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University of Cape Town

Rituals of health

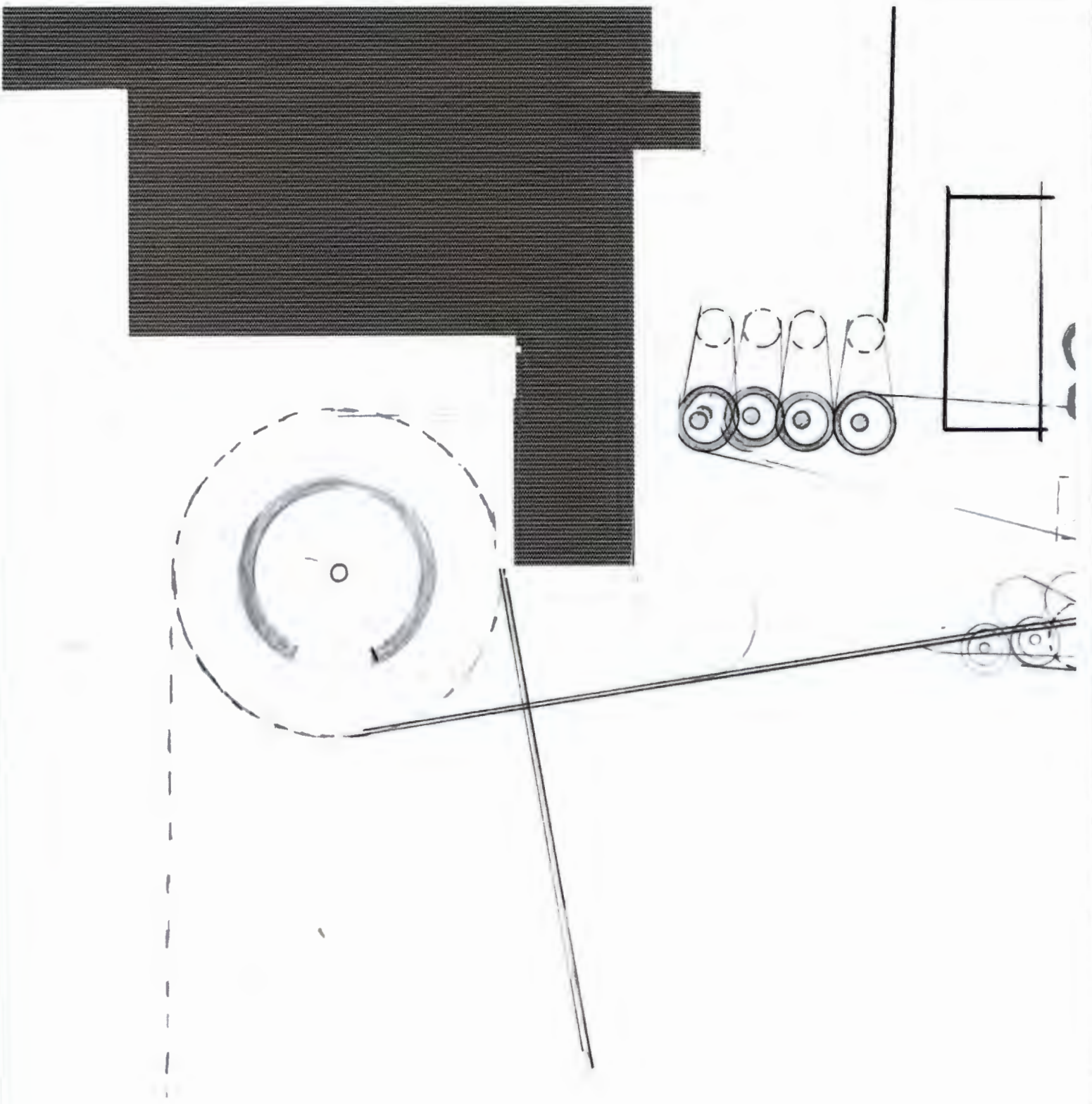
new healing spaces for Khayelitsha district hospital.

Zara Gray
gryzar001
20/10/2010

Design document submitted in partial fulfillment of the degree Master of Architecture (Professional)

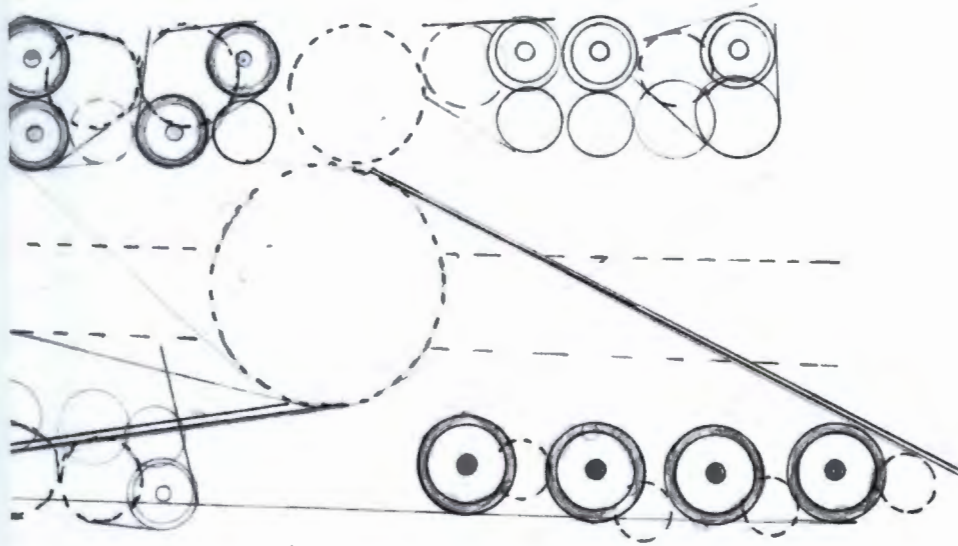
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thank you...

to all that got me through this! It has been an eventful journey of discovery. To all the healers I visited, thank you for allowing me to glimpse into your world ! To all my friends and family , Jo, Francis, Nic and Alta, I couldnt have done it without you.



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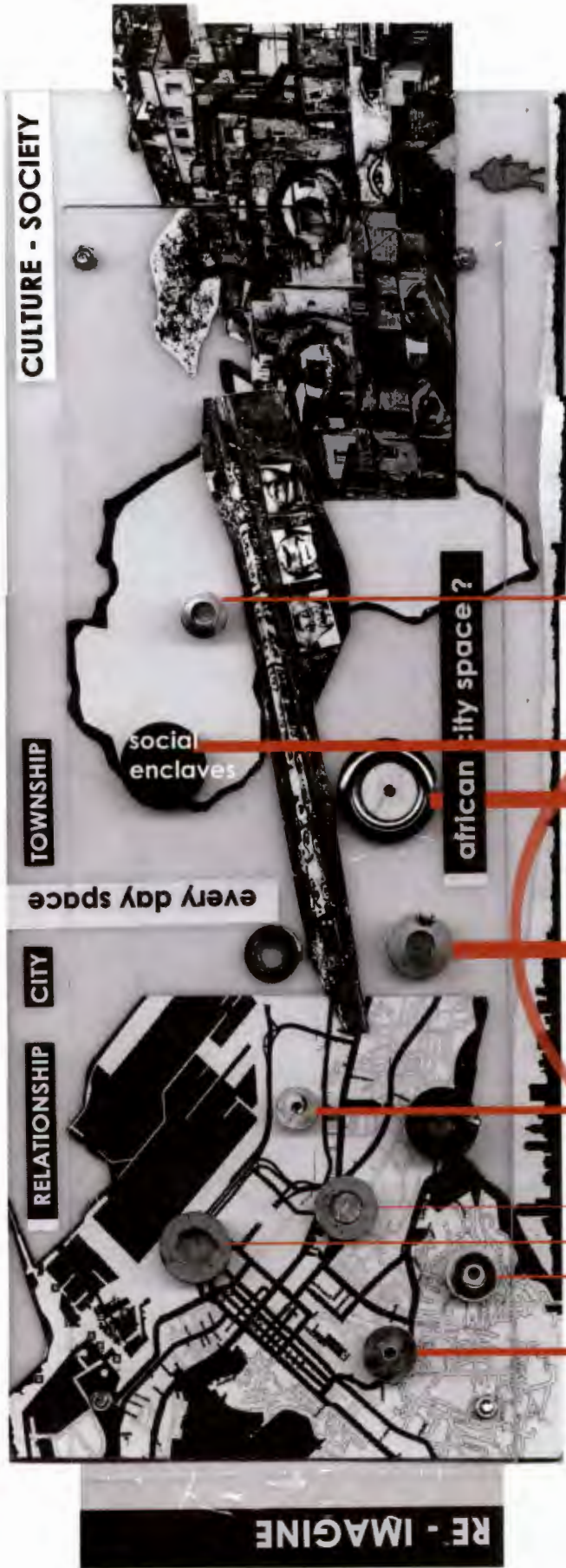
Introduction

The intention of this thesis was to challenge how we, as architects are appropriating new formations of space within the city. The research began as an exploration into how a contemporary African city space could be envisioned, a future trajectory of design thinking that challenges normative systems of design. The diverse nature of South African cities should have an architecture that responds to its lived reality and one that reflects cultural difference.

This exploration was narrowed down to view a need that ran across cultural lines. I chose to do this through looking at various health systems that prevail in our current society. The challenge was to critically seek out new ways that one could accommodate for various cultural beliefs while viewing these various health practices.

These explorations were carried out in two sections – the first section looks at our current condition and what the prevailing health systems are in our society, as well as the challenges these various views on health pose. The second section focuses on a spatial understanding of how these systems are carried out in our city and seeks to analyse the various spatiality's of healing practices. The idea is to search for how new spaces of healthcare could be realised that reflect cultural difference, rituals and practices and which respond to a South African condition.

starting point > exploring emerging spatiality



can spaces within the city
be reconceptualised to
help in the formation of a
**CONTEMPORARY AFRICAN
CITY SPACE**

social enclaves, **INVISIBLE**

emerge out

indigenc

searching for cross
over of possibilities

IDENTITY

time of transition/ **TRANSITION**

viewing post apartheid
city through alternative
perspective

ies that reflect cultural difference in our society

LE practices

ut of EVERYDAY practices

ous culture

TY

ANSFORMATION

d
e

productions of space



VIEW CITY

THROUGH



VARIOUS

HEALTH



PRACTICES

'What is crucial to such a vision of the future is the belief that we must not merely change the narratives of our histories, but transform our sense of what it means to live, to be, in other times and different spaces, both human and historical.'

1. *Black Futures*

Issue

The complexity that is found in South African cities socio-spatial structures was the premise for this thesis investigation. This very structure - the product of centuries of colonial rule and repression by past governments has suppressed many socio-cultural and spatial patterns to blossom freely. The result of this rule is reflected in the fragmented urban fabric of our cities. Hidden and divided realities have emerged unseen by the 'other' depending on your geographic location, cultural and social status.

The intention of this research is to explore emerging spatiality's that reflect cultural difference in our society today, which adds to the discourse surrounding the making of a contemporary African city. Western formalistic approaches to the creation of city spaces have dominated the making of space in African contexts. How can alternative methods in the production of space be realised through engaging with current processes and exchanges that are happening within our cities?

In trying to understand the African city, 'we must go beyond rudimentary divisions of formal and informal, cosmopolitan and parochial. We need to look at the interweaving of potentials and constraints that activate and delimit the specific initiatives of local communities to maintain a sense of social cohesion.'² Can spaces within the city be reconceptualised/ re-evaluated in the formation of a contemporary African urban space?

A question, which emerged through various readings on African modernity, was 'how do we avoid losing site of the diversity of local expressive forms through which modernity is being negotiated or appropriated?'³

Cape Town is a city, which is still grappling to find a transformative approach to the making of such spaces. The geographic locations of various cultural and social groups make it extremely difficult to allow for such practices to be expressed and viewed to the 'other' freely. 'Local activities that frame spaces particularly those in township areas often clash with official policies and formalised interventions that try to deal with urban transformation. It is a persistence of migratory practices that characterises post apartheid space more than anything.'⁴

Cultural practices and rural traditions are often intermingled into modern practices of the everyday life in urban areas. I would like to investigate how new sets of social arrangements can begin to take shape within our city that reflect cultural difference.

2 Simone, *Urban processes and change in Africa*. 178

3 Geschiere (ed) et al, *Readings in Modernity in Africa*. 1

4 Lindsay Bremner, "Living in the ruins of apartheid," *Architectural Review* (2007): 76

Bhabha defines cultural difference as – ‘the process of the enunciation of culture as knowledgeable, authoritative, and adequate to the construction of systems of cultural identification.’⁵ He goes on to say that ‘the enunciation of cultural difference problematizes the binary division of past and present, tradition and modernity, at the level of cultural representation and its authoritative address.

It is the problem of how, in signifying the present, something comes to be repeated, relocated and translated in the name of tradition, in the guise of a pastness that is not necessarily a faithful sign of historical memory but a strategy of representing authority in terms of the artifice of the archaic.⁶

How one articulates cultural difference is then one of the challenges in creating new forms of space in our postcolonial condition.

Using this as a premise, I would like to seek out conditions that may reflect cultural difference in our city. I wanted to find a thread that ran across cultures. The means, in which I tend to seek this, is through exploring various health practices that are prevalent to the urban condition we find ourselves in today.

5 Bhabha, *The Location of Culture*, 34

6 Bhabha, *The Location of Culture*, 35

Section A

The word medicine is derived from the Latin *ars medicinae*, meaning the art of healing

Current health practices in South Africa:

South Africa, like many other countries, has a medically pluralistic health system. Coming from such a heterogeneous society it should not be a surprise that there are multiple forms of health practice in our country. There are two predominant approaches to health practice though, the one being biomedicine – a western style approach to healing and the other being African traditional healing which has evolved over centuries and was in practice way before any colonisers came ashore to this continent. I would like to describe what each system is, where it has stemmed from and the role it plays in our country today.

3.1 Biomedicine (Western view on health):

Biomedicine is based on a biological scientific approach to medicine. It includes a variety of health care practices that aim to treat various conditions. This type of medicine uses scientific research to diagnose illness and prescribe relevant treatments for it, either through medicine, surgery or therapy.

Biomedicine has evolved over a vast period of time. Its roots can be traced back to prehistoric times, where herbs, animal parts and minerals were used to treat illness. This was carried out by medicine men, shamans and priests.

Records of biomedicine can be traced back to ancient Egyptian, Babylonian and Greek times. In the ancient Greek religion there were various Gods that represented healing. Asclepius was the god of medicine and healing.

He had two daughters who represented various powers of healing. The first daughter was Panacea, the goddess of healing and the second daughter was Hygeia, the goddess of good health, cleanliness and sanitation.

Hippocrates, who was a Greek physician, was said to have begun his career as a physician at one of Asclepius healing temples. Hippocrates was deemed the source for laying the foundations, for a rational approach system to medicine. He created the Hippocratic Oath which is still used today. On graduation as a biomedical doctor, he or she vows to practice an ethical conduct of medicine.

The original vow began as follows – ‘I swear by Apollo, the healer, Asclepius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement:’⁷ It is interesting to note the origins of this oath as stemming from a vow to an existential belief system – to a now modern scientifically justified set of beliefs.

Contemporary practices of this healing system have reached a global standard on conducting procedures and research into healing. They comply by a system of universal health care.

These systems are predominantly controlled through various healthcare institutions, be it hospitals, clinics, therapy centres or consulting rooms. This system of healthcare has a firm establishment in most societies around the world and serves as a primary healthcare provider which is most often worked into government policy.

The degree to which this kind of medical care is carried out to the nation varies, depending on where you are located. South Africa, being a third world country suffers to provide sufficient biomedical healthcare to the masses due to understaffed,



Fig 2 - Asclepius the God of Medicine



Fig 3 Hygeia - goddess of health, cleanliness and sanitation



Fig 4 - Panacea - goddess of healing

⁷ (<http://en.wikipedia.org/wiki/Hippocrates> 2010)

3.2 Traditional Healing (African view on health)

What is very important to note when understanding how illness and remedies are perceived in traditional African cultural belief systems, is to understand the thought patterns of that culture and how they perceive illness.

"The theory underlying traditional medicine in the several black ethnic groups of South Africa is essentially similar. Disease is a supernatural phenomenon governed by a hierarchy of vital powers beginning with a most powerful deity followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants, and other objects. These powers can interact, and they can reduce or enhance the power of a person. Disharmony in these vital powers can cause illness. Thus, ancestral spirits can make a person ill. Ingredients obtained from animals, plants, and other objects can restore the decreased power in a sick person and therefore have medicinal properties."⁸

The term 'traditional healer' could pose problems if by this term we meant a system of past practices and beliefs that solely treated organic diseases. The traditional healers in South Africa have 'multiple roots that extend across time, cultures and languages, and derives partly from pre-colonial African systems of belief.' They are a developing and changing force as they are exposed to other healing practices, religious views and modernized ways of living. They consider themselves to be members of a profession with a distinct intellectual tradition, one that undergoes critique, modification and change in the light of experience and myriad influences.⁹¹⁰

One source questions what the role of a traditional healer is in their given context. She describes their work as 'Encompassing the skills of diviner, herbalist, psychotherapist, and community counsellor, not to mention artist, detective, mediator, and sensor.'¹¹

They serve an important role in their respective communities. The term traditional healer is used to describe a variety of different healer types, each having their own role in the makeup of what is termed traditional healing practices. In South African you can find a variety of different healers, many of them residing in urban areas due to increasing urbanisation.

8 Kale, "South Africa's Health - Traditional healers in South Africa: a parallel health care system," *BMJ* (1995):1182

9 Thornton, "The transmission of knowledge in South African Traditional Healing", *Africa* (2009).17

10 Thornton, "The transmission of knowledge in South African Traditional Healing", *Africa* (2009).17

11 Wreford, *Working with spirit, Experiencing Isangoma Healing in Contemporary South Africa*. (2008).x



Fig 5 - Traditional Healer -
Warwick Junction



Fig 6 - Herbalist -
Warwick Junction

They can be divided loosely into two main categories

– *Diviners and Herbalists.*

Diviners – These are usually women, who are able to mediate between higher forces- the ancestors and the human world. One cannot become a diviner by choice; their ancestors usually call them in dreams or visions. It is the imprimatur of the ancestors that thus underpins the divination process and lends it the authority of the sacred. Divination is thus a vocation.¹² There are various names for different types of diviners, depending on tribal beliefs and customs. In Zulu the name given is Sangoma, Xhosa they are referred to as Igqira, and in Sotho they are known as Mungome. Diviners are commonly known as Sangoma's in the South African context. Training varies from person to person and can take anything from a few weeks/months to a few years under the supervision of a trained Sangoma. Once the candidate receives the calling (thwasa) they often leave to unknown places depending on where their calling directs. They undergo a series of intense initiation ceremonies to finally qualify as a sangoma.

Herbalists – Are predominantly men. There is no mystical calling from higher forces. They have an extensive knowledge of various plants, roots and other substances. They are masters of medicines. They resemble, in fact our pharmacists, whereas diviners, with their expertise in diagnosis, are analogous to our medical doctors.¹³ Herbalists are commonly known as Inyangas in Zulu tradition, kxwele in Xhosa and Nganga in Sotho

Prophets/ Faith Healers – they use either prayer, candlelight or water. Sometimes upon cure the patient automatically becomes a member of the church to which the faith healer who cured him/her belongs.¹⁴ These healers usually belong to independent African churches.

Traditional Birth Attendants – they are often called in to perform certain prayers and rituals in the welcoming of a child to the world. They act as midwives in rural areas where western medical practices are not readily available, but also often reside in urban areas. Traditional birth attendants are usually elderly women and are respected in society for their skills. The conditions for becoming a traditional birth attendant include having had at least two babies of your own and an apprenticeship lasting up to 15-20 years.¹⁵

12 Hammond-Tooke, *Rituals and Medicines - Indigenous Healing in South Africa* (1989),104

13 Hammond-Tooke, *Rituals and Medicines - Indigenous Healing in South Africa* (1989),104

14 Engela Pretorius, "Traditional Healers," *South African Health Review* (1999), 251

15 Kale, "South Africa's Health - Traditional healers in South Africa: a parallel health care system," *BMJ* (199

STATISTICS :

(WHO -World Health Organisation)

+200 000

traditional healers

80% population
**consult traditional
healers**

34 800

**allopathic
medical practitioners**

1500 tons medicinal
**plants get sold in
Durban alone per year**

60% population
reside in urban areas

What role does traditional healing play in a South African context?

As I come from a certain cultural group that is not entirely exposed to the varying practices of traditional health in our country, I was astounded to read the statistics of how many people in our country use this form of medicine as their first response in seeking health care. According to the World Health Organisation (WHO), there are over 200 000 traditional healers in South Africa and only about 34 800 allopathic medical practitioners¹⁶. Eighty percent of the population use them as a primary/ initial source of medical help. Surely as a young democracy, this form of healing should be reflected on a greater scale within our urban fabric.

The reason I say this is because as from 2005 it was declared an Act to incorporate the practice of traditional medicine into our primary health care system. Traditional healing was recognised under the ACT:

No. 35 of 2004: Traditional Health Practitioners Act, 2004. It reads:

To establish the Interim Traditional Health Practitioners Council of South Africa; to provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students and specified

*Categories in the traditional health practitioners profession; and to provide for matters connected therewith.*¹⁷

The fact that the government has recognised it, as a vital role in providing health care is a positive reflection on the constitutional rights that have emerged out of our young democracy. Often though, the realisation of such legislation is much harder to materialise in the practice of everyday life. This legislation was passed in 2005 and to this day the government has not addressed ways of carrying it out efficiently.

The organisation of various groups/associations does not have a clear-cut structure and there seems to be a lack of creating

such structure around the organisation of these bodies. Under the Traditional health practitioner's act, they define traditional health practice as:

The performance of a function, activity, process or service based on a traditional philosophy that includes the utilization of traditional medicine or traditional practice and which has as its object-

a) The maintenance or restoration of physical or mental health or function; or

b) The diagnosis, treatment or prevention of a physical or mental illness; or

c) The rehabilitation of a person to enable that person to resume normal functioning within the family or community; or

*(d) The physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death, but excludes the professional activities of a person practising any of the professions contemplated in the Pharmacy Act, 1974 (Act No. 53 of 1974), the Health Professions Act, 1974 (Act No. 56 of 1974), the Nursing Act, 1974 (Act No. 50 of 1974), the Allied Health Professions Act, 1982 (Act No. 63 of 1982), or the Dental Technicians Act, 1979 (Act No. 19 of 1979), and any other activity not based on traditional philosophy.*¹⁸

There are many misconceptions and assumptions that cloud the practice of this kind of medicine especially from a western viewpoint. "Traditional healers deeply resent their inferior status. They resent the fact that they are not accorded the same respect and government support as medical doctors, despite their conviction and that of their clients that they are supplying vital services."¹⁹

"For most people in the developed world, the words 'traditional healer' conjure up the image of a figure cloaked in beads, animal pelts and an air of impenetrable mystery. Someone, in short, whom Westerners find difficult to understand or trust, and who has rejected biomedical science in favour of mysticism and magic. This kind of distrust is problematic anywhere, but especially in African countries struggling with the HIV epidemic."²⁰

18 As published in *Government Gazette no.27275, vol476, on 11February 2005. Notice 132 of 2005.*

19 Ashforth, "Muthi, Medicine and Witchcraft: Regulating 'African Science' in a Post-Apartheid South Africa," *Social Dynamics* 31, no. 2 (2005): 223

20 N Bolognissi, "AIDS in Africa: A question of trust," *Nature* 443 (2006): 626

16 World Health Organization, "<http://apps.who.int/medicine-docs/en/d/jh2943c/4.38.html>," <http://www.who.int/en/>. *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A World-wide Review, 2001.* (accessed 05 22, 2010).

17 As published in *Government Gazette no.27275, vol476, on 11February 2005. Notice 132 of 2005*



Fig 7 - Gathering held by the Traditional Healers Organization. (THO)

The sheer force of the HIV/ AIDS endemic should be reason alone to look at traditional healing practices in a different light. Many people often go to both biomedical doctors as well as traditional healers, receiving different treatment and different answers.

Traditional healers who are often more trusted by various communities can play a key role in the spread of information on the prevention and treatment of the virus. Many traditional healers are eager to learn about new forms of treatment and often refer people to get tested for HIV in a biomedical hospital. 'Biomedicine can treat the body, while traditional healing can treat the soul. Neither cures. We must therefore use the best of what both systems have to offer to alleviate the AIDS burden, which is both physical and psychological.'²¹

'Traditional medicine is big business in South Africa where healthcare is split between pricey, top-notch urban private care and run-down, overstretched state services that cater for most of the 50-million population. Used by about 27-million South Africans, the annual trade in traditional medicine was tipped in 2007 to be at least R2, 9-billion (\$397-million) and sustaining some 130 000 jobs. But it also faces negative stereotypes in a fast-changing South Africa amid quack-like, commercially driven promises peddled on Johannesburg streets for Aids cures, increases in penis size and quick riches.'²²

21 Jo Wreford commented in the article by Bolognesi, "AIDS in Africa: A question of trust," *Nature* 443 (2006): 626

22 Justine Gerardy, "S.A's traditional healers seek leap to modernity" (Johannesburg: Mail and Guardian, 06/12/2009).

Potential collaboration between these two systems . . .

The complexity faced in getting these two disciplines to collaborate is an immense challenge. Programmes and dialogues have begun to emerge within the last couple of years, which are taking up the challenge to address this situation. To move forward one would really have to start interrogating alternate ways in which it is feasible for traditional healing practices to get the recognition and infrastructure needed to participate in the primary health care system.

There are various organisations that are undertaking the challenge to regulate traditional healers. These include:

The Traditional Healers Organisation

Southern African Traditional Healers Council

The Association of Traditional Healers of Southern Africa

The Congress of Traditional Healers of South Africa
The African Dingaka Association

The African Skilled Herbalists Association.

These organisations aim at regulating training and the authentication of traditional healers practicing in South Africa. They also focus on various workshops, training and teaching to gather and spread knowledge around various treatments and procedures. They seek to develop Indigenous knowledge systems surrounding traditional health. The problem with all of these groups is the lack of governmental control over a unifying body to regulate traditional healers. One of the major problems this system faces is the elimination of Charlatans (the term used to describe illegitimate traditional healers) who are often just trying to make a quick buck without undergoing any training.

‘African traditional healing is part of African culture and essential for the health and well being of a great part of the black population. The healer understands the significance of ancestral spirits, he shares the belief in supernatural forces, and he identifies with the reality of witches. However, clients also value the efficacy of modern scientific medicine and have generally managed to become dual health care consumers in

the sense that they use both medical sectors interchangeably, consecutively or even concurrently for the various aspects of one and the same condition. Broadly speaking, the traditional healer is consulted to explain the cause of an illness, and the medical doctor is visited to relieve the physical symptoms. In this way the two sectors complement each other.²³

Another barrier one has to cross is the mistrust both discipline have of each other. Horror stories of botched results and witchcraft often give healers a bad name. Because of the radically different view of where illness stems from, it complicates the means of collaboration between these two fields.

However, Wreford who is familiar with both practices says that her ‘object was to present a picture of the vibrant and contemporary healing system of izangoma inyanga as she experienced it. Operating in parallel with biomedicine, she sees it as a potential partner, equipped with another way of seeing and other ways of thinking about and practising healing. In the light of the HIV pandemic, the split appears almost criminal.²⁴ Traditional healers make a unique contribution that can serve as complementary to other approaches. They also tend to be the entry point for care in many African communities, and even more so for the complex HIV-related diseases that frequently jolt family dynamics and shake community stability. Traditional healers often have high credibility and deep respect among the population they serve. They are knowledgeable about local treatment options, as well as the physical, emotional and spiritual lives of the people, and are able to influence behaviours.²⁵

What one of the biggest misconceptions people have about traditional healers is that they cannot operate in a modern way because they are routed in traditional belief systems. They are a dynamic and evolving force that are able to adjust to varying circumstances and which are able to function in a contemporary context. This is evident in the way they have situated themselves into our cities and urban centres.

23 Meissner, “The traditional healer as part of the primary health care team?,” *South African Medical Journal*. (2004): 901

24 Wreford, *Working with spirit. Experiencing Izangoma Healing in Contemporary South Africa*, (2008):1, 2

25 Richter, *Traditional Medicines and Traditional Healers in South Africa*. . Discussion paper prepared for the Treatment Action Campaign and AIDS Law Project (TAC - Treatment Action Campaign, 2003):23



Fig 8 - March by the THO in the city to advocate better rights for traditional healers



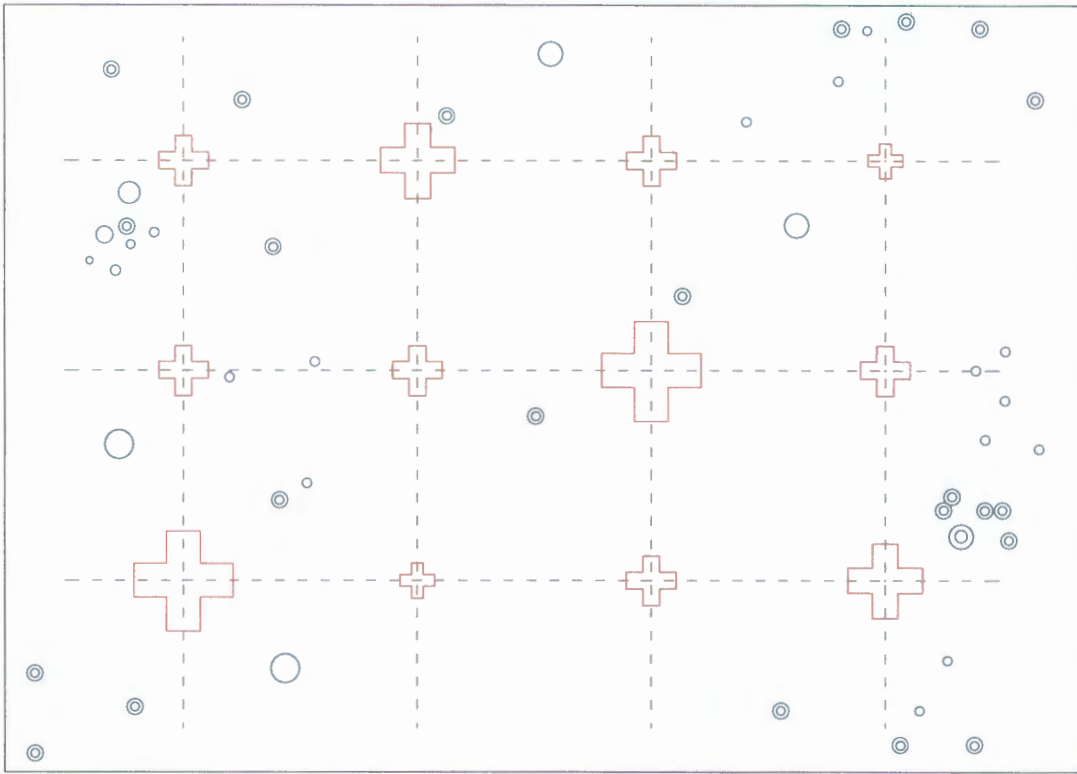
Fig 9



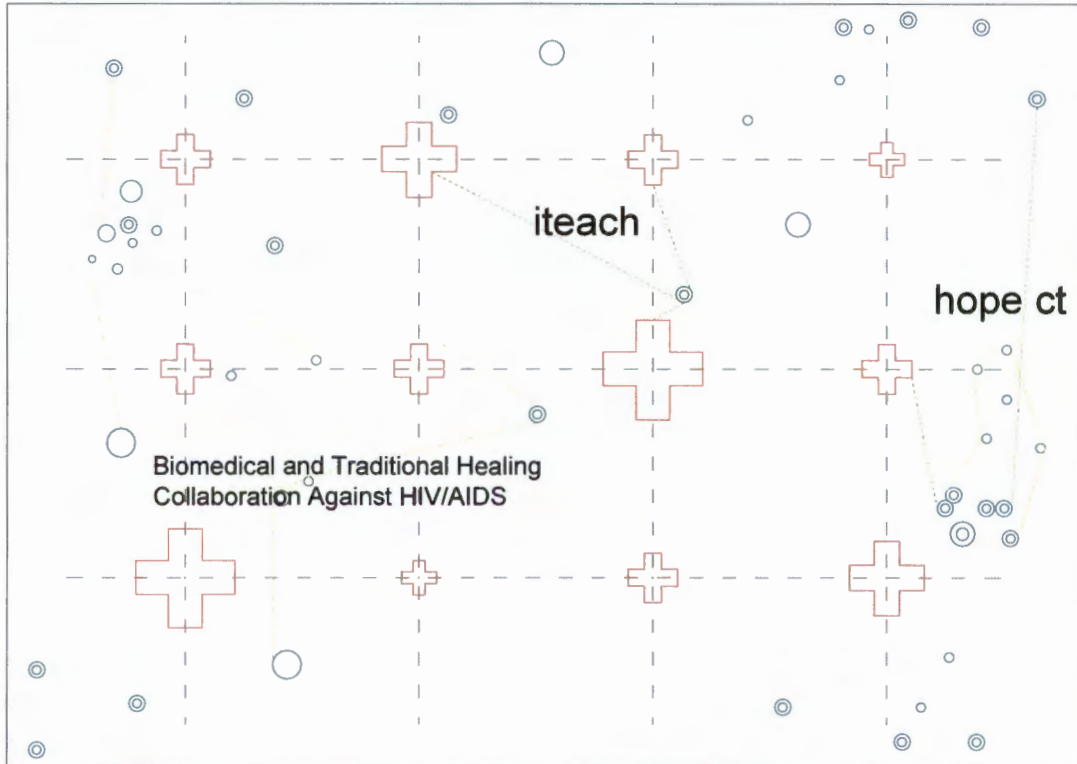
Fig 10 -







Fig 11 - traditional healer and doctor consult patient

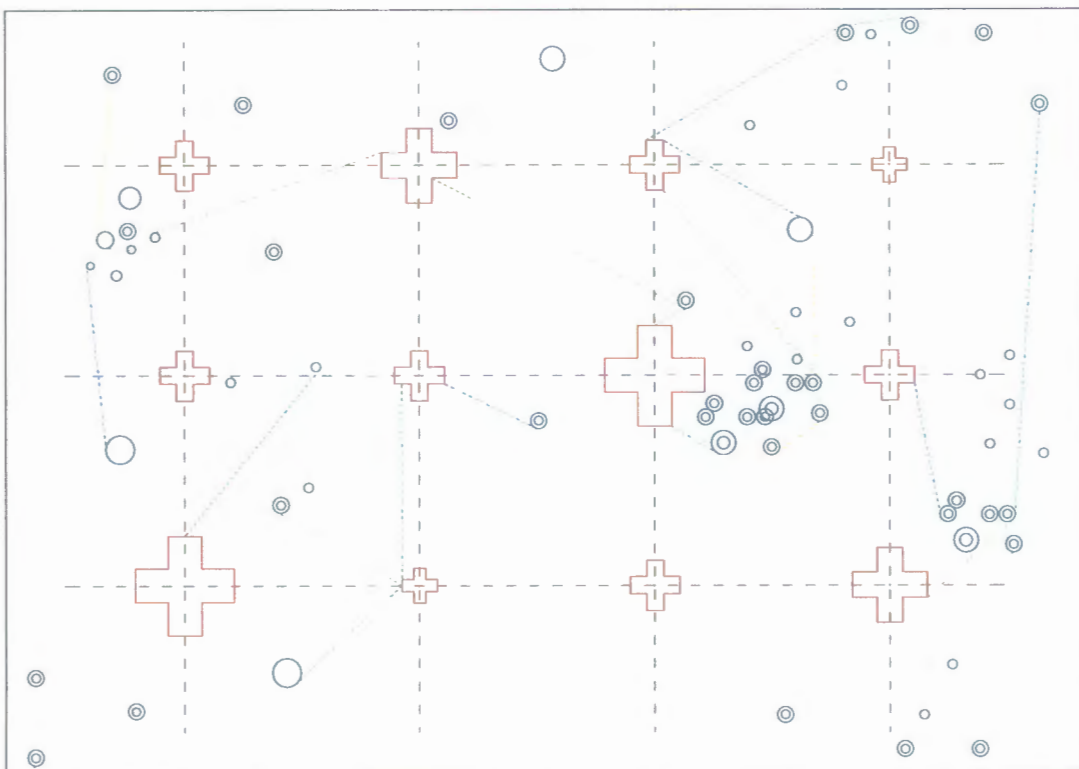


2 healing systems operating parallel



current initiatives

-  knowledge share doctors to doctors
-  knowledge share healers to healers
-  knowledge share healers to doctors
-  knowledge share doctors to healers



future:
cross collaboration



Fig 12 - Traditional healers perform a song at Edendale hospital in Kwa-Zulu Natal before beginning training program with doctors



Fig 13 - Traditional healers in conversation with doctors at Edendale hospital

I came in contact with a lady named Dr Jo Wreford through conducting my research. She is currently looking for ways of collaboration between traditional healers and biomedical practitioners in the South African context. Dr Wreford trained as an architect in the United Kingdom where she worked in community development and social upliftment programmes for twenty years. Her career brought her to Zimbabwe where she got involved in community projects there in the early nineties. While on her stay in Zimbabwe, she was exposed to traditional healing practices, which led her on an alternative quest, to that of architecture.

