.

**Figure 4: Main Domains of Healing Rituals in Sri Lanka**

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“Holistic ideology presents the hope of re-establishing a connection between the human body, mind, and nature” (Lind 2007, p. 235). Traditional healers do not consider visible pain or disease syndrome as the true cause when treating a person but try to find the root cause by checking the person’s pulse. Wolfgang Mastnak elaborates this element as follows: “Investigating principles and processes of traditional healing rites opens deep insights into the essence and true nature of human beings that can be understood as physiological, psychological and spiritual entities” (in Kalinga Dona, 2013 and 2019b).

**Main Healing Rituals: Tovil and Bali**

*Bali*, one of the main ritual practices of Sri Lanka, is dedicated to planetary deities and to those gods who are believed to have the power to ensure peace and good health. *Bali* performance refers to the nine planets: *ravi, chandra, kuja, budha, guru, sukra, shani, rāhu*, and *kētu* (comp. De Silva, 2000, p. 23, 24). The purpose of *Bali* ritual is to bless and protect either an individual or the community when the protection emanating from the planets is weak and they are vulnerable to malign influences. This belief is a fusion of pre-Buddhist folk beliefs and Hindu religious concepts, covered with a superficial Buddhist coating.

**Table 1: List of Planetary Deities**

<table>
<thead>
<tr>
<th>PLANETARY DEITY</th>
<th>LITERAL MEANING</th>
<th>MAIN FEATURES</th>
<th>DIRECTION OF OVERLORDSHIP</th>
<th>COLOR</th>
<th>SYMBOL/VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravi</td>
<td>Sun</td>
<td>Leadership, Masculinity, Ego, Authority, Courage</td>
<td>East</td>
<td>Red</td>
<td>Horse</td>
</tr>
<tr>
<td>Chandra or Sandu</td>
<td>Moon</td>
<td>Calmness, Pleasantness, Sensitivity, Femininity, Fertility</td>
<td>North-West</td>
<td>White</td>
<td>Elephant</td>
</tr>
<tr>
<td>Kuja or Angaharu</td>
<td>Mars</td>
<td>Luck, Vitality, Strength, Courage</td>
<td>South</td>
<td>Red</td>
<td>Peacock</td>
</tr>
<tr>
<td>Budha</td>
<td>Mercury</td>
<td>Intelligence, Witt, Education, Tactfulness</td>
<td>North</td>
<td>Green</td>
<td>Buffalo</td>
</tr>
<tr>
<td>Guru or Brahaspathi</td>
<td>Jupiter</td>
<td>The guide, Lawfulness, Optimism, Education</td>
<td>North-East</td>
<td>Yellow</td>
<td>Human</td>
</tr>
<tr>
<td>Sukra or Sikuru</td>
<td>Venus</td>
<td>Artistry, Beauty, Glamour, Femininity</td>
<td>South-East</td>
<td>Rose</td>
<td>Ox or Bull</td>
</tr>
</tbody>
</table>
According to astrology, planetary influences have a strong impact on human lives. They can be favorable, unfavorable, or neutral according to the time and their place in the cosmos. Misfortunes caused by planetary deities (graha dōsha) in an unfavorable astrological period (apala kālaya) call for the *Bali* ritual, which is supposed to alleviate these misfortunes.

There is a widely shared belief in Sri Lanka that every aspect of one's life depends on his or her astrological time of birth. The exact time of birth is carefully documented, and it is customary that family elders take their children's horoscope to an astrologer whenever an important incident, such as the child’s transfer from breastfeeding to external food, writing first introduction to reading and, first menstruation, engagement, wedding, and any beginning of a new business occur in their lives. The astrologer’s duty is to cast an auspicious time to start such actions in order to avoid ill influences and to cast the child’s horoscope with times of illnesses, difficulties, or crises. Predictions help to comfort the sick and console the depressed. People believe that astrologers know how to calculate planets’ features to avert dangers. He is the one who recommends a ritual to avoid the planets’ malefic influences. According to his advice, the elders ask a *Bali* healer to perform the ritual.

