06 appendix

A. Environmental Preference Questionnaire and Report

An environmental preference questionnaire was set up by the author to gain more understanding of the preference of the user groups for the proposed centre. (The questionnaire is attached at the end of the document. The numbers in brackets indicate the picture number that illustrates the preference.)

Part A

Part A was answered by three groups of women; those form a low income group, a medium to high income group, and students. (Assumptions based on their responses are made by the author in this report).

Work Environment

The women from low economic backgrounds chose the city environment as the place they would most like to work, this may be due to the belief that there are better work opportunities here (2). The women from a higher income bracket chose a low rise urban area, with some natural elements such as trees, and water (1). The students chose an urban environment, but with a high degree of nature present (15). Urban environments are seen as places of good work opportunity by all the groups.

Living Environment

The women from low economic means preferred residential neighbourhoods, and low rise apartment type accommodation both in urban areas (4, 15). The higher income bracket chose a more rural environment, with unobtrusive buildings, trees and a strong natural presence (12). The students chose an environment with undisturbed nature, water features and clean building lines (7). The difference in preference is most likely due to the fact that residential suburbs have good services, and the low income bracket may not have this where they currently reside. The older women preferred more rural environments to the students, as they have probably experienced the city, and now prefer a quieter life.

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Relaxation/recreational purposes

Nature features strongly in the choice of the low income women. Water, trees and the aesthetics of the building are important (8, 12). The higher income ladies chose completely undisturbed nature, with water and mountain scenery (11). The students chose a rural setting with a village type atmosphere (17). The low income group's response identified environments similar to those of rural settlements; the younger women's preference was for an environment with human stimuli in it, and the older women to completely natural settings.

Most appealing

Very natural environments, with buildings of natural materials such as stone and thatch were chosen by the low income group. Human interference has a minimal effect on the environment (8, 11). The higher income group chose an environment that was dominated by trees, with unimposing architecture (12). The students again chose the rural, village type environment (17).   All of these choices are similar in that they are not urban environments, and have a high degree of natural and undisturbed content.

Healing environment (for yourself)

The women from the low income were divided, half chose a city environment (2), the other half chose a rural environment (12). The choice of an urban environment may be due to the belief that better medical care would be obtained here. The others wanted to be able to heal in a quiet place, with calming, natural surrounds. The higher income bracket chose the rural environment, with a strong natural presence (12). The students chose the rural, village type setting again (17). The choice of rural environments indicates that they believe this environment is more conducive to healing.

Healing Environment (daughter/mother/sister)

This varied greatly between the women of the low income group. They were divided between rural settings with a strong nature presence, and a more urban setting (12, 13). The response was not the same as the previous question, good treatment for the family member was the primary concern.   The higher income bracket chose the rural environment, with a strong natural presence (12). This is the same as the answer for where they would want to be to heal. The students chose a rural environment, with high natural presence, and an environment where only nature was present (11, 12). The students chose a more natural and undisturbed environment for their family member.

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Quiet time alone

Half of the low income group use a natural setting such as the park, or a nearby stream to spend quiet time alone, others mentioned their bedroom. This is private space. One woman said that she goes window shopping. Here there is anonymity and human contact. The higher income group said that they prefer to spend quiet time in completely natural surrounds, outdoors in the fresh air, surrounded by trees, birds and water. The students indicated that they like places in nature that are quiet with a good view. Other places mentioned were the bathroom, or a coffee shop.

Psychologist

All the groups indicated that they would visit a psychologist if they were a victim of trauma or abuse. One woman indicated that she might speak to her minister before she spoke to a psychologist.

General Environmental Preference

The low income group indicated a strong dislike for urban environments that are noisy, dirty, with few natural elements (10, 16, 18). They indicated a strong preference for rural environments (8, 12). Completely rural and unspoilt areas were not prefered. The group was indifferent about residential areas and urban areas (5, 14).

The higher income women had a strong preference for completely natural, undisturbed areas, with no human intervention (3, 11). As with the above group they do not like urban environments that are noisy, busy and deviod of natural elements (9, 16). They too were indifferent to urban areas (5, 14). The two older groups had very similar results in terms of preference rating of the environment.

The student's response is very similar to that of the above groups. They had a slightly stronger preference for environments that were urban, but disliked crowded and noisy areas (15). This is probably due to the fact that the students percieve an urban environment as stimulating and full of opportunities.

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integrated wellness

Holidays (in a different environment)

All of the low income women replied positively to holidays. The experience of learning about new cultures, their language and seeing new things was a strong reason for holidays being beneficial. Other reasons included the need to remove yourself from everyday situations, relax and 'help you breath'.

The higher income group indicated that holidays were good, as they refresh and remove one from everyday activities and stress. They indicated it was good to experience new things and be in different environments.

The students response rated stress relief and relaxation as reasons for holidays. One student mentioned that by removing yourself from everyday reality, your perspective on it is restored. They also said that it is exciting and good to see new things.

Psychological health and the Environment

The low income bracket indicated that they were affected by the environment, and do feel differently.

The second adult group were of the opinion that an environment does influence a person psychologically. Many of them stated that an environment can be conducive to healing and health. Apart from the obvious such as pollution and dirt affecting health, they stated that a person's mood and attitude to an environment affected healing. In order to aid healing you need to be positive.

The student's response was similar to the above. One stated that the environment influences our emotions, reactions and perspective, but not all problems will be solved simply by the environment they are in. They also said that some environments are more conducive to good healing than others.

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nd Countryside

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Part B

Conclusion
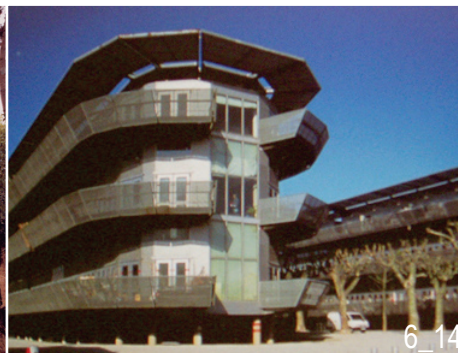
This section was only answered by black women with low economic income.

Have you ever consulted a traditional healer?

Most answered yes, the two who answered no, said that they did not like traditional healers.

Would you tell if you were abused?

All of the women, apart form one, said that they would tell someone if they were abused. They said that they would be most likely to tell a family member, doctor or minister about it. One woman said she would attend workshops for those that had been abused.

All the women said that they would visit a psychologist if they had been abused. Only two of the six women questioned would visit a traditional healer if they had emotional and mental problems. All of the women apart from one would be willing to join a 'group therapy' session for women who had experienced similar trauma or abuse.

Half of the women said that they liked the hospital and clinic where they went, as it was clean and are helped. The other half said that they did not like them, as they are complicated places to go to, that are not easy to understand and confusing in their layout of facilities. They also mentioned that the service was poor and the staff were unfriendly and unhelpful.

There is consensus between the groups that urban environments are the best for work opportunity. There is a much higher preference among the higher income women to environments that are undisturbed, natural with little human intervention for living and recreational purposes. The students preferred an area with slightly more human intervention than the previously mentioned group. The low income group had a preference for urban residential neighbourhoods as living environments. This is most likely due to their current living conditions not being up to this standard, and the living environments of the other groups are. This links to Maslows (1970) hierarchy of needs, where the low incomes needs are still at a basic level of survival and safety. The other groups are at self-fulfilment.

In terms of healing the general choice of environments was rural, quiet, with a high degree of nature present. Some of the low income group was concerned with quality of care, and believed that this would be better in an urban setting. This again reiterates the basic needs for survival that may be lacking in this group. Being well, and getting the correct care is more important to them than what environment they are in. However, all of the groups think that your emotion and mental state are affected by environment.

All of the women said that they would seek help if they were a victim of abuse or trauma. The use of traditional healers by black women is limited though. They would not go to them if they had been abused or through a traumatic experience, but would rather see a psychologist. This may be due to the perception that a psychologist is better trained to deal with such a matter, and that they have the necessary contacts to inform the relevant authorities.

Environmental Preference Questionnaire
Part A

1. In which of the following environments would you most like to work? (number)

2. In which of the following environments would you most like to live? (number)

3. Which environment would you like to be in for relaxation/recreational purposes? (number)

4. Out of the images presented, which environment appeals to you the most? (number)

5. If you were sick/ needed to heal which environment would you like to be in? (number)

6. If daughter/mother/sister was sick and needed to get better, which environment would you choose for her? (number)

7. What is your ideal environment for spending quiet time alone? (if there is a place that you currently go, describe it in a few words)

8. Rate the environments on a scale of 1 – 5. (1 – most appealing, 5 – least appealing)

9. If you were a victim of trauma or abuse would you visit a psychologist? (Y/N)

10. Do you think that holidays, in a different environment from your everyday life are good? (Y/N)   Why? (short answer)

11. Do you believe that healing and psychological health can be affected by the environment? (Y/N)   Why? (short answer)

Part B

12. Have you ever been to a traditional healer? (Y/N)

13. If you were abused or mistreated would you tell anyone about it? (Y/N) If yes who would you tell?

14. Would you visit a psychologist if there was something troubling your mind? (Y/N)

15. Would you visit a traditional healer if there was something troubling your mind? (Y/N)

16. Would you discuss your problem with a group of friends, or people who had experienced the same? (Y/N)

17. Do you like the environment of the clinic/ hospital that you visit? (Y/N) Why?

Pictures
Here follow the pictures that were given with the questionnaire, numbered as they originally were.

picture 1

picture 2

picture 3

picture 4

picture 5

picture 6

picture 7

picture 8

picture 9

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environmental preference

picture 10

picture 11

picture 12

picture 13

picture 14

picture 15

picture 16

picture 17

picture 18

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environmental preference
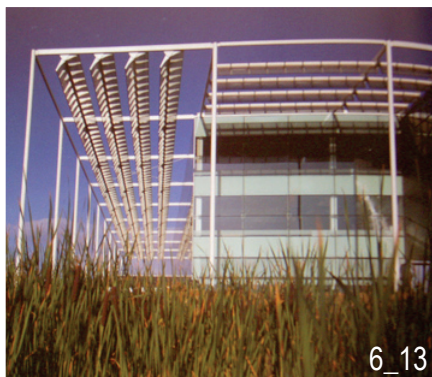
B. Traditional Healing

In attempting to understand and analyze health and illness in any society, individual's behaviours, interactions and social structures must be placed within a cultural context (Loustaunau 1997:10). Culture affects our perceptions and experiences of health and illness in many ways, and these perceptions and experiences change as culture changes (Loustaunau 1997:17).

Traditional Healers

Traditional healers have been practising in Africa for about 4500 years, before there had been any knowledge of the Western medicinal system (Adler 1995:45).   Before the European colonisation of South Africa, traditional medicine exerted great political influence in public and private affairs.   Under missionary influence, as well as imperialistic political trends, traditional medicinal practises were prohibited (Adler 1995:45).

True respect for the important work of the traditional healer has waned in modern times, partly due to the misconceptions about their practise (Schuster Campbell 1998:1). "*We are not practising witchcraft or promoting evil or harm*," says Dlamini, professional nurse and sangoma, "*Traditional healers use only natural substances. We have a deep knowledge of the medicinal properties of our indigenous plants*".

African traditional healers diagnose illness, prescribe and prepare herbal medicines, provide counselling and offer spiritual support (Schuster Campbell 1998: 7).   Traditional African medicine and treatments address healing of both the body and the spirit and can be a catalyst for subtle yet profound changes. The treatment used by the traditional healers, and diviners varies greatly and depends on the healers own knowledge and skills as well as the patients own illness (Hammond-Tooke 123:1989). Satisfactory healing involves not merely the recovery from bodily symptoms, but the social and psychological reintegration of the patient into his community (Adler 1995:44).

Training

The training period for traditional healers can last from one to ten years, during which time the students may not see their family, must abstain from sexual contact and often live under harsh conditions (Schuster Campbell 1998:48). All this is part of the cleansing process to prepare the healer for their life.

Graduation is not a ceremony to acknowledge completion of study, as it is in western study, but it is in fact the most difficult test endured during the healers training (Schuster Campbell 1998:66). The graduation ceremony is the most exotic and primitive experience the healers go through, and therefore the most colourful to westerners.