She underwent training as a sangoma with a Xhosa healer and graduated as one in 2001. After this experience she moved down to Cape Town where she began research at the University of Cape Town on HIV/AIDS and ways one can use traditional healers as a resource in the fight against this disease. She looks at the potential collaborations the two fields of healing may have – the one being biomedicine and the other traditional healing. She commented in an article that, ‘what western medicine needs to understand, is that many Africans believe that their ancestors live in a separate realm and carry with them answers to the deep questions about the cause of illness. This knowledge is accessed by the sangomas through ritual, visions, dreams and herbs and communicated to the patients who then feel they have redressed the situation, which prompts more complete healing, like psychotherapy, it can also help people cope with the stigma and emotional strain in the face of diseases such as AIDS.’²⁶

She also partook in a traditional health practitioners pilot project run by the HOPE Cape Town Trust and Association in Cape Town. This organization is aimed at spreading outreach, education and counselling, at a community level for HIV/AIDS and TB. They realised the important contribution traditional healers play in their respective communities and aimed at creating a better working relationship and respect between western doctors and traditional healers. The programme aimed at learning and understanding how the two disciplines approach and treat illness. They did this through a series of workshops where over a hundred doctors, traditional healers and government official partook in. It focussed on how to treat patients with HIV and worked on a referral system where Sangomas were elected to undergo an intensive training programme on understanding the virus. They then became anchor points in their respective communities where they could refer patients to the hospital for testing but also volunteered their services at various clinics and at their own healing practices.

26 Jo Wreford comments in the article written by N Bolognesi, ‘AIDS in Africa: A question of trust,’ *Nature* 443 (2006): 626

Through talking to her and reading her book entitled *Working with spirit. Experiencing Izangoma Healing in Contemporary South Africa*, it gave me great insight on the situation we find ourselves in today. She comments in the book that her primary purpose is to make the spiritual and healing practice of izangoma more accessible to science and academia.²⁷ There seems to be great potential in the collaboration between the two, but very little action in making anything happen by the means of government initiative.

Another initiative which has taken place in KwaZulu-Natal has a similar outlook but has happened on a much larger scale, it is called the Biomedical and Traditional Healing Collaboration Against HIV/AIDS and was deemed a ground breaking project in the way it aims at empowering traditional healers to play a meaningful role in healthcare. It has been running for the last five years and has trained around 1200 traditional healers in KwaZulu-Natal alone. The project is made up of a collaboration between traditional healers and the Nelson Mandela School of Medicine at the University of KwaZulu-Natal. Workshops and training programmes are run as part of the initiative. ‘Traditional healing is the most affordable and accessible healthcare system to the majority of the population, and many people consult a traditional healer when they are ill,’ said Prof Nceba Gqaleni, former deputy dean of the Nelson Mandela School of Medicine.²⁸

While interviewing one of the healers who underwent this course she describes how her practice has changed. In one of her consulting rooms in Folweni Township, south of Durban, she keeps folders containing her patients records which are stacked neatly beside her protective aprons, rubber gloves, bandages, antiseptics and condoms. In the other room she uses her spiritual powers to diagnose thousands of patients a year and dispenses the necessary herbs. ‘I can now weigh my patients, write down their records, and monitor them as they go along. I also have developed a good working relationship with the local clinic, and when I see that a patient has symptoms of HIV infection, diabetes or high blood pressure, I refer them to the clinic so that they can conduct tests,’ she said.²⁹ One of the clinics which is familiar with this programme works closely with traditional healers, Sister Thandiwe Cele said ‘We have about 2) traditional healers who work with us here - they refer their patients to us for testing. Some of our patients tell us they would like to get traditional treatment and we refer them to these healers because they have been taught well on how to take care of patients.’³⁰

27 Wreford, *Working with spirit. Experiencing Izangoma Healing in Contemporary South Africa*. (2008) :44

28 (PlusNews, 2010)

29 (PlusNews, 2010)

30 (PlusNews, 2010)

Due to the success of the project in KwaZulu-Natal there has been a call from traditional healers around the country for government to implement it on a national scale. There appear to be positive views held by both disciplines in to start collaborating.

One thing to note though in looking at collaborative initiatives between the two systems is a mutual respect and input by the two. ‘Collaboration, literally, consists of working together with one or more others on mutual understanding which may accompany signing a memorandum of understanding. Collaboration between traditional healers and biomedical practitioners in African countries south of the Sahara is ever more important now in improving healthcare because it is likely to widen the scope of sharing and collecting information and, allows for shared leadership, decisions, ownership, vision, and responsibility in the management of health problems and especially HIV/AIDS.’³¹ There are growing initiatives happening within many African countries. Some in Tanzania and Kenya have gone as far as supplying spaces for traditional healers to practice out of national clinics and hospitals.

Through the course of research I conducted, I attended a couple of medical anthropology lectures at the University of Cape Town, to get a better grasp of how these opposing health systems might collaborate together. The course looked at the perception on integration of traditional and western healing systems in a new South Africa.

They also discussed medical pluralism and cross-cultural healing in Africa and the medical hegemony biomedicine has over traditional healers.³² We were shown other countries as precedent, which have medically plural systems. India is one of the prominent case studies of how various modes of healing systems collaborate and run parallel to one another. There are multiple systems in practice there from Ayurveda medicine to Unani, Sidda and Allopathic practice. These systems respect each other and are tolerant of their systems practices. Indigenous medical systems have been influenced by biomedicine through colonialism but this is part of what they are now.

31 (Kayombo et al. “Experience of initiating collaboration of traditional healers in managing HIV and AIDS in Tanzania” in *Journal of Ethnobiology and Ethnomedicine* (2007)

32 Helen Mac Donald (lecturer), “Medical Anthropology lecture notes” (University of Cape Town, February 2010).



Fig 14 - Traditional Healer - Makhosi Ngobo

Section B

Architecture is not only what is built; it is also a conceptual trajectory, the comparison of concepts stemming from heterogeneous disciplinary fields, which exempt it from all formal unification and open it up to future development.³³

³³ Alison, Brayer and Spiller, *Urban City: a form in transition 1950-2000 (2006)*.

Application through a spatial idea

One of the primary reasons I wish to conduct this research is to challenge how we as architects are appropriating new formations of space within the city. Many architectural interventions that have been initiated in our postcolonial context often fail due to the fact that they fail to recognise the lived realities of many of the current occupants within South African cities.

After conducting all the research on these two systems, I want to use this research as an instrument to explore how one can design spaces that respond to cultural practices and beliefs within our society. I plan to do this by investigating how new spaces for health care can be realised that reflect cultural difference, rituals and practices. This is not to say that I intend to undermine how the practice of allopathic/ biomedical care is carried out, but rather to critically seek out alternative methods in approaching health care that responds to an African condition.

Jean Comaroff is an anthropologist who has written extensively on African healing, colonialism and modernity in southern Africa. She describes the role of healing in relation to cultural order. 'Healing reveals clearly both the dialectical relationship between the cultural order and subjective experience and the role of this dialectic in wider processes of continuity and change, formalist and phenomenological interpretations of ritual and cosmology.'

It examines the relationship between shared symbolic categories and the indigenous perceptions of order and disorder, suggesting that affliction here is a structurally configured dislocation of the self and its social and cosmic context.

Healing thus entails the manipulation of multi-vocal symbolic media, seeking to reintegrate the physical, conceptual, and social universe of sufferers and community. In rapidly changing societies, healing reveals how existing symbolic categories subsume chaotic experience and also how perceptions of an expanding socio-cultural domain may transform these categories themselves.³⁴ It is interesting to note how she views healing in relation to its socio-cultural constructed context and how healing adapts and changes in these environments. So fundamental to the profile of the healers are transgressions of boundaries that one might conclude that the power of healing is in some profound way, bound up with the act of crossing borders.³⁵

The method, in which I would like to investigate the phenomenological aspects of healing in our country, would be through a process of analysing and mapping how various traditional and allopathic healing practices, take place within the city. The idea is to study the spatiality's of these various healers and how they sit within their given context.

As healing is fundamentally concerned with the reconstitution of physical, social, and spiritual order, it cannot be meaningfully examined if isolated from the wider socio-cultural system. Further, its present forms must be seen as part of a more general process of cultural transformation.³⁶ Our cities have been attempting to go through a new cultural transformation for the last sixteen years. Can this be expressed in new spatial manifestations that respond to various cultural practices?

One would have to be extremely sensitive in the way you approach creating such spaces due to the differing services that both allopathic medicine and traditional medicine provides. Allopathic medicine tends to separate mind and body – the primary objective is to eliminate suffering from the physical body. African traditional practices don't separate the two; they treat mind and body in conjunction with greater spiritual forces.

The environments in which they practice differ hugely. The biomedical approach of modern scientific medicine is unable to treat, or at best only partially equipped for treating, the whole

range of illnesses to be found in Africa, while the traditional medical system may be well suited to meet the social and psychological needs not met by the Western style of care.³⁷

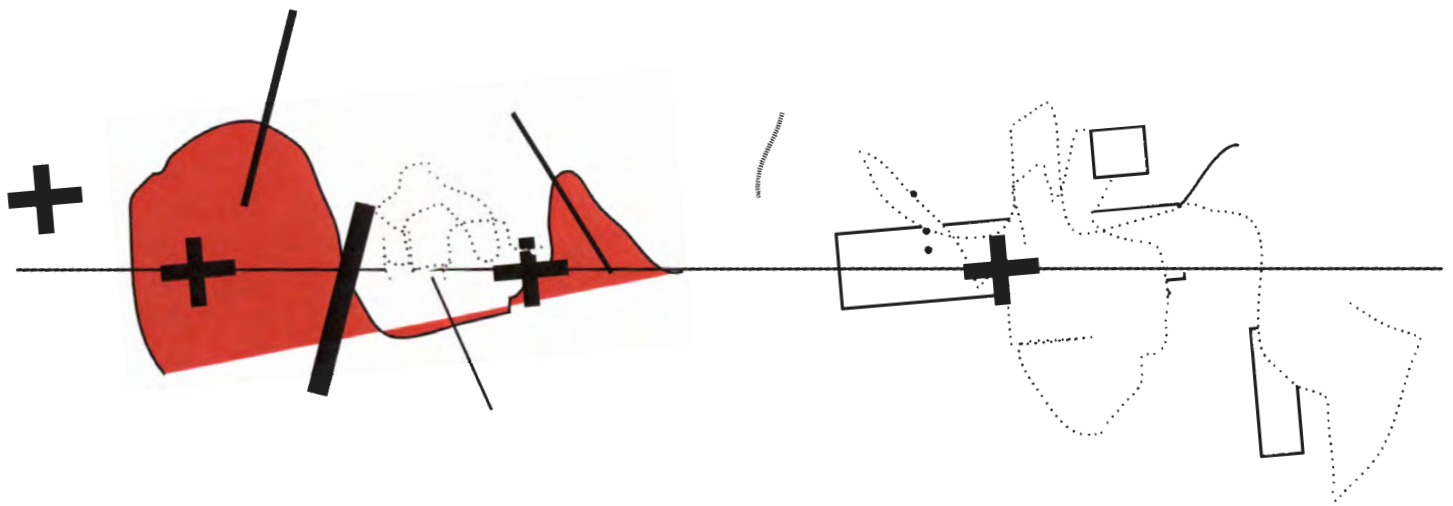
Due to the sheer force in numbers of the various traditional healers, and the unorthodox system in which they practice, I decided to focus my search to the area between Philippi and Khayelitsha. The reason for this selection had to do with the sheer density of this area which houses the highest population of black Africans within the Cape Town area whom would be more accustomed to this form of medicine. Through this search it became apparent that various forms of healing practice take place in radically different settings. Clinics and Hospitals were easier to navigate due to the network they form part of in the formalised infrastructure.

34 Comaroff, "Healing and the Cultural Order: The Case of the Barolong Boo Ratshidi of Southern Africa," *American Ethnologist* (1980): 637

35 West and Lucdke, *Borders and Healers - Brokering therapeutic resources in Southeast Africa*. (2006).2

36 Comaroff, "Healing and the Cultural Order: The Case of the Barolong Boo Ratshidi of Southern Africa," *American Ethnologist* (1980): 639

37 Ortrun Meissner, "The traditional healer as part of the primary health care team?," *South African Medical Journal*. (2004):902.



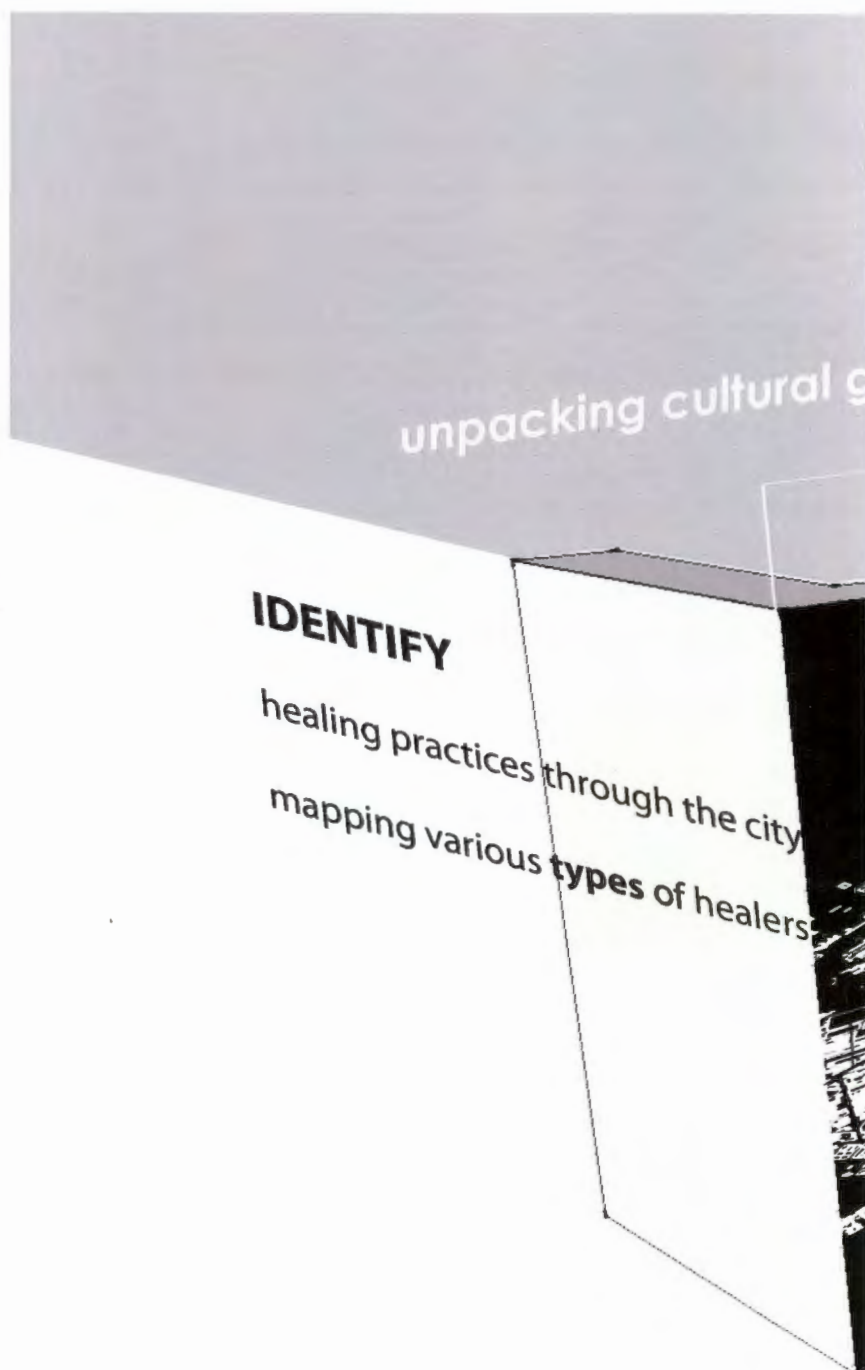
the PROCESS...

Step 1 .

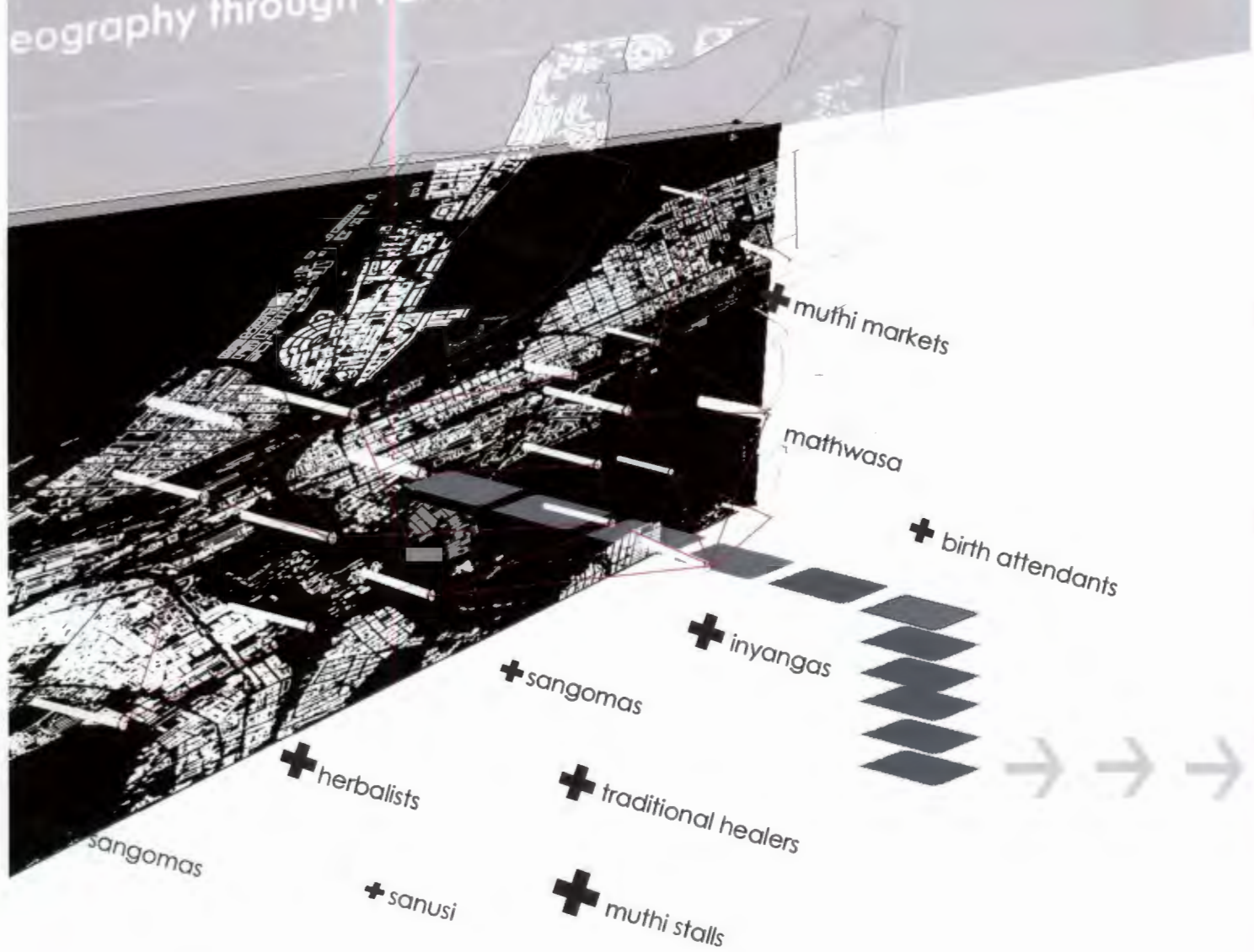
Due to the unorthodox nature of how many of these African traditional healers practice (looking through a western viewpoint), one could not just locate them on a map, look for various practices in a telephone book or search for them on an internet site, as one could do for a biomedical institution. I had to look for an alternative method of analysing and document my findings.

In order to unpack the nature of how these healers have situated themselves in an urban context, I chose to navigate these healers through a process of discovery. This was done through word of mouth, interviews, walking around various areas, following signage of various kinds, be it pamphlets, painted signs at road intersections, painted cardboard signs or formal notice boards. I also read various forms of literature and some narratives one had on the subject as well as looking at newspaper articles to get another view/ clue on how and where these healers locate themselves and how they practice.

The diagram on the right represents an idea of where these healers may physically be located and to understand how they sit in there context. By extruding the spatial understanding of the various healing practices one can analyse the relation they have to their surroundings as well as to make better informed decisions about how new ideas might unravel through this process.



geography through various health practises/ customs



process

Step 2 .

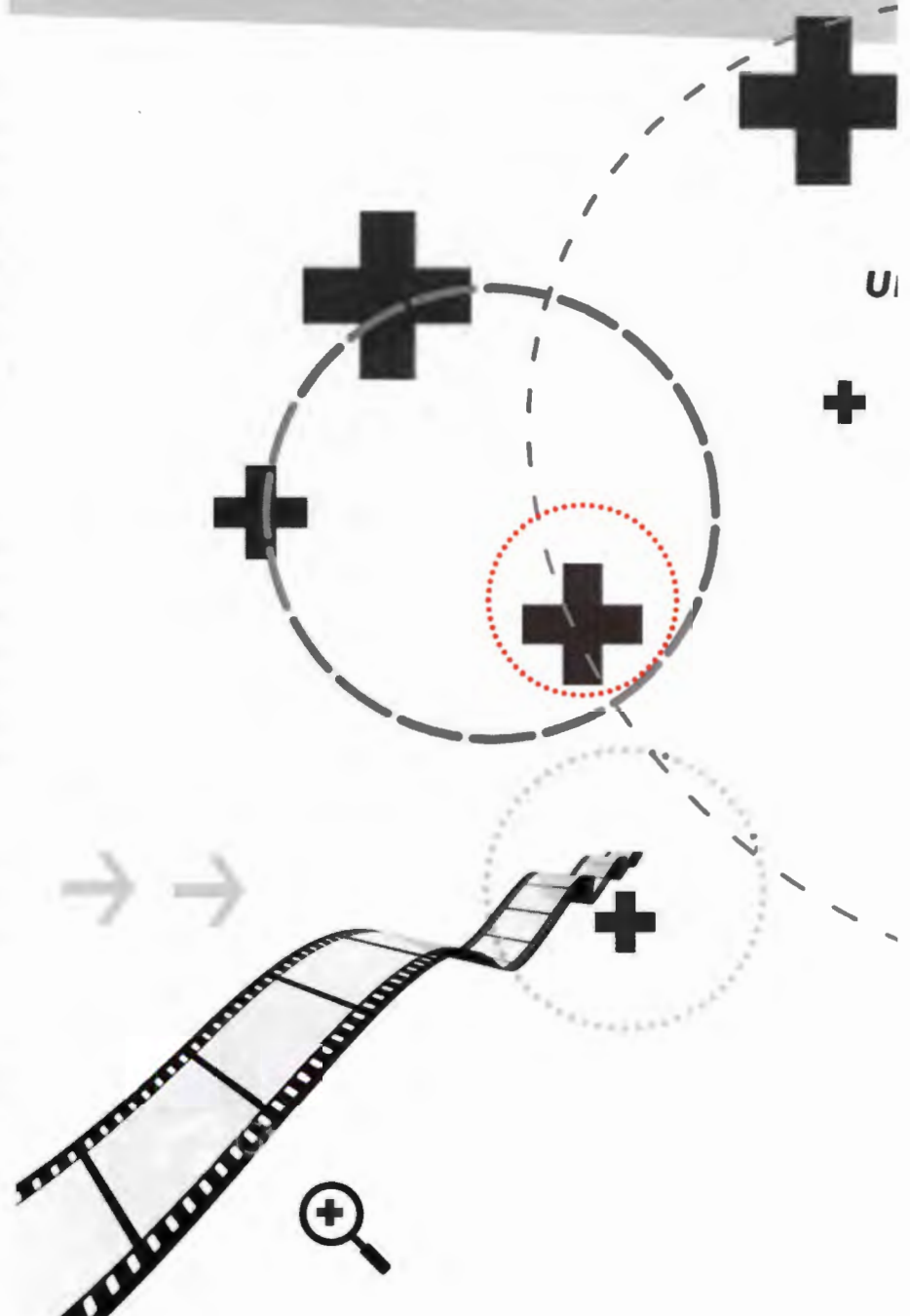


The idea was then to unpack the spatiality which is required both for this form of practice and how it interacts with surrounding environment. It is extremely important to look at the various healing practices spatiality's to see how spaces are utilised for various rituals, examinations, consultations and divinations. This analytical spatial understanding was something that I could not find documented sufficiently in other resources.

The diagram on the right was done to abstractly show how these various spatial practices could interlink, both on a contextual level, such as various healers collaborating with each other, as well as on a physical level of interlinking public, private, inside and outside spaces and understand the relationships those have with the process of healing.

I think this it is extremely important to understand the limits and opportunities these studies may have when imagining what this may become.

The points of intersection could be an interesting place to investigate to see potential ideas for the emergence of new forms of healing practices.



t perspective

unpacking spatial practices of various healing processes



application

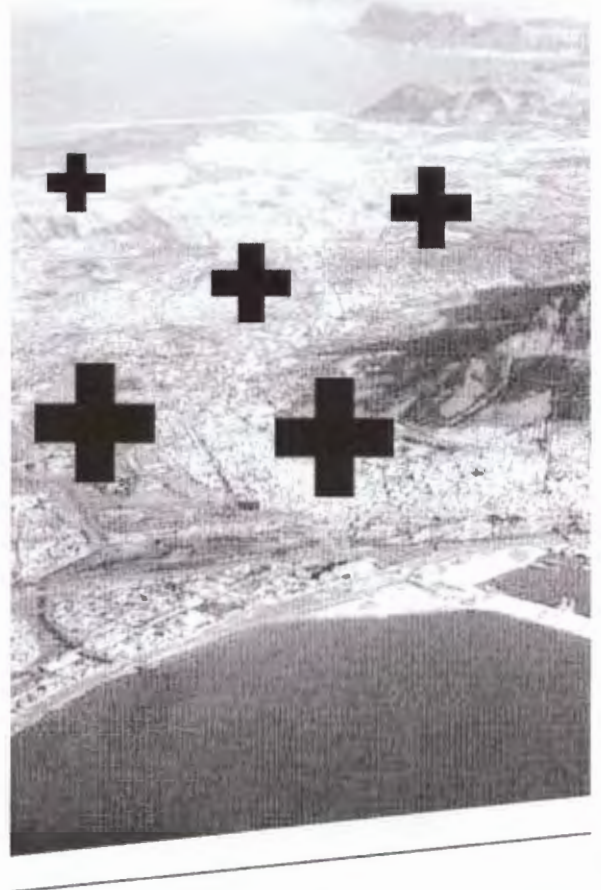
Step 3 .

The idea of locating a site for a project of this nature would have to go through this process of 'unpacking the cultural geography of healing spaces' to really understand the conditions for appropriating spaces of this nature.

The diagram on the right served to represent how all of these practices are dispersed into our context in a variety of ways. They are finding new means to appropriate space in the city.

As the thesis is arguing to locate and create appropriate architectural interventions for our current urban conditions, I would argue that the type of intervention and site would emerge out of this process of mapping and analysing these various phenomena's.

siting and programme identified th



through mapping and identifying various practices



siting

Unpacking healing practices between Philippi and Khayelitsha

'To reintroduce the body to space, current methodologies that rely on spatial analysis and understanding based on formal qualities alone must be contested and replaced with strategies that integrate form, temporality and event. This is essentially pertinent in the African context where western norms have had a pervasive formalist influence on the spatial structures of cities.'³⁸ Through this process the overlap of various spatial practices is where new opportunities lie.



50 000 area between Philippi, Mitchell's Plain and Khayelitsha

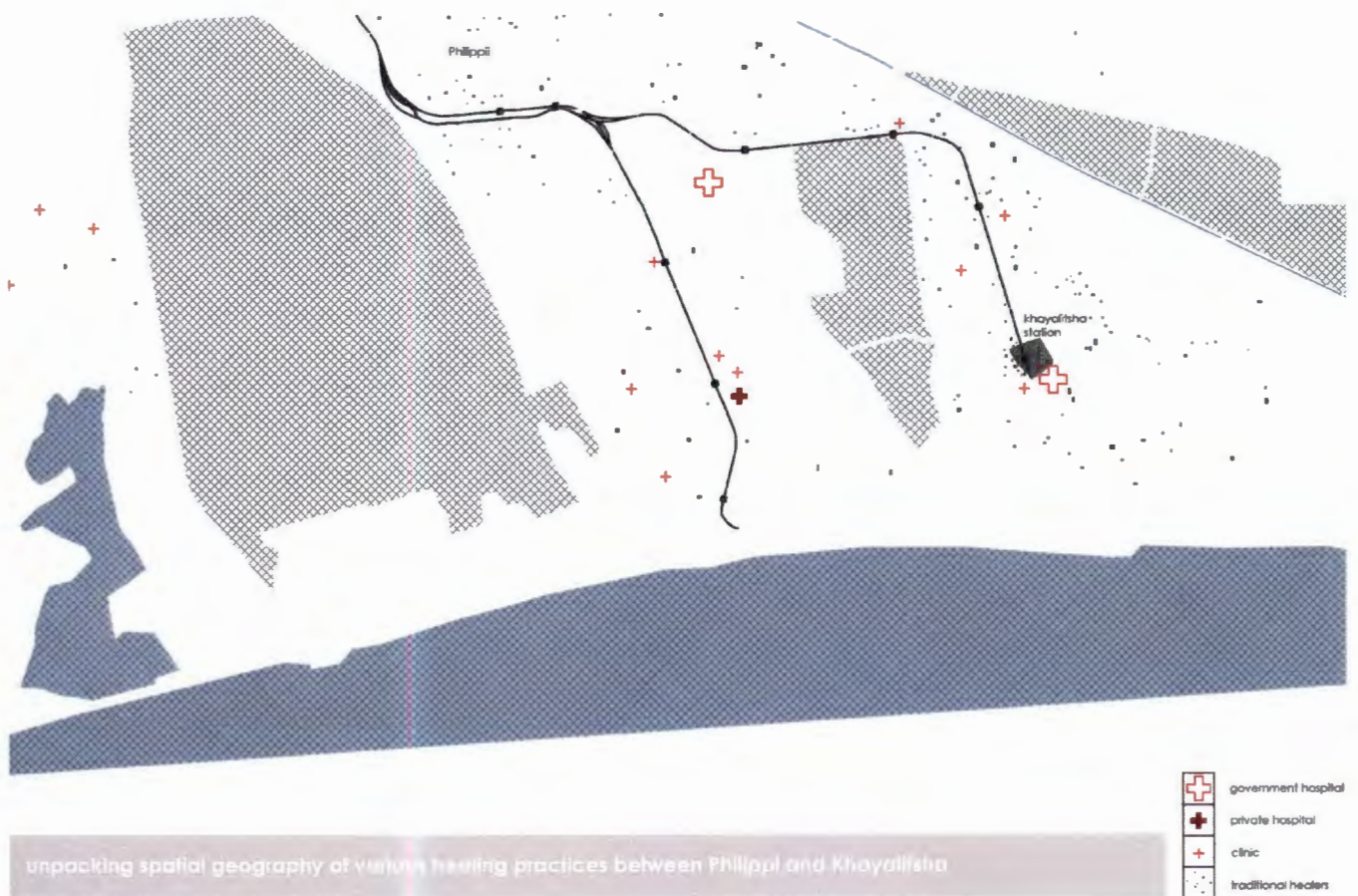
-  government hospital
-  private hospital
-  clinic
-  traditional healer

38 R J Van Rensburg and M Da Costa, "Space as Ritual: Rethinking spatial strategies in the African city," (2008):43

This mapping shows extracted information from the context between Philippi and Khayelitsha, that relates to current health practices, both formally and informally. This is done to illustrate the relationship between traditional healers to the context and how they are dispersed against how a hospital/clinic is dispersed.