After determining the day and time for *Bali*, the healer starts the process of self-purification and spiritual empowerment by meditating, concentrating on traditional actions, avoiding meat, alcohol, smoking, and committing any unethical actions. His mind should be clear to enable him to memorize a chain of chants, poems, and important actions. *Bali* requires long preparations, which may last for several days. Special structures are to be erected in an outdoor space suitable to accommodate a community of several hundred individuals (for more see Kalinga Dona, 2013, p. 74). Usually, a paddy field serves as a ritual setting. A *Bali* image, made of clay, is expected to be 2-3 meters long (pictures 1 and 2). In Gunawardhena's words, “Large clay effigies, sometimes as tall as three meters, representing the planetary deities are constructed in bas-relief fashion, and mounted in (an) upright position before the commencement of the ceremony” (1976, p. 6).
Gems are asked for a blessing prior to molding a *Bali* image on a palette with the help of the community members.

Picture 1: Freshly molded *Bali* image on a wooden palette

Picture 2: *Bali* image in an upright position

(Photographed at Punchi Rāla’s house at Āmbokka, Mātale, by the author during her fieldwork on 2 August 2007)

Buddha is invoked to dispel evil influences and the ritual starts by offering homage to the Triple Gems. The patient is seated on a mat, in front of the *Bali* image, and two virgins are seated on either side (picture 3), as soon as the healer recites several stanzas to conclude them by wishing a long life (*Āyubō wēwa*). Offerings of flowers, food, oil lamps, incense, water, and herbs take place at specially erected altars made of natural ingredients, such as banana barks and stems, coconut barks and stems, tender coconut leaves, areca nut flowers and coconut flowers (pictures 4 and 5). As documented by the pictures, all materials and ingredients used are bright and colorful. Picture 6 shows medicinally valued herbs and spices that are kept in front of the patient’s mat to bless the patient.
Bali is marked by the integrated use of various arts and crafts, including sculpting, painting, music, dance, makeup, costume designing, carving, making colors out of natural ingredients, decorating, making ornaments, headdresses, etc. Healers’ costume in Bali is more intricately elaborated than the costumes in other Sri Lankan rituals. He and his team are dressed in white and wear headdresses, colorful earrings, bangles, anklets, and necklaces decorated with red ribbons, beads,
and pearls (pictures 7 and 8). White symbolizes their purity, cleanliness, and spirituality and red enhances their beauty and glamour.

Picture 7: Main healer of the Bali ritual

Picture 8: The healing team blesses the sick individual while sprinkling chanted water with a coconut flower, as chanting and music are in the background

(Photographed at the same event by the author in 2007)

Delivery of the offerings to planetary deities is followed by the main part of the ritual performance. Community members sit in a circle around the setting to get blessings. Throughout the nightlong ritual, the space is filled with continuous sound made by drums, and anklets, which are responsible for songs, chants, and prayers. Rhythms provided by the drummers, generally three or more, create a distinctive soundscape. Neurologist Oliver Sacks’s claim that “Rhythm was in fact recognized to have the ability to restore a sense of movement, embodiment, and life at the corporeal level, due to its ability to speak to the fundamental subcortical levels of the brain” (2008, p. 382) is applicable here. Anne Sheeran explains the effects of music in Bali ritual setting: “Drummer-dancers use hand-held bells to create an encompassing sonic envelope; they move gently and quietly, with their feet supposedly never lifted from the floor. Even the singing in parallel fourths, perhaps somewhat jarring to the unaccustomed ear, helps to delineate an arena of peace and tranquility” (2000, p. 962). Towards the end of the Bali ritual, the soundscape becomes more intense and elaborated because of the increasing tempos. Exposure to the gradually increased sound gradually raises the heartbeats of the participants. The climax, marked by the most intense drum rhythms, anklets’ sounds following dance steps, handbells, and hand cymbals is followed by the silent period, marked by relaxation and peace.
The synchrony of stimuli for various senses creates a sophisticated mood in a ritual setting. Performance of recitations, playing of musical instruments, dancing, burning incense sticks, and the use of incense powder (dummala) and natural torches (pandam) help in opening and maintaining a communication channel between the perceived two worlds: one of the planetary deities and the other of humans. A combination of sounds, visual elements, and smells keeps the participants awakened, optimistic, and excited throughout the event. At the end of the ritual, the patient is asked to receive a blessing from the Bali image and leave the Bali setting. Then, all carefully molded images and offering altars are either destroyed or left at a crossroads as a symbol of the total eradication of evil influences of the planetary deities.