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Healers

There are two kinds of healers in southern Africa. The first type is 'called' to the profession (Schuster Campbell 1998:79). This person receives a powerful spiritual calling from the ancestors, *thawsa,* that is not easy to resist, and can have physical complications if they do resist. This group has the strictest code of conduct. They are also called a *sangoma* or *inyanga*. These are the most spiritual of the healers, with the highest ethic. All members of this group believe in God, and that the ancestors act as a go-between, between God and the healer. This is a deep calling that can only be given up in death.

The second category chooses to train and study due to their interest, and are often called herbalists (Schuster Campbell 1998:80). There is no code of conduct, or 'contract' between themselves and a higher power to heal and never harm. They are students that merely learn about the herbs and treatments, and apply this knowledge. They have no psychic ability and never cross over into the sangoma group. The herbalist's knowledge is based on years of experience assisting a *sangoma* or an experienced herbalist (Schuster Campbell 1998:1). Herbalists are important contributors to the primary healthcare system.

The witchdoctors are at the opposite end of the spectrum (Schuster Campbell 1998:1). These purveyors of mutis and charms, cause endless harm. They frequently operate at night and focus on retribution. The witchdoctors believe there is an external source, usually another person, responsible for the patients illness. In contrast the healers believe that each person is responsible for their own healing, and harming another person will never help cure a patient.

Treatment Aids

The purity of herbs that Traditional healers use is crucial (Schuster Campbell 1998:5). Great pains are taken to collect and purchase herbs, plants and barks from areas not contaminated by pesticides. Herbal medicines can be taken in a variety of ways. The powder can be boiled and taken as a tea, inhaled during a steaming process, or rubbed lightly into a shallow cut also called the traditional injection. Tools and objects for the preparation of herbs are purely functional, with no inherent magical powers.

Medicinal plants are used widely by indigenous South African healers and are also used by the public for self care. In addition to being used for conditions recognised by modern medicine, the herbal treatments are used for magical, ritual and symbolic purposes and for treating 'traditional ailments. The plants are usually used in raw form and are harvested in the wild.

South Africa has a remarkable biodiversity with approximately 3000 species of plants that are used as medicines. About 350 species are the most commonly used and traded throughout the country. Although there are no accurate figures available, unregulated trade in rude medicinal roots, barks, bulbs and leaves is estimated to be worth R1 billion annually (Schuster Campbell 1998:77). The annual turn over for the top 35 crude herbal medicines in Gauteng Province alone is estimated to be R21 million.

The healers describe the 'ancestors' as spirits, much like guardian angels. The ancestors make contact through a healers consultation or through personal dreams (Schuster Campbell 1998:38). The ancestors use the healer as an instrument to do their work. In the old days people honoured and contacted their ancestors easily. Their close contact with the ancestors healed physical ailments and personal relationships. They were guided and well protected. Today there is a loss of respect and understanding of the traditional ways in this regard (Schuster Campbell 1998:39).

The throwing of the bones is a very powerful diagnostic tool. The ancestors aid in the interpretation of the bones, it is not a skill that can be learnt (Schuster Campbell 1998:56). Bones refer to actual bones, often those of a goat eaten in the healers' graduation or initiation ceremony signalling the completion of training. Bones may also include dominoes, coins, a symbol of a foot or an actual foot (of a rooster or monkey), sea shells and small smooth stones.

6_01 Traditional healing vs. Western psychotherapy

Traditional healing	Western psychotherapy
Focus is on the individual client and their whole family.	Focus is usually on the individual client, although family therapy is often used.
Main tool is divining bones. Also makes use of rituals like music and dance.	Main tools are the psychotherapeutic interview, assessment and specific therapeutic counselling strategies.
Exploration of the client's standing with their ancestors and neighbours, as it is believed human machinations of witches and sorcerers can cause problems.	Promotion of insight, exploration feelings and the use of specific intervention and techniques.
Usually treats patient in community where he/she lives.	Usually treats patient in consulting rooms outside the community.
Makes use of systemic thinking.	Utilises the eclectic approach.
Unlicensed but governed by high moral code. Many charlatans exist.	Licensed and bound by ethical code. Very few charlatans are found.
Main inclinations: sort things out between patients and ancestors.	Main message: develop inner resources and strategies to deal effectively with external factors and intrapsychic conflict.

(Adapted from Bodibe, 1992 in Adler 1995:53)

06 traditional healing

Healing Today

"*There is a traditional belief system that is bound up in healing that the southern African cannot and maybe should not, get away from*" (Lemmer in Schuster Campbell 1998:162). "*Healing is a strong part of the tradition and historic fabric. There are many people who are anti traditional healers but they have been here for much longer than modern medicine has. In general practise many of the patients that come to see the doctor do not need medicine. They need to talk. They might have something physically wrong with them but much of the problem is psychological. This is just one area where the traditional healer plays a very important role*".

One of the many changes that came with the dismantling of apartheid in South Africa was the creation of a health system that would be applicable to the needs of all the people of the country (Adler 1995: 41). With a white minority government in control, the health system had also been 'white', that is, based on the Western approach to medicine. This automatically meant that the traditional African approach to healing, favoured by many 85% black population, was not officially and legally recognised, but disparaged by the white establishment.

It has often been stated that traditional healers are accessible because compared with modern medical practitioners, they have the advantage of cultural, social, psychological and geographic proximity (Adler 1995:47). The traditional healers form a crucial link between the community and the western medical professionals (Schuster Campbell 1998:4). Senior, credible traditional healers are well established, well-respected, accepted and trusted by the community. They are a precious resource for the dissemination of basic health care, especially in rural areas where access to information is limited.

Duality in Healing

Although it is customary to distinguish between physical and mental health, this distinction is artificial in nature; it does not describe what happens to many patients who simultaneously suffer from physical and psychic distress (Gielen in Adler 1995: xvii). In contrast to the modern division between body and mind, traditional notions of healing have always perceived the patient as inhabiting a unitary world of visible and invisible forces. The traditional healer must simultaneously cure body and soul; otherwise society will perceive him as a failure (Gielen in Adler 1995: xvii). Healing does not merely consist of the recovery of physical strength and health but must also result in the integration of the patient into his/her social group.

As medical science developed and advanced, so the dualistic approach of mind-body interaction grew, and dominated medical thinking up until the twentieth century (Adler 1995:7). The earliest attempt to take psychological causation into account in the disease process was the development of the concept of psychosomatic illness (Adler 1995:7). It stressed the role of the unconscious motivation, and reintroduced the human factor into the etiology of the disease process.

The relationship between mental and physical heath is well documented (Adler 1995:197). In some cases, emotional disorders are misdiagnosed as physical illness. There is evidence that individuals with mental illness may be more susceptible to physical disorders. Many patients present with both physical and psychiatric problems, and physicians must be prepared to treat and diagnose both. Yet, in literature, health and mental health are more frequently treated as separate entities. This is beginning to diminish with the trend towards interdisciplinary treatment teams and holistic treatment strategies.

C. Trauma and Abuse

Victimology

The British Crime Survey identified that the risk of victimisation is often related to geographical areas (Davies 2004:12).   These areas have common characteristics: they are in the main, low status, urban areas of low quality housing with above average concentrations of children, teenagers and young adults and with a preponderance of single adult households.   On the basis of this, some neighbourhoods themselves can be seen as victims of crime (Davies 2004:18).

Many communities are affected by ongoing cycles of violence.   This includes revenge attacks and other forms of aggression taken out on others, such as domestic violence, sexual violence and violent crime (Meintjies p.13).   Vulnerability to crime and fear of crime are exacerbated by social, economic and political exclusion.

Academic studies have identified that children and teenagers who suffer a high incidence of crime, are disproportionately likely to be victims, and that fear of crime has a damaging effect on their lives (Davies 2004:16).

Older people have different risks of victimisation compared to younger people (Davies 2004:65).   The first is harassment in public space, this may include name-calling, nuisance and vandalism as well as mugging of older people for their pensions.   The second is elder abuse in private space, defined as the physical, sexual, psychological and financial abuse of older people taking place in domestic or institutional context.

The impact of trauma extends beyond the individual who was directly involved in the event.   It often affects the family, friends, neighbourhood, community and even society at large.   Family and friends are likely to have some sort of traumatic stress response, including feelings of horror, fear and feeling helpless to assist the person involved in the trauma (Meintjies p.13).

The 'social disorganisation model' argues that anti-social and offending behaviours are normalised in certain areas.   The 'normalisation' of offending behaviour is seen to be more likely to occur where people have weak social ties to sources of conformity such as school, job opportunities and community with stronger ties to sources of non-conforming behaviour such as gang cultures, unemployment and criminal opportunities (Davies 2004:84).

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Trauma Intervention trauma intervention

The following is information out of various Sinani, (The Kwazulu-Natal Programme for the Survivors of Violence) pamphlets and Manuals:

A traumatic experience usually involves:
- Danger or threat to one's life
- Feelings of intense fear, helplessness or horror.

A normal post traumatic response usually involves the following:
- Nightmares
- Concentration difficulties
- Headaches and bodily pains
- Irritability
- Anger
- Guilt
- Spiritual questioning
- Avoiding things associated with the trauma
- Flashbacks, and constantly thinking of the event

Trauma intervention can help the person cope with the event, and feel less lonely and isolated afterwards. The aim is to integrate the memory, so that it can be thought about without fear and helplessness. Although there are different aspects of trauma intervention, they have the same aims:
1. to allow expression of the traumatic experience and related feelings
2. to do this in a manageable way, within a safe relationship with someone who is in control of the process

The Sinani Workbook describes the cycle of violence by emphasising that exposure to violence leads to extreme fear, hurt and anger. If the person is not well supported after the violence, one of three things may happen:
1. The anger may be displaced onto others, in the form of domestic violence, sexual violence or crime.
2. The anger may grow inside the person, and turn onto hatred and the desire for revenge. This is common where a person's dignity has been damaged, and where close family have been attacked or killed. The cycle of violence then continues.
3. Some survivors of violence blame themselves for the violence. These people unconsciously put themselves at risk of further violence (Meintjies p.15).

If a person's fear, anger and hurt are expressed and contained in a safe relationship, then peace is more likely (Meintjies p.16). Trauma counselling tries to empower the victim, so that they can once more be in control of their lives.

Children are just as affected by trauma as adults (Meintjies p.42). If a child has been exposed to a traumatic event, care should be taken to support the child in dealing with, and understanding the event. Children take a lot longer than adults to develop trust after a traumatic event, and may express themselves better through playing games, pictures and other means.

Adults are affected by different forms of violence, such as physical, sexual, emotional and economic abuse (Meintjies p.73). Usually these people have never had the opportunity to deal with past traumatic experiences. Therefore they often struggle in handling their daily lives. Many have not been exposed to any formal education. As a result they do not realise their strengths or capabilities. These adults still want to be seen by their children as good parents who are able to provide for them.

Many people in South Africa, from all different economic and cultural backgrounds, suffer repeated physical, emotional and/or sexual abuse from their partners. This is an example of complex trauma which is difficult to deal with because of the personal relationship between the perpetrator and the victim (Meintjies p.50).

Group work with survivors of trauma can be one of the most effective forms of support. The following are reasons why it is so effective:

1. people feel safer working in a group
2. for many cultures, it is more appropriate to process something like trauma with other people
3. hearing other peoples stories can offer a sense of relief
4. survivors feel less alone when they know that others have been through difficulties
5. people in the group are able to support one another
6. having your story heard and accepted by several people similar to yourself can be a powerful healing process (Meintjies p.73)

The following are some of the Trauma Interventions offered by Sinani (The KwaZulu Natal Programme for Survivors of Violence)

African Dream Circus

The circus helps young Africans to realise their dreams. Participants enrich themselves with new skills and cope with the past; through this they develop emotionally, physically and psychologically, regain self-esteem and trust among themselves. The circus also gives them a means of making a living.

The performers work with youth and children and show them that there is hope. The circus performs for communities who are survivors to bring back smiles, and repair their souls. This programme uses victims to reach other victims.

Emotional healing arts

Young people from previously disadvantaged communities, who have suffered from various social problems share the objective of working towards peace and reconciliation. Stories are collected and crafted into performances as a means of expression. These stories are intended to heal affected communities. The group performs psychodramas, traditional dancing and different types of music, all of which reflect and express their local way of life, in order to heal the hearts of the KwaZulu Natal people.