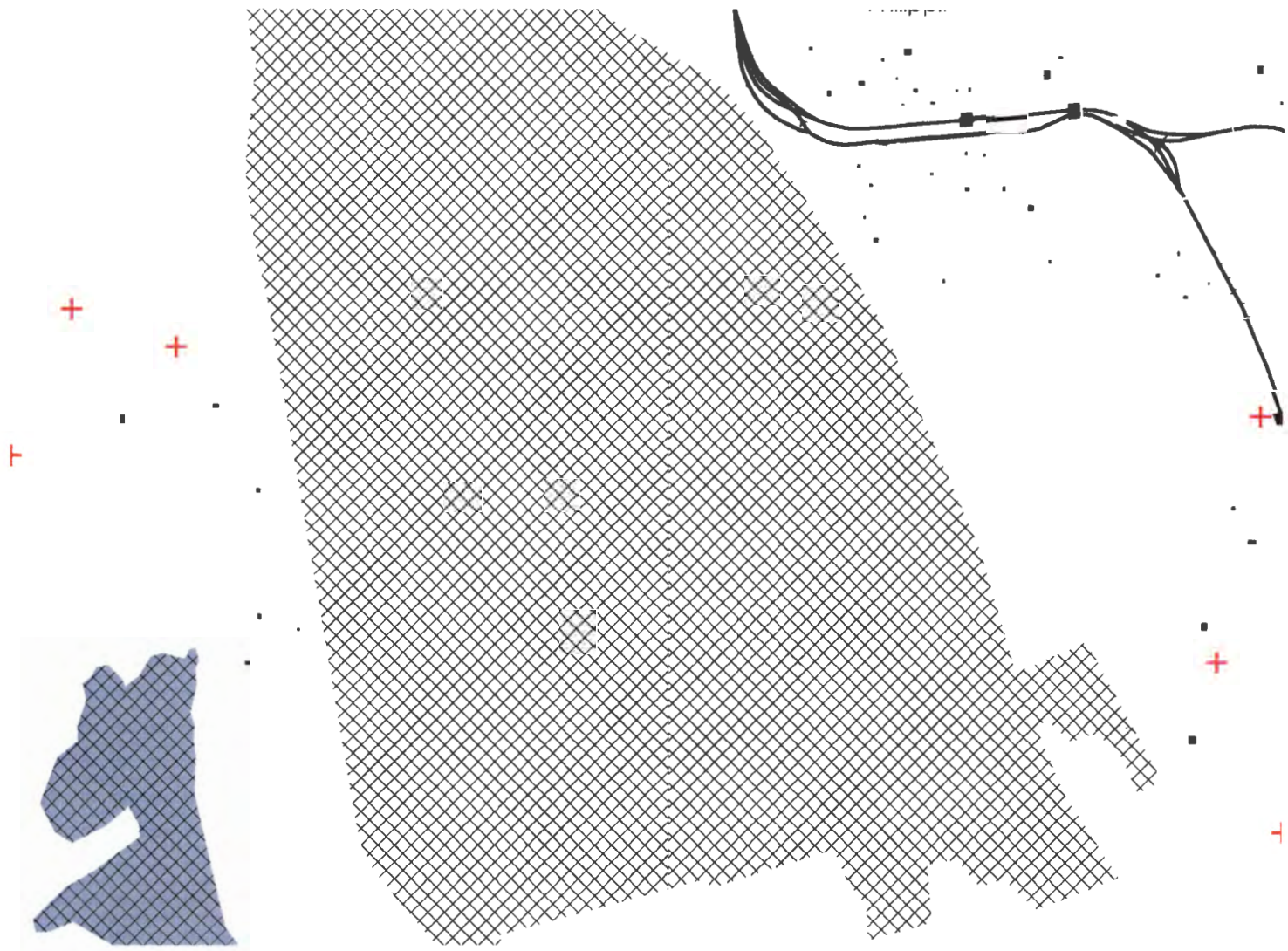
It was easier to navigate biomedical institutions as they are formal establishments in their given context. However mapping out traditional healers was more of a challenge. The representation here is an estimated study of where the healers are situated. This was done through my own navigation as there is no documentation of how many healers there are in this area or where every single one is located. The mapping is done more to highlight how the two systems differ in the dispersion of their services both in scale and number.





It also shows boundaries such as wetlands/green areas, the ocean, railway line and barriers of highway to connective main arterial roads. What is interesting to note is how some healers are more visible along busier routes such as arterial roads and public transport hubs.



Zooming

into the area of Khayelitsha



-  government hospital
-  private hospital
-  clinic
-  traditional healers

‘The dynamic merging of the supposed divide between the two -- formalising the informal and informalising the formal -- is where new opportunities for urban life lie.’³⁹

39 Lindsay Bremner, “Living in the ruins of apartheid,” *Architectural Review* (2007): 79



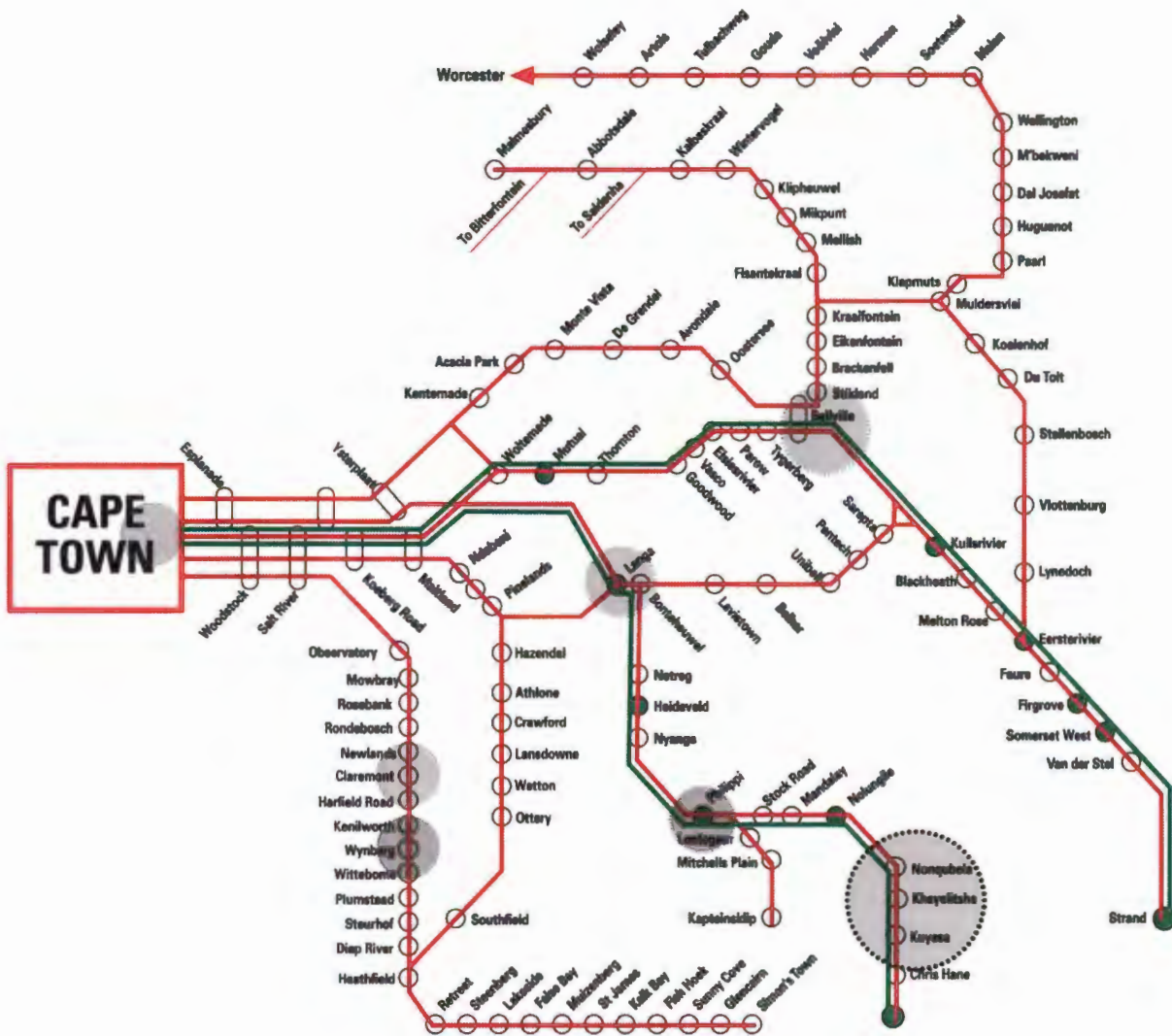
On the ground

The following section shows some of the fieldwork I conducted to try and grasp a better understanding of how and where these traditional healers work. I began my search to find traces of them within the urban context. This included exploring different parts of the city to find and meet some of them. I then went on to interview some of them and analysed how their spatial arrangements work for consulting clients, performing certain rituals, administering and selling medicine (commonly referred to as muti), how these consulting rooms sit in their respective contexts and how they collaborate with one and other as well as with biomedical doctors. I conducted the research in this manner due to the fact that there is very little literature on spatial understandings of this form of practice.

I was astounded by the variation of spaces they practice from, they range from shacks inserted into informal market areas, truck containers to caravans parked outside places of residence, caravans parked on the side of busy roads, rooms in abandoned shopping malls as well as in bustling train stations, from their own homes in upper class residential areas to lower income areas garage space, from city office blocks to taxi ranks. These are all places where various traditional healers are inserting themselves into the city. Some of them are charlatans (the term used for illegitimate healers) who are only trying to make quick riches by promising miracle cures. Many though are genuine healers who have been practicing in their given contexts, some still in the same space they have been for generations. Others move around and have to supplement their work with another source of income due to the lack of infrastructure needed for this kind of medicine. School and community halls try to facilitate in workshop spaces where they can meet and learn.

David Chidester head of Religious Studies at UCT made a very interesting note on healers, 'the religious knowledge and practices of diviners, healers, and other ritual specialists have proven to be particularly portable in urban settings. While the indigenous religious life of the homestead or the polity have tended to be anchored in specific places, ritual specialists have been able to move fairly easily between rural and urban contexts, thereby, in a sense, replicating the movements of migrant laborers. Operating within the liminal space of the city, however, ritual specialists seem to be especially suited to mediating the social tensions experienced by people in the gaps, at the margins, or on the lowest rungs of urban society.'⁴⁰

⁴⁰ Chidester, "Mapping the Sacred in the Mother City: Religion and urban space in Cape Town" in *Journal for the study of religion* (2000)5-41



Train stations and transport interchanges are natural hubs in attracting various informal traders as well as traditional healers to operate from.

Through visiting these various stations, it became apparent that healers are often located near transport nodes as it creates a public accessibility point for various patients to reach them. The grey circles indicate where healers were located in or near train stations.



signage - various signs ,murals, boards

YEZA!

TOR
ABLE



Fig 13 - white cross signifies healer/ advertisement for one



s, posters spread through street spaces

MASAKA & NATALIA MUTI CLINIC

**LOVE, MARRIAGE & BAD LUCK
SPECIALIST**

Be happy in your Marriage, Mexina Herbal from Central Africa
CONSULTATION FEE: R50.00

Penis expansion, Tall, Large,
strength & powerful Penis!!
Or any size



Special **HOT BULL** for Men Sexual Strength HERBAL REMEDIES 4 ALL PROBLEMS

- Troubled marriage
- Lost Lover
- Unemployment
- Those who can't produce
- Get Promotion
- Bewitched people
- HIV/AIDS Symptoms & STDs
- Court Cases
- Bad Luck
- Skin diseases
- Stop Drinking
- Control of Money
- Stop Body Pains
- Customer Attraction
- Strong Penis

**RESULTS
WITHIN
7 DAYS**

HURRY!!! Doctors Has Spiritual and tradition Powers (Check Up)

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Opp. O.K WYNBERG **WE DO HOME VISITS ON REQUEST**

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APPOINTMENTS ONLY

DELIGHT PH: 072 412 0100

Helping People Solving Problems
Instantly

DR MBONING

- Stop Suffering , Clean your House from Evil
- Dream Interpretation , Skin Diseases
- Power of domination , Jobs Promotion
- Devours Problems , Family Protection
- Problem Financial , Destroy Bad lock
- Attract Man/Woman to Love u , Court Cases
- Palmist , Protecting You from Evil
- Sexual Problems , Penis Enlargement
- Pregnancy Problems
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For more Information
Contact : 0732 474 298
Khayelitsha Station -
Liter Park - Cape Town
❖ Consultation is Free

DR. MAMA AISHA & HERBALIST LOVE, MARRIAGE & BAD LUCK SPECIALIST

Be happy in your Marriage, Mexina Herbal from Central Africa

CONSULTATION FEE R50.00

Penis Expansion Tall, Large
Strength & Powerful penis!!
Or any size



Get Healed completely with our pr
Mexino Herb from Central Afr

HERBAL REMEDIES 4 ALL PR

- Troubled Marriage
- Lost Lover
- Unemployment
- Those who can't produce
- Get Promotion
- Bewitched People
- Hiv / aids symptoms & std's
- Bar
- Ski
- Sto
- Cot
- Stoj
- Cus
- Strc

**RESULTS
WITHIN
7 DAYS**

HURRY!!! THESE HERBS ARE ON HIGH DEMAND

WORKING HOURS:

MON - FRIDAY
08.00AM - 8.00PM
SATURDAY
08.00AM - 1.00PM
SUNDAY

BY APPOINTMENT ONLY

WE ALSO DO HOME SERVICE / ONS DOEN
CELL: 078 370 2209 / 074-4

khayelitsha station

Fig various pamphlets advertising healing.

pamphlets describing services, usually handed out by foreign

ADAM

D LUCK



powerful
rica

PROBLEMS

urt Cases
ad Luck
in Diseases
xp Drinking
ontrol of money
xp Body Pains
stomer Attraction
ong penis
D - JUST CALL
TESVILLE
PE TOWN
NBERG

HUISDIENSTE
51-5540

KONSULTASIEFOOI IS SLNEGE R50

Hier volg 'n paar probleme wat sy kan oplos of genees

1. Huweliksprobleme
2. Vermaning van geld
3. Groter en sterker penis
4. Verlore geliefde
5. Beheer oor geld
6. Om bose geeste uit huise te dryf
7. Vroue met swangerskap probleme
8. Verwaansinnigheid / Getoorde mense
- Werklose mense
10. Om kliënte se aandag te trek
11. Alle liggaamlike siektes
12. Ongeluksvoëls
13. Promosie & better salaris
14. On diens te verhoud om by huise, winkels & motros in te breek
15. Eiendoms beskerming en om vriende te maak
16. Ereksieprobleme
17. Beheer vroeë ejakulasie

UBONANA NAYE NGE R50

Ezinye zezifo okanye ingxaki azinceda nazi

1. Imishato esingxakini
2. Amatyalala omthetho
3. Ukwandisa incanxa yakho ibenkulu
4. Ukubuyiswa isithandwa sakho
5. Ukusebenzisa imali ngendlela efaneleyo
6. Ukugxotha ubugqhekezi nemimoya emdaka
7. Abafazi abangazaliyo
8. Ukuphambana, Amanshwa
9. Ukungafumani msebenzi
10. Ukulungisa amabusiness
11. Izifo zonke ezihlasela umzimba
12. Amanswa
13. Ukuthandwa nokunyuselwa emsebenzin
14. Nesifuba nengxaki yolusu
15. Amatyalala ase-court / ne divorce nawe venkile
16. Ukukhuliza ubadada
17. Ukukhawuleza ugqibe xa ulele nomfasi
18. Nesifuba nengxaki yolusu

072 197 5767

KONSULTASIE FOOI IS SLEGS R50

Hier volg 'n paar probleme wat sy kan oplos of genees

1. Huweliksprobleme
2. Vermaning van geld
3. Groter en sterker penis
4. Verlore geliefde
5. Beheer oor geld
6. Om bose geeste uit huise te dryf
7. Vroue met swangerskap probleme
8. Verwaansinnigheid / getoorde mense
9. Werklose mense
10. Om Kliënte se aandag te trek
11. Alle liggaamlike siektes
12. Ongeluksvoëls
13. Promosie & beter salaris
14. Wen perdewedrene / Lotto
15. Om diens te verhoud om by huise, winkels & motors in te breek
16. Eiendoms beskerming en om vriende te maak
17. Ereksieprobleme
18. Beheer vroeë ejakulasie

UBONANA NAYE NGE R50

Ezinye zezifo okanye ingxaki azinceda nazi:

1. Imishato esingxakini
2. Amatyalala omthetho
3. Ukwandisa incanxa yakho ibenkulu
4. Ukubuyiswa isithandwa sakho
5. Ukusebenzisa imali ngendlela efaneleyo
6. Ukugxotha ubugqhekezi nemimoya emdaka
7. Abafazi abangazaliyo
8. Ukuphambana, amanshwa
9. Ukungafumani msebenzi
10. Ukulungisa amabusiness
11. Izifo zonke ezihlasela umzimba
12. Amanswa
13. Ukuthandwa nokunyuselwa emsebenzin
14. Nesifuba nengxaki yolusu
15. Amatyalala ase-Court/ ne divorce nawe venkile
16. Ukukhawuleza ubadada
17. Ukukhawuleza ugqibe xa ulele nomfasi
18. Nesifuba nengxaki yolusu

HERBAL CONSULTANT

(WITH GUARANTEED RESULTS)

CALL THE PENIS SPECIALIST

DR. HASSAN & MAMA SHAMIN

1. SIZE (LENGTH & THICKNESS)
2. POWER (HARDNESS & STRONG ERECTION)
3. STOP EARLY EJACULATION & MAKE MORE ROUNDS

SEE HIM AND SEE

MIRACLES

MUTHI FROM
R50.00

WOMEN ONLY

- * Pregnancy problems & women who can't produce
- * Increasing Libido / Sexual Interests
- * Stop Bad smell / Discharge during sex
- * Magic stick for selfish men
- * Accelerate half growth (have wigged, strong hair)
- * Making your lover to be yours alone
- * Keep Marriages / Relationships long and forever
- * We reduce women's vagina and enlargement

GENERAL

- * Bring back lost lover / Friends cure HIV symptoms & STDs
- * Getting a partner for marriage
- * Clean your Home, Family & Business
- * Oil for good Luck is available
- * Expert in family problems
- * Cure painful joints
- * Stop court cases / Divorce cases
- * We treat & stop Drops
- * Protection against Witchcraft / Tokoloshe
- * Protect your Business and bring more customers
- * Win Lotto, Casino, Horses and many more
- * To pass Exams / Interviews
- * Promotion and to liked at work

CALL ME FOR YOU COME

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073 325 6020

WORKING HOURS

MONDAYS - SUNDAYS

ONLY BY APPOINTMENT

African healers in the city.

The following pages show some of the healers I met and show diagrams of spatial understanding of the way in which they practice.

On meeting:

I came in contact with Ndaba through a friend of mine who knew of him. He resides in Langa the oldest township in Cape Town. He has been practicing here since 1976 as well as venturing to Durban and the Eastern Cape to do his work. He calls himself an African pharmacist and you can visit his chemist shop, which is situated in the heart of Langa, just around the corner from the taxi rank.

The bustling taxi rank has various herb traders and traditional healers that practice out of little booths. Ndaba tells me there are around ten healers who practice from the taxi rank alone and about one hundred healers in the vicinity of Langa that he knows of.

His practice runs out of a container which he recently had to move into. His old practice which was situated in a nearby area was demolished to make way for a new shopping mall for the area. He is hoping to rent out a space in the new development to run his practice.

His current space is extremely cramped as it is over three times smaller than his old practice. It is the end container in a row of various trading containers.

On entering the space you are hit by a range of differing smells. From dried out animal skins at the entrance to a variety of herbal and incense infused aromas on entering.

Clients and visitors sit around at the entrance which has taken on a stoep like role. Various animal bones, horns, snake skins and dried bushes hang from the entrance of the container. People sit, wait, chat and congregate along with the other traders of the area around this outside space. It forms part of the everyday bustle of street life.

Once you enter inside though, you are met by a very different atmosphere. The space is extremely darkened as it is screened off from the entrance and has only a candle as a source of light. It is packed to the brim with all kinds of muti, animal parts and drying herbs which are packed up on shelves and from the roof of the container.

Two small benches sit opposite each other which is used for consultations.

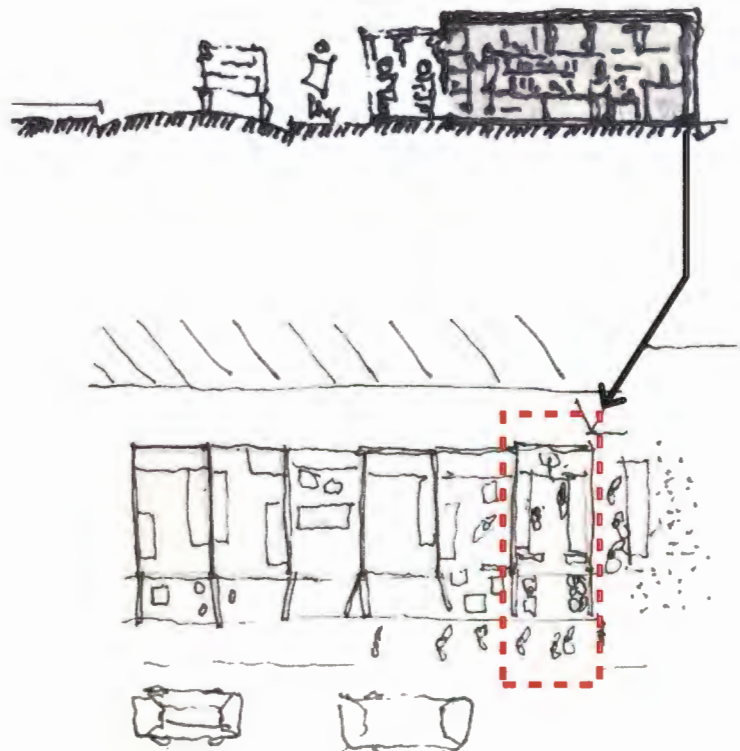
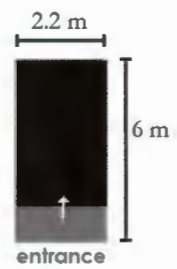
His mutis are made from a variety of herbs which he collects from all around the country as well as from Zimbabwe and Mozambique.

Ndaba's various certifications are hung on the walls. He tells me that he goes to a number of workshops, meetings and courses to update his knowledge on various uses of herbs. The last one being held in a school hall down the road from where he works.

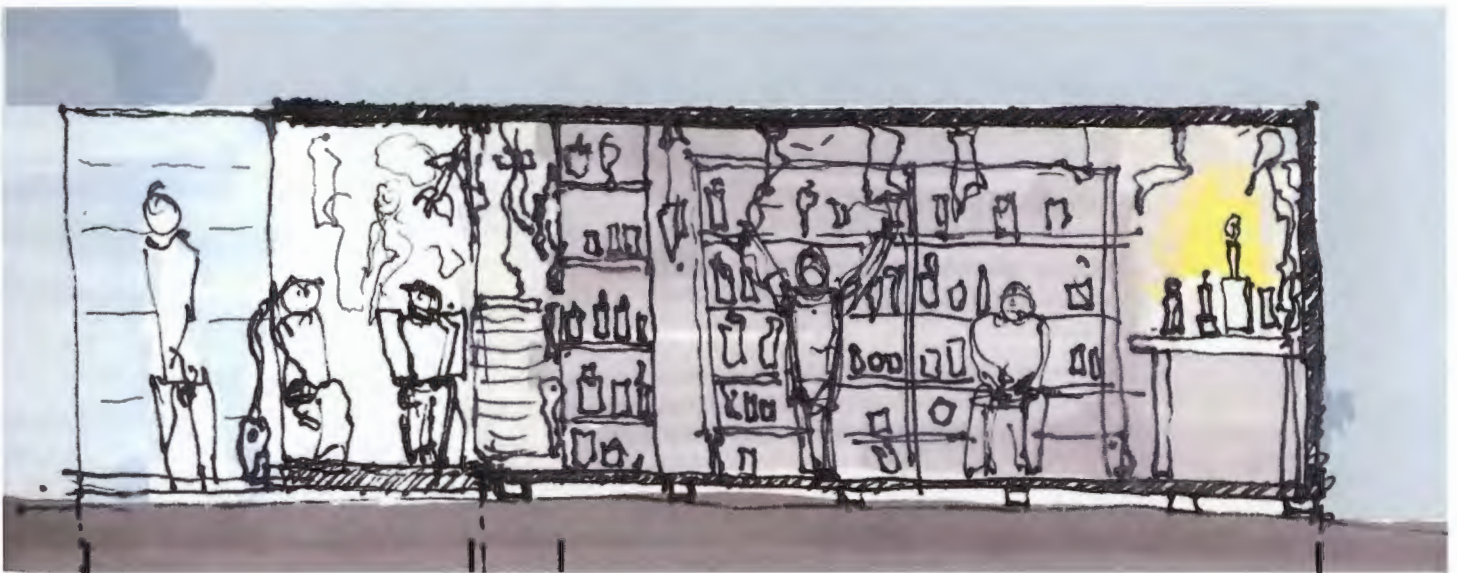
He struggles with the space requirements that he has presently and believes that better spaces should be allocated for this form of practice. He often refers patients to biomedical doctors when he is unable to treat patients especially when it comes to HIV/ Aids and TB.

ndaba + herbalist / african pharmacist

Location: Langa - practicing out of container



Section through Ndaba's African Chemist shop



street

entrance / waiting area

dividing

consulting room / chemist

space

entrance

context

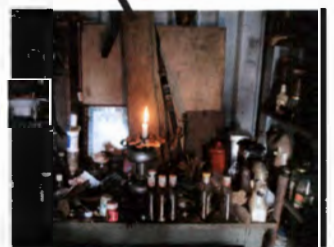


cell phone repairs shop

fridge repair

african herbalist

Ndabas ideal :
 waiting area
 outside area to dry skins
 need to cater for smell
 two separate spaces one for
 - a chemist section (muthis)
 - consulting area
 sun is a problem
 privacy is important



On meeting:

I met Bishop through talking to a local resident in Khayelitsha. He told me about a traditional healer he goes to when he needs to visit one and took me to Bishops consulting room.

Bishop practices from a caravan that is parked next to his RDP built home in Makhaza, Khayelitsha. He is a traditional healer from Zimbabwe and has been practising here for the last 12 years. He was called by his ancestors which he saw in visions and dreams and underwent training to be a healer. He is associated with the South African traditional health practitioners, herbalists and spiritual healers association.

Before entering the consulting space one has to remove their shoes in respect of the ancestors that he consults with in that particular space. The caravan is a cramped space which has been draped with various fabrics which Bishop tells me are important in communicating with the ancestors as the fabrics have various symbols that represent the various spirits.

There is also a large wooden carving which is fundamental in his healing space as this is the tool in which he communicates with his ancestors. The caravan has been tailor fitted to allow for clients to sit as well as equipped with a bed which is divided by a curtain away from the main consulting area.

His clients come from all over the country to seek his advice and cures. He tells me that one of the problems he has now is a private waiting area for clients as well as a private open space where he can wash down and cleanse patients. As well as a space where they can throw up, as cleansing ones system also has to do with cleaning out your stomach.

It is extremely important for him to have a separate consulting room to that of where he resides as he can control the various spirits entering and leaving the consulting space. He told me that he really wants to get a bigger space where he can practice from and believes the government should provide for a more permanent infrastructure for traditional healers.

bishop + traditional healer

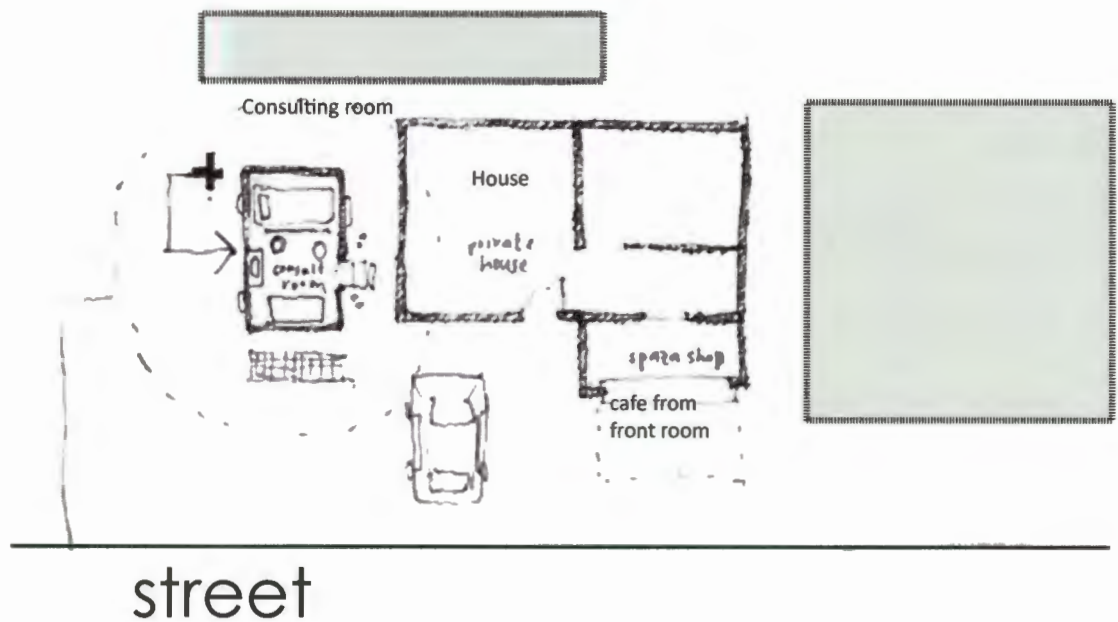
Location: Khayalitsha - practicing out of a caravan beside his home



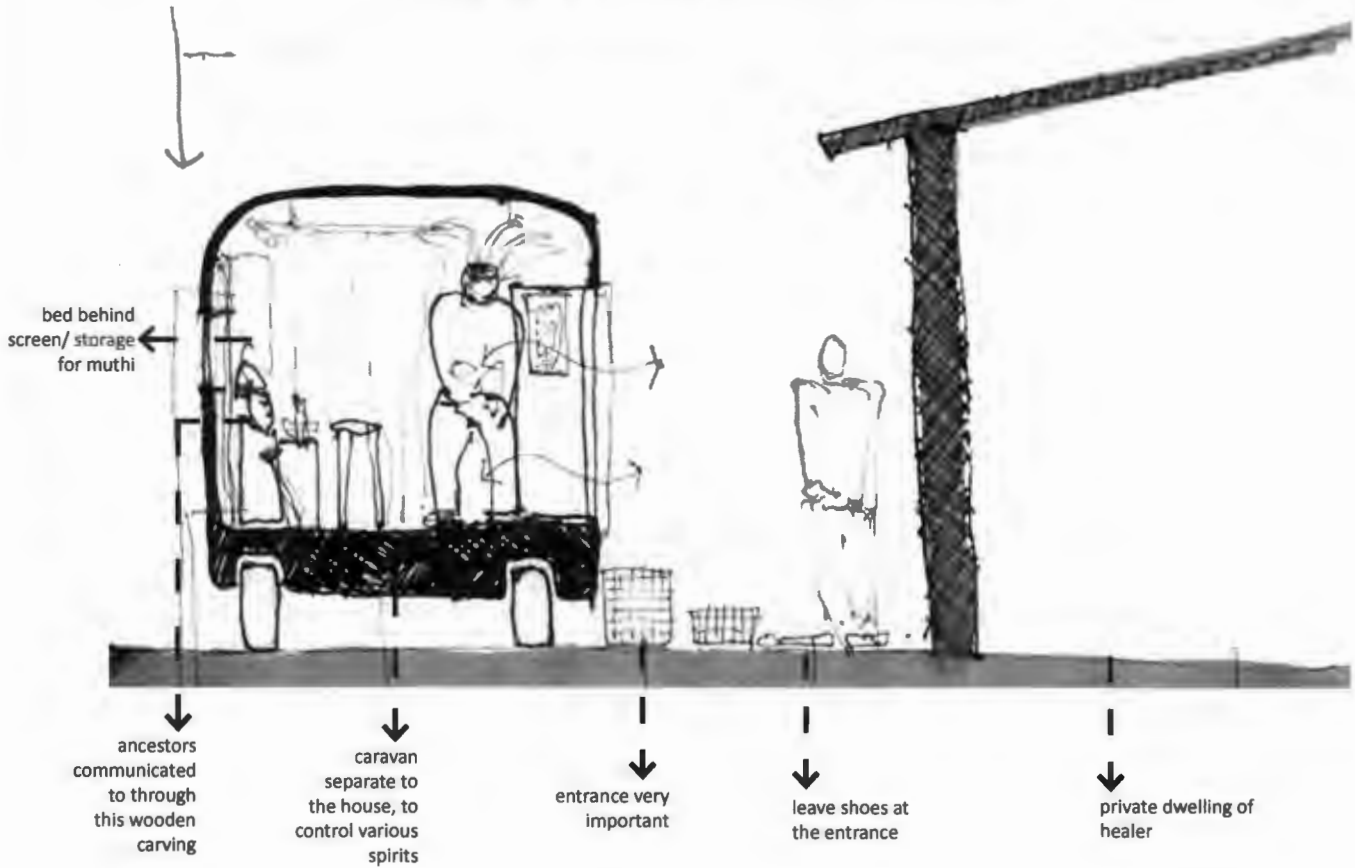
Bishop's ancestor represented in this wooden figure, extremely important to communicate



raised entrance extremely important space. Remove shoes before entering. Burn incense when he enters and exits.



section through bishops practise



Mahliathini + sangoma trainee

Location: DUNOON - training under a sangoma/herbalist at his practice/ home/ parish.

On meeting:

I ventured out to an informal settlement called Dunoon which is situated just past Milneron. I came across Dr Nhlapo's practice through a friend Leonel who knew of him.

On arrival to his practice, we were told he was not in town as he was consulting with patients out of town. I did meet one of his trainers Mahliathini though, who has been a sangoma trainee since December 2009. She told me that she has been having dreams since a young age where her ancestors were telling her that she must train to become a healer.

She ignored the visions and dreams until she became very sick last year and had no choice but to respond to her calling. She dreamt of Dr Nhlapo's rooms in Dunoon (after telling me she has never been to Dunoon) to begin her training with him.

She is not allowed to leave the vicinity except to go to the shops down the road, while under training with Dr Nhlapo.