_Tovil_ is conducted to propitiate and exorcise demons. _Sanni yakuma_, also known as _daha ata sanniya_, is one of the main and most elaborate rituals classified under the _tovil_ category. The meaning of the Sinhalese word “sanniya” is “a disease”, while “daha ata” refers to “eighteen” in number. It is generally believed that _daha ata sanniya_ cures eighteen diseases, each of them represented by a specific elaborated mask, but people believe that it has the capacity to cure more than thirty-five maladies. In the past, traditional healers⁴, practiced complete ritual with all 18 mask dances. Nowadays, due to the increasingly fast lifestyles and the resulting time constraints, they select only a few most appropriate mask dances to consider the specific patient’s needs. Masks with carved malevolent characteristics are believed to have the power to neutralize and remove bad influences of particular demons. The ritual aims to purge demons’ malefic influences and to relieve people from evil sights. Table 2 provides a detailed presentation of all eighteen masks and their related syndromes in _sanni yakuma_.

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⁴ Healers of _Tovil_ category rituals (who are working with demons) are named exorcists (yak adurā or yakādurā in Sinhalese) by the villagers. But, in the article I use “healer” for both _bali_ and _tovil_ caretakers (for more details, see, Kalinga Dona, 2013, p. 54).
Table 2: Eighteen Masks and Related Disease Syndromes in *Sanni Yakuma* Ritual

<table>
<thead>
<tr>
<th><strong>SANNI (NAMES OF DEMONS OR DISEASES)</strong></th>
<th><strong>LITERAL TRANSLATION</strong></th>
<th><strong>ASSOCIATED SYNDROMES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amukku</td>
<td>Vomiting bouts</td>
<td>Vomiting and stomach diseases</td>
</tr>
<tr>
<td>Abhuta</td>
<td>Non-spirit related</td>
<td>Non-spirit-related insanity</td>
</tr>
<tr>
<td>Bhuta</td>
<td>Spirit related</td>
<td>Spirit-related insanity</td>
</tr>
<tr>
<td>Bihiri</td>
<td>Deaf</td>
<td>Deafness</td>
</tr>
<tr>
<td>Dēva</td>
<td>Divine</td>
<td>Epidemic diseases</td>
</tr>
<tr>
<td>Gedi</td>
<td>Lumps</td>
<td>Boils and skin diseases</td>
</tr>
<tr>
<td>Gini Jala</td>
<td>Great fire or flame</td>
<td>Malaria and high fevers</td>
</tr>
<tr>
<td>Golu</td>
<td>Dumb</td>
<td>Dumbness</td>
</tr>
<tr>
<td>Gulma</td>
<td>Worms (hookworm)</td>
<td>Parasitic worms and stomach diseases</td>
</tr>
<tr>
<td>Jala</td>
<td>Water or diarrhea</td>
<td>Cholera and chills</td>
</tr>
<tr>
<td>Kana</td>
<td>Blind</td>
<td>Blindness</td>
</tr>
<tr>
<td>Kora</td>
<td>Lame</td>
<td>Lameness and paralysis</td>
</tr>
<tr>
<td>Maru</td>
<td>Death</td>
<td>Delirium and death</td>
</tr>
<tr>
<td>Näga</td>
<td>Snake (cobra)</td>
<td>Bad dreams about snakes</td>
</tr>
<tr>
<td>Pissu</td>
<td>Insanity</td>
<td>Temporary insanity</td>
</tr>
<tr>
<td>Pith</td>
<td>Bilious</td>
<td>Bilious diseases</td>
</tr>
<tr>
<td>Slesma</td>
<td>Phlegm</td>
<td>Phlegm and epilepsy</td>
</tr>
<tr>
<td>Vāta</td>
<td>Wind humor or rheuma</td>
<td>Flatulence and rheumatism</td>
</tr>
</tbody>
</table>

Thanks to the orally transmitted broad knowledge and specific skills concerning maladies and healing rituals, a healer is capable of using his artistic visualization in carving disease-specific wooden masks. The masks are enhanced with appropriate colors, shapes, and symbols. The three examples in pictures 9, 10, and 11 demonstrate the healer’s mastery of the art.
Golu sanniya
Ginijala Sanniya
Kana Sanniya