The adult programme

This programme works with adults affected by different forms of violence, such as physical, sexual, emotional and economic abuse. Usually these people have never had the opportunity to deal with past traumatic experiences, therefore they often struggle in handling their daily lives.

Victim-empowerment training such as life skills, decision making, problem solving and self determination are conducted. This includes weekly adult groups, stress and trauma workshops, wilderness trails.

south african police

South African Police Service (SAPS)

The SAPS has a commitment to women, and has a complete section on women and children on their website, called Conversation with Women in which they aim to break the silence.

On their web page they state the following:
If you have been the victim of crime we will:

- treat you with respect and dignity;
- take whatever steps necessary to investigate your case;
- give you regular feedback on your case;
- inform you of available victim support services in your area;
- inform you of the procedure that must be followed in your case; and
- treat any information you give us as confidential

"The empowerment of women enhances service delivery at all levels as women and men carry the workload together. Let us stand together and build a people's contract for a safe and secure South Africa."

On their website as part of their crime prevention method, there are precautions to take to avoid being assaulted, or raped, and what to do if this has taken place. It also lists the normal procedures that take place once the crime has been reported. There is also a section on domestic violence which includes definitions, information on assistance and protection orders as well as the normal procedures for intervention.

The following are trauma based websites

www. healingofmemories.co.za Healing of Memories, for Political Violence
www.itn.org.za Inter trauma nexus
www.survivors.org.za KwaZulu Natal Programme for the Survivors of Violence, SINANI
www.powa.co.za People Opposing Woman Abuse
www.saps.gov.za South African Police Service
www.santsep.co.za Themba Lesizwe
www.trauma.org.za Trauma Network

D. Alternative Healing

"A system of healthcare which is capable of keeping people healthy in both mind and body, must put its emphasis on health, not sickness… it must be able to encourage people in daily practises that lead to health. The core of the solution, as far as we can see, must be a system of small, widely distributed, health centres which encourage physical activities… swimming, dance, sports and fresh air." (Alexander 1977:252)

Hydrotherapy

In hydrotherapy the waters can be taken in many different ways, internally or externally (Inglis 1983: 22). The same water may be recommended for both purposes, either because it is known to be pure or because it is full of health-giving impurities, such as sodium, calcium and zinc. Water can be used as a stimulant or as a relaxant, as a medium in which to exercises or in one to rest. Applications in which you may encounter water include alternate hot and cold foot baths; body pack, in which a wet sheet is wrapped around the body to lower the surface temperature; compresses for sprains and swelling; steam inhalation; and salt baths.

Herbal Therapies

As it is most widely practised, herbal medicine involves the preparation of roots, leaves, stems and seeds of plants, either for consumption, in the form of medicine, or for use on the skin. In aromatherapy they are rubbed into the skin, usually through massage (Inglis 1983:45).

Aromatherapy is an ancient practice involving the use of essential oils to promote healing through the stimulation of olfactory nerves and the subsequent mental, circulatory, and respiratory responses to the scents (Body Therapy Manual 2003:59). The essential oils used in aromatherapy treatments are typically derived from organically grown plants, plant roots, flowers, and seeds. Aromatherapy may be incorporated into a number of treatments, such as facials, massages, or water therapies (baths and footbaths), and less commonly ingested (Inglis 1983: 58).

Homeopathy treats like with like, by using small doses of the bacteria, virus or substance which causes the problem (Body Therapy Manual 2003:60). The treatment builds up the patient's resistance and immunity to the problem, substance or bacteria.
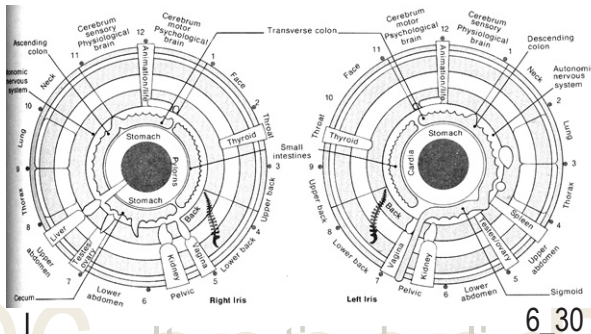
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Physical Therapies

Massage is defined as the manipulation of the soft tissue of the body, performed by the hands, for the purpose of producing effects on the vascular, muscular and nervous systems of the body (Body 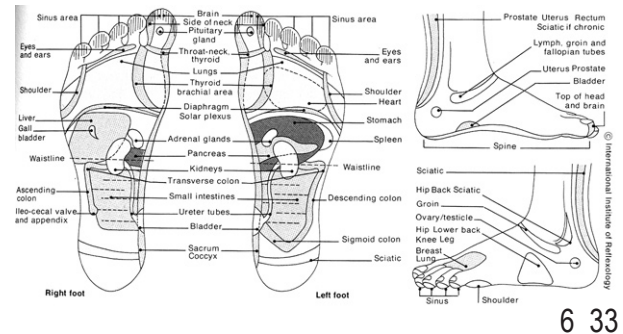Therapy Manual 2003). Massage is a powerful treatment as it works on both physical and psychological levels and because it has the ability to relax and invigorate. It provides a safe and neutral situation in which to receive caring touch and stimulation to the senses, important for physical and emotional health and self esteem. A well-recognised benefit of massage is reduction of the symptoms arising from stress (Inglis 1983:95). Soft flowing movements calm and soothe the nervous system, stimulate nerve endings in the skin and warm and loosen superficial tissues. Deep movements remove tension from the muscles and increase suppleness and mobility. Massage has been used throughout the centuries by various civilisations for its therapeutic and healing benefits. Massage may be performed with oil, cream or talc. In classical massage these are merely mediums to allow slip on the skin and have little or no therapeutic value.

Reflexology is a type of treatment in which pressure is applied to specific small areas of the skin, mainly hands and feet (Reflexology Manual 2003:1). It is a non-evasive, natural therapy that induces deep relaxation, alleviates tension, mild anxiety and depression from everyday life. A further effect is that it triggers the body's own inner healing process. It therefore naturally relieves many medical conditions over a period of time, to achieve positive and lasting heath benefits (Reflexology Manual 2003:1). The combination of treatment and relaxation creates a powerful tool, and if used together with skills in counselling and nutritional advice, it provides a holistic health programme.

Other therapies

The eastern therapies that originally came from China and India, deal mostly with the balance of energy or '*chi*'. Acupressure and acupuncture promote health by stimulating *chi*, using pressure and needles respectively, along the meridians associated with the functions of the organs. These essentially are used for pain relief (Inglis 1983:120 -133) . Yoga and T'ai Chi are beneficial exercises for posture, breathing and meditation (Inglis 1983: 145-150). Meditation has been practiced in India for many centuries. The aim is to bring the mind under control and focus it in such a way that it dissipates the thoughts that cause stress and suffering. As the mind relaxes, the body calms down and the homeostatic mechanism is give a chance to recover its authority (Inglis 1983:182).

The Chakras is an Ayurvedic term that refers to channels for the flow of energy and light in the body (Reflexology Manual 2003:66). By Ayurvedic principles, there are seven chakras in the body running from the base of the skull to the bottom of the spine. Chakras are transformers of light and release energy into the aura to invigorate the mind, emotions and organs of our physical bodies. When all seven chakras are balanced, physical, mental, and spiritual aspects are in harmony. Crystal stones and colour therapy, along with yoga and meditation are all thought to balance chakras. The Chakras closely correspond to the key energy points of the Chinese acupuncture.

Many alternative therapies are being developed today such as art therapy, dance therapy, music therapy and colour therapy. These are particularly beneficial for psychological and emotional problems, as they help with the expression of pent-up emotions and the release of tension (Inglis 1983:150,193).

Therapeutic touch and Hand healing are common therapies (Inglis 1983:223). These are similar to the Christian technique of the laying on of hands.

Two more diagnostic therapies are Kirlian photography and Iridology. In Kirlian photography the colours of the aura are exposed, and used for diagnosis. With Iridology, the emotional and physical state of the body is assessed, due to the condition of the iris.

Wellness wellness

Good health is often defined as the absence of disease, but in reality it includes physical fitness, emotional and spiritual health as well (Powers 1996: 9). A healthy lifestyle refers to behaviours aimed at reducing one's risk of disease and accidents, achieving optimal physical health, as well as maximising emotional, social, intellectual and spiritual health (Powers 1996:10).

Emotional health includes our social skills and interpersonal relationships. The cornerstone of emotional health is emotional stability, the objective being to maintain stability somewhere between an extreme high and extreme low. Intellectual health can be maintained by keeping your mind active through life long learning.

Spiritual health is often called the glue that holds an individual together (Powers 1996:10). Optimal spiritual health is often described as the development of spiritual makeup to its fullest potential. This includes the ability to understand the basic purpose of life and to experience love, joy, pain, peace and sorrow and to care for and respect all living things. Social health is defined as the development and maintenance of meaningful interpersonal relationships (Powers 1996:10). Good social health results in feelings of confidence in social interactions and provides you with a feeing of emotional security.

None of the components of wellness work in isolation; there must be a strong interaction among the five.

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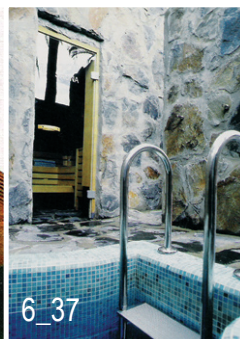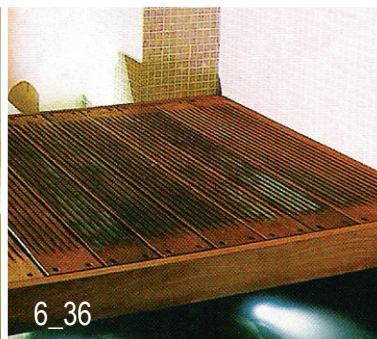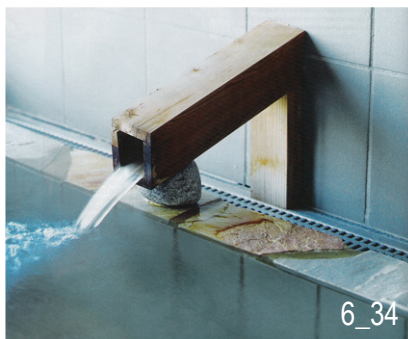
hydrotherapy

6_02 Hydrotherapy treatments

therapy	description	requirements	spa	healing centre
Hydrotherapy	Aids in the treatment of many conditions from arthritis to physical rehabilitation and stress			
Steam bath/ cabinet	Steam treatments applied to the body promote relaxation, have a deep cleansing effect and make the tissues more responsive to other treatments (Therapy Manual 2003:31).	Facility may be a cabinet in which one person sits or a room shared by many.	Y	N
Exercise pool	This is mostly used for swimming and water aerobics (Body Therapy Manual 2003:31).			N
Impulse shower/ Swedish massage	Powerful jets that alternate hot and cold water, directed onto the body at various levels, produce the effect of an invigorating massage (Body Therapy Manual 2003:31).	The shower cubicle is fitted with a normal shower head for hot water and spray bars for cold water. The unit is electro magnetically controlled to alternate hot and cold sprays.	Y	N
Sauna	The traditional Finnish sauna is a birch log cabin. The occupant then swelters in the heat created by a sauna stove.	Temperature should be 38°C or higher. Saunas help with aches and pains, respiratory troubles and indigestion. It is not recommended for people with heart troubles (Inglis 1983:26).	Y	N
Vichy shower	Shower taken lying on a special 'wet' water mattress with various jets coming from above (Body Therapy Manual 2003:31).		N	N
Spa bath/jet bath	High powered water jets, hot and cold, are aimed at specific areas that require attention according to a treatment regime (Body Therapy Manual 2003:31).	Spa bath.	Y	N
Scots house	Massage received in the standing position and performed by a therapist who uses a hose to spray strong jets of water onto the body, alternating hot and cold water, or using seawater (Body Therapy Manual 2003:31).	This treatment is used to decongest inflamed muscles and to stimulate circulation.	Y	N
Plunge pool	Either hot or cold used to enhance other treatments.(Ontario spas glossary).	Cold water rapidly contract capillaries, developed to stimulate circulation after a sauna. Hot water helps to rapidly expand capillaries.	Y	Y

beauty therapy
6_03 Beauty therapy treatments

Beauty therapy	description	requirements	spa	healing centre
Facials	Provide cleansing, facial massage and various masks to soothe, hydrate, balance the skin, and prevent aging. Different types available (Aesthetics Training Manual 2003:14).	Cubicle with basin, facial chair and trolley for storing products and equipment. Needs power points.	Y	Y
Manicure/ pedicure	Cosmetic treatment of hands and feet (Aesthetics Training Manual).	Client needs to be seated at manicure table, or at foot bath.	Y	Y
Waxing treatments	The term used for a depilatory treatment whereby unwanted hair is removed from the skin by its roots, by applying hot wax and peeling it off with the hairs (Aesthetics Training Manual 2003:80).	Cubicle with basin, massage bed and trolley for storing products and equipment .	Y	N
Bronzing	Artificial tan.	Cubicle with basin, massage bed and trolley for storing products and equipment .	Y	N
Eyebrow/lash shaping and tinting	Aesthetic improvement of eyelashes and eyebrows (Aesthetics Training Manual).	Cubicle with basin, massage bed and trolley for storing products and equipment .	Y	N
Body treatments	Body-wraps, body-masks and deep cleansing treatments. Linen sheets soaked in herbs are placed/wrapped around patient (Ontario spas glossary) .	Cubicle containing massage bed and trolley for storing products and shower area. Used to stimulate circulation, detoxify, and relax.	Y	N
Slimming treatments	The treatment of problem fat areas and muscle deterioration by the use of specialised products and different electrical equipment. Muscle toning therapy – faradic and interferential therapy (muscle contraction treatments, resembling natural exercise). Cellulite treatments – galvanic therapy and product usage. Weight deposit removal – vacuum suction(stimulates adipose tissue removal) and G5 (mechanical message, stimulates circulatory and lymphatic system) (Body Therapy Manual 2003:31).	Cubicle with basin, massage bed and product storage area. Must also contain weighing scale and other equipment.