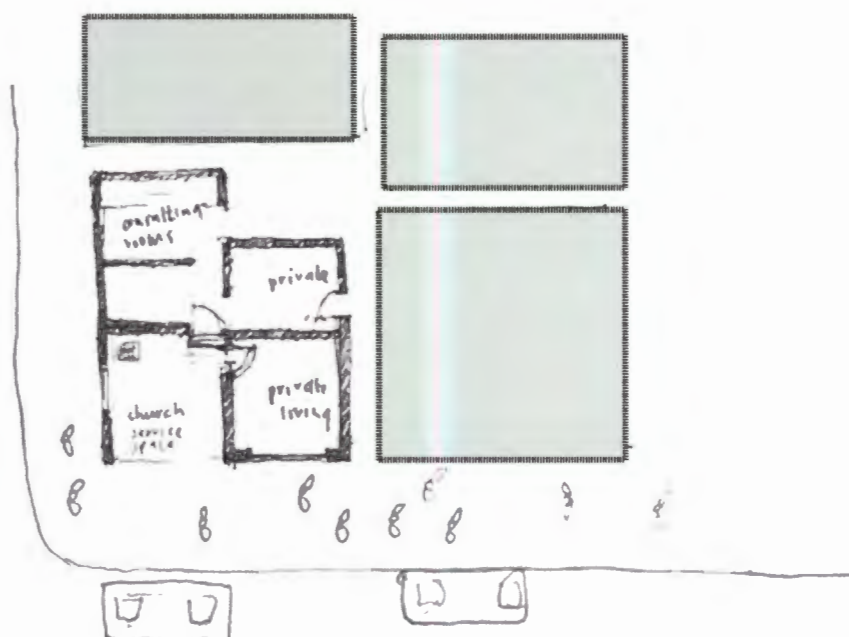
Dr Nhlapo is the archbishop of a local church and performs church ceremonies outside a front room which is opens out to the street.

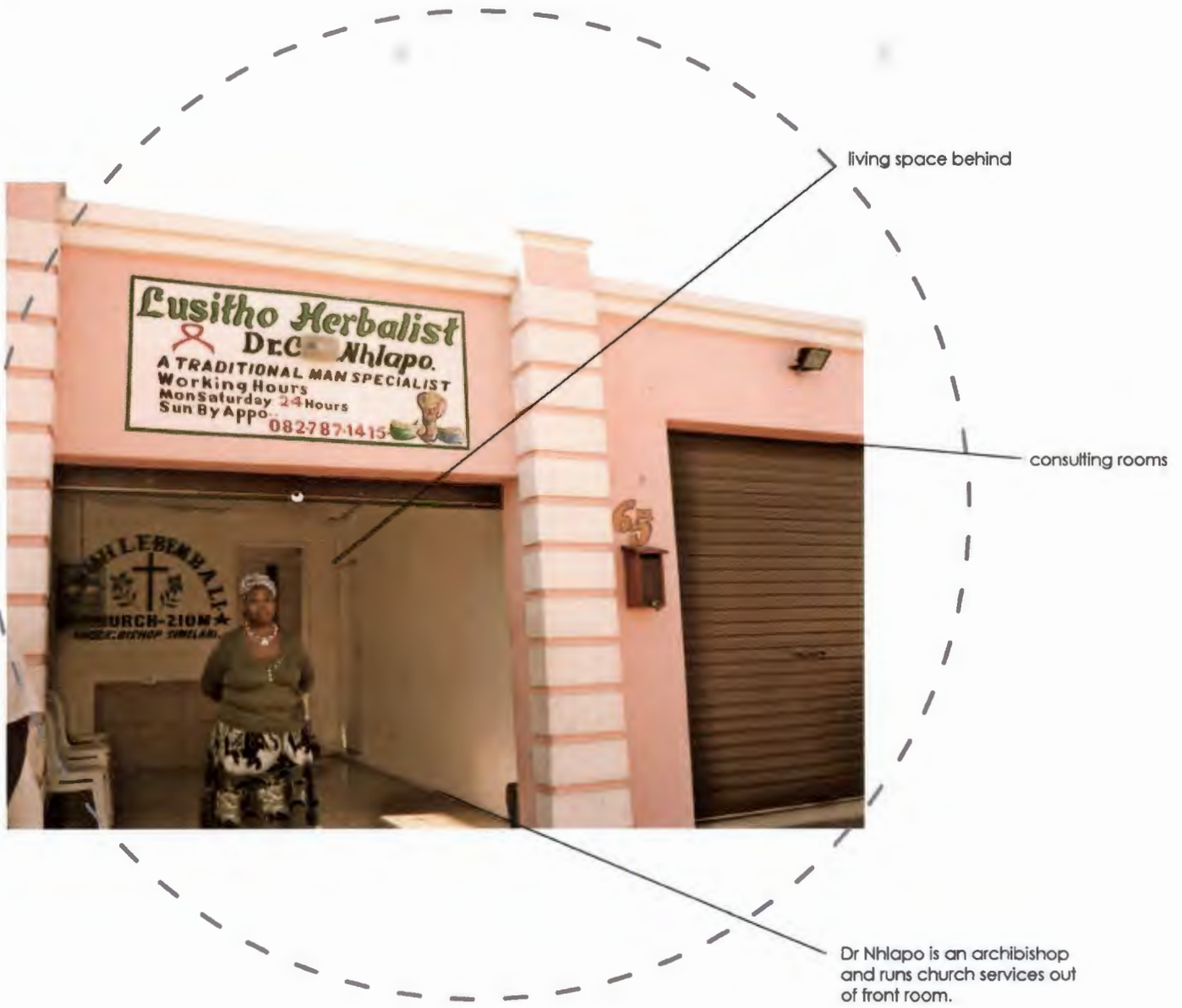
He is a well known figure in the area. Unfortunately I was not permitted to go into his consulting rooms as he was not there but was able to look around the outside and see how it relates to its context. It is a formally established practice.



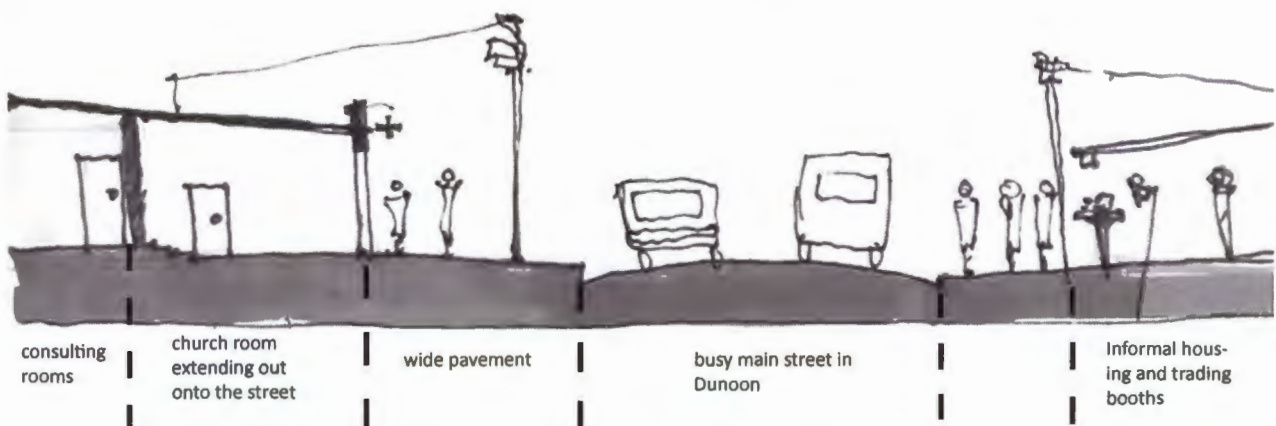
red and white beads signifies sangoma

Mahliathini is a trainee under Dr Nhlapo and stays at his home with him while under training duration. She is not allowed to leave this place besides going to the shop down the road.





Dr Nhlapo's - traditional healers consulting rooms home, church



Khayelitsha station

Location: Khayelitsha - practicing out of shack outside Khayelitsha train station.

On meeting:

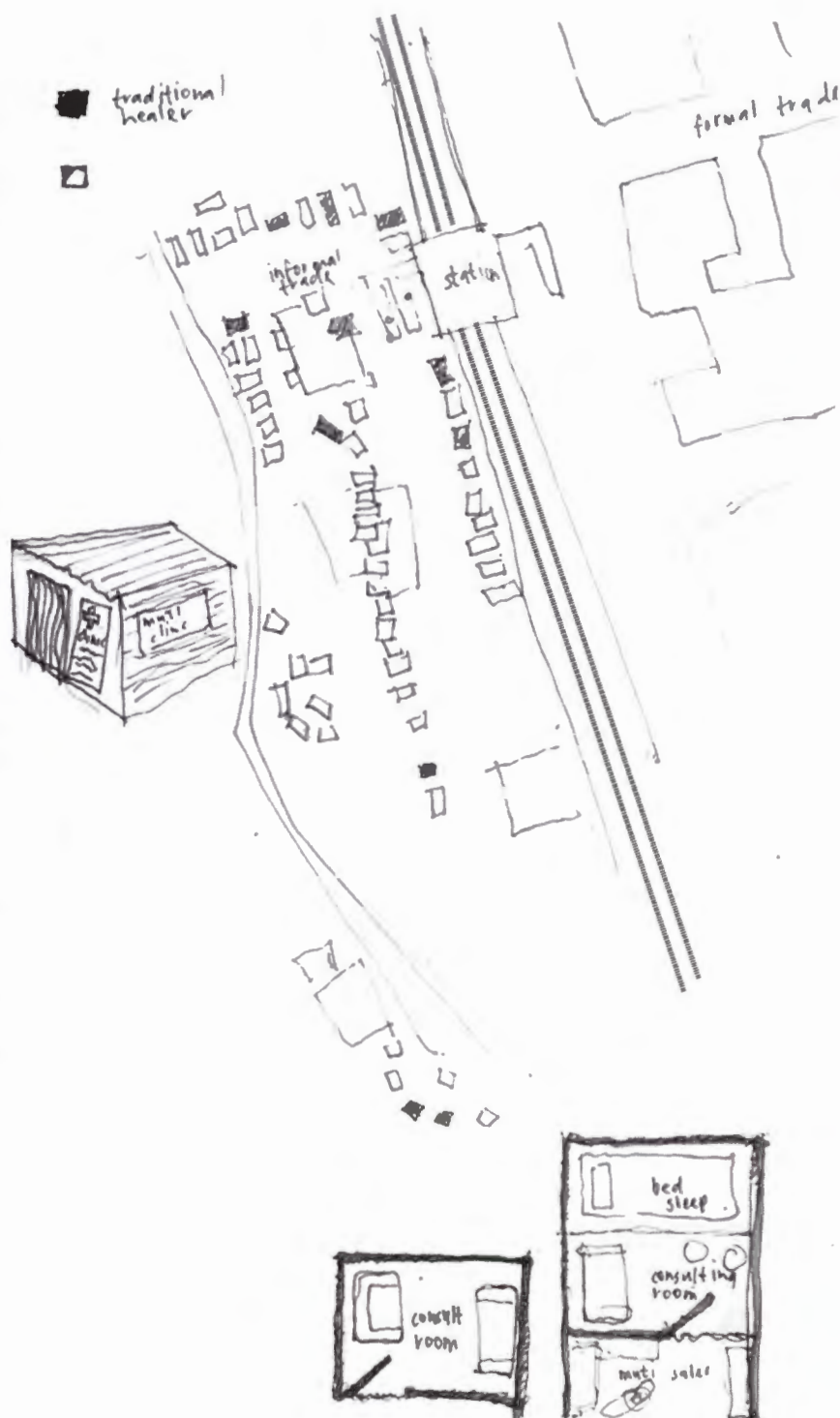
Through my search on locating traditional healers, I came across quite a large amount of traditional healers practicing from informal structures located at the market place leading towards Khayelitsha train station. There is a hub of all sorts of traders at and surrounding the station, as this is a major linkage point of access between Khayelitsha and the city.

The healers are dispersed throughout the market place as well as various herb sellers/inyangas.

I manage to speak to some healers that operate from the market, Mariam and Mama Shamin, who are the equivalent of sangoma's from Kenya. They both got the calling to become healers at a young age. They have been operating from the station and are specialists in administering certain herbal muthis that are common to Kenya.

Their clients come from all over, many are foreign coming from Mozambique, Congo and Zimbabwe. They feel that they could use a much bigger space to practice, which has more privacy. The structure in which they consult is very small and dark, the space is filled with two couches inside the dwelling. They cover the entrance with a lace cloth as well as a door which is locked at an angle to allow for more privacy as well a little source of light.

Dr Mboning is a spiritual healer from Gabon, who has been practising as a healer for the last seventeen years. He practices from Brooklyn as well as Khayelitsha and his clients come mostly from Gabon. The space in which he practices is extremely small and dark, the only source of light being a candle. He has a little table on which various objects are placed to help facilitate in the divination process. Incense is burnt and shoes are required to be taken off on entering the space.

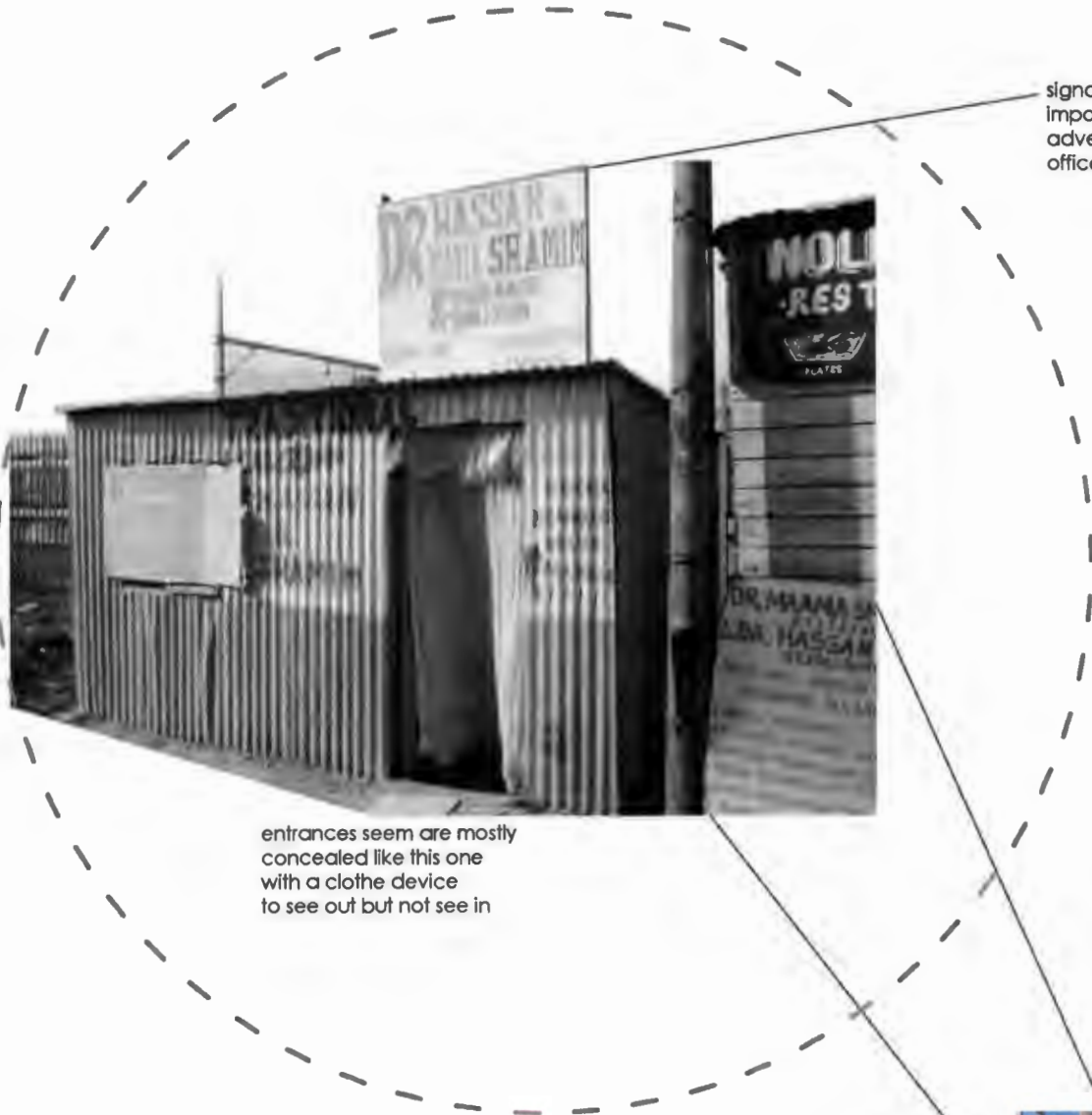


mariam and mama shamin + kenya

Location: Khayalitsha - practicing out of shack outside Khayalitsha train station.

herbal consultant, sangoma

signage appears to be important in many cases advertising number and office hours.



entrances seem are mostly concealed like this one with a clothe device to see out but not see in



situated next to Nolitha's restaurant



solitary informal dwelling with a sleeping space separated by a tiny consulting room very dark, no natural light enters the room

Dr Mboning + spiritual healer - gabon

Location: Khayalitsha - practicing out of shack outside Khayalitsha train station.

Dr Philip Kubukeli + sangoma South Africa

Location : Khayelitsha/ Makhaza - Surgery attached to existing home

Dr Jo Wreford + sangoma England

I managed to obtain the following information from Dr Jo Wreford. These pictures are taken from her graduation ceremony, (*goduswa*) as a Sangoma, at her trainer Dr Philip Kubukeli's home and practice in Makhaza, Khayalitsha. He is a prominent healer in his community his wife and himself are both traditional healers.

The images are put here to portray how one of these initiations ceremonies is carried out. It goes on for about three days and involves a lot of dancing, certain rituals and slaughtering a cow/ goat.

What is interesting to note is how community members can watch, partake within certain parts of the ceremony. Other traditional healers are invited to take part in an *inthlombe*, which is a meeting where izangoma can dance and declaim.

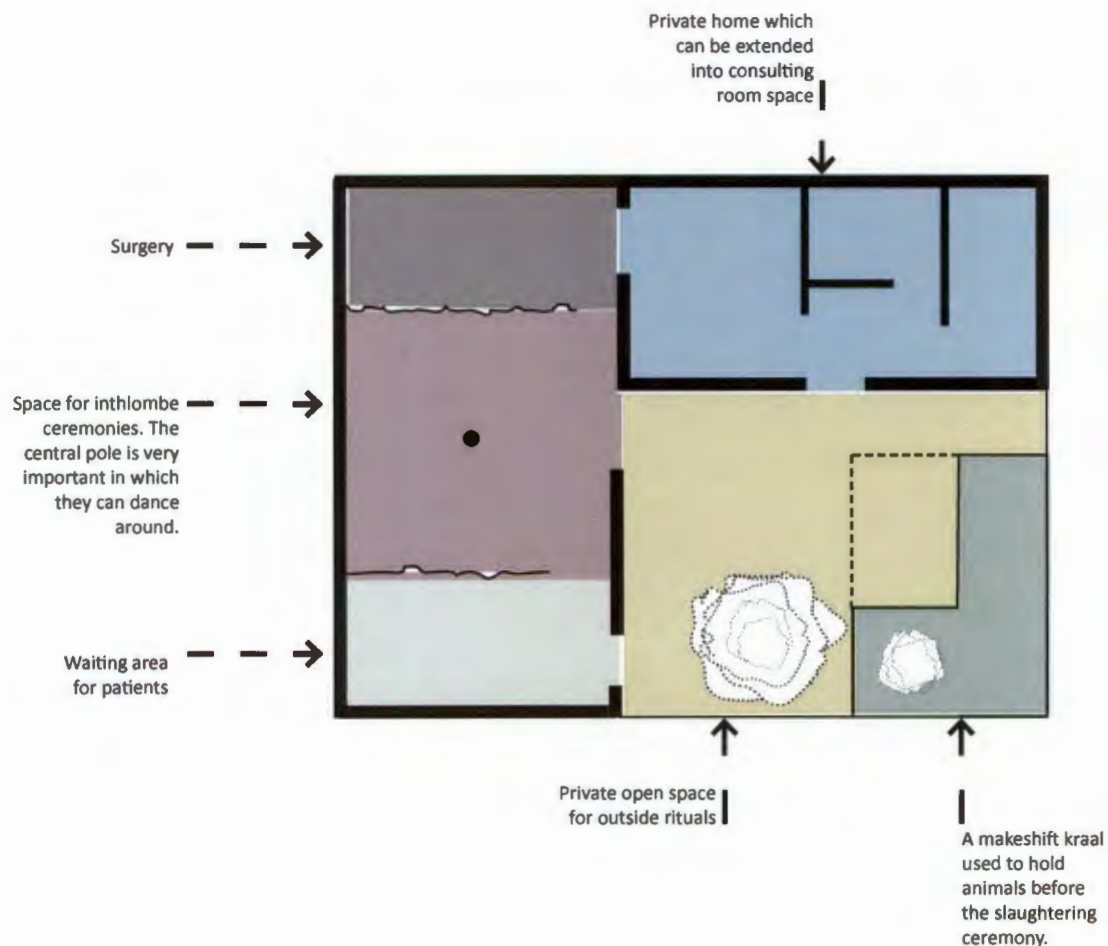




Fig 15 - Amaqira after ceremony after an all night inhlombe



Fig 16 - Godwusa ceremony in the kraal made in garden at his home in Makhaza



Fig 17- Dr Kubukeli addresses audience as ritual builds up.

I explored other people descriptions on how they navigated their way through the city in search of traditional healing services. This was done to broaden my perspective that was not solely personal in understanding various appropriations of space.

This excerpt is from Jo Wreford's experience of a particular venture into the city with her trainer Sangoma 'N' to get supplies from an African chemist in Salt River.

To get to Salt River chemist via the city railway or metro, we have to first make our way to Maitland station. Since I do not have a car, the first part of our trip will be in a minibus 'taxi' and, with an autumn chill in the air, we stand together at the curb side, shivering. Two minibuses approach at high speed and N hails the second. We tumble in, sitting close together. These, often rather the worse for wear, vehicles are predominantly used by black people. Whites like myself are still a comparative rarity. So as the minibus speeds off our fellow passengers glance curiously at this white and black women talking together and holding hands. Soon someone asks a question and N replies in isiXhosa and English explaining with obvious delight that I am her friend, from London, and that I am staying with her.

This last news seems a surprise to everyone, including the driver who glances in the mirror at us. N is now plied with other questions, and as I understand it she explains proudly that I am training with her to become a sangoma. I notice that she becomes very much quieter as soon as we reach the metro, and does not again engage anyone in conversation, or mention sangomas until we are safely inside the "African Chemist"

Salt River.

This venture into the city was a first for both of us. In this episode, especially in the seclusion of the minibus, N was seemingly relaxed. Surrounded by a captive black audience, she let down her guard... Yet no sooner as we left had the safety of the minibus than she again became withdrawn, watchful and wary. Alighting at Salt River we walked across an elevated steel bridge into a semi-industrial area characterised by an eclectic mix of architectural styles and uses, buildings whose peeling paintwork and barred and broken windows spoke eloquently of neglect. The dusty streets and general unkemptness exuded the familiar aura of urban decay... In this unfamiliar territory, my teacher reassumed her anonymity, protecting not just herself but her thwasa.

The African Emporium

As we passed through a pair of half glazed doors, from the brightness of the sunshine outside into the dim interior of the African chemist, N's confidence returned, and once again she became outgoing and gregarious. The walls of this fabulous Victorian emporium were stacked to the timber boarded ceiling with original wooden shelves and drawers. One designed to hold the assorted goods of the general trader, they now contained a treasure trove of remedies and potions. Under a

wide hardwood work top behind glass we could see small bottles, tins, cardboard boxes, and sealed plastic bags and woven baskets; beaded necklaces, headpieces, bracelets, and the long single colour strands that izangoma and amaqira tie tight around their upper arms; and crocheted and beaded wigs familiar to Zulu healers. N started by cheerfully announcing her professional business and proudly describing my status as thwasa. As we left the safety of the chemist, her jolly mood again evaporated and she remained quiet and watchful until we were in the safety back inside her Blouberg Road flat.⁴¹

This passage so eloquently highlights many of the current realities in our fragmented city, which is full of invisible practices, people often feel like an outsider depending on their location in the city. 'N' who is a practising Sangoma who resided in Blouberg Strand (a predominantly white Afrikaans neighbourhood situated northwest of the city centre) in a little flat supplied by her son There she was unable to operate freely due to feeling stigmatised by her surroundings, forcing her to practice secretly in the vicinity of her flat. It also gives a rich description of how some African chemists operate within the city. It describes the re-appropriation of space as well as a spatial description of materiality and light within the chemists shop.

The next passage is from an article written in the Mail and Guardian, describing how traditional healers are inserting themselves in downtown Johannesburg.

In the eclectic buzz of Africa's richest city, where run-down buildings about sleek mining houses, is a gateway to a centuries-old world of giant tubers, herbs and musty animal parts. The Faraday medicine market, a stone's throw from one of Johannesburg's revamped Soccer World Cup football stadiums, is where South Africans come to seek help for anything from high blood pressure to warding off bad dreams. It's a sprawling show of mountains of pounded tree bark, dried lizards, grapefruit-sized plant bulbs, and the occasional zebra hoof -- and a place where healers are increasingly trying to bridge the gap with the modern world. "Most of the people they know about Faraday. It's a very important place," said Isaac Molefe, a traditional healer based in Soweto on the outskirts of Johannesburg.⁴²

The next extract is taken from a book entitled 'Borders and Healers' whose focus is on healing practices that are being

41 Extract from: Wreford, *Working with spirit, Experiencing Izangoma Healing in Contemporary South Africa*, (2008):179-182

42 Justine Gerardy, "SA's traditional healers seek leap to modernity" (Johannesburg: Mail and Guardian, 06/12/2009).

undertaken in South East Africa.

In Xipamanine's marketplace, in among the fruits and vegetables, the live chickens, freshly butchered sides of beef, and dried fish, the 'wholesalers' of Johnny Walker Red Label and Orange Fanta, the vendors of bootlegged audio and videocassettes, the hawkers of handmade reed mats and faux-Naugahyde love seats, and the photographers and letter-writers, there are healers at work. In this place of densest circulation in the most populous neighbourhood in the capital city of Mozambique (Maputo), the business of healing thrives. Some healers can be found sitting on the ground behind bamboo partitions, performing divination to diagnose the cause of their client's misfortunes. Others display on wooden tables before them, animal skins, bits of dried roots and tree bark, bottles containing variously coloured powder, and cloth packets whose contents remain a mystery to the browser. Still others engage in conversation with individuals or groups assembled around them – sometimes in conspiratorial tones and sometimes in the voices of preachers.⁴³

I think this source is valuable in describing how traditional healers are situating themselves into other African city contexts.

In the next passage David Chidester describes the meaning of various spaces in the Xhosa culture firstly in a traditional homestead setting and questions how this has been translated into an urban environment.

Indigenous Xhosa religion of the eastern Cape is based on a kind of symbolic mapping, a spiritual geography grounded in the dichotomy between home space and wild space. A similar symbolic mapping has been identified in Tswana religion in the northern Cape in the distinction between the domestic order of the human settlement (motse), which is organized and reinforced through ritual relations with ancestors, and the wild, chaotic, and dangerous forces associated with bush (naga), the domain of wild spirits and witch familiars (Comaroff, 1981). In the terms established by these indigenous religious categories, however, what is a city? How does urban space register in this symbolic mapping of home space and wild space? ... In Cape Town, where indigenous religious meanings of space had been so thoroughly alienated, these initiatives in the production of indigenous African sacred space warrant attention. While some Xhosa traditionalists argued that only a rural homestead in the Eastern Cape could provide a sacred space for ritual, other adherents of indigenous religion found ways to create a kraal in the city, even by ritually marking out the contours of that

sacred cattle enclosure in suburbs of Cape Town that under apartheid had excluded Africans.

43 West and Luedke, *Borders and Healers - Brokering therapeutic resources in Southeast Africa*. (2006), 1

In previously white suburbs, a kraal could be created in a garage, with its outline circumscribed by beer bottles, but its capacity as a sacred space was animated by the ritual speeches that invoked ancestral spirits for purity, power, and protection in the city. While such ritual performance produced and reinforced a domestic sacred space on indigenous terms in the city, it also appropriated the city, claiming its space, especially within those urban spaces that had previously been denied by law to Africans, for a range of indigenous African religious meanings.⁴⁴

This passage enforces the idea that spaces made for ritual in the city are adaptive in their very nature. They adapt to a space in which they can reinact certain symbols of the home space and the kraal. This is important to note in terms of accommodating various spaces within new design thinking for Indigenous religious spaces as these have been interpreted in various formations for ritual purposes which are different to that of the rural homestead.

44 Chidester, "Mapping the Sacred in the Mother City: Religion and urban space in Cape Town" in *Journal for the study of religion* (2000)5-40

Symbolic meaning of space and idea of boundary

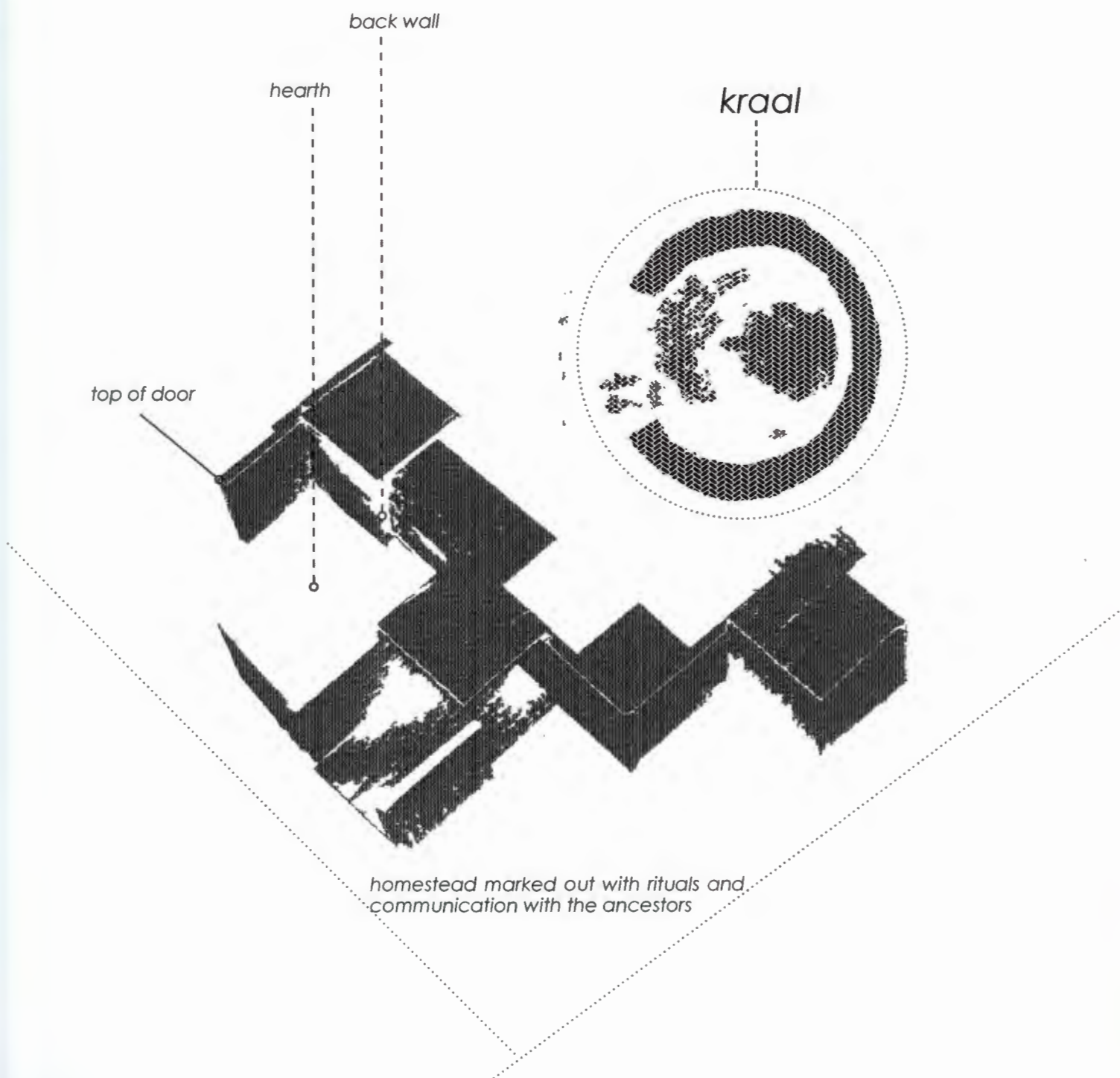
The next excerpt taken from Chidester's paper describes the spatial significance certain spaces and places have in Indigenous religion of Southern Africa, specifically the idea of 'home space' and 'wild space' and the structural opposition in which they sit.

Among the Xhosa-speaking people of the eastern Cape, for example, the home is a sacred space, a domestic order that is built up not only through social relations of production and reproduction but also through ongoing ritual relations with ancestors. As the "people of the home" (abantu bekhaya), the ancestors perform vital functions—guiding, protecting, and sometimes chastising their descendants; reinforcing the authority of elders; and representing a spiritual reality beyond death—in a domestic religion designed "to make the homestead right" (nkulungisa umzi). While certain parts of the home, such as the hearth, the back wall, and the top of the door, are particularly associated with the spiritual presence of ancestors, the entire homestead is marked out through regular rituals as an ordered space of communication and exchange with ancestral spirits, with the cattle enclosure, or kraal, representing the most important site in this sacred architecture of the homestead.