(Masks from a collection of the University of Visual and Performing Arts in Colombo were photographed by the author in 2007)

The first mask (picture 9) is related to dumbness. It contains an earth-colored face with highlighted features in red color. It is immediately visible that the mask features a short tongue. There is a traditional belief that a dumb person has a short tongue and thus cannot talk. The second mask (picture 10) is related to high fever, which is elaborated with fiery red flames across the head. Red and yellow colors symbolize the heat, and their intensity is further highlighted by the mask’s tongue outside the mouth. The third mask (picture 11) refers to blindness, which is pointed out by carving and coloring one eye differently. Though sounds play a major role in the healing rituals of Sri Lanka, colors are also significant. According to Donna Marie Wing, although “there is wide variation in the meanings attributed to certain colors, the universal theme is that color plays a significant role in healing. This knowledge of colors’ power is acknowledged in contemporary society but usually not given the same degree of attention and respect. Similar to the Western separation of body and soul, contemporary practitioners tend to separate artistic expression from healing. However, a major aspect of learning the healing arts in folk cultures is in learning the appropriate use of color” (Wing, 1998, p. 149).

Since masks are relatively small, they are not visible in all their details in the ritual settings. Thus, it is the healer’s duty to explain the meaning of each masked dancer when he enters the arena. Introductory poems, incantations, dramatic actions, and opening dialogue between the masked dancer and the healer make clear to the participants which disease is to be treated. Sanni Yakuma integrates healing with music, dance, drama, costumes, masks, carvings, decorations, and other arts and crafts, creating an environment for the community members to get together and use their skills for the shared benefit. Just as in the case of the Bali ritual, Sanni Yakuma requires several
days of preparations (pictures 12 and 13). It is the people’s collective energy, shared time, patience, artistic skills, and harmonious work under the healer's leadership that make the ritual possible.

![Picture 12: Main artistic space in a Sanni Yakuma ritual created for dancers to dress, rest, and prepare for the act](image)

The ritual starts at around 6 p.m. with the healer paying homage to Buddha with offerings and by asking his permission to start the ritual. Buddha's blessing is followed by drumbeats. The healer’s costume is not glamorous like in Bali. The main healer and the drummers wear white sarongs

![Picture 13: Altar for food offerings and a part of the audience (Photographed at village Ittāpāna, Malabe by the author on 21 July 2007)](image)

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5 This construction is similar to a green room in a theatre
while demonic dancers appear in black costumes with colorful masks and ornaments (picture 14). The healer and the drummers recite chants to get blessings from supernatural powers and then invite demons, who are in charge of particular diseases. Following the healers’ rhythmicized poetic introduction, a masked dancer enters the arena accompanied by drumbeats. The belief that such coordinated and joint effect of voice, drum, movement, and mask has strong healing potential is deeply rooted. Leslie Bunt's remark that “of all the elements, rhythm is often given a central position within music therapy because of its potential to focus energy and bring structure and order” (2001, p. 536) is fully applicable to the Sri Lankan case.

Picture 14: A Healer dressed in a white sarong communicates with the dancer masked as a demon

(Photographed at the same event by the author in 2007)

Sri Lankans rather seldom get a chance to adjust their bodies and minds to a continuous musical rhythm for many hours, except at rather recent young generations’ rave parties. Ritualistic events provide people with the extraordinary opportunity to harmonize their bodies and minds with the music throughout the night-long period. The sound environment created by repetitive drum patterns can be compared to an experience of meditation in the sense of undisturbed mental move. Stirring of the body creates an inner state of flow and resonance in tune with musical patterning. Fritjof Capra claims that the illness originates in the lack of integration of rhythmic patterns (comp. Capra, 1985). From this perspective, synchrony becomes an important measure of health. Individual organisms interact and communicate with one another by synchronizing their rhythms and thus integrating themselves into larger rhythms of their environment. To be healthy means to be in synchrony with oneself and with the surrounding world. When a person is out of synchrony, illness is likely to occur. According to Erich Fromm, many esoteric traditions associate health with
the synchrony of rhythms and healing with a resonance between healer and patient (comp. Fromm, 1970). The fact that repetitive drum patterns create hypnotic effects and help the healer enter the altered state of consciousness (trance) is very true for Sinhalese rituals.