Activates sweat glands, helps with waste removal. Activates blood and lymphatic circulation. Relaxes tissues and decreases tension. | Y | N |

Manicure and Pedicure
Normal procedure for pedicure:

- Feet wiped with disinfectant
- Nail varnish removal, inspection and treatment plan
- Nails cut and filed
- Cuticle cream applied (repeat on other foot, left first then right)
- Immerse both feet in warm water
- Remove feet, dry and push cuticles back, then remove cuticles
- Remove hard skin on feet
- Massage up to knees
- Brush nails
- Apply powder between the toes
- Paint toe nails if required

(Aesthetics Training Manual 2003:68)

Normal manicure procedure:

- Clean client hands and remove nail varnish
- Inspect hands
- Shape nails
- Finger massage
- Immerse fingers in warm water (up to the knuckles)
- Remove cuticles
- Massage hands
- Clean under nails
- Apply nail varnish if required

(Aesthetics Training Manual 2003:64)

Skincare therapy
The standard basic facial is comprised of the following:

- Client reception and consultation
- Primary cleanse and makeup removal
- Skin analysis (skin type and condition)
- Lash and brow tint, brow shape
- Secondary cleanse and exfoliation
- Electrotherapy (increase product application and oxygenate)
- Massage (stimulation, regeneration, toning, cleansing, relaxation)
- Mask (stimulate, refine, cleansing, hydrating, normalise pH, nourishing)
- Tone and day cream

(Aesthetics Training Manual 2003:3)

alternative therapies

6_04 Alternative healing treatments

Alternative healing	description	requirements	spa	healing centre
Acupuncture	An ancient technique in which a skilled practitioner inserts acupuncture needles into specific points (meridian lines), corresponding to the various organs, in the body to restore the flow of energy 'chi', which is essential to good health. The needles release the blockage and help the body heal itself (Inglis 1983:120).	Cubicle with bed.	Y	N
Shiatsu or Acupressure	A Japanese form of massage therapy, similar to acupuncture but uses pressure instead of needles. Fingers, thumbs, palms, elbows, knees and feet are used to apply pressure to points along the main meridians of the body, to restore 'ki' and relieve pressure, chronic problems and disabling aches and pains. It is essentially a self-healing technique (Inglis 1983:133).	A floor area with a mattress for the client to lie on. Can also be done on some types of massage beds.	Y	Y
T'ai chi ch'uan	A form traditional form of Chinese medicine. All the movements are circular and are aimed at improving muscular control. The movements are derived from the martial arts. Meditation in motion, it is a ritualised succession of flowing movements, with little scope for individual variation. Each movement has a psychological element involved.	After learning the skills it can be practised anywhere. Studio is appropriate. It is known to help with heart disease, as well as general conditioning of the body and mind (Inglis 1983: 145).	Y	Y
Yoga	An Indian system of philosophy and exercise that encourages the union of mind, body and spirit. It concentrates on breathing, posture and meditation to obtain the inner balance. It requires high concentration for long periods of time. The belief is that good health arises out of harmony (Inglis 1983:138).	Any open space, indoor, outdoor or studio Yoga is particularly effective in dealing with stress disorders through mind-body interactions, as well as easing chronic diseases.	Y	Y
Meditation	Mind –body technique in which a person engages in quiet contemplation in order to induce a state of mental and physical tranquillity (Inglis 1983:182).	Any open space, indoor, outdoor or studio.	Y	Y
Reflexology	A form of hand and foot massage that concentrates on particular reflex points that represent other body parts within the same zone. The main aim is to restore energy flow within the body (Reflexology Manual 2003:1).	Massage bed, or a chair where the client can sit comfortably and a therapist can work.	Y	Y
Reiki	Eastern therapy that aims to help mind-body-spirit to heal itself using the 'universal life force' that exists around all things (Ontario spas glossary).	Massage bed for client to lie on.	Y	Y
Therapeutic touch and Hand Therapy	Practitioners of therapeutic touch believe that they can increase, reduce or modify a persons 'human energy field' to increase that persons self healing ability, whether or not that person believes in the technique. The method uses stroking motions to heal pain and physical ailments.	A consultation room (Inglis 1983:143).	Y	Y

06 alternative healing appendix

physical therapies

6_05 Physical therapy treatments

Physical therapies	description	requirements	spa	healing centre
Therapeutic massage	Method of manipulating the soft tissue of the body by means of the hands to produce invigorating or relaxing effects on the muscular vascular and nervous system of the body (Body Therapy Manual 2003: 2).	Spacious room with suitable ambience for relaxation and massage bed. Main therapy done at most spas, neck-back-shoulder/ full body.	Y	Y
Aromatherapy massage	The use of essential oils in massage to evoke emotions and promote relaxation (Body Therapy Manual 2003).	Cubicle with basin, massage bed and storage facilities.	Y	Y
Dance movement therapy	It gives outward form and expression to inner feelings. Dance therapy is specifically aimed at positive health promotion, and can be adapted to treat mental and emotional problems. By changing movement patterns the therapist can affect the mood and mental functioning of the patient.	Movement therapy, needs outdoor space or studio (Inglis 1983:150).	N	Y
Personal fitness training	Exercise programme worked out by a fitness trainer to suit the specific abilities and needs of the client (Ontario spas glossary).	Consulting room and fitness training area.	Y	N
The Alexander method	A method of movement and alignment in which people can learn to use their bodies more effectively. It helps individuals improve their posture, release muscle tension, and move with greater ease. It is based on correct posture so that the body is able to function naturally and with minimum amount of muscular effort.	Consultation room or studio. It is especially useful for headache and backache. (Body Therapy Manual 2003:59)	Y	Y
Aerobic exercise	Light aerobic dancing, cycling or jogging.	Gym, studio or outside area.	Y	Y
Hiking	Short guided walks through the gardens and surrounding areas for light exercise.	Natural surroundings.	Y	Y

other therapies

6_06 Other therapy treatments

other therapies	description	requirements	spa	healing centre
Psychological counselling	A variety of treatments that trained practitioners use to help people with mental and emotional problems. The patient is helped to understand and ultimately solve his problems by talking them over with a doctor. Often problems are repressed into the subconscious, and by bringing them to the surface and working with them, pent-up feelings and symptoms disappear. Psychotherapy can be used for anyone, from a person undergoing a minor surgery, to a person who has experienced trauma.	Private consultation room where practitioner and patient can develop a relationship of trust (Inglis 1983:163).	Y	Y
Group therapy	Designed to offer a sympathetic environment that offers patients emotional support and allows them to test new modes of behaviour and new ways of relating to people. Used in rehabilitation treatment.	Environment where patients can function in their personal space as well as develop trust relationships (Inglis 1983:150).	N	Y
Music therapy	Music therapy is based on a two-fold premise: that the ability to respond to music is innate in each one of us, and that this ability is not lost as a result of, and may indeed exist in spite of physical or mental handicap, injury or psychological disorder. Music can be used to strengthen the frequencies and align the charkas.	Passive therapy which is often used with other therapies such as massage, dancing and art therapy (Inglis 1983:193).	Y	Y
Nutrition	Dietary requirements worked out by a dietician for the specific needs of the client (Ontario spas glossary).	Consulting room with weighing and other equipment.	Y	Y
Iridology	The scientific analysis of pattern structures in the iris of the eye locating areas and stages of inflammation throughout the body. Iridology can diagnose physical and psychological problems. It is believed that it can reveal the past, present and future.	A consultation room (Inglis 1983:279).	Y	N
Gym	Fitness equipment that helps to increase muscle tone, fitness and overall health.	Room with equipment.	Y	N
Lymphatic massage	Massage therapy treatment that encourages the elimination of toxins from hidden pockets in the body by stimulating the body's natural lymphatic circulation, either through manual massage or hydrotherapy massage (Ontario spas glossary).	Room with equipment.	Y	N
Hot stone massage	A healing therapy using warmed, smooth volcanic stones to massage the body (Ontario spas glossary).	Massage bed, stones and heating device.	Y	N

06 alternative healing

appendix

other therapies

6_06 Other therapy treatments (continued)

Other therapies	description	Requirements	spa	healing centre
Flotation tank	A large, salt water-filled tank where client soak. Flotation tanks are usually placed in a dark or dimmed room to alleviate stress and help clients relax. This therapy may also be combined with other treatments, such as music or aromatherapy (Ontario spas glossary).	A flotation tank, or flotation room.	Y	N
Ayurveda	A philosophy based on balancing the internal and external self based on the Eastern Indian principles of using herbal and hot oil treatments in conjunction with meditation, nutrition and aromatherapy (Ontario spas glossary).		N	N
Colour Therapy	Colour affects the autonomic nervous system, and so affects a person. This therapy is still being developed. Colours are used to align charkas and their respective fields to correct frequency.	Consultation room (Inglis 1983:154)	Y	Y
Art Therapy	The basis of art therapy is for the patient to express themselves through a nonverbal means, through painting, drawing or models. The works can also be used as aids in diagnosis. A release of emotional and energy can be induced through this therapy.	Studio Often used in the treatments of anorexia nervosa, alcoholism and drug addiction. (Inglis 1983:156)	N	Y
Psychodrama	Through acting out our problems we are playing a part, and not being ourselves, enabling us to throw off our inhibitions. Used to understand and alleviate social and psychological problems through theatre, dance, mime and psychodrama.	Studio (Inglis 1983:205)	N	Y
Crystal or Stone Healing	Used for their fixed energy properties. Crystals can be used to change human energy if it is out of balance. As with charkas the colour of a crystal is indicative of the frequency. Crystals with warm rich colours are through to promote energy flow, while light coloured crystals are used to achieve a calmer and more focused state.	Cubicle with bed for patient to lie on (Body Therapy Manual 2003:60)	Y	Y
Kirlian Photography	Technique of high frequency photography. The belief is that the display of colours and patterns using this technique can be used as a diagnostic tool for detecting both psychological disorders and physical illness before its onset.	Consultation room and equipment (Inglis 1983:273)	N	N