The sacred space of the home, however, is also marked out in opposition to the wild, chaotic, and potentially dangerous region of the forest. In stark contrast to the space of the home, with its ancestral spirits, structured human relations, and domesticated animals, the forest contains not only wild animals but also witch familiars, the dangerous spirits deployed by witches, those anti-social agents who act to disrupt the harmony or stability of the home. The sacred space of the home, therefore, must be sustained by rituals that both invoke ancestors and protect against witches who draw their power from the wild space. In between the home space and the wild space, the river represents a liminal space—sometimes good, sometimes evil—in which the spiritual "people of the river" (abantu bomlambo) play an ambiguous role in mediating between the domestic order of the homestead and the wild forces that threaten to disrupt it. Diviners, healers, and other ritual specialists have a distinctive relationship with this liminal space of the river, since they also mediate between the spiritual order of the home and the dangers associated with the wild space (Hammond-Tooke 1975; Chidester, 1992a: 9-13).⁴⁵

⁴⁵ Chidester, "Mapping the Sacred in the Mother City: Religion and urban space in Cape Town" in *Journal for the study of religion* (2000)5: 40

*ancestral presencing marked in
'home space'*




wild space - forest

communicate with
ancestors

liminal space river

DD

An aerial photograph of a kraal, a traditional settlement. The kraal is situated on a hillside and features a central circular structure, possibly a well or a ceremonial site, surrounded by a circular wall. Several rectangular buildings are scattered around the central area. The surrounding landscape is hilly and appears to be a mix of open land and some vegetation. The text "home space - kraal marked by rituals" is overlaid on the image, positioned to the right of the central circular structure.

home space - kraal
marked by rituals

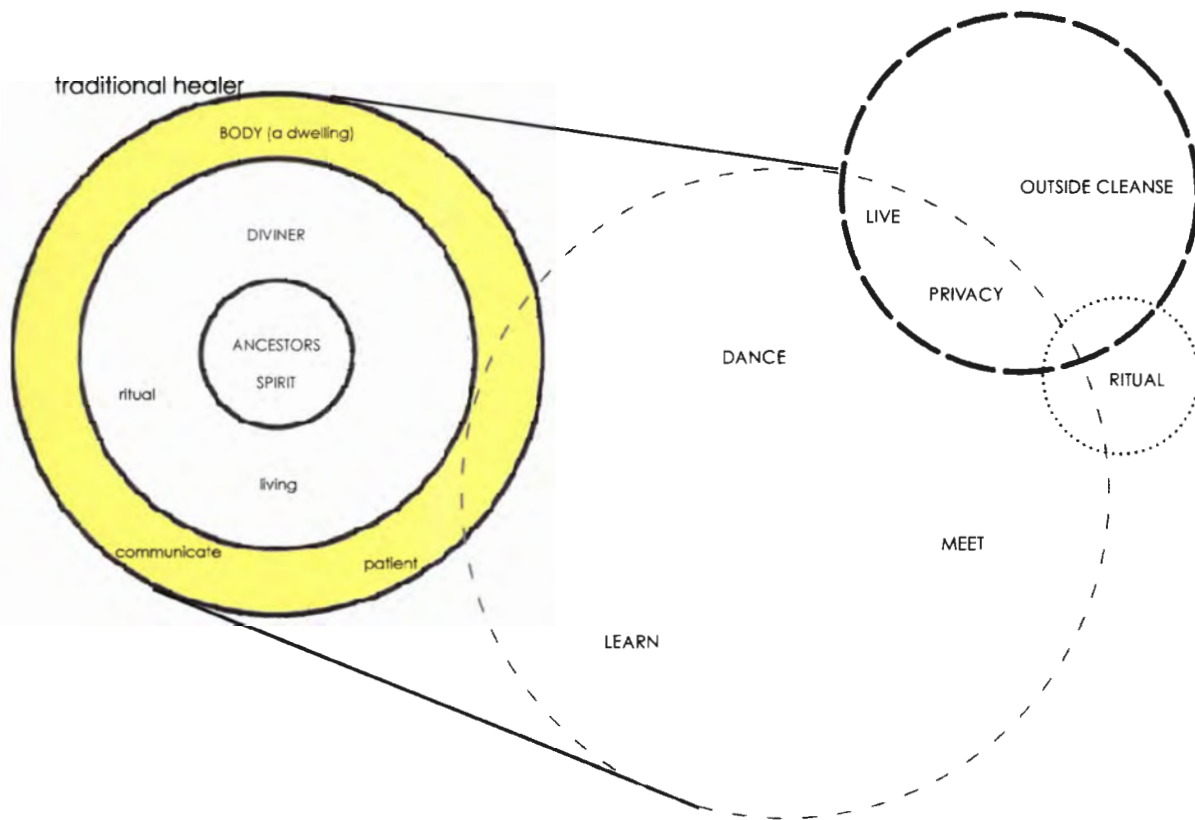
the diagram unpacked . . .

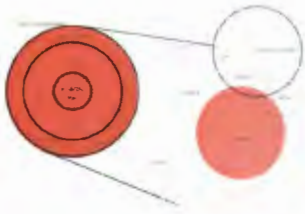
How do traditional healers use /appropriate space? This was one of the ultimate questions I needed to answer for this thesis investigation, because if I was going to design for this form of practice I needed to understand the spatial implications before I began. This has been studied in various forms - through visiting and interviewing some healers, images, readings, observation and videos of various ceremonies and rituals I came across.

Through trying to understand various spatial significance and connections in how they appropriate space, I drew up this diagram which explores the various spatial practices of the healer. Below I have illustrated various spatial diagrams of how various traditional healers use various spaces.

The red signifies which part of the diagram the space fit into

spatial ideas - a process





trade



inside
outside

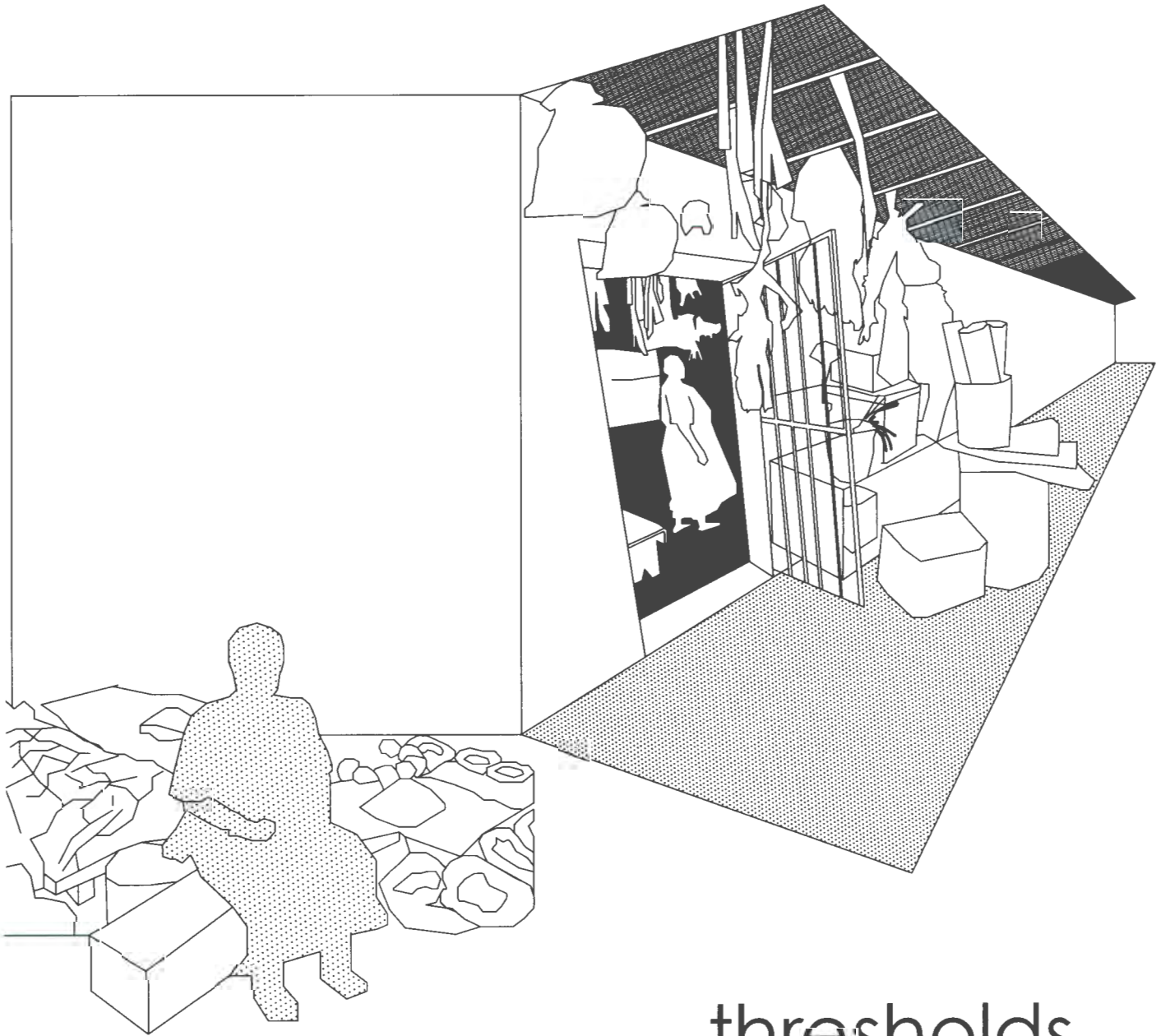
'african pharmacy'

muti stall

street

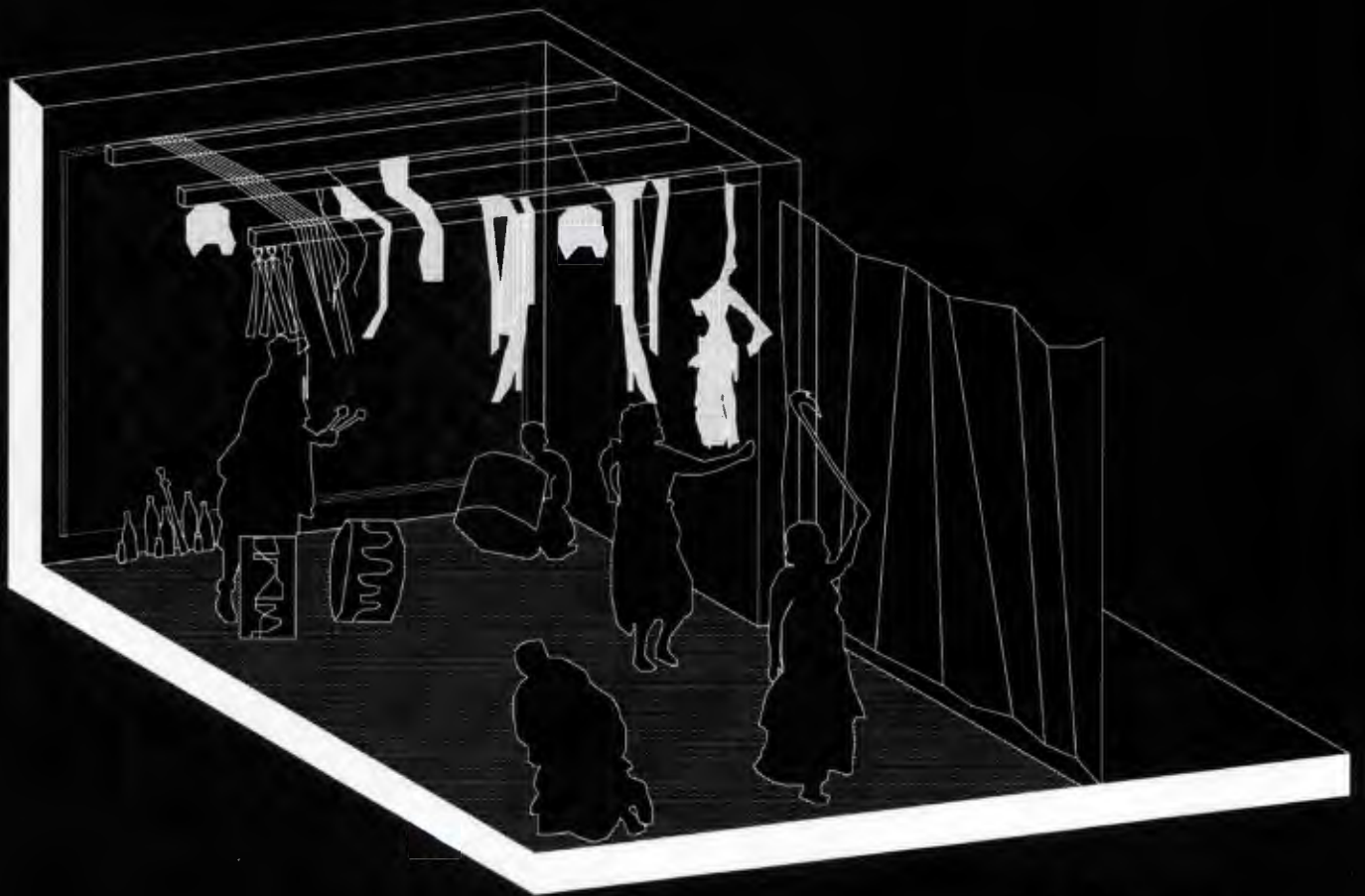
market

hub



thresholds

display



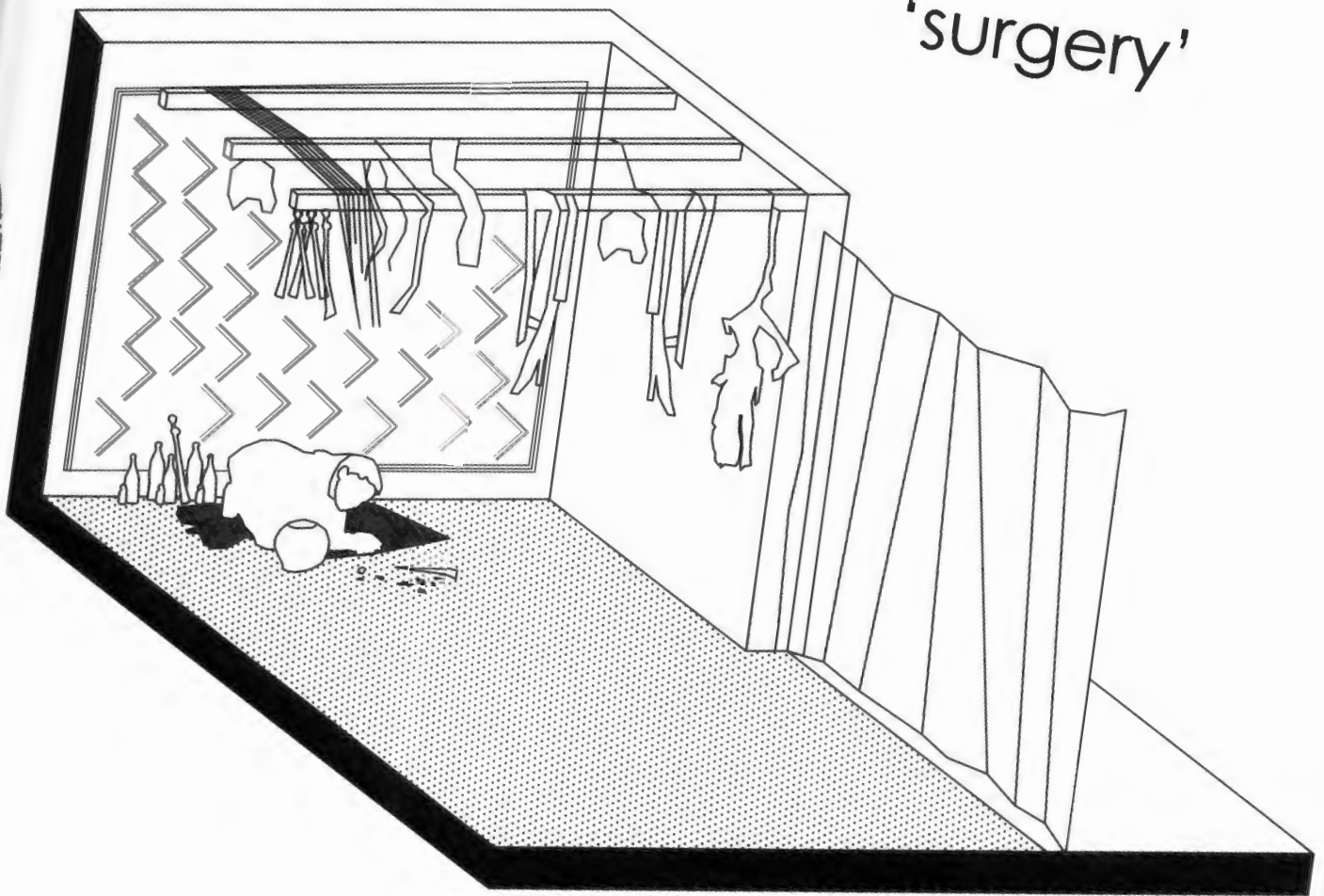
training

meeting of fellow sangomas dance/drum/sing, learn
gatherings happens quite often in an 'inthlombe'

consulting room

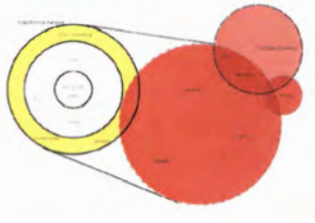
divining space

'surgery'



layering of space
through materials
skins
hanging

smell
light



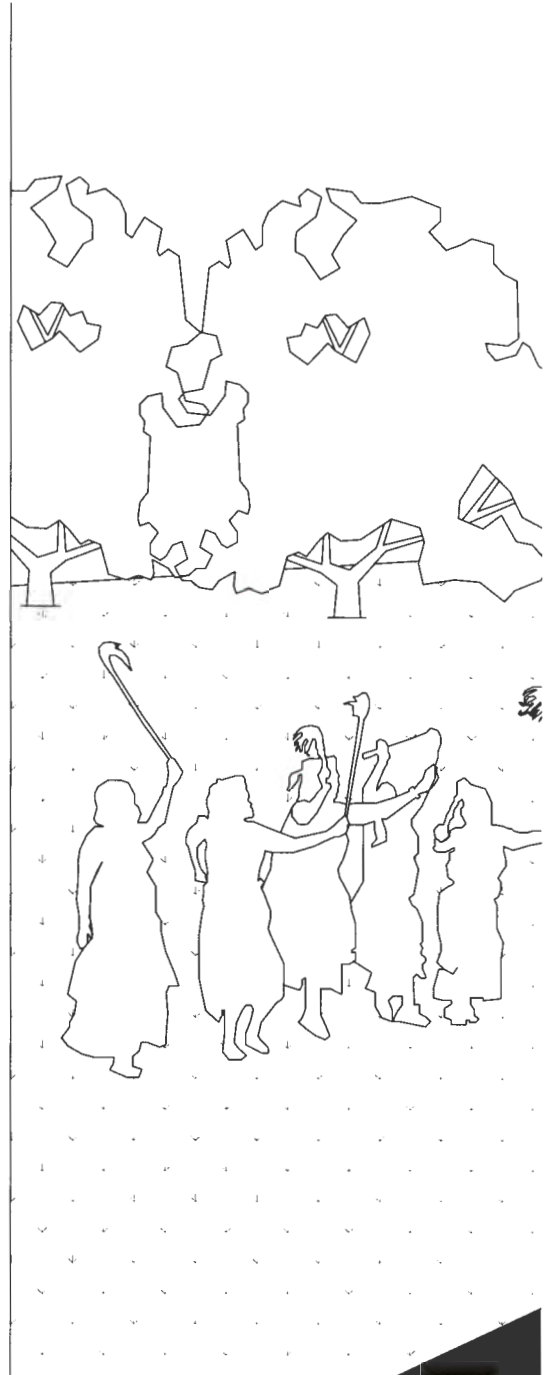
ceremonies

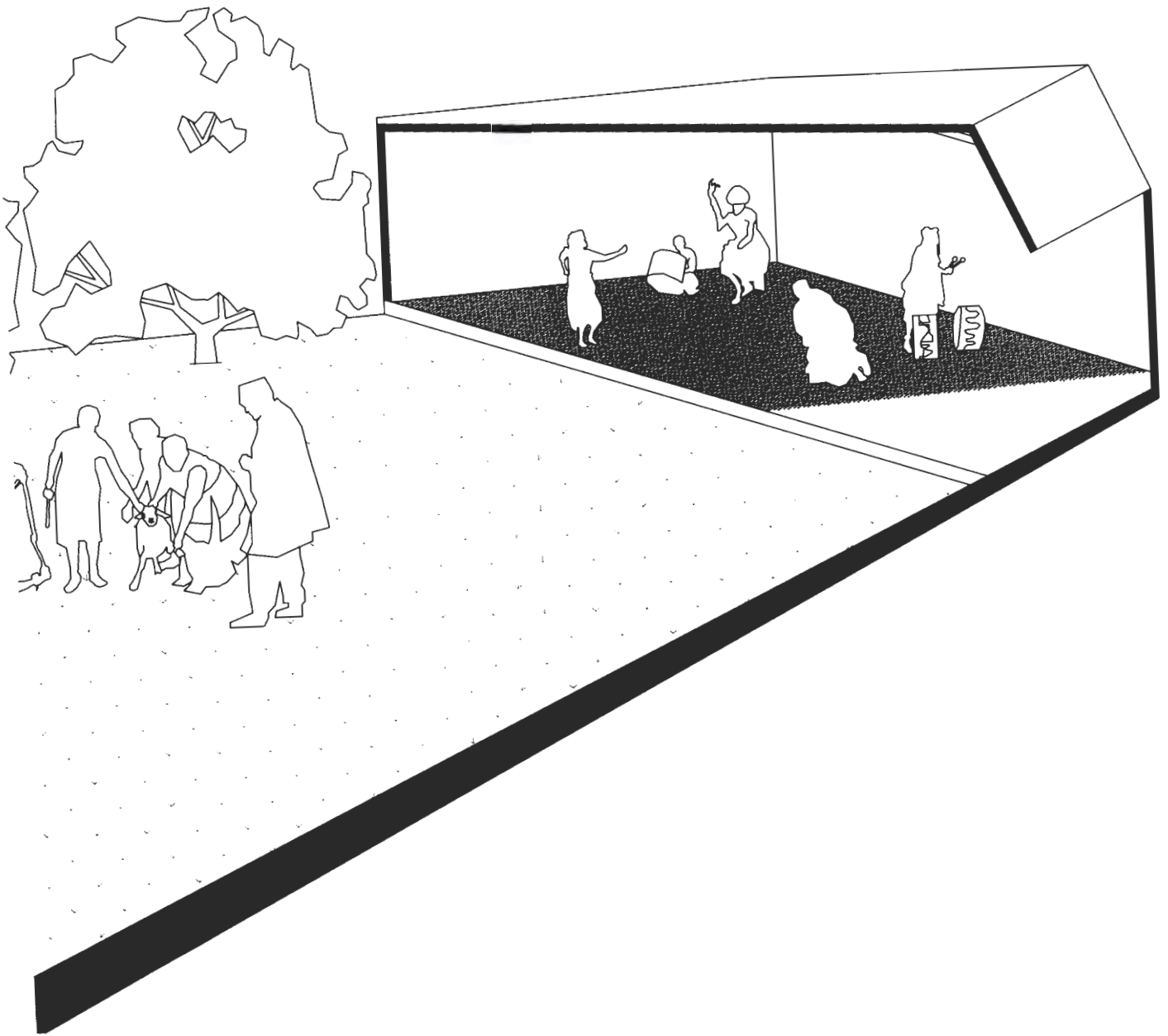
'godwusa' - graduation

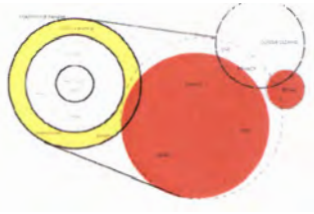
ritual slaughter

dance / drum / throw up / cleanse

outside gathering
space - public







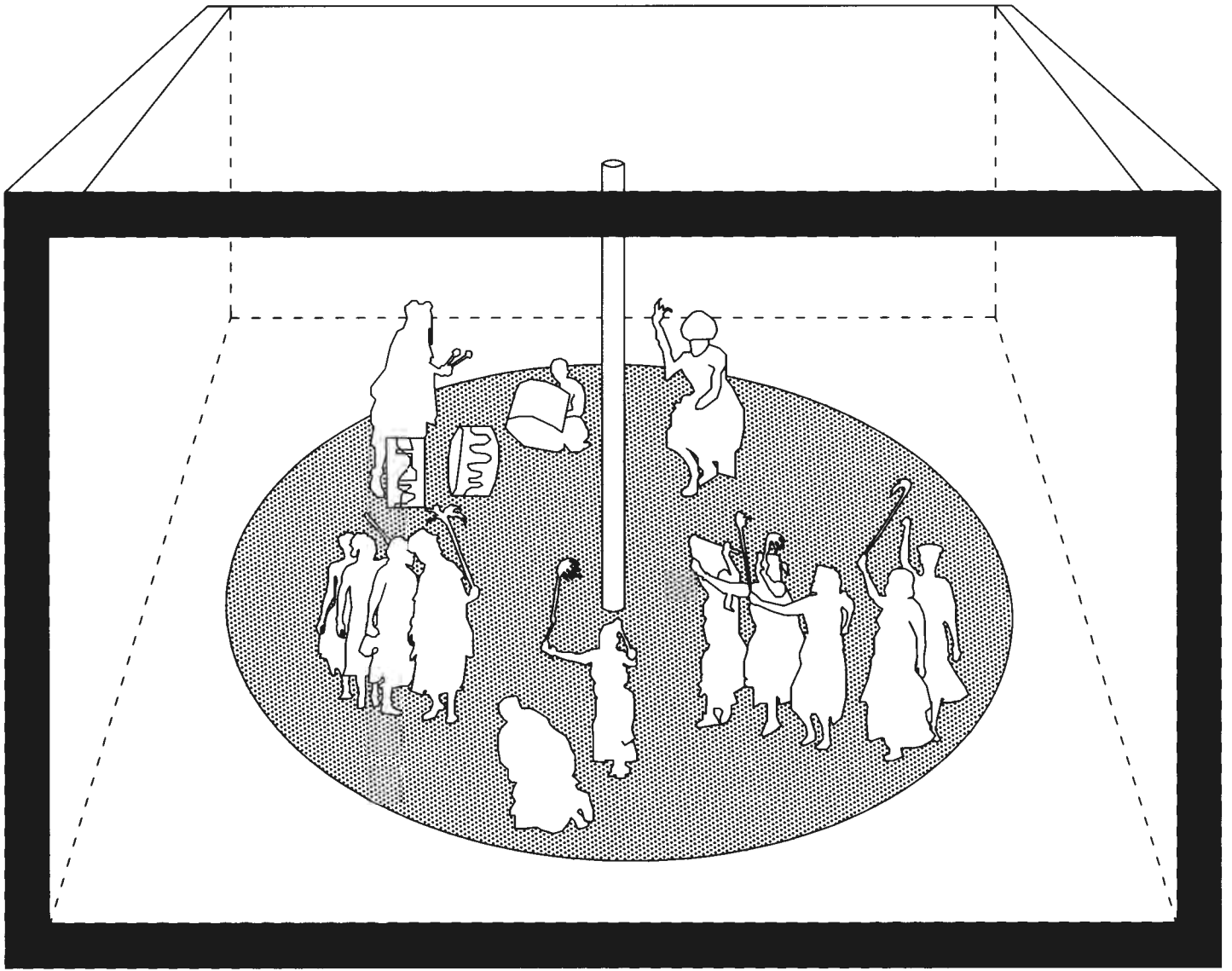
'inthlombe'

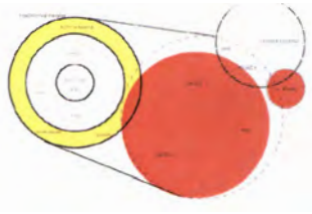
central pole significant symbol

inside or outside

meeting , teaching , learning

small to large gatherings

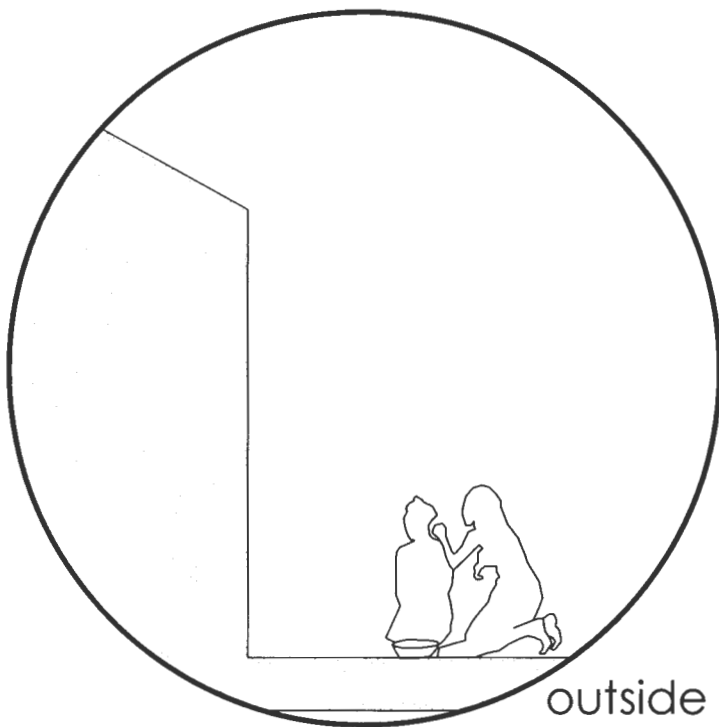




treatment / cleansing

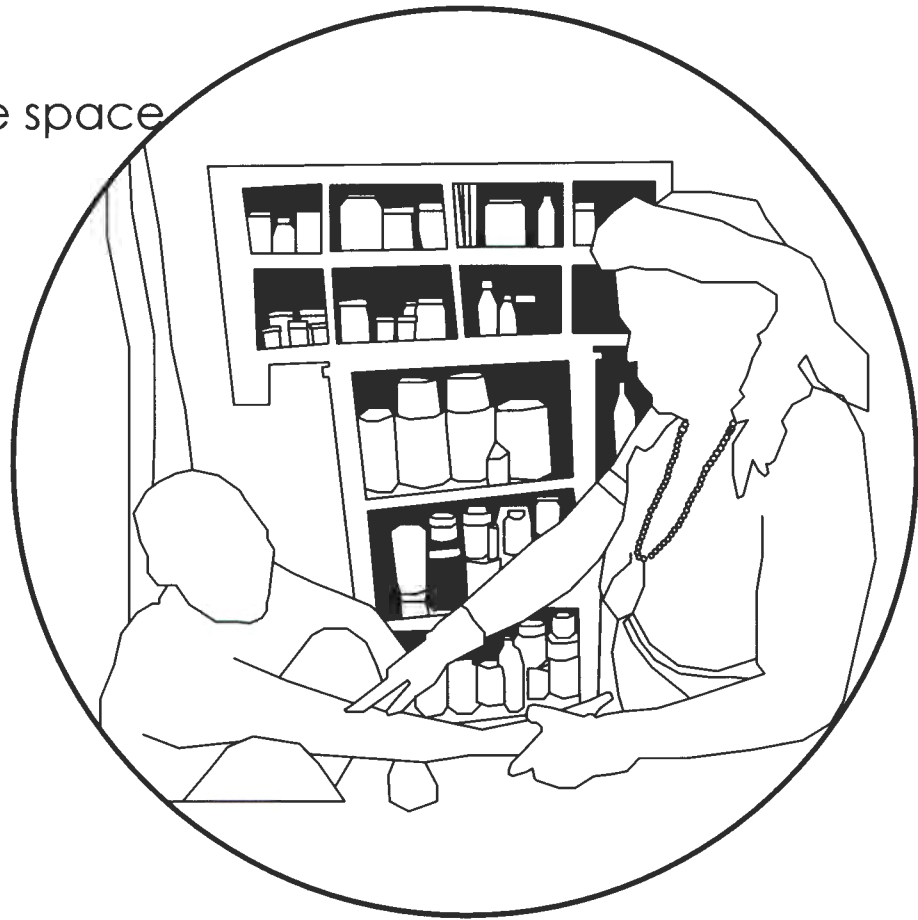


privacy

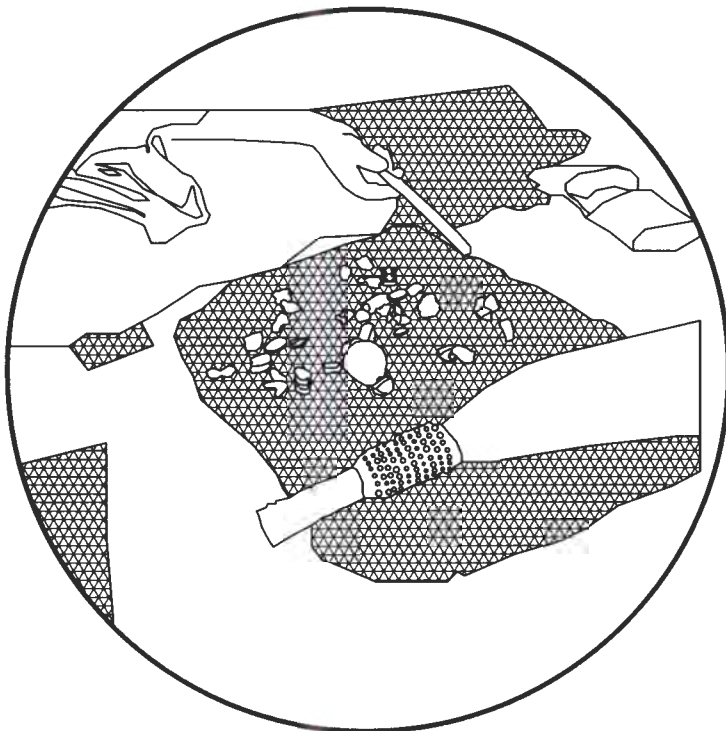


outside cleansing space
washing down patient

storage space



consulting, treating client



'throwing the bones'
divining with ancestors

Precedent Study

1. Mai Mai Bazaar

Location - City and suburban, Johannesburg

Description - This is an African market lined with rows of traditional healers practicing out of rooms that once served as the stables for mules that clear city pathways before machinery was in use. It is the Zulu cultural meeting ground located in the heart of the city centre nestled underneath the M31 highway. The site transforms into a number of uses during the night, such as a place for church services, dancing and singing space. It is a space where rural traditions and cultural forms of expression can be lived out in an urban setting.



Fig 18 - view down Mai Mai Bazaar with various healing consulting rooms



Fig 19 - Traditional healer standing outside consulting rooms at the Mai Mai bazaar

The precedent studies have been done to look at how various designs for traditional healing have been accommodated for on an urban scale by traditional healers themselves as well as by architectural interventions.

There is also precedent study of revolutionary biomedical centres that responded to societal needs of that time, as well as seeking alternative approaches when formulating a design for spaces of healing.

2. Faraday Market

Location - Johannesburg city centre

Architect - Albonica and Sack Architects and Urban designers with MMA Architects.

Description - This is a project which accommodates for various urban interchanges to cross over. Traditional healers and muthi traders/inyangas have flocked here to sell their remedies as well as create consultation rooms. Faraday market looked at existing conditions of informal trade and healing in this area and responded to that condition in the design of the intervention.



Fig 20 - view under highway of muthi trading section of Faraday market.



Fig 21 - Faraday Market

Fig 22- Faraday Market



3. Warwick Junction

Location - Durban

Architect - Richard Dobson and Joanne Lees

Description - This was a major urban regeneration project that aimed to upgrade one of Durban's busiest transport interchanges. The renewal was launched by the city council and involved participatory involvement. This intervention supplied an already established hub of informal traders, healers, muthi traders and street vendors with a more robust intervention.

Fig 23 - Warwick Junction street vendors



Fig 24 - Overview of Warwick junction

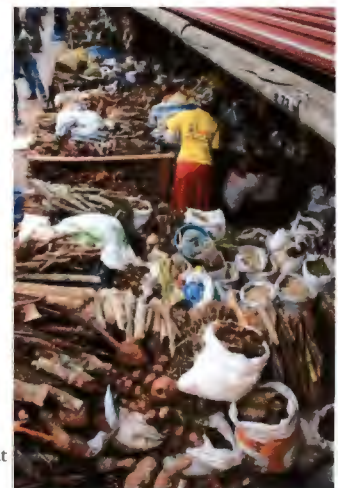


Fig 25 - Herb market at Warwick Junction

4. Zonnestraal Sanatorium

Location - Hilversum, the Netherlands

Architect - Johannes Duiker and Bernard Bijvoet

Description - This was a sanatorium built between 1926-1928 to treat TB patients away from other hospital so as not to spread infection. The design was planned to last for only a time frame of thirty years as that is the time they predicted for there to be a cure. The building was 'tailor fitted' to suit the needs of TB patients, responding to outdoor sunny convalescing patients and divided zones between doctors rooms, patient wards and treatment spaces. Due to the very specific nature of the project it was extremely difficult to find another type of use for the building once the services were no longer needed to serve as a sanatorium.