Apart from drumming, the fearful appearance and aggressive behavior of the masked dancers help purge the sick person’s emotions and arouse excitement. Although they look fearful and rough, the behavior of the masked dancers in the arena is satirical and comical. Dancers’ masks, costumes, humeral way of acting, double meaning in dialogues, and funny jokes clearly reveal problematic situations of the community and at the same time bring laughter to the audience. Sometimes, people laugh at the villagers’ weaknesses, inappropriate leadership, and unethical behaviors. They recognize and enjoy critique of the misuse of power by some individuals at the expense of the community. The ritual enables community members to express their dissatisfaction and criticism while laughing, hooting, and clapping to misdeeds ridiculed by the performers helping release the tensions, fears, and feelings of inconvenience.

In her discussion on Sri Lankan Sinhala theatre of the 1980s, Ranjini Obeysekere points to “a ‘permitted’ space within a performance context where satiric and critical socio-political expression was possible in the teeth of feudal, colonial, or authoritarian regimes ultimately bring[ing] a social purification. Such theatres address ambiguous dynamics of critical sociocultural, economic, and political figures and policies and psychological parameters openly causing catharsis” (1999, p. 150). This cathartic element is one of the most important features of Sanni Yakuma ritual as well. It is helpful for audience members to come to terms with their weaknesses, laugh at them, and then eventually correct them. The ritual removes tensions, purges suppressed emotions, entertains, and finally heals sicknesses.

At the end of each masked dance, the demon dancer is called upon to bless the audience and consequently increase the fertility of crops and herds, ensure health, and release people from malefic influences. At the climax of the event, the healer (exorcist) enters a state of trance to terrify demons and chase demon influences away from the individual and the community. The soundscape reaches its climax with a fast tempo of drumming and dramatic acting. The healer offers the demon dancer a sacrifice. In the past decades, demon dancers used to ask for a cow or a goat as a sacrifice to release the sick, but in recent times demand for bigger animals is replaced by a small rooster. During my research since 2005, I have not seen any real sacrifice taking place in a ritual setting. Though the healer brings a rooster to the arena, he never kills it in the setting. Instead, the actor acts like swallowing the rooster while hiding it under his T-shirt and leaves the arena by convincing the audience that he accepted the sacrifice and released the patient from his ill influence. This is perhaps a late adjustment caused by “Buddhification” (a strong influence of
Buddhism) since people believe that killing animals is a sin. Of essential importance is to assure the participants that ill influences are removed from their space. As Charles Boilès would say, “the individual’s belief system provides the basis for successful curing” (1978, p. 147).

**Main Therapeutic Outcomes of Bali and Tovil:**

1. Social gathering enables families to meet neighbors and other people to communicate and share their feelings, i.e. to strengthen social networks.

2. Creating a setting to release tensions through laughing, clapping, and sharing feelings with others observing demon dancers’ comic behaviors, all leading towards a catharsis.

3. Focusing the group’s attention on a troubled individual helps the individual overcome feelings of loneliness, ignorance, and lack of social understanding.

4. Community members’ shared involvement in preparing complex ritual settings is widely understood as the maintenance of public harmony, unity, and peace.

5. Observance of public appearance and comic behaviors of otherwise unseen and feared supernatural beings helps people get rid of their deeply rooted phobias.

6. The setting enables people an exclusive opportunity to release their anger and fear associated with the rulers as the healer and the dancers address the current, socially relevant issues and take a chance to publicly criticize corruption, misbehavior, and ill-treatment.

7. The fear of becoming possessed by demons gives place to the realization that demons are in fact afraid of humans. They listen to the healer’s arguments and following the bargaining process, they accept an animal offering in return for restoration of the patient’s health.

8. In the case of a patient with a stomach problem (*Gulma sanni*), the healer provides relief and comfort by symbolically removing the troublesome substance from the demon dancers’ stomach through a virtual kind of operation.

9. Burning incense powders on lighted torches (*pandam*) creates a mystic mood aiming to divert the patient’s attention from the sickness.

10. Articulation of the blessing for long life (*Āyubō wēwa*) at the end of each stanza in *Bali* has a positive psychological impact on the patient.