integrated wellness

E. Accommodation Schedule

6_07 Spa Accommodation Schedule

Description/ function	Usage	No. of people	No. of facilities	Norms	Space required	Standards
Entrance and reception	Access to facility, and aids transition	8	1	2.3 – 2.8m²/person	**25m²**	Metric Handbook (Adler)
Circulation areas	Move between places	15 plus staff		2.3 – 2.8m²/person Walkways 1800mm wide		Metric Handbook (Adler)
Sitting area	Gathering, relaxing, waiting	10	3	0.5 – 1.4m²/person	**70m²**	Metric Handbook (Adler)
Ablutions	Change rooms WC basins showers	10	2 3 2 2	1.8m²/person 1.6m²/cubicle 1.2m²/cubicle	18x2=36m² 4.8m² 2.4m² **50m²**	SABS 0400
Treatment facilities	Treatment rooms and attached storage areas Studios – outdoor and indoor Gym and consultation area and store room	1 20 5	8 2 1	25m²/room 1.8m²/person	**200m²** 50x2=**100m²** **45m²**	SABS 0400
Admin and offices		3	2	7.5m² - 20m²	**20m²**	Metric Handbook (Adler)
Café	Light meals	15	1	1.7 – 1.9m²/seat add circulation	**40m²**	Metric Handbook (Adler)
Food and beverage storage and preparation	kitchen storage		1	60% of dining room area / 0.9 – 1m²/seat 50% of dining area / 0.5m²/seat	**150m²**	Metric Handbook (Adler) SABS 0400
Gardens	Therapies					
Staff facilities	kitchenette sitting room WC and change room	5	1 1 2WC 2basin	0.7 – 0.9m²/person 0.5 – 1.4m²/person 1.6m²/cubicle	9m² 7m² 3.2m² **40m²**	Metric Handbook (Adler) SABS 0400
Storage	storage					
NB, separation of noisy and quiet places and functions						

healing centre

6_08 Healing Centre Accommodation Schedule

Description/ function	Usage	No. of people	No. of spaces	Norms	Space required	Standards
Entrance and reception	Access to facility, and transition	15	1	2.3 – 2.8m²/person	30m²	Metric Handbook (Adler)
Circulation areas	Move between places	25 plus staff		2.3 – 2.8m²/person Walkways 1800mm wide	105m²	Metric Handbook (Adler)
Sitting area	Gathering, relaxing, waiting	15	5	0.5 – 1.4m²/person	105m²	Metric Handbook (Adler)
Ablutions	Change rooms WC basins showers	25	 5 3 3	1.8m²/person 1.6m²/cubicle 1.2m²/cubicle	45m² 8m² 3.6m² 100m²	SABS 0400
Treatment facilities (western)	Treatment rooms and storage areas Studios – outdoor and indoor Consultation rooms single Consultation rooms group	1 20 2 10	9 3 5 2	25m²/room 1.5m²/person 9m²/room 1.7m²/person	225m² 150m² 40m² 40m²	SABS 0400
Traditional healing	Treatment rooms (compound) Herbal storage rooms Outdoor treatment places	3 3	1 1 2	25m²/room 15m²/room 20m²/area	25m² 18m² 40m²	
Offices	Administration of building complex	5	3	7.5m² - 20m²	30m²	Metric Handbook (Adler)
Café	Light meals	20	1	1.7 – 1.9m²/seat	130m²	Metric Handbook (Adler)
Food and beverage storage and preparation	Kitchen Food storage deliveries		1 2 1	60% of dining room area / 0.9 – 1m²/seat 50% of dining area / 0.5m²/ seat	 120m²	Metric Handbook (Adler) SABS 0400
Gardens	Therapies (western), meditation etc Gardens surrounding healing compound	25				
Staff facilities	kitchenette sitting room WC and change room		1 1 2WC F 2basin 1m+1	0.7 – 0.9m²/person 0.5 – 1.4m²/person 1.6m²/cubicle	7m² 14m² 3.2m² 3.2m² 50m²	Metric Handbook (Adler) SABS 0400
Storage	storage areas					
NB separation of noisy and quiet functions, e.g. drum therapy and meditation						

healing centre

6_08 Healing Centre Accommodation Schedule (continued)

Accommodation						
Description/ Function	Usage	No. of people	No. of spaces	Norms	Space required	Standards
Sleeping rooms	Single group	1 4	6 1	20m²/person + ablutions 5m²/person	**432m²** **115m²**	SABS 0400
Ablutions	WC basin showers		3 3 3	1.6m²/cubicle 1.2m²/cubicle	4.8m² 3.6m² **50m²**	SABS 0400
Dinning room and Lounge	Sitting Storage	10	1 1	1.7 – 1.9m²/seat	**120m²**	Metric Handbook (Adler) SABS 0400
kitchen	Food preparation Storage room Delivery and service area		1 2 1	60% of dining room area / 0.9 – 1m²/seat 50% of dining area / 0.5m²/seat	 **45m²**	Metric Handbook (Adler) SABS 0400

herbal centre

6_09 Herbal Centre Accommodation Schedule

Description/ function	Usage	No. of people	No. of spaces	Norms	Space required	Standards
Entrance and reception	Access to facility, and aids transition	15	1	2.3 – 2.8m²/person	**20m²**	Metric Handbook (Adler)
Circulation areas	Move between places	25		2.3 – 2.8m²/person Walkways 1800mm wide	**57.5m²**	Metric Handbook (Adler)
Sitting area	Gathering, relaxing, waiting		2	0.5 – 1.4m²/person		Metric Handbook (Adler)
Ablutions	WC basins		3f/ 3m+1 2each	1.6m²/cubicle	4.8m² 6.4m² **25m²**	SABS 0400
Shop	Merchandise display Storage of stock	10	1 1	10m²/person	100m² 20m² **120m²**	Metric Handbook (Adler)
Offices	Administration of building complex	5	2	7.5m² - 20m²	**30m²**	Metric Handbook (Adler) SABS 0400
Restaurant	Seating – indoor and outdoor Delivery area Picnic preparation	60	2 1 1	1.7 – 1.9m²/seat	114m² 20m² **250m²**	Metric Handbook (Adler) SABS 0400
Food and beverage storage and preparation	Kitchen Food storage		1 2	60% of dining room area / 0.9 – 1m²/seat 50% of dining area / 0.5m²/seat	60m² 30m² **130m²**	Metric Handbook (Adler) SABS 0400
Gardens	picnics	20	1			

herbal centre

6_09 Herbal Centre Accommodation Schedule (continued)

Conference facilities

Description/ Function	Usage	No. of people	No. of spaces	Norms	Space Required	Standards
Entrance and reception	Transition into conference centre	20	1	2.3 – 2.8m²/person	**50m²**	Metric Handbook (Adler)
Sitting areas	Waiting, gathering	40	3	0.5 – 1.4m²/person	**50m²**	Metric Handbook (Adler)
Conference rooms	Meeting rooms	10 20 40	1 1 1	0.7 – 0.9m²/person Isles clear 1.1m min, fire escape 1.8m wide	**15m² 20m² 36m²**	Metric Handbook (Adler) SABS 0400
Food and beverage areas	Food preparation at main kitchen at Herbal Centre Refreshment lounge	40	3		**70m²**	Metric Handbook (Adler) SABS 0400
storage	Storage of equipment and chairs , tables etc		2		**20m²**	
toilets	WC basins	60-70	5f 3m+2 3each	1.6m²/cubicle	**8m² 8m²** **30m²**	SABS 0400

herbal centre

6_09 Herbal Centre Accommodation Schedule (continued)

Laboratory						
Description/ function	Usage	No. of people	No. od spaces	Norms	Space required	Standards
Entrance and reception		10	1	2.3 – 2.8m²/person	30m²	Metric Handbook (Adler)
Sitting areas	Waiting and gathering	10	1	0.5 – 1.4m²/person	14m²	Metric Handbook (Adler)
research	Plant processing units and equipment offices	12	2 5	24m² per 4 people 7.5m² - 20m²	72m² 40m²	Metric Handbook (Adler) SABS 0400
Staff facilities	Kitchenette WC and change room basins Sitting room		1 3f/ 2m 2each 1	0.7 – 0.9m²/person 1.6m²/cubicle 0.5 – 1.4m²/person	9m² 4.8m² 4.8m² 15m² 28m² 50m²	Metric Handbook (Adler) SABS 0400
Production area	Manufacturing, assembly and packaging of products	8		15m²/person	120m²	Metric Handbook (Adler) SABS 0400
Nursery	Plant growing space Administration facility (office)	 2	1 1		300m² 20m²	

design information
Design Information and Norms

Conference
Conference room
Isles clear 1.1m min

Fire   Distance to escape<45m
        Feeders must be fire resistant
        Escape must have a non-slip floor, and
        discharge into the open
        1 escape route maximum 190 people,
        minimum 1.8m wide
        seats < 21m from door /escape

Laboratories
workstations
Worktop height 850-950mm
(1450mm - height of services control, 1800mm -
height of vertical work zone)Worktop depth 600mm,
700-750mm for bench mounted instruments
        Stool height 580mm

24m² -   4 workers @ 6m³ each
         3 workers @ 8m³ each
         2 workers @ 12m³ each

lab square grid – 4.8x5.1m

Storage areas (cold storage, dry storage and dark
storage areas)
Fume cupboards 750-900x1200,1500,1800mm
                Height 2700mm
Need 900mm clear space in front of fume cupboard

Eating and Drinking
cooking circle
            goods inwards (food supplies)
            storage
            (dry stores shelf width 450mm, length 9.1-
                15.2m; cold stores 2.5-5m³)
            (wire cages for dry storage goods, walled
            room not always necessary)
            processing
            preparation (at least 2 preparation areas)
            cooking
            serving, and assembly
            food served, and plates etc returned
            equipment cleaned and prepared for re-use
            goods outwards (disposal)

picnic - food processing and collection

drink/beverage preparation, clean-up and storage
area

kitchen
            ratio dinning area : kitchen area – 3:1
            ratio kitchen : servery – 2:1
            food and china storage

dining rooms (restaurant floor)
tables   2 people 750x750mm
         4 people 900x950mm (space 2.5x2.3m)
         6 people 1400x950

seating
            2 people 1.7 – 2m²/person
            4 people 1.3 – 1.5m²/person
            6 people 1.0 – 1.3m²/person

need 750mm clear space next to table for chair and
450mm for aisle (movement)

(main dining room must be directly adjacent to the
kitchen, specific preparation in separate areas)

customers inwards and outwards
            waiting area/bar
            WC and basins
            Food and drinks, and payment
Office and staff area

Other facilities
Ablutions
            WC cubicle 900x1640mm (Adler)
            Showers 1000 – 1200mm square

Small shops
shelves 600-800mm wide

F. SBAT table and graph

Sustainable Building Assessment Tool

The Sustainable Building Assessment Tool (SBAT) was developed by the CSIR to help evaluate sustainability of buildings. The performance of a building is assessed in relation to a number of economic, social and environmental criteria.

The baseline criteria are set up and later compared to the finished building. This helps to evaluate and compare different options and outcomes, aiding the architect in designing a sustainable building with the least negative impact on the environment.

To each of the categories that are listed below yes (y) or no (n) is answered to the relevancy and importance of each category. The values obtained from the tables are plotted on the graph for the baseline criteria to be used on a building proposed. This process is repeated again after the design has been completed, to evaluate its performance.