Fig 27 - Aerial view of sanatorium

Fig 28 - view of balconies with convalescing patients



Fig 26- Entrance elevation

4. Finsbury Health Centre

Location - London

Architect - Berthold Lubetkin

Description - This project was designed and built between 1935-1938. It is an interesting building in that it responded in creating a new typology of building. Britain was in a state of depression during WW2, and the architect proposed designing a healthcare centre instead of a town hall which was not in as much need at that time. His design responds to a variety of conditions which can be seen through his analytical drawings on the right hand side. The strength of the project here is how an architecture is appropriated through a societal need.

Fig 29 - overview of centre

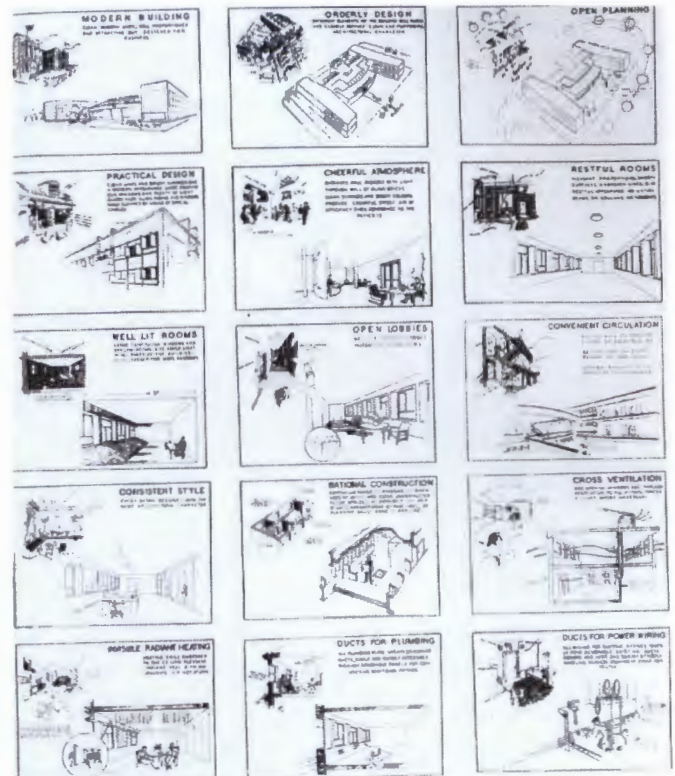


Fig 30 - Explanatory diagrams of design process.

5. Unbuilt project for Venice Hospital

Location - Venice

Architect - Le Corbusier

Description - This project was conceived in 1965 and was an attempt at looking at a new approach for designing for healthcare. The idea was to create a system that could provide the best care for the patient for the least amount of cost. The system was based on adapting to modern methods of technology

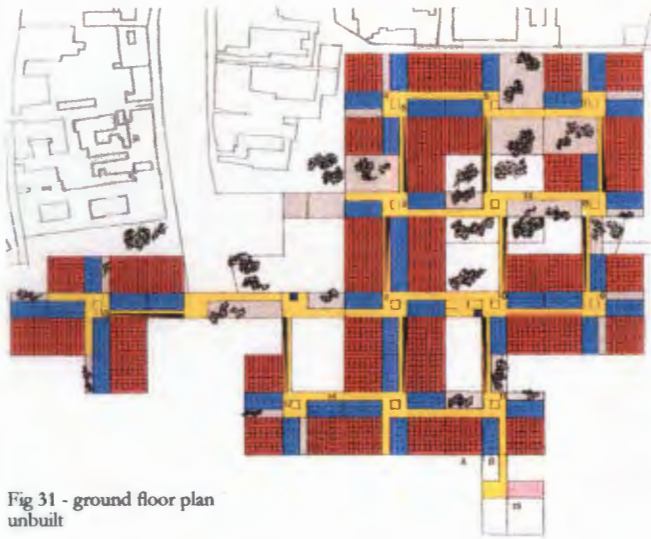


Fig 31 - ground floor plan
unbuilt

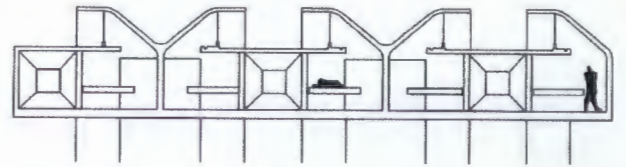


Fig 32 - model, section and plan showing
various patient cells

6. Utopian schemes in hospital design



Fig 33 - E. Todd Wheeler and
Perkins 'Inverted pyramidal
hospital'



Fig 34 - E. Todd Wheeler and
Perkins 'Underwater hospital'

The Idea of a Hybrid

'The new 'multiculture' demands strategies capable of dealing with contradictory impulses – openness to hybrids. Hence, contrast, morphing and fusion are characteristic of an architecture that attempts to capture layered Gestalts, perceptual patterns and structures that resonate for a broadened range of humanity'⁴⁶

I am really interested in taking this idea of a collaborative effort between Western and African healing systems to see how they can be reinterpreted in the formation of a new type of African space that really seeks to understand, respect and imagine a future trajectory in the name of health and everyday life. 'The alternative interpretation of 'partiality' may well play its part in limiting the possibility of a postcolonial conquest of African medical systems. But there is the chance of 'hybridization.'⁴⁷

Wreford sees one vision of how this could potentially play out which would be, the employment of traditional herbal medicines for the boosting of the immune system in the treatment gap (the period between receipt of a positive HIV diagnosis and access to ARV treatment), and to develop new cleansing practices, based in customary ritual procedures, but specifically designed to address the emotional distress of the stigma and isolation experienced by those living with HIV/ AIDS. Both would require mutual acceptance by medical practitioners, western and African, and a frank (and humble) acknowledgement of the differences in their expertise and their effects.⁴⁸

'As indigenous categories are transported and translated between rural environments and urban spaces, they assume the fluid character that cultural analyst Homi Bhaba has identified as "hybridity," the mixing of cultural practices at the margins and intersections of cultures.'⁴⁹ By interpreting the research I have conducted thus far I would like to explore how new formations of this 'hybridisation' could happen spatially. It is about imagining how a system could happen differently that does not have the hegemony of a western system of health only.

I think by working spatially between the two systems and seeking new spaces for collaboration, transparency and collaboration, one could begin to accommodate for difference within health spaces/ healing places and one could begin to create a platform for African traditional healers to break away from the stigma attached to much of their practice which is often perceived through western viewpoints. This is not to say that I intend to dismiss the form in which they practise now but to rather open up new possibilities in which it could manifest, by celebrating their practices through new spatial interpretations both for allopathic care and traditional healing.

'Hybridity arises out of creative interventions, appropriations, and rearticulations that take place in the power relations of specific colonial situations. In analysing colonial situations, as Homi Bhaba has suggested, we certainly cannot help but hear "the noisy command of colonialist authority" while we struggle to listen for traces of indigenous voices that have been submerged under "the silent repression of native traditions.'⁵⁰

46 Caple and Jefferson; "Mixology - The New Mix. Cultural Dynamic Architecture" *Architectural Design* (2005) :6

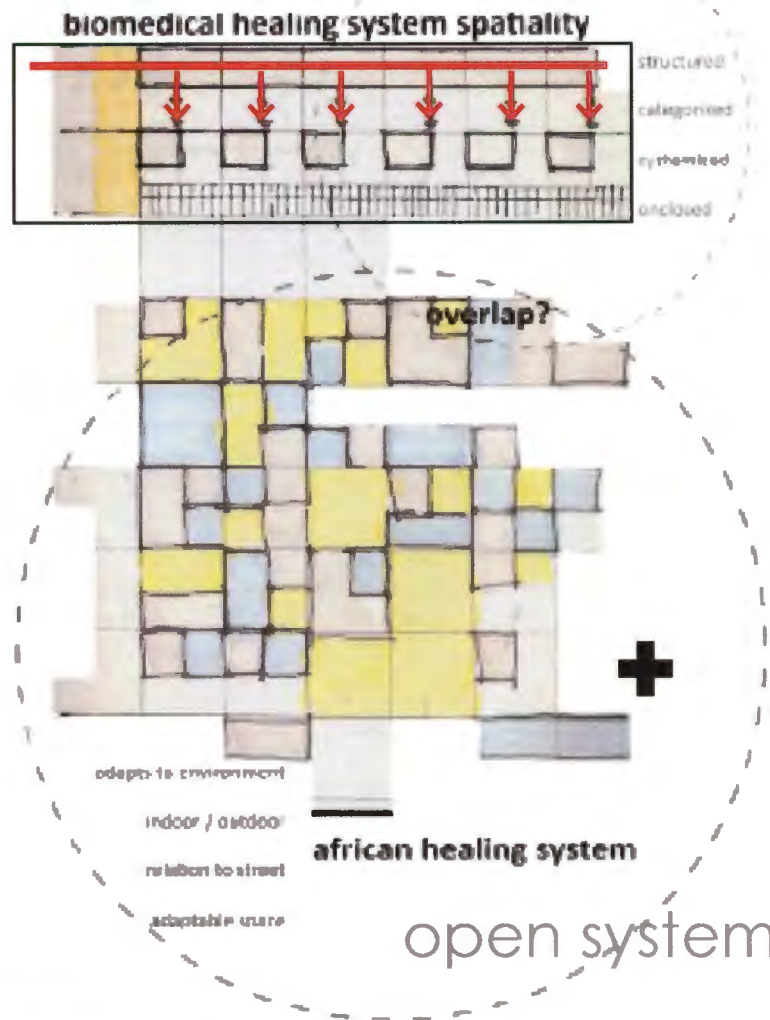
47 Wreford, *Working with spirit. Experiencing Izangoma Healing in Contemporary South Africa*. (2008), 221

48 Wreford, *Working with spirit. Experiencing Izangoma Healing in Contemporary South Africa*. (2008), 221

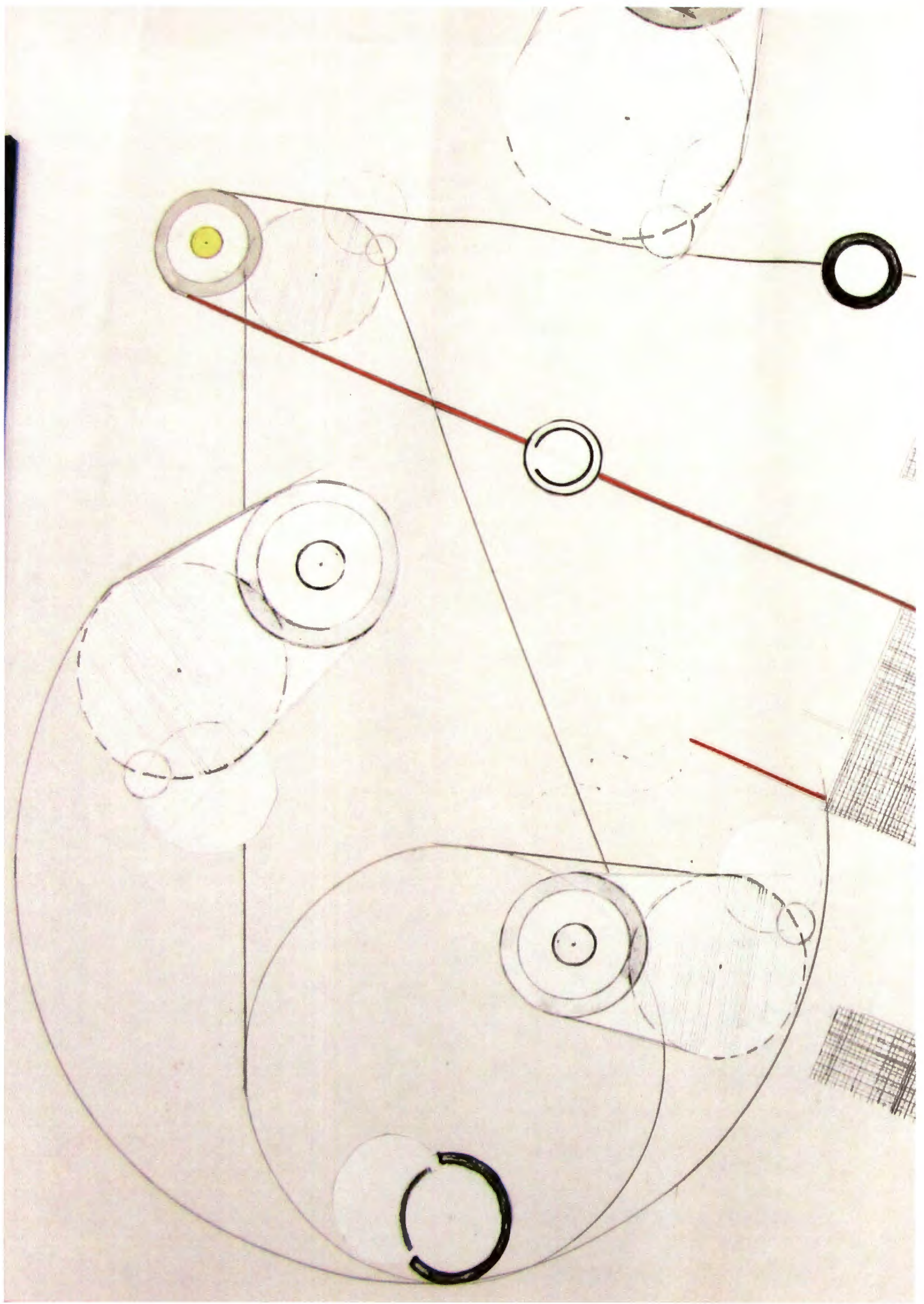
49 Chidester, "Mapping the Sacred in the Mother City: Religion and urban space in Cape Town" in *Journal for the study of religion* (2000) 5-40

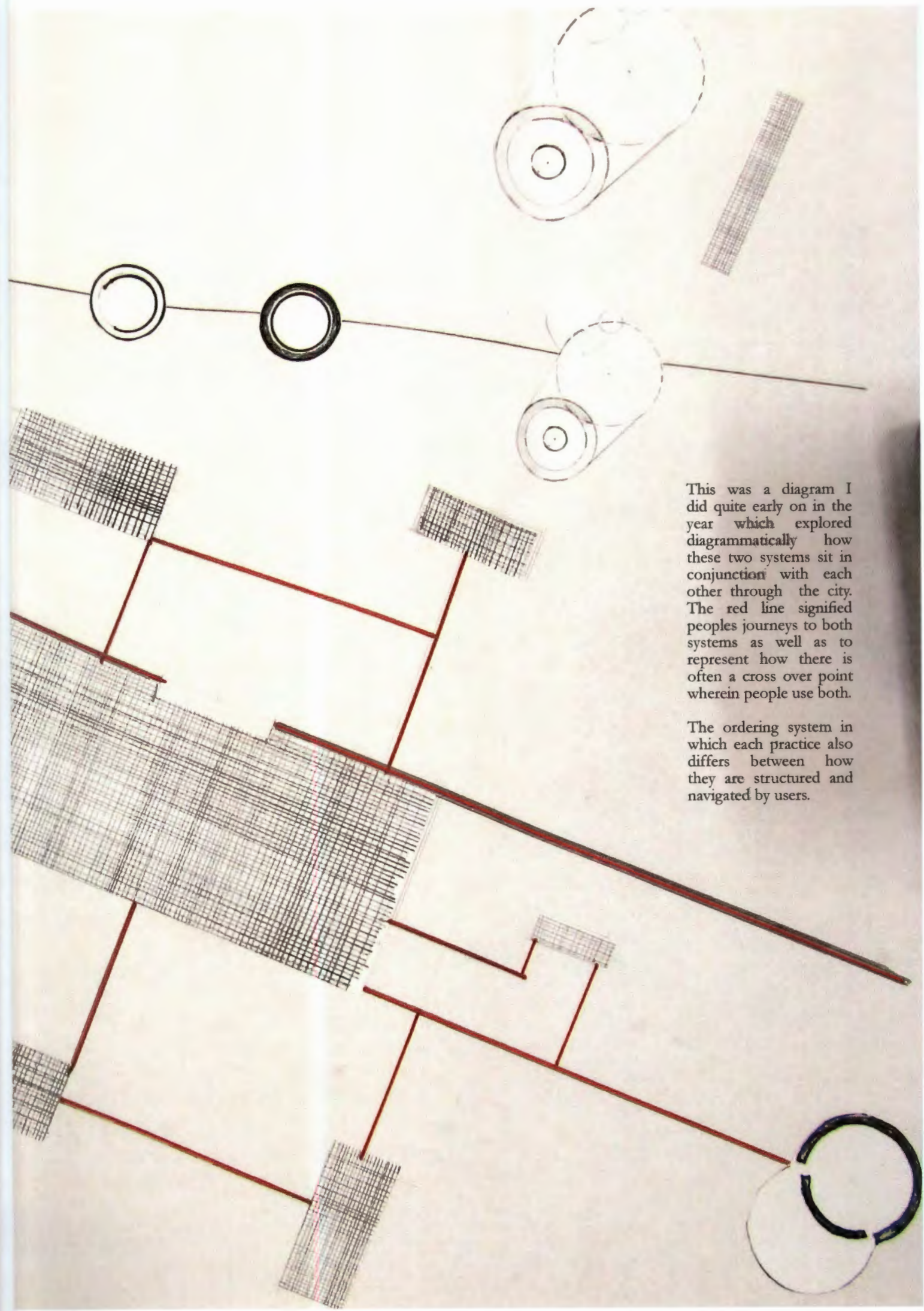
50 Chidester, "Mapping the Sacred in the Mother City: Religion and urban space in Cape Town" in *Journal for the study of religion* (2000) 5-40

closed system



African system	Western system
Relationship between inside and outside important	Clinical Environment / enclosed
Cleansing through ritual	Sterile
Dark	Bright, light
Candle light	Categorized according to function
Smell of plants, incense, animal skins	Disinfected smell
Entrance has significance	Clinical
Dance to heal and gather methods through ceremony / meetings	Scientific
Screens and layering's important	Formalised lectures, meetings





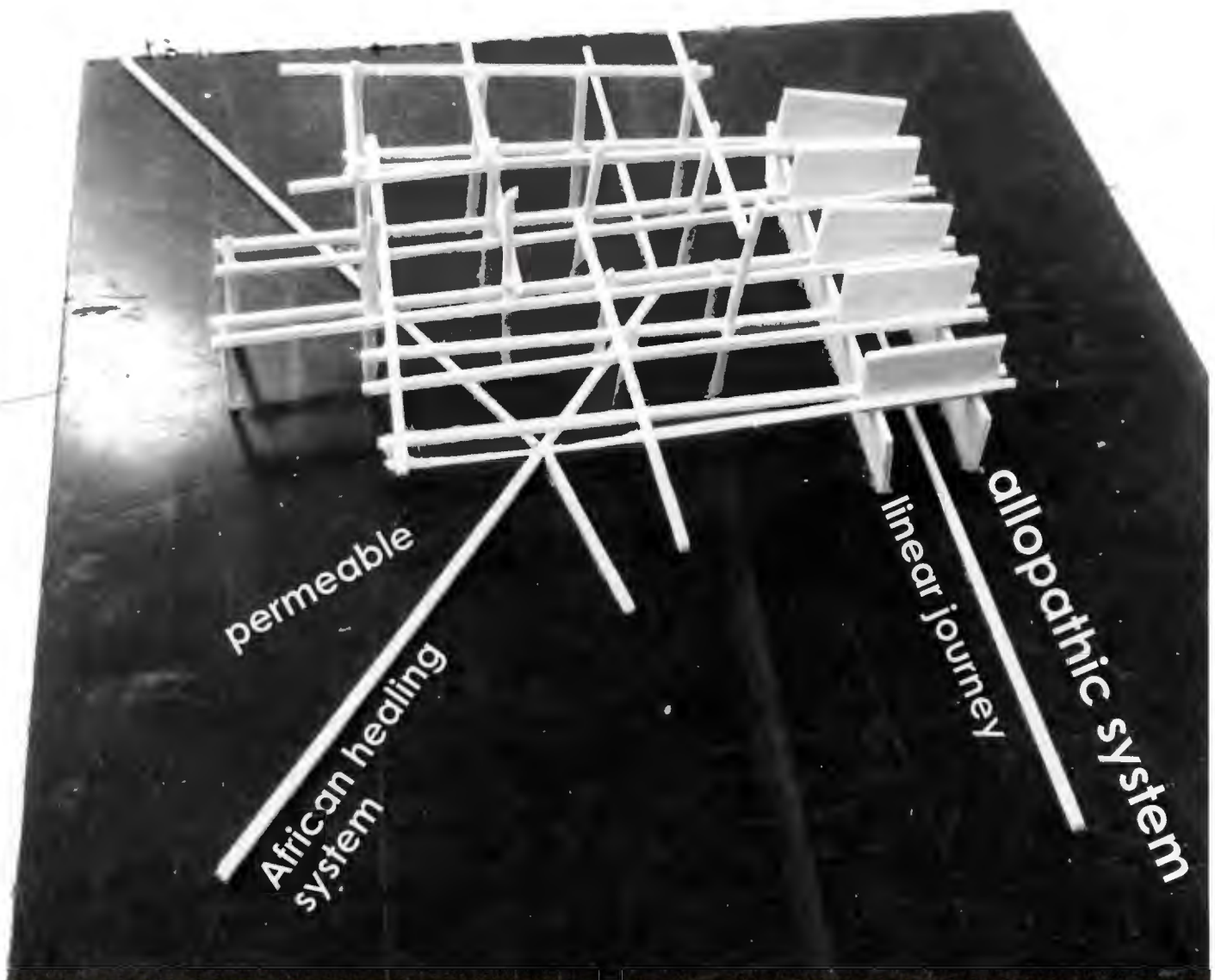
This was a diagram I did quite early on in the year which explored diagrammatically how these two systems sit in conjunction with each other through the city. The red line signified peoples journeys to both systems as well as to represent how there is often a cross over point wherein people use both.

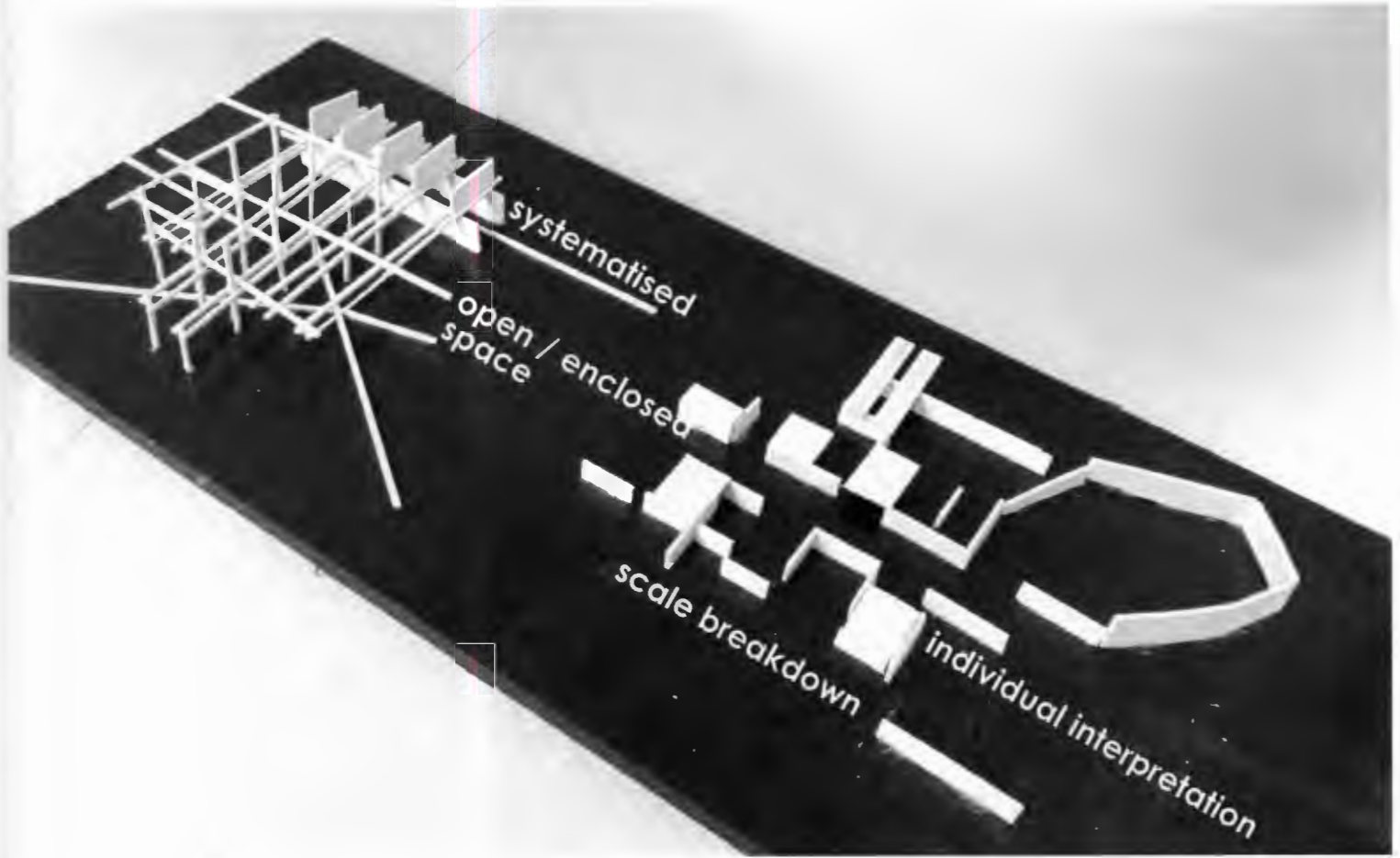
The ordering system in which each practice also differs between how they are structured and navigated by users.

Spatial Explorations

Through this process of researching various spatiality's of these varying health systems, I began to explore abstract systems of how these differing practices could be imagined in producing new types of spaces.

This was done through a series of models, drawings and diagrams. These explorations were more to think about how contrasting systems could be integrated for collaboration and to represent ideas of hybrid natures.





Materiality and Making

Throughout conducting the research on various spaces being crafted by African traditional healers in the city, it became apparent that these spaces are adaptable in their very nature, adaptable in the sense that they respond directly to their urban condition as well as personal user requirements.

They have adapted to a contemporary urban environment - historically stemming from rural traditions. The way in which they have done this has taken on various formations. They have adapted to change - oppression by past governments made it illegal for these healers to practice openly. Only in the last couple of years has it become a more transparent healing system in the urban context.

There are some similarities in place making which I have noted in my studies on these various traditional healing spaces, even though each one responds to shaping their own space differently according to the type of healing they practice. Many of these spaces seem to have a system of layering to control the level of light that comes into the space, to create a sense of privacy, as well as separating spaces for different functions, using whatever material they have, be it sheets of material, cardboard, sliding panels, curtains, or shelving.

I would like to investigate how a system of layering can be interpreted through a technical system that works for various healer needs? The relationship between inside and out is extremely important as various rituals require various spaces - private outside cleansing spaces, intimate darkened enclosed spaces for consultations between spirit world, patient and healer as well as larger open spaces where healers congregate. The healer is often able to control various ancestral spirits in the space in which they practice. The threshold therefore plays an extremely important role in the design of such space.

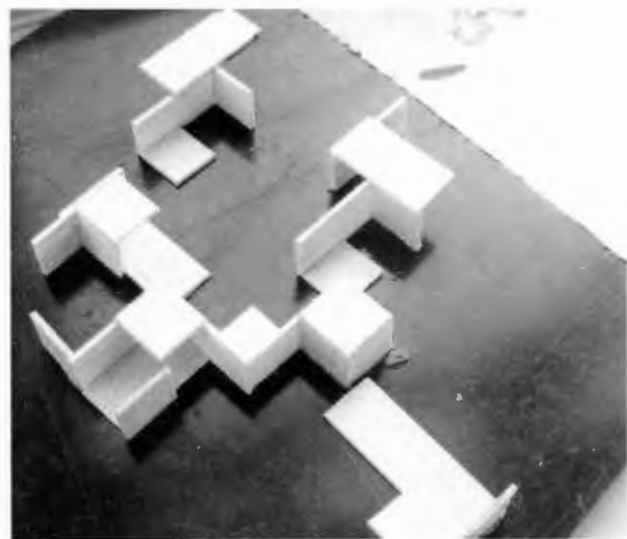
Western allopathic approaches to healing spaces on the other hand take on a radically different stance. This is due to a globally more accepted approach to practicing medicine, which has led to a system that has been adapted and developed over time, changing with new technological discoveries and ways of treating illness, which has led to a specific ordering system. There is a rationale behind how spaces are ordered in a hospital/clinic, which have various participants that operate in such an environment to make it work. The system is treated as a whole rather than as a group of parts suited to individual requirements.

By taking these various requirements into account, I would like to find a way in which a structure could be adapted to facilitate in multiple organisations of space?

The aim is to define limitations of what can be fixed, to what can be 'adaptable' as well as the mechanical control and manipulation of such structures by the human body.

The nature of these healing spaces can have radically different sensory experiences on the occupant. Different spaces trigger off different sensations both physically and psychologically. This sensory experience can be explored through the way structures are put together, both in their arrangement, materiality and relation between building and nature. Juhani Pallasmaa describes bodily senses in relation to architectural experience. He explores how all senses of the body are used in the reading of architecture. He wrote about this in an essay - *The eyes of the skin - Architecture and the Senses*, which describes how architecture is not based on visual experience alone. 'Every touching experience of architecture is multi-sensory; qualities of matter, space and scale are measured equally by the eye, ear, nose, skin, tongue, skeleton and muscle.'⁵¹

The manipulation of various materials both spatially and through design of tectonics, can alter your perception of space. I would like to look at how materiality and its configurations can have an impact on your sensory experience of architecture. The way in which this would be carried out is through an adaptable system, which allows for individual interpretations of that space.



51 Pallasmaa, *The eyes of the skin - Architecture and the senses* (1996):28

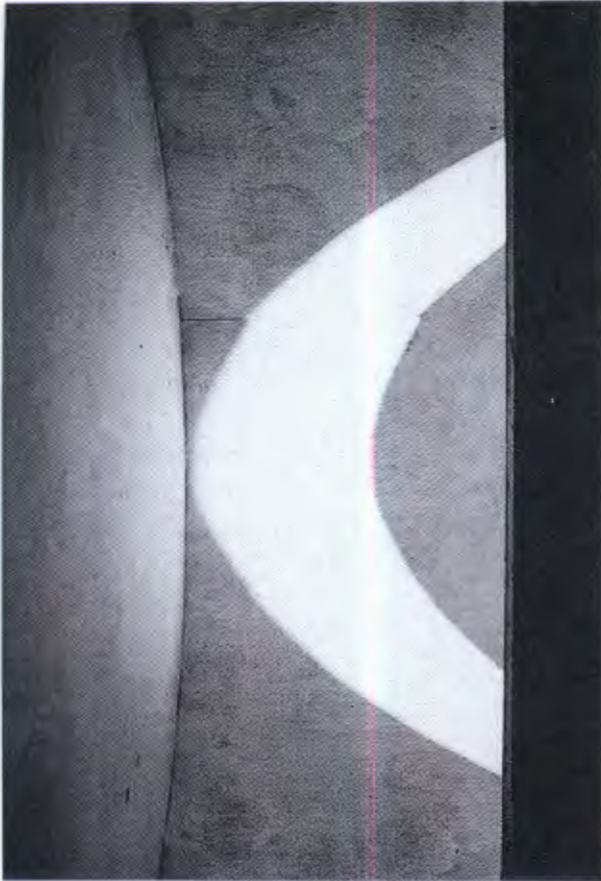


Fig 35



Fig 37

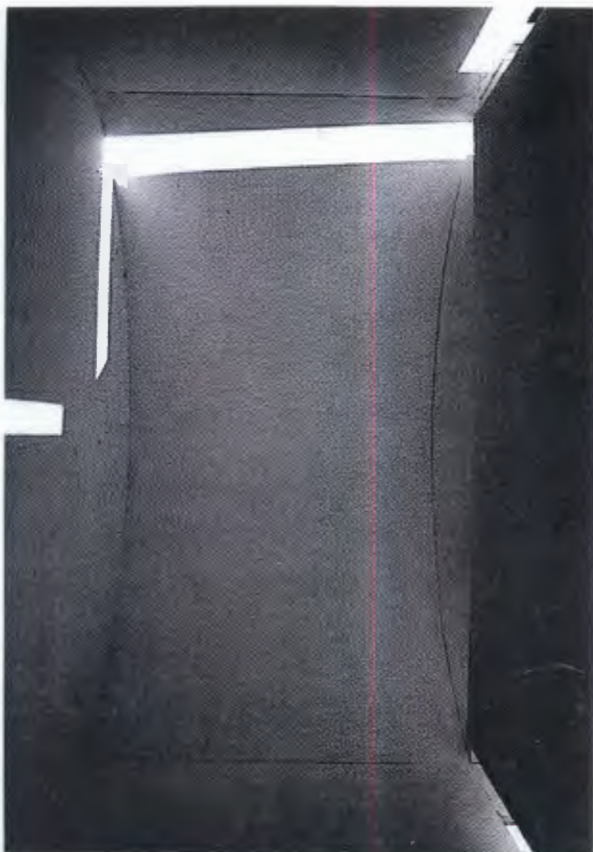


Fig 36

Senses

Light - plays a vital role in the experience of a healing space both for the healer and the one being healed. Various light conditions - be it a bright white light of a hospital/ a darkened room of a sangomas candle lit consulting room or from the natural light of the outdoors, all have an effect on your perception of that space and the experience that you will have on it.

Smell - plays an important role in how one perceives a space. Clinical sterile smells of a hospital can trigger off certain experiences and association in your memory, as can burning herbal incense of visits to traditional healers. The various materials that are used both in the design of such spaces and the texture of the given material adds to the sensory experience you undergo.

Sound - Various spaces in hospitals/clinics have various sound qualities, usually of a quiet nature, these include the sounds of electronic equipment beeping, people talking softly, phones ringing and wheels of trolleys rolling. It is an environment of a very internalised nature. African traditional healing on the other hand have various sounds surrounding it, often those of the street. Music, drums are used during various rituals that are often accompanied by dancing/singing.

Finding site



Through various explorations in the city of Cape Town and its surroundings, locating and navigating healers, it revealed many forms of occupation. However, I felt the best place to situate an intervention of this nature would be in Khayelitsha, as this appeared to have the greatest amount of practising healers that I could find.