11. Burning *dummala* (rosin), incense sticks, sandalwood, saffron, lemon leaves, fragrant flowers, and turmeric powder are powerful disinfectants intended to destroy germs and bacteria to purify the environment.
12. The healer’s calls and offerings to gods, planetary deities, and demons, culminating in the blessings provided by them, bring relaxation and comfort to all involved.

13. Sitting on the ground throughout the ritual contributes to the restoration of the psychophysical balance of the participants.

14. The distribution of chanted water (pirit vutura) and chanted thread (pirit nūla) at the end of the rituals provide the participants with a sense of protection from evil influences and security.

15. Participation in a healing ritual strengthens the patient’s mental condition and contributes to the removal of his or her psychically based obstacles.

16. Rituals treat the person as a whole, without taking the affected part of the body out of the total context.

17. Continuous music creates a specific sound environment, which contributes to the positive mood of the patient and his or her health.

18. Night-long activities, enriched with sound culture and visual culture, create a comfortable surrounding for all participants, keeping them awake, interested, and involved.

19. Ritual setting creates a place for entertainment, joy, and satisfaction.

20. The situation in which every member of a community thinks, plans, talks, works, and acts towards the shared single goal creates the power of a united and harmonious mindset.

21. The ritual creates an educational opportunity for the community members and the younger generation in particular to receive orally transmitted knowledge and skills in arts and crafts.

Conclusion:

So far, I focussed on Sri Lankan healing rituals in their original rural habitats. How do the ongoing urbanization and modernization processes affect the rituals’ existence. I will conclude with two different, yet complementary views emerging from real-life situations, in which the former concerns an individual and the latter concerns society at large. Community in a sense presented earlier in the article is out of the picture here.
The first view takes us back to my fieldwork in February 2009. I learned about the performance of a sūniyam kāpilla, sūniyam yāgaya or sūniyam shānthiya⁶ ritual, which took place at Pannipitiya school premises in suburban Colombo. At the beginning of the event at 6.00 p.m., I saw a woman carried by two men to the center of the ritual arena. She was in pain and unable to walk and it looked like the event was taking place for the sake of her wellbeing. In the midst of the ritual, there was a short break, and I took the opportunity to talk to the woman⁷. She was 61 years old, suffering from several health complications for more than a decade. Her health was under Western medical care for a long time but without the expected improvements. Then, she turned to Ayurvedic medicine, again with no outcome she was hoping for. In her own words, “I am unable to do my own things at home; I am unable to even comb my hair, go to the bathroom, do any household work or simply move out of the bed on my own”.

When she was a small girl, she heard a story from her grandmother about a sick individual, who was cured thanks to exposure to a Tovil ritual. She was willing to expose herself to that kind of healing procedure, but her current life in a modern urban settlement limited her access to it. Once she heard a radio program with the announcement of a Tovil ritual called Sūniyam Kāpilla or Sūniyam Yāgaya taking place in a nearby location and asked her husband to contact the radio station. From this conversation, he learned that the ritual was envisioned as an educational demonstration for urban pupils, students, and other interested individuals, featuring traditional rural healers, but without a real patient. As soon as the husband heard that, he asked whether his very sick wife could be a patient in the upcoming event, and this was agreed upon with mutual excitement.

I observed and documented the entire ritual. Towards its end, the healer cut one-by-one seven ash gourds to drive away malefic influences caused by black magic. After that, the patient was asked to stand up and walk seven times to the main altar to receive blessings. For the first four times, both the husband and the son helped the woman to stand up and walk; for the remaining three times, she was able to do it on her own.

In the final act of the ritual, at dawn, the healer entered a state of trance and started destroying the altars and other sets related to malefic influences removed from the patient. At that moment, I

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⁶ Sūniyam Kāpilla, Sūniyam Yāgaya or Sūniyam Shānthiya is a ritual comes under Tovil category to remove deadful affections made by people seeking revenge. The word sūniyam refers to deadly affections resulting from black magic or sorcery (comp. Zoysa, 1949). The ritual is called for when people continuously face dangerous situations or get illnesses which are resistant to medical treatments (more in Kalinga Dona, 2013 & 2019b, p. 52 and Kottegoda, 1997, p. 64).