6_10 Social issues

Occupant comfort	Natural lighting	Natural ventilation	Low noise	Views (6m from external window)	Access to green outdoor spaces	Target	Total
	y	y	y	y	y	5	5
Inclusive environments (Wheel chair accessible)	transport	Accessible Routes	Ramps (1: 12) and handrails or lifts	WC's	Edges and nosings		
	y	y	y	y	y	5	4
Access to facilities	Childcare (<3km)	Banking (<3km)	Retail (<3km)	Communication (post, telephone, e-mail) (<3km)	Residential (<12km)		
	y	n	n	y	n	2	1
Participation and control	Environmental control	User adaptation	Social spaces	Amenities (WC, refreshments, vending machines)	Community involvement		
	y	y	y	y	y	5	4
Education, health and safety	Education	Security	Health	Smoking	Safety (Regulations)		
	y	y	y	n	y	4	4

6_11 Economic Issues

Local economy	Local contractors (80% or <100km)	Local building material supply (80% or <200km)	Local component manufacture (80% or <200km)	Outsource opportunities	Repairs and maintenance (<100km)	Target	Total
	y	y	y	y	y	5	4
Efficiency of use	Useable space (80%)	Occupancy (min 30 hours/ week)	Space use (intense use)	Use of technology (reduce space needed)	Space management		
	y	y	y	n	n	3	3
Adaptability and flexibility	Vertical floor to ceiling dimension (min 3m)	Internal partitions	Services	structure	Vertical circulation and service cores		
	y	y	y	n	n	3	3
Ongoing costs	Maintenance (2yr cycle)	Cleaning	Security	Insurance/ water/ energy/ sewage	Disruption and downtime (accessing services)		
	y	y	y	y	y	5	4

SBAT table

6_12 Environmental Issues

Water	Rainwater harvesting	Efficient water use	Greywater reuse	Runoff (minimised)	Planting (indigenous)	Target	Total
	y	y	y	y	y	5	4
Energy	Natural lighting	Ventilation (passive systems)	Heating and cooling (passive systems)	Appliances and fittings (low energy)	Renewable energy		
	y	y	y	y	y	5	4
Recycling and reuse	Toxic waste	Inorganic waste (sort)	Organic waste (compost)	Sewage	Construction waste		
	n	y	y	y	y	4	4
Site	'Brownfields' site	Vegetation range	Habitat range	Neighbouring buildings (effect on them)	Landscape inputs (no fertilisers and pesticides)		
	y	y	y	n	y	4	3
Materials and components	Embodied energy (80% have low)	Materials/ components source (90% renewable)	Manufacturing process (little environmental damage)	Recycle/ reuse (10% from this source)	Construction process (min impact on the environment)		
	y	y	y	n	y	4	3

6_13 Final Graph
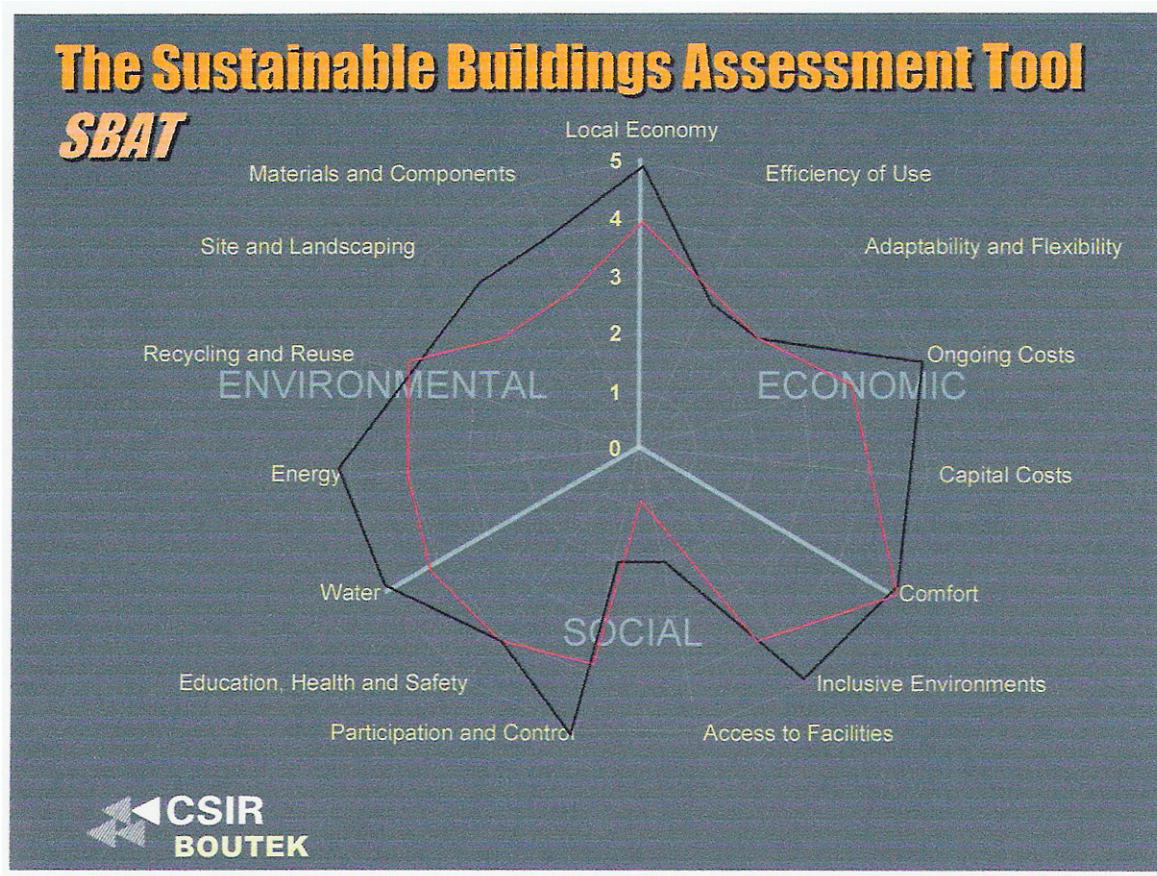
The black line represents the target values, and the red line the assessment of the building after design is complete. The final product relates closely to the target values.

G. Colour and Light

Colour

Colour conditioning affects our attitudes to colour (Fehrman 2004:6). We are all afflicted with colour bias based on the things that we have been taught as children, our culture and the misinformation that we have come to accept as fact. Colour bias particularly affects food and our enjoyment of it. A lot of our associations with colour come from imagery (Fehrman 2004:6).

Humans create symbols and attach artificial significance to colours due to our feelings, emotions, psychological and intellectual preconceptions, that interfere with our direct perception of the physical world. Colour perception varies from person to person, depending on the individual brain's interpretation of colour signals coming from the eye, and on our psychological and cultural biases towards colour (Fehrman 2004:6). Colour symbolism is a predetermined response based on literary and psychological ideas about colour rather than a response to the nature of colour itself (Fehrman 2004:9).

There are many colour myths, such as that green has a calming effect on aggression (Fehrman 2004:14). With regard to excitement or arousal, the intensity of the colour, or saturation, is of a greater significance than the colour itself (Fehrman 2004:107). Research has shown that a definite colour-mood association does exist, but differs widely between people (Fehrman 2004:108). Colours do not contain any inherent emotional triggers, it is more likely that changing moods and emotions caused by psychological and physiological makeup at the moment, interact with colour to create preferences and associations that link to the colour-emotion response itself.

Light

Colour and light are inextricably linked. They both affect our physical and psychological states both directly and indirectly (Fehrman 2004:12). Different wavelengths (colours) of light entering the eye can directly affect the centre of emotion in the brain. This in turn affects the pituitary gland and the endocrine system. The pituitary glands regulate the thyroid and sex glands which regulate hormone levels and the moods related to them. Colour and light also has an ability to penetrate our bodies and has a marked effect on biological systems (Fehrman 2004:12). A commonly known effect is the synthesis of vitamin D through ultraviolet radiation on the skin, and the production of melanin pigment, otherwise known as tanning.

Light has subconscious and subliminal effects on our mental and physical conditions (Fehrman 2004: 37). Glare makes us irritable, while sparkle leads to heightened conversation and appetite.   SAD syndrome (seasonal affective disorder) is a type of depression that is linked to natural light, and the length of day (Fehrman 2004:285). People, particularly in the far northern and southern parts of the hemispheres are affected by the short days that are experienced, have altered moods and depression like attacks. Recent studies have shown that artificially lighted environments may have harmful effects. People can become more easily fatigued when working under artificial light conditions (Fehrman 2004:85).

Chakras

The charkas (energy centres) are associated with certain colours (Fehrman 2004:281)
- Violet: brain and upper crown
- Indigo: eye, nervous system
- Blue: throat, thyroid and lungs
- Green: heart
- Yellow: solar plexus
- Orange: pelvic area and reproductive system
- Red: root, kidneys and spinal column

6_14 Colour perceptions and colour use in reflexology

colour	perception	use in reflexology
red	Blood and fire Love, courage , lust, murder, rage and joy Passion (Fehrman 2004:66)	Strong physical colour Warm extrovert characteristics Embodies empowerment, action, expansion. Stimulates vitality and energy through the living organism. Lends vigour to physical functions and releaves inertia, melancholy, sadness, depression and lethargy (Reflexology Manual 2003:68).
Orange	Extrovert, cheerful Autumn If brown tones, then associated with security (Fehrman 2004:68)	Balances emotional and physical tract. Good colour for the treatment of alcoholics. Helps to release self pity, feeing of inadequacy, lack of self worth and the unwillingness to forgive (Reflexology Manual 2003:68).
Yellow	Cheerful, sunshine Spring For Buddhists yellow signifies morality. The Jews were made to wear yellow arm bands in Nazi Germany . Can be linked to sickness Warning - often on road signs (Fehrman 2004:69)	Warm, joyful colour Represents the mental body and the intellectual, rational side of the mind. Encourages sharing, expression and communication. Heals the inner-child, provides the freedom to play and have fun (Reflexology Manual 2003: 68).
Green	Growth, spring, foliage Decay, nausea, poison and jealousy Irish (Fehrman 2004:70)	Major healing colour useful for general healing, balancing and cell restoration. Alleviates the fear of traumatic situations and is effective in treating shock. Aids people suffering from claustrophobia (Reflexology Manual 2003:69).
Blue	Seas, sky Infinity and serenity Depression sadness and isolation (Fehrman 2004:71)	Cool colour – sky and sea Associated with mental control and clarity of thought. Encourages wisdom, truth, integrity and creativity. Generates concern for others and is willing rather than wilful. Promotes serenity and release from tension, stress, headache (Reflexology Manual 2003:69).

colour	perception	use in reflexology
Indigo		Transformation, change and upliftment. Acts as a stabiliser for the emotionally disturbed in cases where there may be aggressive or violent behaviour. Is very powerful when used with meditation and visualisation. Helps develop inspiration. Stimulated a high level of creativity and spiritual awareness (Reflexology Manual 2003:69).
violet	Sensuality, decadence Seldom used in advertising and packaging (Fehrman 2004:72).	A cool colour Powerful, psychic colour and is associated with the right, intuitive, imaginative side of the brain (Reflexology Manual 2003:69).
white	Represents maximum lightness Positive image Surrender, peace, purity Hygiene and cleanliness (Fehrman 2004:66)	
black	Strong associations with language Represent the unknown, maximum darkness Often has a negative association Mourning colour, or colour of power (Fehrman 2004:65).	

H. Feasibility Report

Calculation of Areas

1. The Spa

Areas	Treatment rooms	25x8	200m²	
	Sitting	35x2	70 m²	
	Indoor Studio + Gym	50+45		95 m²
	Ablutions		50 m²	
	Office + reception	25+25	50 m²	
	Circulation, eat, sit		350 m²	
	Kitchens and store		165 m²	
	Total		**980 m²**	
	Outdoor landscaping and decks		400 m²	

Total construction area   **1050 m²**
Total rentable area (rent complete facility as a whole)   **980 m²**
Useable area   **690 m²**
Efficiency Ratio   80:1050   0.93

2. The Herbal Centre

Conference centre

Areas	Conference rooms	70 m²
	Reception + sitting	100 m²
	Ablutions	25 m²
	Sitting (eat)	70 m²
	Offices	30 m²
	Total	**295 m²**
	Landscaping and decks	200 m²

Total construction area   **315 m²**
Total rentable area (rent complete facility as a whole)   **265 m²**
Useable area   **260 m²**
Efficiency Ratio   65:315   0.84

Research centre

Areas	Office	40 m²
	Laboratory	72 m²
	Production	120 m²
	Reception + circulation	60 m²
	Staff + ablutions	50 m²
	Total	**342 m²**
	Landscaping	200 m²

Total construction area   **365 m²**
Total rentable area (rent complete facility as a whole)   **342 m²**
Useable area   **262 m²**
Efficiency Ratio   342:365   0.94

Recreational area

Areas	Shop	120 m²
	Admin + entrance	75 m²
	Restaurant (floor)	250 m²
	Restaurant (kitchen)	130 m²
	Ablutions	25 m²
	Total	**600 m²**
	Landscaping and pathways	400 m²
	Nursery	700 m²

Total construction area   **655 m²**
Total rentable area   **500 m²**
Useable area   **370 m²**
Total Shop area   **120 m²**
Efficiency Ratio   500:655   0.76

3. The Healing Centre

Areas			
Treatment rooms	25x9	225 m²
Consultation	40 + 40	80 m²
Sitting	35x3	105 m²
Reception + offices		60 m²
Studios	50x3	150 m²
Traditional healing	15+ 25	40 m²
Restaurant (floor)		130 m²
Kitchen + storage		120 m²
Ablutions		100 m²
Staff facilities		50 m²
Accommodation		720 m²
Kitchen		45 m²
	Total	**1825 m²**

Landscaping		600 m²

Total construction area　　　　　　　　**1952 m²**
Total rentable area
(not for rental, but if it were, rental of complete facility)　**1825 m²**
Useable area　　　　　　　　　　　　　　**1290m²**
Efficiency Ratio　　　**1825:1952**　　**0.93**

Financial Viability Report

The building complex consists of three parts; the Healing Centre, the main focus, and accompanying Spa and Herbal Centre. The Spa and Herbal Centres will act as income generating facilities that help to fund the project, along with sponsors and other donors.

The Spa will be rented out as a complete facility. The Spa facility functions independently of the other facilities on site. It can be rented out as an independent unit, and a percentage of the income from the rental will be given to the Healing Centre.

The Herbal Centre contains three main sections that can be rented out to generate income. The conference centre can be rented out independently, or included as part of the herbal research centre, and function along with it. The shop and nursery are for rental, as well as the restaurant on site. The restaurant and conference centre are linked, as the restaurant provides food and refreshment for the conference centre. There are main administration and toilet facilities that are for all of the above tenants, and their client's usage.

The Healing Centre is not for rental, or sale. The cost of construction calculations will be included, but no profit form this centre will be included in the return on investment calculation. The size of the Healing Centre is larger than the other facilities, which affects the calculations.

The objectives of the developer are to provide social facilities that are partially able to fund their operation and maintenance. The income generating facilities, the Spa and Herbal Centre, will fund themselves, and a percentage of their profits will be allocated to the Herbal Centre as income to sustain on-going costs.

The Healing Centre cannot sustain itself financially as the patients are from low income backgrounds, and will be charged a minimal fee for treatment. Initial funding for buildings and facilities will be sought through donations and sponsors, as well as through grants from government and other institutions. The main problem is for on-going funding to keep the facility operational. The Spa and Herbal Centre will help to generate income for the Healing Centre, along with grants from government organisations, NGO's and other industry related sponsors. This aim is to remove some of the burden of on-going costs.

This project needs to be carefully managed over it life to ensure that there is no abuse of the system, or the developers objectives, for personal gain of any party.

Total site area   89 000 m²
Maximum development area (20% of site)   17 800 m²
(This value includes buildings, roads and service elements)
Building Coverage allowance (30% of development area)   5 340 m²

Footprint of built area
    Spa   1050 m²
    Herbal Centre   (315 + 365 + 655)   1335 m²
    Healing Centre   1952 m²

Total coverage   **4 337 m²**
       (Within coverage and development allowances)

Total Development Cost / Total Capital Outlay

Land costs
Land size 89 000 m², zoned as vacant, re-zoned as recreational.

Land value currently R50/m²		R 4,450,000
Rezoned value R150/m²		R 13,350,000
Rezoning development contribution		R 2,225,000
Land cost		**R 15,575,000**

Escalated construction costs
Estimated current building cost:

Spa Facility	1050 m²	@ R 4,500/ m²	R 4,725,000
Herbal Centre			
Conference	315 m²	@ R 5,000/m²	R 1,575,000
Research	365 m²	@ R 3,500/m²	R 1,277,500
Recreational	655 m²	@ R 3,500/m²	R 2,292,500
Healing Centre	1952 m²	@ R 3,500/ m²	R 6,832,000
Parking, roads	2500 m²	@ R 200/m²	R 500,000
Landscaping	2500 m²	@ R 450/ m²	R 1,000,000
		Total	**R18,202,000**

Pre-construction project planning period 12 months (due to rezoning application)
Construction period 12 months

Escalation during pre-construction (16% for 2005)
(For 12 months, with applied 0,85 factor of the Haylett formula)
                               R   2,475,472
                               R 20,677,472

Escalation during construction (7% for 2006)
(For 12 months, with applied factors of 0,85 and 0.6)
                               R   738,186
       Total escalated building costs   **R 21,415,658**

Professional fees (10,35% of R 21,415,658)   **R 2,211,978**

Finance costs

Loan costs (admin and legal)	R 2,000,000
Cost of capital (over 24 months)	
R 10,000,000 developers money (10% x 2)	R 2,000,000
R 40,000,000 loan (x 0.4 x 10% x 2)	R 3,200,000
Total	**R 7,500,000**

Marketing costs   **R   200,000**

Other costs

Interim rates and taxes	(24 months @ R5,500)	R 132,000
Legal fees		R 30,000
Plan approval fees		R 20,000
	Total	**R 182,000**

Total development cost   **R 47,084,636**

Projected net operating income for first year (total operating costs)

	Area	escalation	cost	months		
Spa	980 m²	1.1449	60	12	R	807,841
Herbal Centre						
Conference	265 m²	1.1449	60	12	R	276,469
Research Facility	342 m²	1.1449	60	12	R	356,802
Recreational Facilities						
	500 m²	1.1449	60	12	R	521,640
		Total gross income			**R 1,962,752**	

Less non-recoverable expenses	(operating costs)	R	200,000
Less allowances for vacancies (5%)		R	98,130
	Total operating income	**R 1,664,622**	

Operating costs include local authority charges, management and rent collection, cleaning and maintenance, sinking funds, assurances and other costs.

Initial Return on Investment (1st year operation only)

R 1,664,622 (net annual income) / R 47,281,919 (total capital outlay)

equals **3,5% ROI (Return on Investment)**

This return on investment is low, due to the fact that the Healing Centre is a social project, with funding from sponsors, as well as the Spa and Herbal Centres. The negligible income of the Healing centre was not included in the calculation.

Sensitivity analysis

Change in Building escalation costs:

Estimated current building cost   R18,202,000

Pre-construction project planning period 12 months (due to rezoning application)
Construction period 12 months. If the building cost escalation rates drop, the escalated building cost will too.

Escalation during pre-construction (15% for 2005)
(For 12 months, with applied 0,85 factor of the Haylett formula)   R   2,320,755
           R 20,522,755
Escalation during construction (6% for 2006)   R   627,996
       Total escalated building costs   **R 21,128,751**

Whereas the previous total escalated building cost was R 21,415,658 (Rates were dropped by 1%).

Change in rental rates and provision for vacancies and bad debt:

	Area	escalation	cost	months		
Spa	980 m²	1.05	60	12	R	740,880
Herbal Centre						
Conference	265 m²	1.05	60	12	R	200,340
Research Facility	342 m²	1.05	60	12	R	258,552
Recreational Facilities						
	500 m²	1.05	60	12	R	378,000
Total gross income					**R**	**1,577,772**

(Previous total gross income R 1,962,752, escalation changed from 1.449)
Less non-recoverable expenses   (operating costs)   R   200,000
Less allowances for vacancies (6%)   R   94,666
           (Vacancies previously 5%)

       Total operating income   **R 1,283,106**

The previous total operating income was R 1,664,622.

Changes in interest rates:

Finance costs, interest rate changed from 10% to 12%

Loan costs (admin and legal)   R 2,000,000
Cost of capital (over 24 months)
       R 10,000,000 developers money (12% x 2)   R 2,400,000
       R 40,000,000 loan (x 0.4 x 12% x 2)   R 3,840,000
                    Total   **R 8,240,000**

The previous finance costs were R 7,500,000, at 10% interest rate.

Professional fees Calculation

	Land cost	**R15,575,000**

Estimated current building cost: Total R 18,202,000

Total escalated building costs **R 21,415,658**

Consultants engaged in project:
  Architect (will act at Principle Agent)

Spa Facility		R 4,725,000
Herbal Centre	Conference	R 1,575,000
	Research	R 1,277,500
	Recreational	R 2,292,500
Healing Centre		R 6,832,000
	Total	R16,701,000
(R 16,701,000 x 7%)		R 1,169,070

Landscape Architect

Parking, roads		R 500,000
Landscaping		R 1,000,000
	Total	R 1,500,000
(R 1,500,000 x 4%)		R 60,000

Quantity Surveyor (R 18,202,000 x 2%) Total R   364,040

Construction Manager (R 18,202,000 x 3%) Total R   546,060

Disbursements (R 18,202,000 x 0,4%) Total R   72,808

Professional fees **R 2,211,978**

Professional fees 10,35% of R 21,415,658

I. Interviews

Heloise Froneman (Psychologist)
MidCity Trauma Therapy Centre (MTTC),
Pretoria (16 March 2005)

MTTC operates at four schools within the city centre. Their staff consists of therapists, social workers, occupational therapists and music therapists.

Here follows a simple outline of the normal therapy procedure. Normally a school teacher will realise something is not right with the child, and contacts the therapist. The therapist then meets with the child and establishes an emotional profile, analysing their emotional and cognitive development. The child will then attend sessions with the therapist. Problems that are normally encountered are often poverty related. These include trauma, exposure to violence, alcohol induced trauma and violence, abuse, and poorly functional family units.

Most of the children dealt with are from the inner city, and have a limited frame of reference. The multidisciplinary team that deals with these children often includes volunteers, who are just as good for the children as the professionals, as they expose the children to new experiences and backgrounds. To increase their life experiences various activites have been started. Once a year a camp takes place; some of the children who take part will have never left the city centre before. Substitute groups take the children on excursions out of the city environment. These include going to a mall, ice-skating or to a movie.

One project called 'little princess', allowed the girls to dress up and be princesses for a day. This was a huge success. Another had the children icing cakes. This arose from one child's strong desire to bake a cake. Cakes were brought in for them to ice, and it was well received. Simple things like childhood games and activities are not experienced by these children due to broken down family units and living conditions. The children are often so used to a situation that they are not aware that it could be any different, or even that it should not be that way.

Self confidence is very low. This is addressed in the therapy groups, which are attended after individual therapy has ended. Often near the end of the therapy block, the school reports that the original problems have surfaced again. This is the therapy having provided support and attention for the child. A strong bond of trust is gained through the primary therapy sessions. The group sessions that take place afterwards help to keep the bond, and maintain support.

The children are at a level of survival. These children can name many friends, but few have real friends who will help them when in trouble, or are in need of something. Trust is a problem. Small items such as stationery will not be lent, as if it is not returned, there is an unjustified fear of punishment from parents and teachers. The lack of peer support stems from the lack of support in the family unit. There is no trust in the family unit, as the parents are dealing with their own survival. Often if a child has a function or job in a family, this is important for them to maintain, as without this they are of no use to the family. Often they have to compete for money, food, a bed and affection in the home environment.

Group work can be problematic, as the children are not used to working as a group. The group sessions help to alter this, and help with their trust and group dynamics.

During therapy a child will tell the therapist details of their home circumstances, but often the therapist has no authority to do anything about it. If there is a crisis, steps can be taken, but most foster homes and orphanages are full. Children can only be in a place of safety for a couple of days before having to return home. Trying to find a family member that can take the child is difficult, as often similar situations are experienced at their homes.

A lot of problems experienced by the children are due to the parents. Family and parent sessions of therapy are held, but often parents do not arrive, because of work and lack of transport. The parents also deny that there is a problem, and think that therapy is only for 'crazy children'. These parents have low self esteem, and this affects the children.   If a therapeutically positive effect could be introduced that helped the parent, this would have a trickle down effect where it would impact positively on the children. A therapy session for the parents was once held, where their self esteem was addresses.   Mothers were given pedicures, makeup, and products which they could take away with them. This greatly enhanced their self esteem and self worth, and there was positive feedback on the event.

Froneman strongly believes in healing environments, and that some environments are more conducive to healing than others. In different offices and schools that she has worked at she has noticed changes in attitude and healing. Froneman says that through therapy the objective is to change the person from within, so that whatever environment they are placed in they are able to remove themselves from it. Therapy should empower the child, and that cannot be taken away from them when the environment is not positive. Positive environments are good as they remove the person form the stress of their usual environment. The climate within which the relationship between the therapist and the patient develops is very important. The patient will react much better to counselling and therapies in a positive environment in which they feel comfortable.

Placing the facility out of town, was viewed as important by Froneman, she said that as a lot of the children had not left town, and this would be good for them. Due to the oppressive environment of the buildings and noise in town, even she felt relief at the end of the day to be able to leave the city. Many of the children that attend the school live in Schubart Park, what she called 'hell on earth'. This is a complex of apartment blocks that are very old, and are not a good living environment.

There is still a lot of stigmatism in older generations with regards to therapy. Froneman is of the opinion that it would be good to have a place that is not seen as a hospital or an institution where you go to heal. If women in the township experience, trauma, abuse or rape they are not likely to go and see someone about it. They are not conditioned in the western way to seek medical and psychological help. If they went to a clinic after the experience, a sister there could tell the women about the centre, and so get help for people.

The generation of children at the school have not been affected by this stigma. They often swamp Froneman and ask when they are going to have therapy again as they enjoy it, and associate it with fun activities. They appreciate the fact that someone wants to help them.

The traditional African way that exists in books and literature is changing in the real world, and is becoming more westernised. The older generations are still very conscious of community and kinship, but the younger generations are not. Where community and unity in supporting one another used to be very important, this is often not present today. In designing a facility traditional cultural practises must be considered, but changing cultures must also be accommodated.

Froneman Cited the example Wilgers Hospital trauma unit. When they have a crisis such as a rape, the psychologist is involved as part of the medical team, and so accepted in that way. Culturally there is still a weariness of psychology, as people try to deal with problems by themselves.

After abuse, especially of a sexual nature, there is trouble with self esteem. Any abuse and trauma often affects the victim in such a way that they have a poor self image. In our society we equate sexuality with beauty, and after a sexual offence it is important to learn to feel beautiful again. In women and teenagers it is very important to build up their self-confidence and image of themselves again.

The same problems that are encountered with these little children are encountered with the older children at high school too. Problems of self esteem only increase with the age of the child.

The name of the centre is very important in encouraging people to use the centre. Froneman is of the opinion that calling it a trauma centre could make people shy away, but by calling it a healing centre, it has better connotations. Victims do not want to be singled out and labelled as trauma or abuse patients; and calling the centre a trauma centre, could induce these feelings.

MTTC is an NGO and funding is mostly donated by businesses. Often they donate an amount, and then want to see concrete things done with the money. Because of this money for salaries is difficult. Building facilities is not a problem, but being able to staff them is.

molefe

Mdu Molefe (Midlands Coordinator)
SINANI, The Kwazulu-Natal programme for
survivors of violence
Pietermaritzburg (24 March 2005)

The Kwazulu-Natal programme for survivors of violence, SINANI, deals with communities affected by political violence. They offer stress and trauma workshops to these groups of people. These are either people directly involved in the violence, on the front line, or directly affected by the violence. After the completion of the workshops individuals can then approach a member of the programme and request counselling. Counselling is entirely voluntary, and victims are made aware of the counselling services during the workshops. As counselling is not traditionally an African way, the structure of the programme is as such to introduce it at a later stage.

SINANI offers a community based intervention. The community must meet certain criteria set by SINANI before they will approach them to offer help. The first people that are approached are usually the community leaders, who then contact the people affected, and so on. There are personal development programmes, included in the workshops, that deal with healing, peace building, HIV and poverty.

During the stress and trauma workshops the personal goals of the individual are established. Through mapping out and conceiving of these goals, a plan and positive structure to proceed with emerges. Some goals include finishing school, getting a higher qualification, or finding a job. This helps with self esteem and the realisation that life can be positive.

The youth are involved in play therapy. With children and the youth, emotion cannot be verbalised easily, but they respond very well to dramatisation, and acting out their fears, worries and experiences. The Emotionally Healing Arts programme uses psychodramas, where the events that affect the youth are presented in play form. These groups are used to educate the community on issues such as abuse and HIV. Self esteem is often very low, as well as there being feelings of anger and resentment. The acting and role play that is expressed through the above means help to bring these feelings to the fore, and so help the child deal with them.

In terms of surrounding environment, Molefe feels that it is very important to perform the workshops out of the village, or settlement where the community resides. By removing them, this has its own healing effect. Putting these people in a new environment allows them to meet new people, helps review personal potential, and realise that the world is not as small as they feel. The world does not only consist of their small community and the event that took place, but is a much larger whole, full of opportunity and possibilities for them.

Traditional healers are sometimes used as part of the programme. They perform ritual cleansing of the community, and are used when it is believed that only a healer will help to stop the violence. There is sometimes the belief that the violence was due to dissatisfaction of the ancestors, or evil external forces, that only the healer can remedy.

In terms of working on and providing a new programme, Molefe feels that the most important thing is to respond to peoples needs, and design the programme accordingly. Molefe stated that one of the reasons that their programme is so successful is due to the fact that they are flexible in their approach, and tailor the programme to the needs of the specific community and their problems. Sampling of relevant interventions will help to assist in the programme provided. The theoretical and practical interventions that will benefit the victim should be examined. Without this a superficial programme would be established, that did not benefit those for whom it is intended, with no constructive outcome. Establishing what the victim can do for themselves is important in programme development. There are many avenues that can be taken, counselling being one of them. The programme should provide support in such a way, that the victim must know that they are not alone.

Rev Barbara Louw
Trauma Nexus,
Pretoria (1 April 2005)

Trauma Nexus receives no government funding, and limited funding from other sponsors. Consultations and group counselling sessions are charged at an hourly fee, with the average fee being R180.00. In the centres based in poorer areas a minimal fee is charged. Louw says that companies are happy to support 'children and puppies', but do not necessarily want their name to be associated with rape and domestic abuse. Some funding does come from corporates when Trauma Nexus is brought in to debrief its employees after an incident has occurred.

The head office operates out of an old house on Atterbury road. The house consists of admin offices, single and counselling rooms, dinning area, kitchen and bathrooms. There are outside training rooms on the premises. In the foyer there are plants and a couple of bird cages. Louw says that people, especially children, love animals and this has a soothing effect on them. One of the main counselling areas is on a glassed off veranda, which has large windows and a lot of natural light, situated next to the plants and birds on the foyer. Louw says that for victims of violence and armed robbery this is a good place for counselling as they often have fears in terms of safety, and from this vantage point are able to see what is going on and so are put at ease.

The services offered are basic counselling and support. In the children's counselling room are bean bags, with paintings and drawings on the walls. There are stuffed animals for victims to play with, that can be taken home when the victim leaves.

Only basic support may be given to a rape victim before the end of a trial, which may take up to two years to conclude. One victim received support from a community member during this time, who did her hair every day for her.   Although she did no say so at the time, she noted afterwards that it had helped her. Care packages are given to rape victims, this includes a towel, toiletries and other personal items.

The majority of people that come to the centre are 16 – 35 years old, 60% being female. Men often do not report abuse and violence. With hijacking, rape of men is common, but often not reported. Most crimes are under reported.

In terms of self esteem, Louw engages the victims in hobbies and crafts programmes. The victim would not have completed any projects or tasks during the trial, and so by completing a project, such as ceramic painting, a sense of achievement is created in terms of job satisfaction. Narrative therapy is another therapy method. The victim chooses a plastic animal from a selection, and problems are worked through it terms of the characteristics of the animal chosen.

Seventy five percent of victims need only support, while 23% need counselling, and 2% will be permanently affected. Support is given to a victim through a volunteer from the community, as well as group sessions. If by the end of the group sessions the victim is fine, but does not want to leave, they will be allowed to stay on, but be given limited responsibility within the group. If a victim participates as a support member, then they are not used in groups that were affected by the same crime, but by other crimes. This is due to the tendency for flashbacks and emotional triggers to occur when hearing a similar story.

After six sessions of counselling the victim is evaluated. Louw says that bad things happen to people all the time, and people are naturally resilient, so counselling should not continue indefinitely. At Inter Trauma Nexus secondary counselling is offered to family and friends of victims. This helps to strengthen the support network of the victim.

Victim empowerment is also provided, where life skills are taught in the form of job seeking skills, writing a CV, and how to dress for an interview.

Victims often do not receive support from their community, and are exposed as victims. AIDS changed community support for victims, and sexual violations are seen as the fault of the victim. "Why were they there? What did they do to cause it?"

Louw says that issues of beauty can be superficial, and the concerns and then the needs of a victim should be addressed. The concerns will play a primary role, and the needs can be addressed later. For example with rape cases, often the primary concern is whether they have contracted AIDS, and this can only be ascertained for certain up to six months later. This concern needs to be addressed before issues such as beauty and self-esteem are worked on.

Counselling still has a lot of stigma attached to it. "If you go to a psychologist then you are not well, if you go to a psychiatrist you are crazy, and if you go to a social worker then they will take your kids away from you". Louw says that affluent black families feel that the family name is brought into shame when it is exposed that a member has been abused or raped. She says that economic background does not affect the crimes, they are the same over all income groups. The more sophisticate the person, the more sophisticated the crime becomes.

Louw says that support should take place close to home, so that the victim is aware of where to go. Removing the victim from their work environment, if the crime took place there, is not advisable as fear of that environment can develop. Louw says that ecotherapy and retreats do have a place, but the patient should not be removed from reality, and must be made to face the real situation and life.

Louw says that much of their training and counselling takes places outside under the trees in the garden of the property. She says that it helps the people relax and has good response from it. The centre was previously based at an office park, and victims parking outside felt exposed, and not as comfortable as they do with the setting at the house.

Dr. Anyumba (Traditional Healer)
University of Pretoria
17 May 2005

Christianity had a bad influence on traditional healing in the past, but currently in South Africa people are open about traditional healing and it is no longer shrouded in secrecy. Tradition and respect for the healers is still important. Many healers are still reserved about their profession, and have a main career, with healing being performed in their private time. Introductions are sometimes necessary from another party before a healer will agree to meet with you.

Traditional healing consists of a main healer and an apprentice or helper that assists them. Healers are active at different times of the day; some only have powers in the morning, others in the evening. There are two main types of healers, those that use spiritual forces, and those who use herbal remedies, with the help of the ancestors. Different healers need different things in terms of their healing environment. Different methods and treatment aids are used by healers; these include herbs, animals, bones, water and even marine species of plants.

Facilities that are required by most healers are treatment areas, store rooms, waiting areas and accommodation for patients that require longer treatment periods. Rooms are necessary for treatment of individuals and groups of people. Patients are not taken into a private room, as in the western way, but healing is often performed in front of the other patients waiting to be seen. The problems of the patient are not secret, but known by the community.

Energy in healing is very important. Healers cannot work in close proximity to one another as their energies will interfere. Traditional healing is often noisy, and this should be considered when designing facilities.

Certain places have energy portals, and this energy enhances healing. Healing itself attracts and uses energy. Traditional healers have certain places that they go to out in the countryside due to their healing powers and energy found here.

Traditional healing frequently takes pace outside, with a great deal of importance being placed on the natural environment. Water is an important element in healing. The sound and sight of it alone has healing qualities. This applies to other natural sounds such as wind blowing through the trees. Healing places attract nature in the form of birds and small animals. These have enormous relaxation qualities that together with the place itself contribute to the overall healing of a patient.

Trees have a magnetic and protective quality. Bark from trees is often used in treatments. The bark is always taken form the east side of the tree, where the sun rises.   When a healer removes herbs form the ground it is done in a controlled way that does not damage the plants surrounding it, and leaves the other pants to grow. Mother Nature must be respected when harvesting plant matter.

In terms of the architecture, the closer the built forms are to nature, the better. Organic materials must be used. Wood and timber should be used as mush as possible. Other materials such as thatch, adobe and earth construction are acceptable. Steel is a negative material as it interferes with the energies of healing. Connections must be designed in such a way that they minimise the use of steel.

The orientation of the facility itself must be towards the east. This is as the east represents a life giving force. The buildings themselves need not be enclosed units, but can be designed so that they are open to nature and the site.

In treating trauma and abuse, healers try to establish the underlying problem. Many different treatment methods are used. The healer will give the patient a treatment method as they see fit for the individual case. They then work with the patient to alleviate the problem. Animal therapies are beneficial in healing victims of trauma and abuse. Children are especially receptive to these treatments. A traditional healer works in a holistic manner. Healers do not just want to work with the problem; they work to improve the life of the patient.

In terms of employing healers at the centre, Anyumba says that the healers must be carefully selected. Selection should be based on the ethnic groups of the patients, as most patients will want to see a healer from their own group. The credentials of the healer must be examined as there are currently many 'fakes' posing as healers.

Healing cannot be performed for free. Money, sacrifices and tasks are offered to the ancestors as payment. Sacrifices can be in the form of small animals or plants. This has the result that some healers keep animals. Counselling in general should not be offered free either. Anyumba says that if the services are free they will be subjected to abuse from the community. The cost of the service should depend on the client, and what they can afford to pay.