The Khayelitsha station precinct is a fast developing urban node for the greater part of Khayelitsha. A great amount of public infrastructure is being set in place surrounding the station, which forms part of a greater spatial development framework for the area of Khayelitsha. If you look at the current condition of the interventions that have been implemented, many appear to sit as large isolated objects in the surrounding landscape.

The area situated between the Khayelitsha train station and Walter Sisulu Road, has been earmarked as the new CBD for Khayelitsha. Various plans are underway in the development of this proposal.

What is interesting about this area is that they are developing this in one of the lowest income areas in the city. One of the biggest challenges though is to create places that respond to its lived reality. What is particularly interesting for my project here though is the dynamic of two very closely related healing systems. The government is investing in a multi million rand hospital that is desperately needed in the area. The hospital is currently under construction and is being designed by ACG architects. The hospital is a 280-bedded facility and has been put here to take the pressure off surrounding hospitals, Tygerburg and Groote Schuur. The hospital is situated opposite the Khayelitsha station. The area surrounding the station is home to many practising healers and herbalists from various parts of South Africa and Africa, these healers either work in hubs such as at the station but are also found dispersed through the area, many struggling to practice their profession due to a lack of infrastructure and limited space.



Fig 38



future
CBD

future
CBD

sports
centre

shopping centre

multi-purpose
hall

magistrates
court

home
affairs

future
CBD

future
CBD

new hospital
under construction

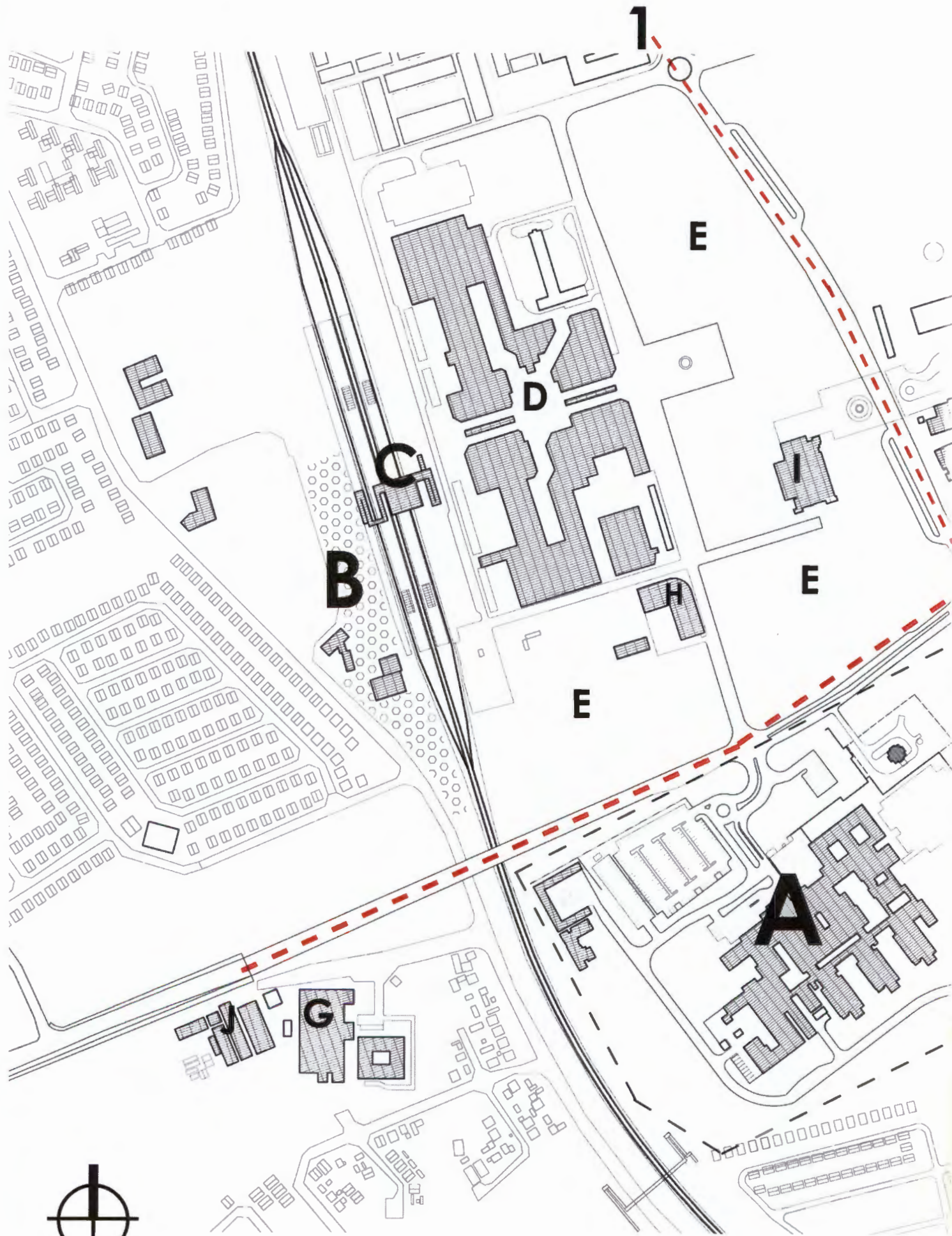


Fig 39

This gave me an opportunity to question how hospitals are being appropriated. The idea was to challenge how one designs a health facility which caters for various needs and beliefs in a space which is under the process of becoming a contemporary African city space.



- 1- Walter Sisulu Road main arterial route**
- 2 - Steve Biko Road connecting to Lansdowne road**
- A - Khayelitsha District hospital**
- B- Informal station market**
- C- Khayelitsha train station**
- D- Khayelitsha Mall**
- E- Proposed CBD**
- F- Khayelitsha Magistrates court**
- G- community clinic**
- H - home affairs**
- I - Community multi purpose hall**
- J - Police station**

A - khayelitsha district hospital



Fig 40 - view looking onto main entrance of hospital looking south



Fig 41 - view looking west



Fig 42 - view looking north

280 bed hospital

completion date : Feb 2012

area : 17 000m²

acg architects

client : Department of Public Works

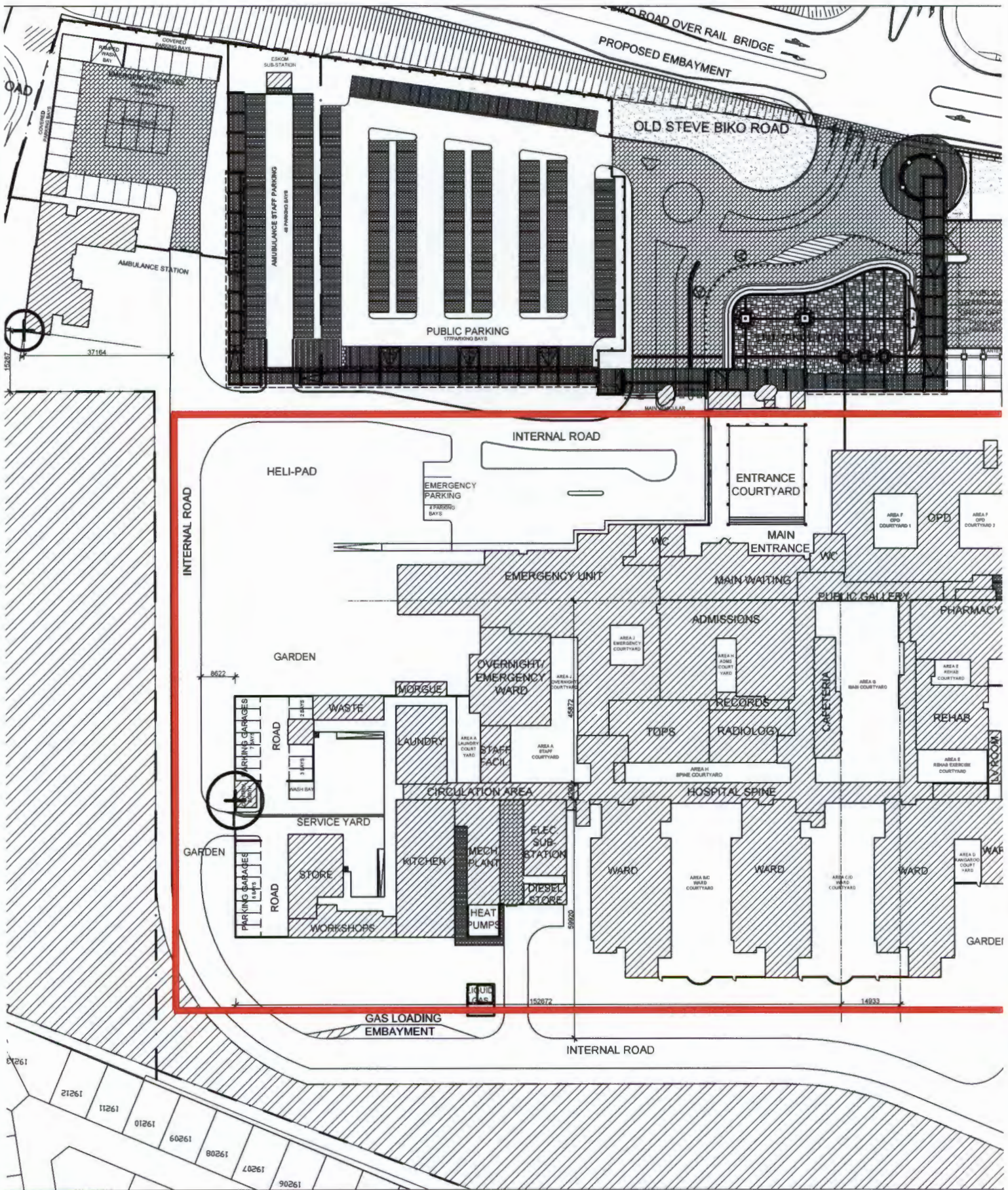
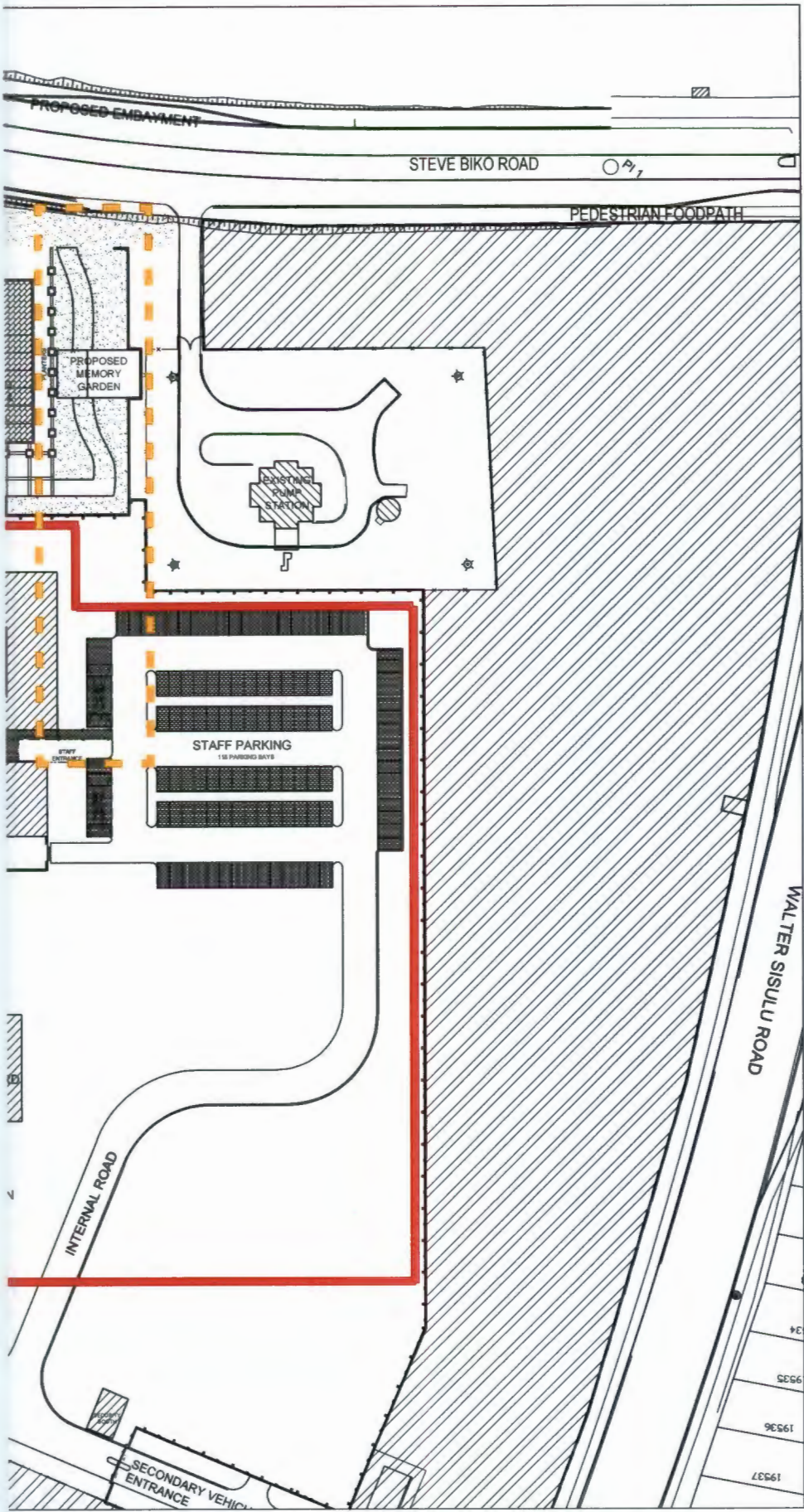


Fig 43

**Site Development -
Khayelitsha district hospital**

 proposed site for intervention



B differing conditions



HERBAL CONSULTANT

The condition of surrounding market area behind the station where business thrives as commuters pass through to and from the train; the black crosses indicate traditional healers, which are located in the market and surrounds.



khayelitsha station informal market

✚ = TRADITIONAL HEALER



out patients
department

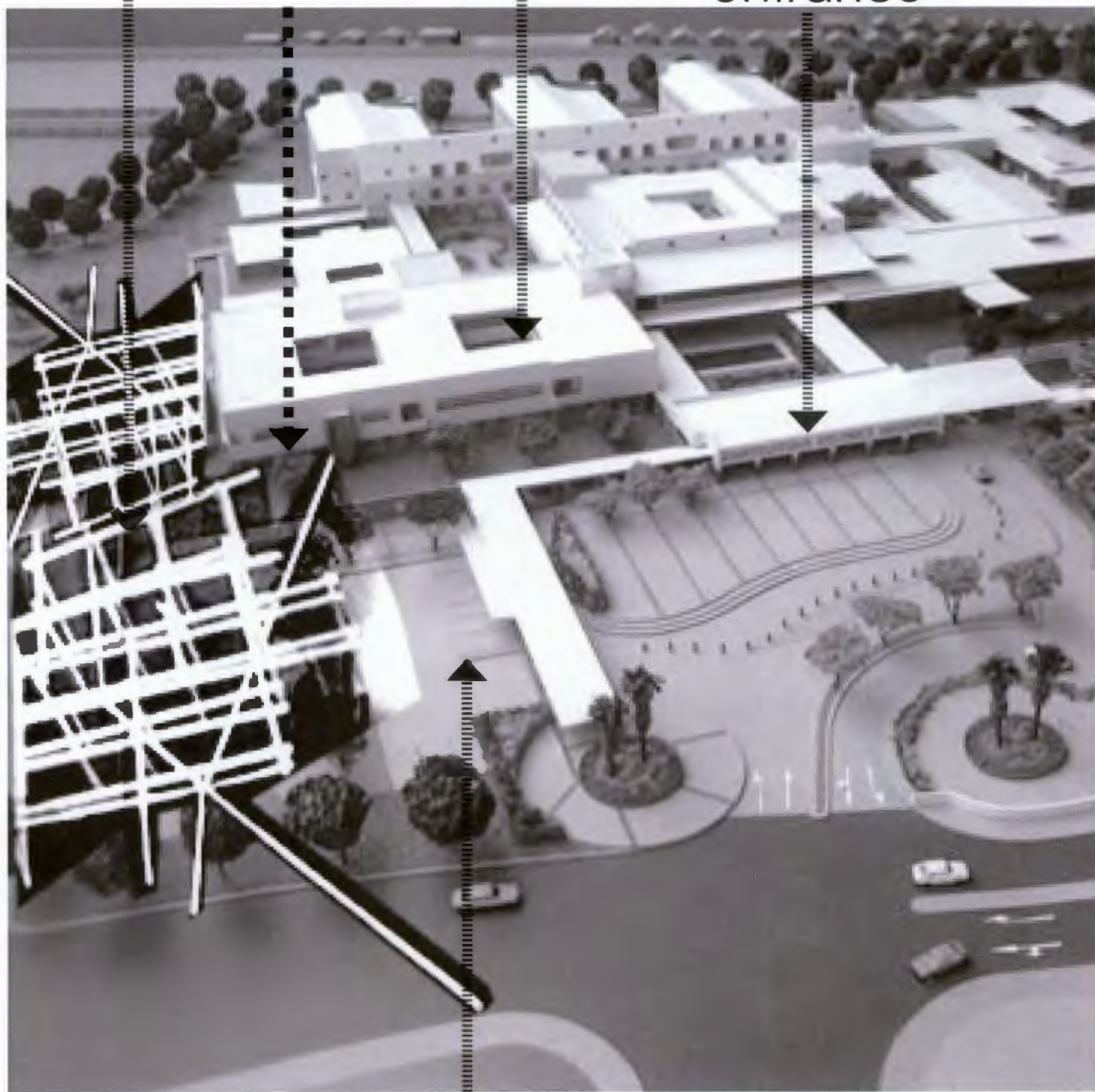
gr floor

administration
and training

1st floor

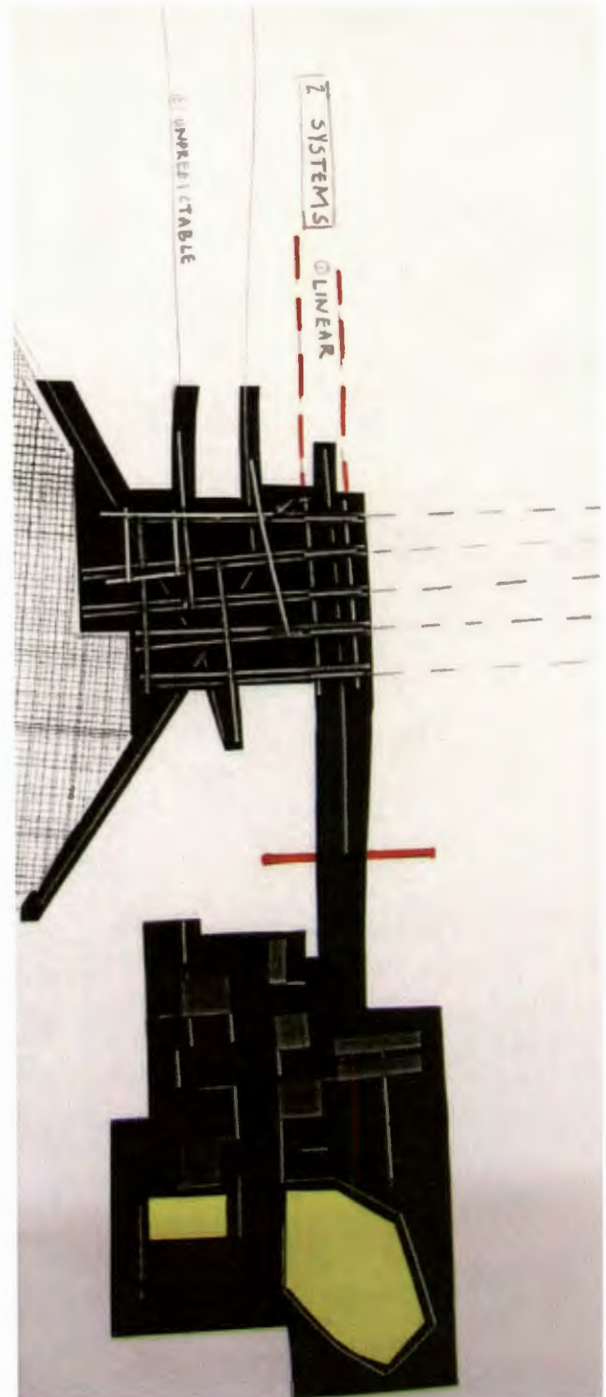
main hospital
entrance

site



public transport drop off

bring A and B together



space requirements

The research has been aimed at generating new ideas for health care facilities for a society which is of a pluralistic nature.

Through the studies of understanding traditional healing spaces in their current lived reality, the space requirements and programme for this project emerged.

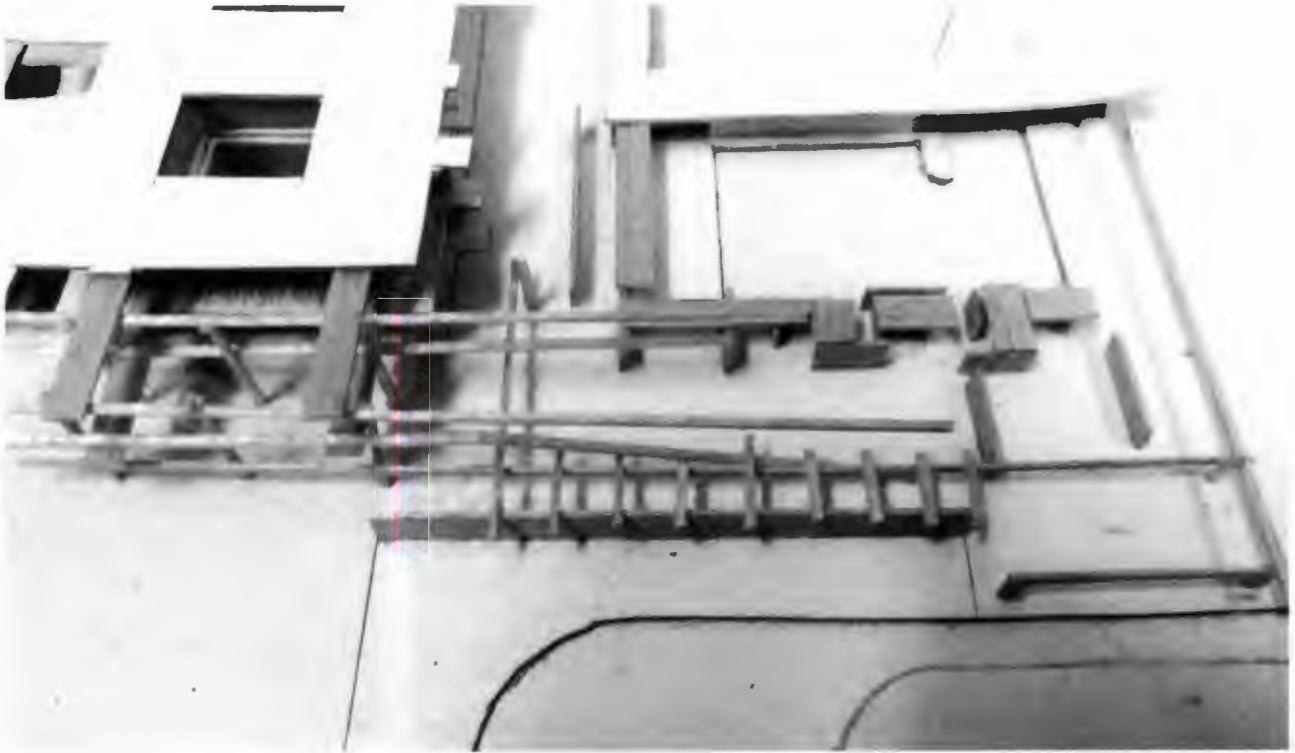
The potential collaboration these two systems may have could have a major impact, especially in the light of HIV Aids and TB treatment.

The programme is intended to create a platform in which African traditional healers can practice, in a variety of ways, which also helps to create a more transparent environment for the two systems to learn and collaborate from each other.

As it has become legislation to incorporate African traditional healing into our primary health care system, this project aims at envisioning what this might be through hybridization. It seeks to challenge the western dominated healing system in a society where over 80% of the population frequent the other or both.

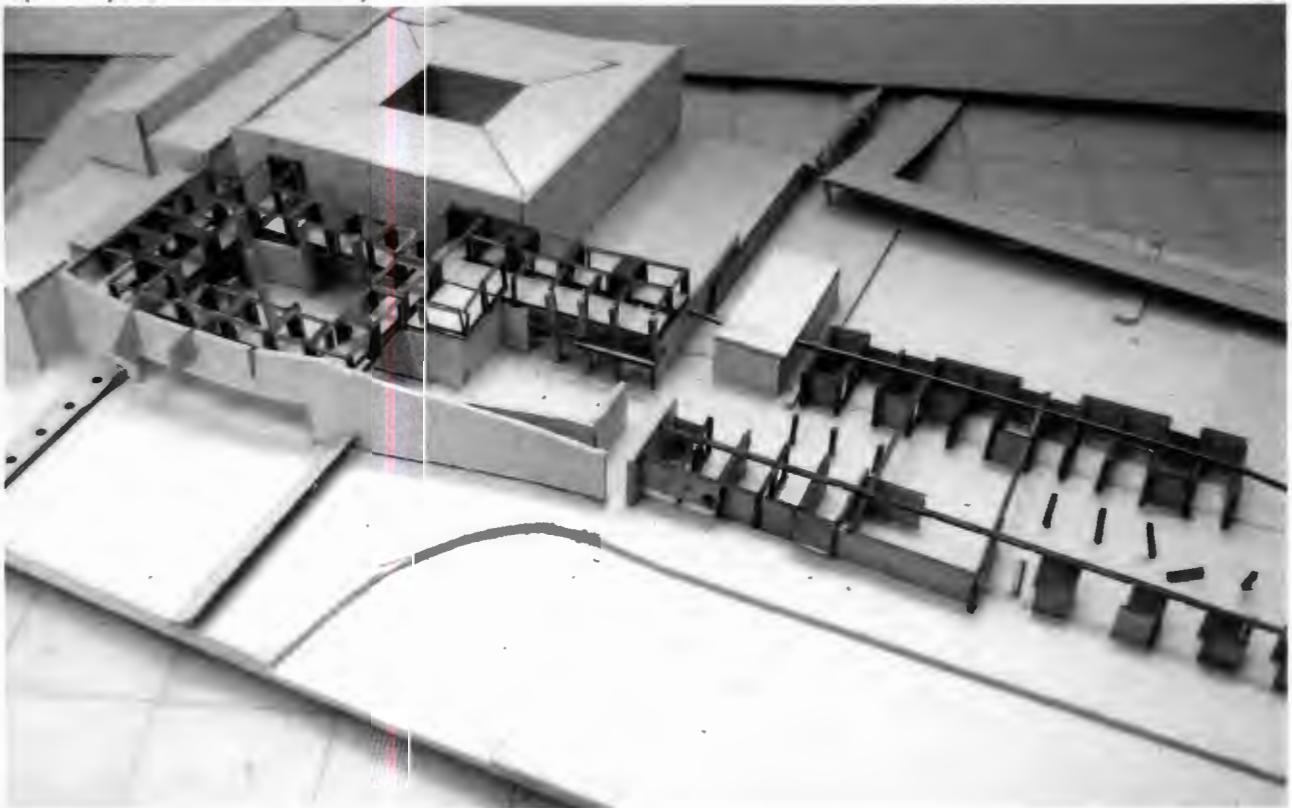
- Adaptable healing system to accommodate for various individual healer users
- collective space for gathering, learning teaching
- market area for various traders
- space for rituals / graduation / training / meeting
- Traditional Healers Organisation head office / resource centre
- HIV/AIDS testing centre collaborative between hospital and new spaces for traditional healers
new cleansing practices based on customary procedure
- Research and training spaces into how these two collaborate
- Memory garden relocation

grafting the two systems



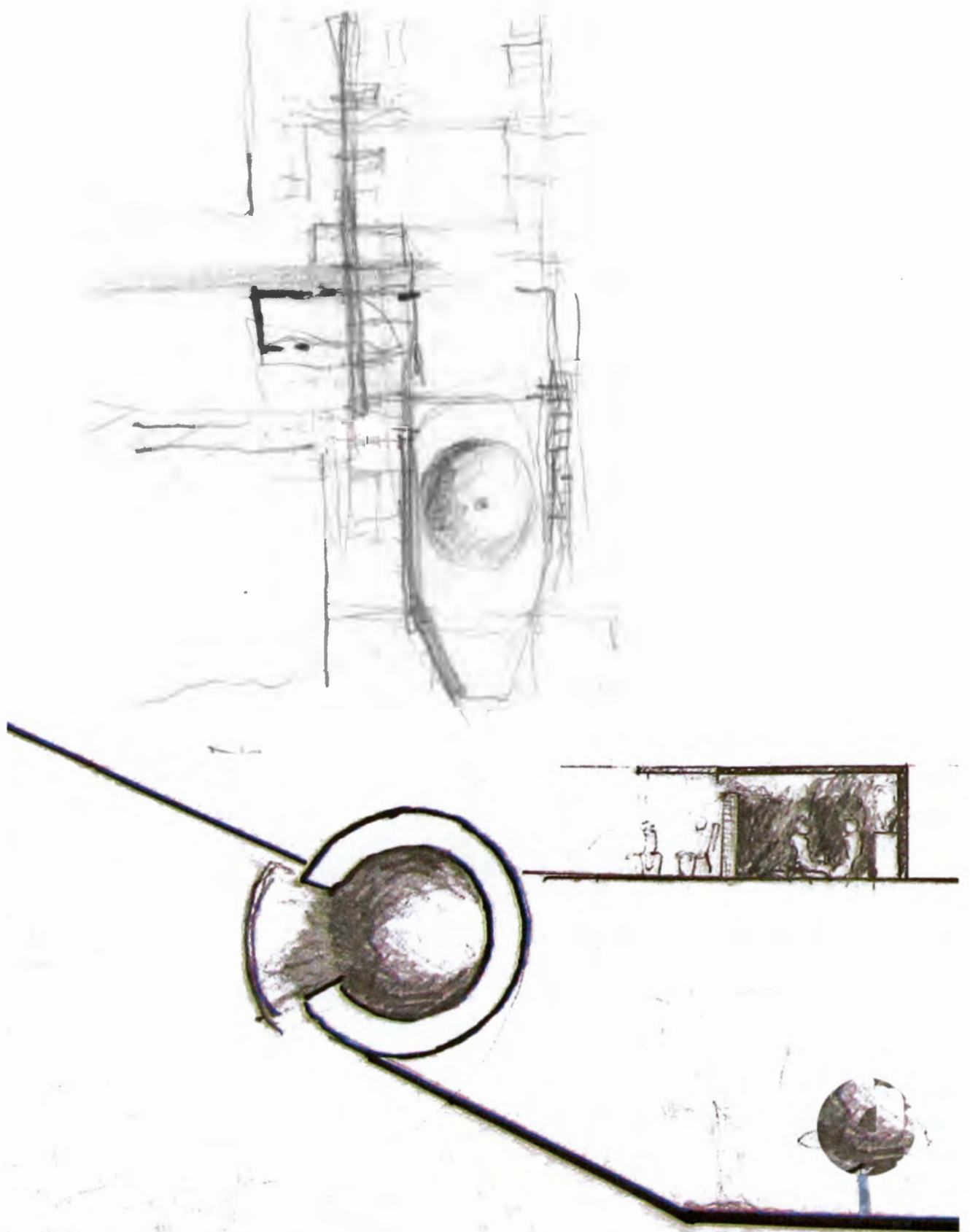
concept model showing various connections between hospital outpatients department and the site. The idea was to pull out movement routes of the hospital on which 'new section' would be grafted.

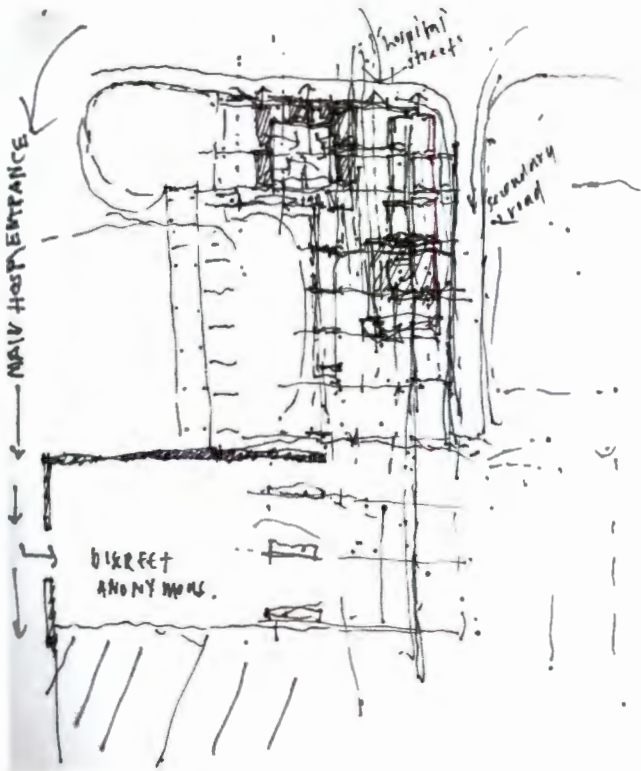
open system vs closed system



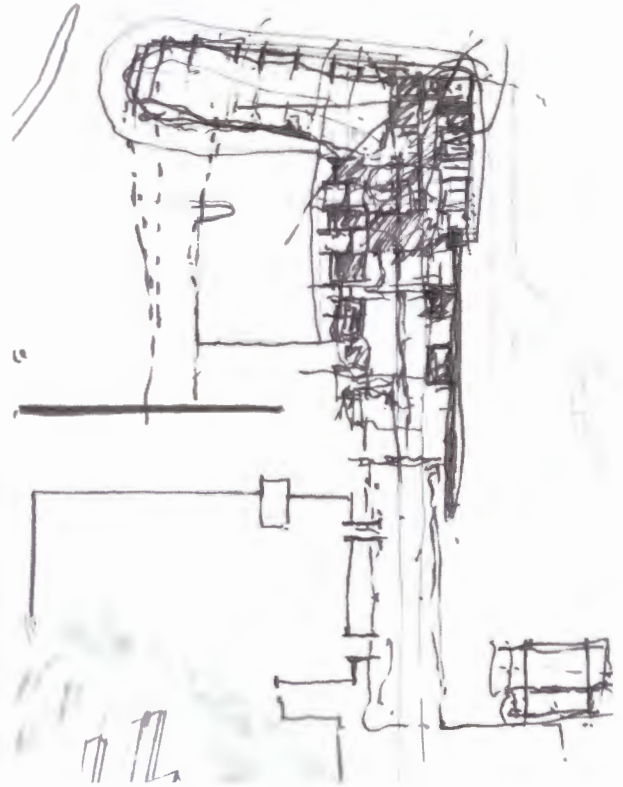
model development exploring an adaptable structure which can grow over time as the system begins to generate.

some sketches

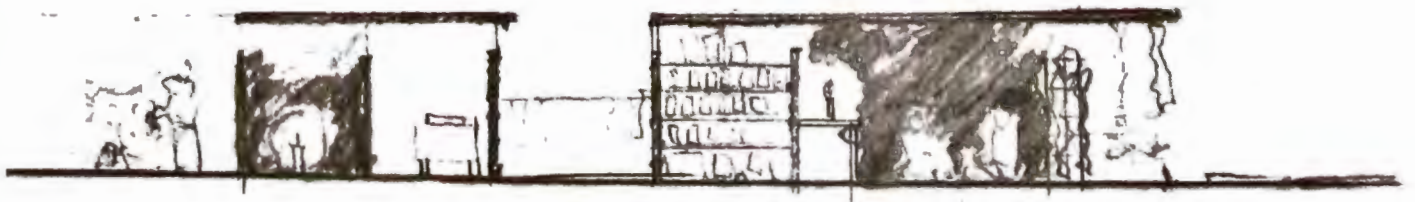




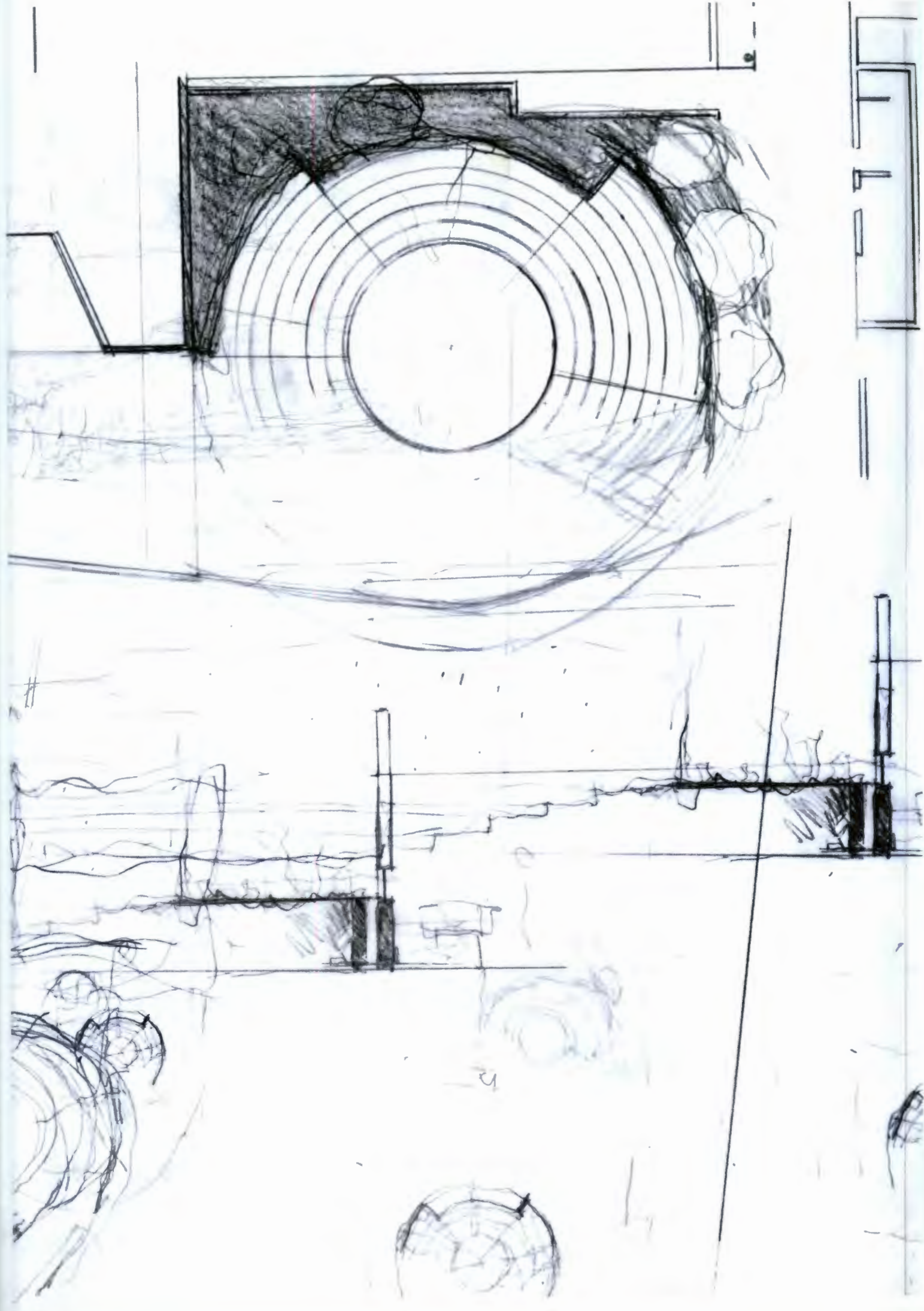
new 'hospital street' - linking to street



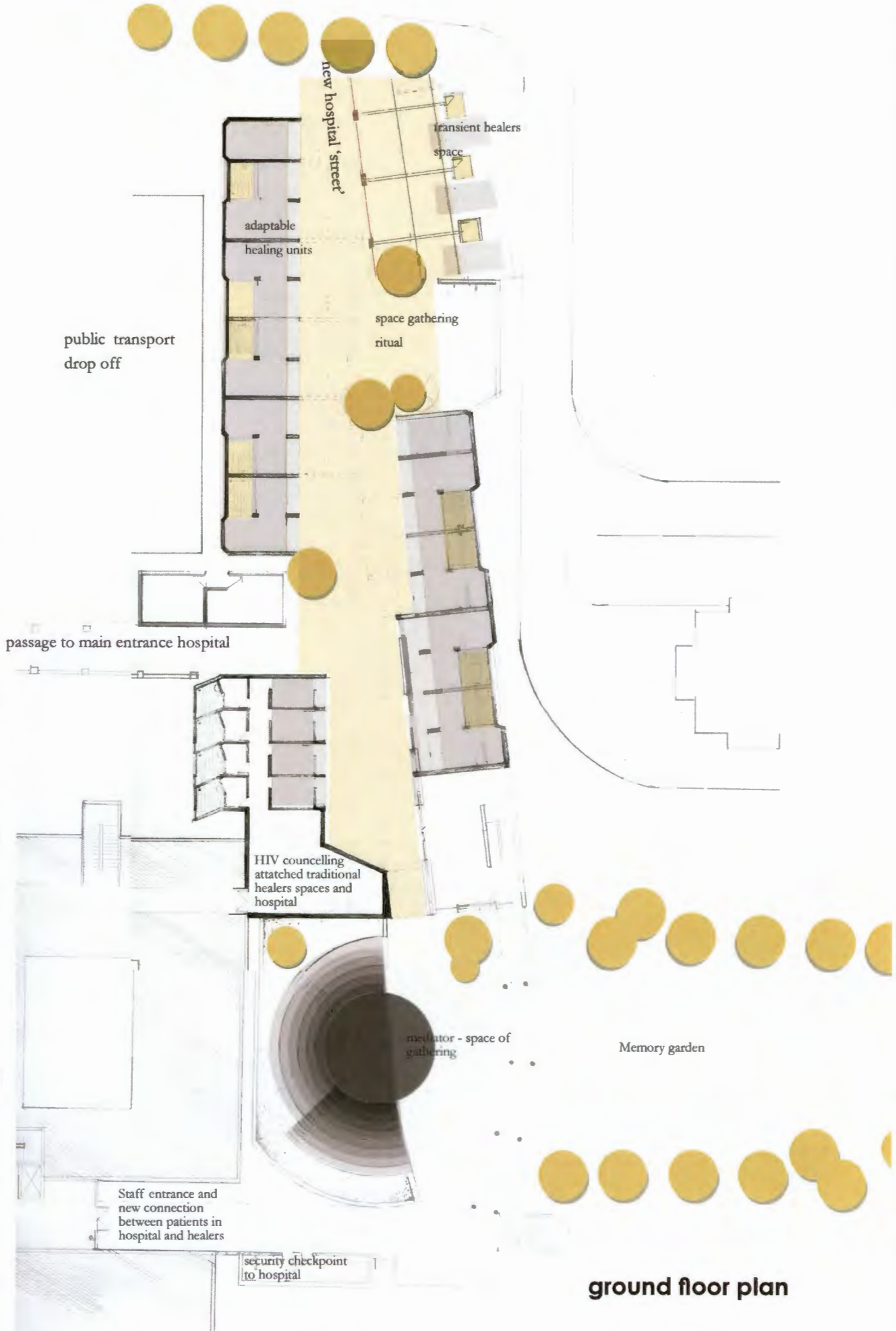
network of interior and exterior spaces

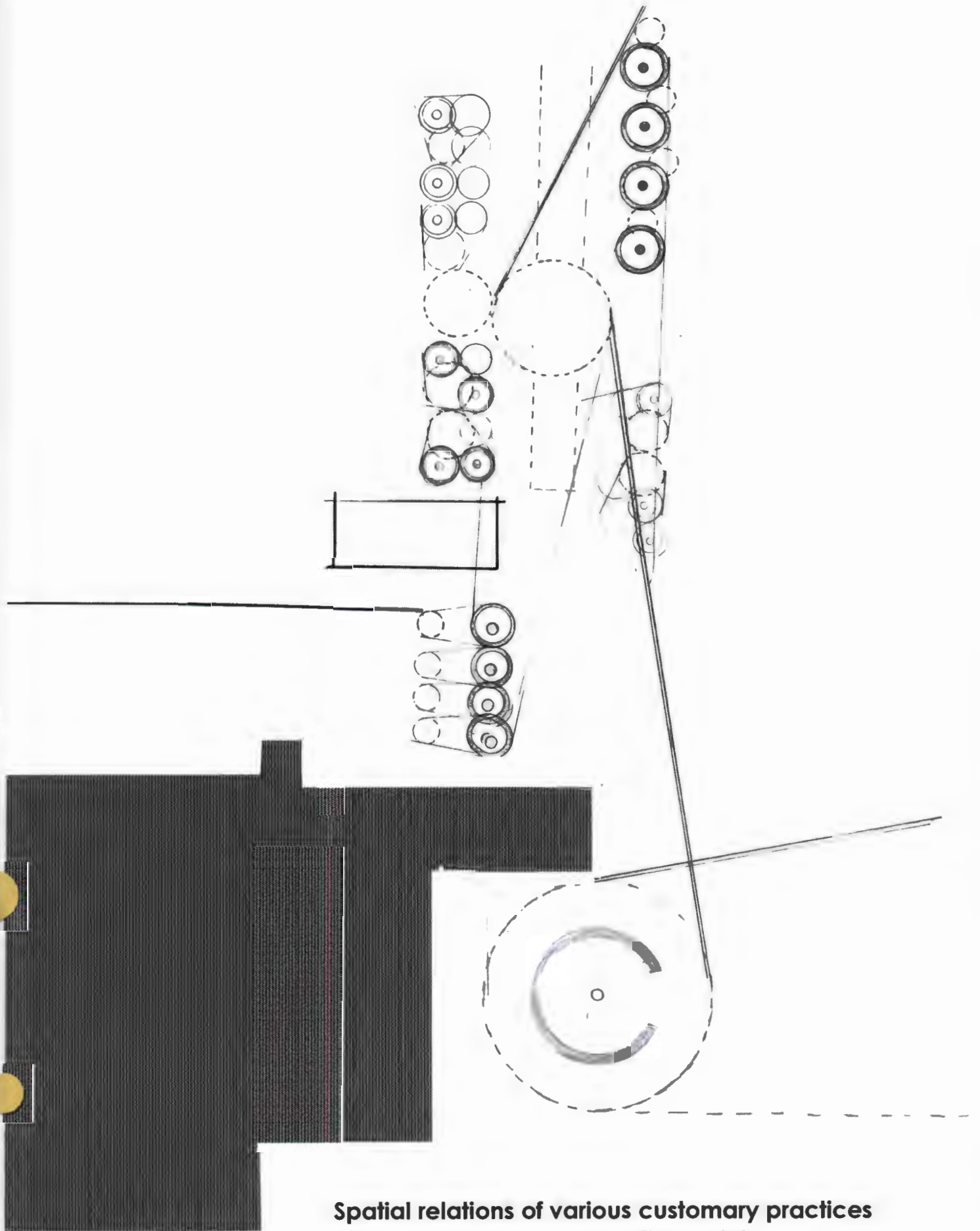






design development (not finalised)

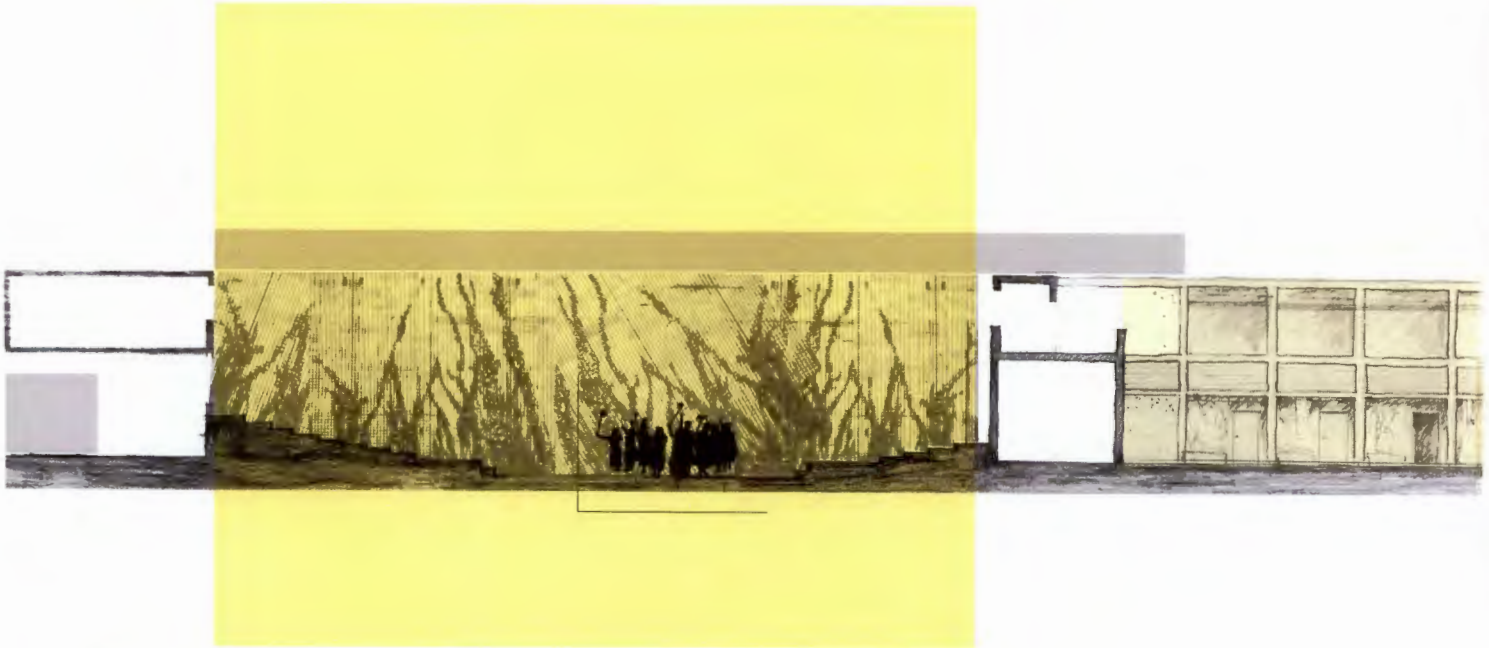
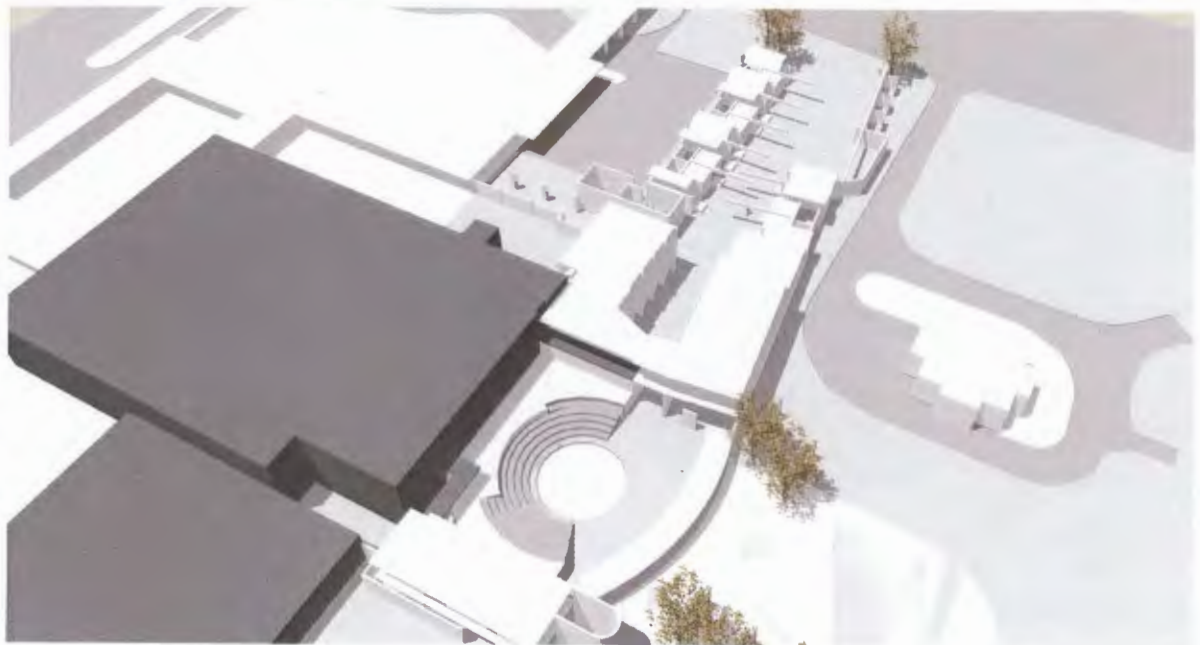


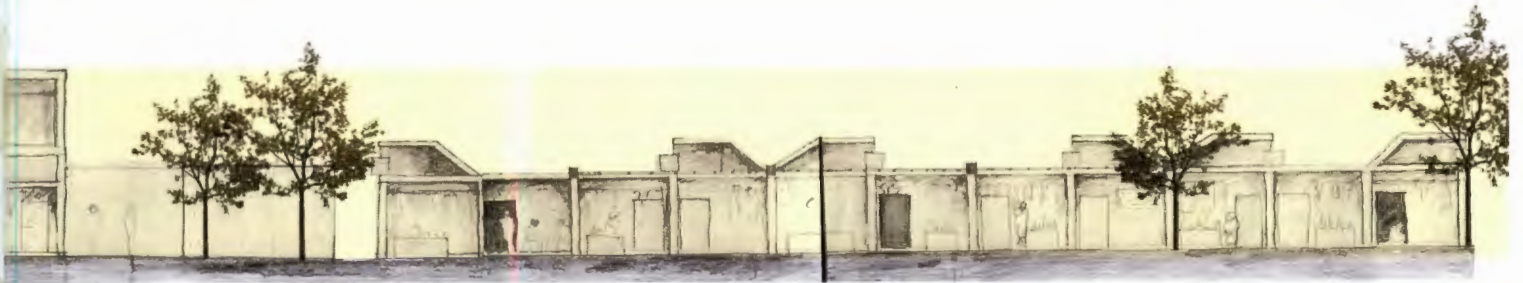


Spatial relations of various customary practices overlaid to show connection points

design development (not finalised)

view looking from hospital to street





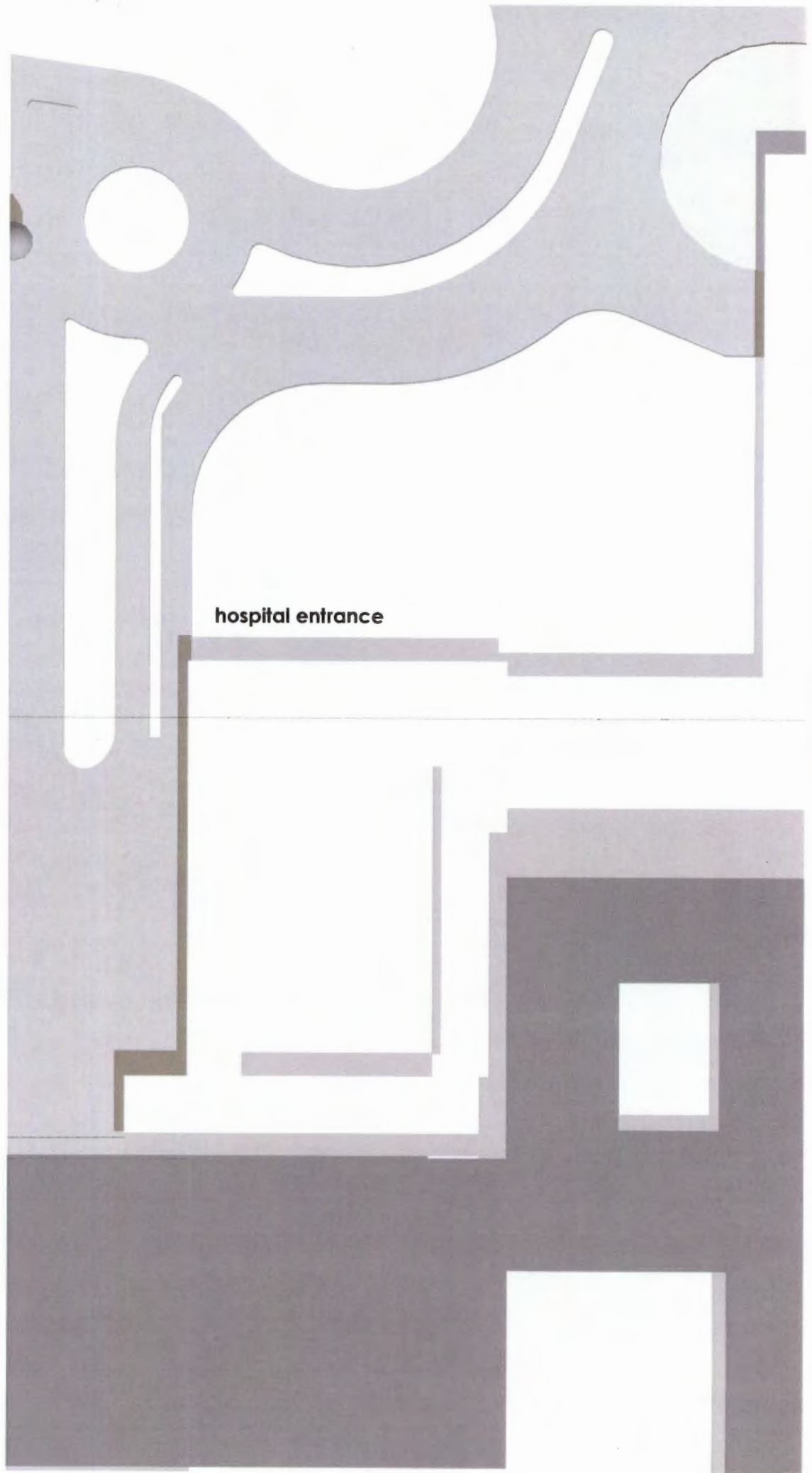
section through site

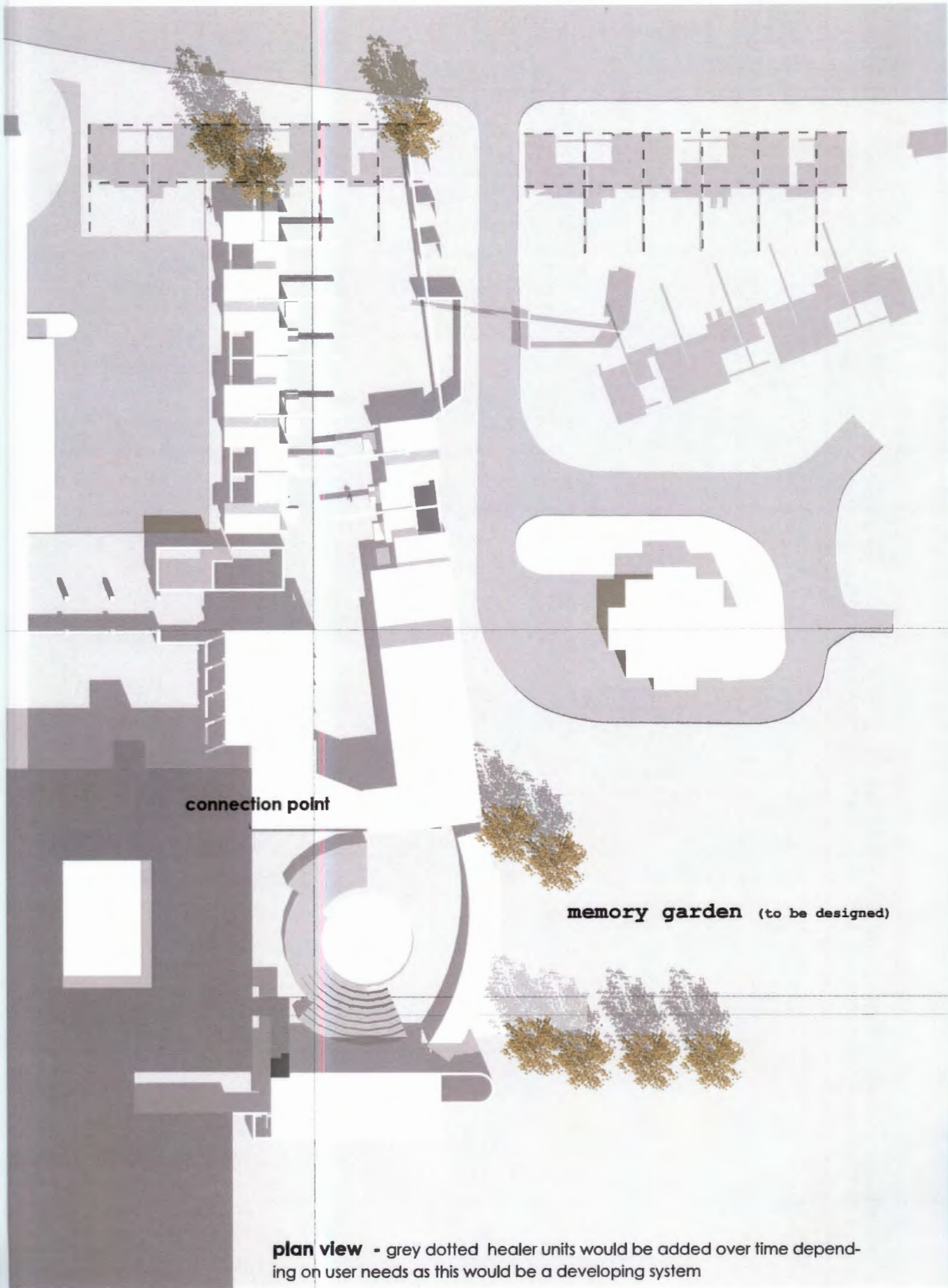


sketch sections through healing spaces and market



design development (not finalised)





connection point

memory garden (to be designed)

plan view - grey dotted healer units would be added over time depending on user needs as this would be a developing system

design development (not finalised)





aerial view ground floor - showing a structural system which caters for various adaptations



aerial view of intervention

Conclusion

The process I have conducted has taken me on a journey of unexpected outcomes. I could not assume what the results would be on the outset of it. One of the reasons I decided to research something of this nature was to challenge myself in thinking about a phenomena that is foreign to my own cultural upbringing and perception of South African city spaces and practices. The reason being is that we live in a country with such diversity and as an architect it is crucial to understand other cultural and societal value systems.

Looking at the spatiality of how various forms of health care services are inserted into the context and the role which they provide has raised many questions in how one designs for them. The thesis challenged how we are appropriating new health care facilities in our context and challenged the hegemony of the western healing system when the majority of the population uses both simultaneously.

I think it is important to imagine future trajectories of what our city could become, which really seeks to deal with our current lived realities. The underlying challenge is too add to the discourse surrounding what the formation of a contemporary African city space could be.

Bibliography

- Alison, J., Brayer, M., & Spiller, N. (2006). *Future City, experiment and utopia in architecture 1950 - 2006*. London: Barbican Art Gallery.
- Ashforth, A. (2005). *Muthi, Medicine and Witbechraft: Regulating 'African Science' in a Post-Apartheid South Africa?* (N. Nattrass, Ed.) *Social Dynamics* , 31 (2), 211-242.
- Bhabha, H. (1994). *The Location of Culture*. London, United Kingdom: Routledge.
- Bologressi, N. (2006). AIDS in Africa: A question of trust. *Nature* , 443, 626-627.
- Bremner, L. (2007). Living in the ruins of apartheid. *Architectural Review* , 1324, 76-79.
- Caple, S., & Jefferson, E. (September/October 2005, vol.75, no.5). Mixology. Architectural Design: The New Mix. *Cultural Dynamic Architecture* , 5-7.
- Chidester, D. (2000). Mapping the Sacred in the Mother City: Religion and urban space in Cape Town. *Journal for the study of religion* , 13 (1), 5-41.
- Comaroff, J. (1980). Healing and the Cultural Order: The Case of the Barolong Boo Ratshidi of Southern Africa. *American Ethnologist* Vol. 7, No. 4 , 637-657.
- Demissie, F. (1997). Representing Architecture in South Africa. *The International Journal of African Historical Studies* , 30 (2), 349-355.
- Eglash, R. (2005). *African Fractals, modern computing and indigenous design*. New York: Rutgers University Press.
- Gerardy, J. (2009, 12 06). S.A's traditional healers seek leap to modernity. Johannesburg, South Africa: *Mail and Guardian*.
- Geschiere, P., Meyer, B., & Pels, P. (Eds.). (2008). *Readings in Modernity in Africa* (1 ed.). Pretoria, South Africa: Unisa Press.
- Hadebe, T. (2010, 05 22). <http://photos.mg.co.za/newsinphotos.php>. Retrieved 05 23, 2010, from <http://www.mg.co.za/>.
- Hajer, M., & Reijndorp, A. (2001). *In Search of a New Public Domain*. Holland: NAI .
- Hammond-Tooke, D. (1989). *Rituals and Medicines - Indigenous Healing in South Africa*. Johannesburg: AID Donker (Pty)Ltd.
- Heidegger, M. (1971). *Building, Dwelling, Thinking: Poetry, Language, Thought*. (A. Hofstadter, Trans.) New York: Harper Colophon Books.
- Holl, S. *Parallax*. Basel: Birkhauser - Publishers for Architecture, 2000.
- Hughes, D. (1994). *Afrocentric Architecture: a design primer*. Columbus: Greyden Press.
- Jacobsen-Widding, A., & Westerlund, D. (1989). *Culture, Experience and Pluralism - Essays on African ideas of illness and healing*. Uppsala: Acta Universitatis Upsaliensis.
- Kale, R. (1995). South Africa 's Health - Traditional healers in South Africa: a parallel health care system. *BMJ* vol 310 , 1182 -1185.
- Kayombo, E., Uiso, F. C., Mbwambo, Z., & Rogasian, M. (2007). Experience of initiating collaboration of traditional healers in managing HIV and AIDS in Tanzania. *Journal of Ethnobiology and Ethnomedicine* .
- Knauer, R. *Transformation Basic principles and Methodology of design*. Basel: Birkhauser , 2008.
- Kurokawa, K. Kisho Kurukawa - *From metabolism to symbiosis*. London: Academy Group/ St Martins Press, 1992.
- Mac Donald, H. (2010, February). *Medical Anthropology lecture notes*. Cape Town: University of Cape Town.
- Meissner, O. (November 2004). The traditional healer as part of the primary health care team? *South African Medical Journal*. Vol. 94, No. 11 , 901-902.
- Nattrass, N. (Ed.). (2005). *Social Dynamics: Special Issue: AIDS and healing strategies in South Africa* (Vol. 31). Cape Town: Centre for African Studies, University of Cape Town.

Otto, F, B Burkhardt, and J Hennie. *Adaptable Architecture*. Stuttgart: University of Stuttgart, 1975.

Pallasmaa, J. *The eyes of the skin - Architecture and the senses*. London: Academy Editions, 1996.

Peek, P. (Ed.). (1991). *African Divination Systems - Ways of Knowing*. Bloomington: Indiana University Press.

Presidency, T. (2005). No. 35 of 2004: *Traditional Health Practitioners Act*, 2004. Government Gazette , 476 (132).

Pretorius, E. (1999). Traditional Healers. (N. Crisp, & A. Ntuli, Eds.) *South African Health Review* , 249-256.

Richter, M. (2003). *Traditional Medicines and Traditional Healers in South Africa*, Johannesburg: TAC - Treatment Action Campaign.

Risse, G. B. (1999). *Mending bodies, saving souls: a history of hospitals*. New York: Oxford University Press.

Simone, A. (1998). *Urban processes and change in Africa*. Dakar, Senegal: CODESRIA.

Van Rensburg, R. J., & Da Costa, M. (2008). Space as Ritual: Rethinking spatial strategies in the African city. *SAJAH* , 23 (3), 43-55.

West, H., & Luedke, T. (Eds.). (2006). *Borders and Healers - Brokering therapeutic resources in Southeast Africa*. Bloomington: Indiana University Press.

World, H. O. (2001). <http://apps.who.int/medicinedocs/en/d/Jh2943e/4.38.html>. Retrieved 05 22, 2010, from <http://www.who.int/en/>.

Wreford, J. T. (2008). *Working with spirit, Experiencing Izangoma Healing in Contemporary South Africa* (Vol. 3). Oxford: Berghahn Books.

Websites used:

<http://harvardmagazine.com/extras/healing-the-whole-patient>. August , 2010 19, 2010. (accessed October 2010).

<http://www.skyscrapercity.com/showthread.php?t=1042265>. January 10, 2010. (accessed October 2010).

Organisation, Traditional Healers. <http://picasaweb.google.com/thohealth/THOI?authkey=Gv1sRgCKemg4SO4OzE1gE#slideshow/5366442406208065234>. 2010. (accessed October 2010).

— <http://www.traditionalhealth.org.za/t/aboutus.html>. 2010. (accessed October 2010).

http://en.wikipedia.org/wiki/Ancient_Greek_medicine. (2010, 04 28). Retrieved 05 16, 2010, from <http://en.wikipedia.org>.

<http://en.wikipedia.org/wiki/Asclepius>. (2010, 05 13). Retrieved 05 16, 2010, from <http://en.wikipedia.org>.

<http://en.wikipedia.org/wiki/Hippocrates>. (2010, 05 16). Retrieved 05 16, 2010, from <http://en.wikipedia.org>.

<http://en.wikipedia.org/wiki/Medicine>. (2010, 05 12). Retrieved 05 16, 2010, from <http://en.wikipedia.org>.