⁷ For ethical reasons I do not reveal the identity of the woman whom I met at the Sūniyam Shānthiya ritual in Pannipitiya.
became scared and moved a bit further from the setting, thinking that the healer could unwillingly cut me with his knife. The energized patient, on the other hand, had no fear and moved even closer to the main altar. After the ritual, I immediately approached her with the question of how she felt. She smiled and said to me: “Daughter, I don't have any pain or weakness anymore, I really do not know what happened to me. Look, I am standing on my own legs. After the Western and Ayurvedic medicines were unable to help me, I strongly believed that I would be cured thanks to this kind of ritual.” Ten days later, I checked over the phone how she was doing. Her answers exceeded all my expectations: she was walking and working, feeling like “newly born” in her own words. Interestingly enough, the efficiency of the described healing process was not affected by the fact that the diverse (sub)urban audience could hardly be compared with the earlier described village communities composed of individuals with in-depth knowledge of each other, working together towards the shared goal. It was not affected by the fact that the patient came from elsewhere and was entirely unknown to those gathered around. It can also be concluded that the educational purpose of the event succeeded in demonstrating the relevance of this rich rural cultural tradition to the new, urban audience. The rituals are rarely performed in the cities for several reasons, including the lack of strong community binds, difficulties in collecting natural ingredients for the elaborated ritual setting, lack of workforce in the days of preparations, busy schedules of the urbanites, and the relatively high expenses of the healer and his team.

The second view refers to the times of the COVID-19 pandemic in 2020. Today we live in a technologically and scientifically advanced world, but so far (at least until June 2020, when I had to submit this article), this world remains unable to provide a medicine to neutralize the coronavirus, which badly affects human populations all over the globe. This case makes us think of the widely shared traditional belief in unseen disease causes that cannot be eliminated by the use of existing pharmaceutical drugs. Virus-based diseases are common in diverse societies, where they are affected by different natural conditions including weather, humidity, vegetation, and human habits and conditions. Traditional societies in particular are equipped with accumulated knowledge, experience, healing methods, and natural remedies for addressing diseases. In rural Sri Lanka, the response to viral contagious diseases includes the use of natural remedies, herbs, beliefs, and customs. People name the diseases such as chicken pox, yellow fever, measles, and mumps “deiyange leda”, which can be translated as “gods’ diseases”. Villagers generally believe that epidemics are caused by the gods’ dissatisfaction with human deeds. In other words, when people go against nature and destroy its harmony, such diseases are understood as a punishment. Consequently, they reflect on their past actions, make vows to the gods asking for their help in curing the disease, and promise them rituals
as expressions of gratitude. At the same time, the affected person(s) changes their ill or wrong habits or actions and keeps a distance from the community for a limited time. They inform community members about the situation by hanging young coconut leaves on a rope at the house entrance. This temporary isolation period provides the affected person and his or her family with an opportunity to identify and analyze the mistake, confess it, correct it, and restore balance. No Western medical persons or pharmaceutical drugs are involved in the healing process, which requires homemade herbs, balanced food, and community caring. As soon as the affected people recover, they organize a small-scale ritual with the help of a healer and the community.

Due to modernization, urbanization, and cultural and societal changes, the presented modes of thinking about health and healing are gradually disappearing. Is the COVID-19 pandemic providing us with a chance for reflection and reconsideration of traditional knowledge, community beliefs, herbal medicines, and individual and group behavior at times of crisis. As far as I know, COVID-19 did not inspire any traditional ritual in Sri Lanka in the sense presented in this article. Firstly, as presented in this article, the rituals in most cases take place on an immediate community level, and since the registered cases of infection are linked to the cities and not to rural communities, there are no usual bottom-up initiatives that usually lead to their performance. Secondly, the government-imposed curfew measures would make any public gathering impossible, so even if a rural community member were affected, or if there were a top-down initiative in an urban setting comparable to the view one in this conclusion, the envisioned ritual would not be possible.

My intention in this article is twofold: to present Sri Lankan healing rituals as functional and artistically elaborated phenomena that deserve and call for further multidisciplinary research attention, and to point out to their relevance for contemporary community music therapy and medical ethnomusicology.

References:


Neighbors provide a family affected by “deiyange leda” with medicinal herbs and suitable food without entering its house.


Webpages:

